

INSTRUCTIONS FOR FILING – BEAUTY INSTRUCTOR (EXAM WAIVER)

Access this form via website at: cca.hawaii.gov/pvl

EXAM REQUIRED

All applicants are required to obtain a passing score on required examination(s). If you have already taken the examination in another jurisdiction, please refer to the “Beauty Instructor License (Exam Waiver)” application.

STEP 1 – SATISFY THE QUALIFICATION REQUIREMENTS AND SELECT ONE PATHWAY

SOCIAL SECURITY NUMBER

If you are applying as an individual/sole proprietor, your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number, or your application will be deemed deficient and will not be processed further.** The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires that Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES (“HRS”):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and **§436B-10(4), HRS** which states that an applicant for license shall provide the applicant’s Social Security Number if the licensing authority is authorized by federal law to require the disclose (and by the federal cites shown above, we are authorized to require the Social Security Number).

HAWAII BEO LICENSE

You must possess a current and valid Hawaii Beauty Operator (BEO) license.

OPERATOR EXPERIENCE

You must have experience as a licensed Beauty Operator for at least one (1) year in Hawaii **OR** in another jurisdiction with standards substantially similar to Hawaii.

LICENSE PATHWAYS

You may qualify for licensure through two pathways. Select the pathway which best applies to your training and refer to Page 2 to determinate what documentation must be included with your application.

- (1) I have completed at least 600 hours of Beauty **INSTRUCTOR** training at a beauty school;
- (2) I possess an Instructor license in another jurisdiction.

STEP 2 – SUBMIT YOUR APPLICATION WITH APPLICABLE FEES AND SUPPORTING DOCUMENTS

APPLICATION FORM

Complete the online fillable form or print legibly in black ink and **ATTACH** appropriate documentation.

FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.

LICENSE FEES

ATTACH the applicable license fee below.

Applicant who will be licensed in an EVEN-numbered year, pay..... \$165
(Application-\$20 + License-\$22 + CRF-\$100 + 1/2 Renewal-\$23)

Applicant who will be licensed in an ODD-numbered year, pay..... \$92*
(Application-\$20 + License-\$22 + CRF-\$50)

Make checks payable to: **COMMERCE AND CONSUMER AFFAIRS**

Checks must be in U.S. dollars and be from a U.S. financial institution.

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with DCCA.

LICENSE FEES (CONT.)	NOTE: <i>One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.</i>
FOREIGN LANGUAGE	<p>All documents must be in English. If documents are not in English, the documents must be translated into English. Submit a copy of the foreign document with (1) the ORIGINAL English translation and (2) an ORIGINAL declaration from the translator that the translation is accurate, and that the translator is fluent in both the foreign language and English. <u>The translator cannot be the applicant.</u> Supporting documents in other names MUST be listed on your application under the "Other Names Used" section.</p> <p>Example: "I certify that I am competent in both the English language and the (<i>language of the document</i>) language and that this is a true and complete translation of the foreign language original."</p>
HAWAII BEO LICENSE	On the application, provide your Hawaii Beauty Operator License Number and check the appropriate box(es) indicating the license classifications you currently possess.
OPERATOR EXPERIENCE	ATTACH "Experience Verification Form(s)" totaling at least one year of licensed beauty OPERATOR experience. Refer to "Experience Verification Form" instructions below.
PATHWAY (1): INSTRUCTOR TRAINING	ATTACH a copy of your beauty school transcript that reflects your Instructor training of at least 600 hours.
PATHWAY (2): OUT-OF-STATE LICENSE	<p>ATTACH a copy of your Instructor license or a state board verification.</p> <p>If your jurisdiction requires LESS hours than Hawaii, ATTACH "Experience Verification Form(s)" totaling at least one (1) year of licensed beauty INSTRUCTOR experience. Refer to "Experience Verification Form" instructions below.</p>
EXPERIENCE VERIFICATION FORM	<p>Have a qualified person(s), owner, manager, supervisor, etc. complete the form. You must provide the ORIGINAL and completed hardcopy to us. Your experience must total at least ONE (1) YEAR of licensed Beauty Instructor experience.</p> <p>The "Experience Verification" form is attached to this application and can also be found on the Board's website at: http://cca.hawaii.gov/pvl/boards/barber/application_publications/.</p> <p>If you were self-employed, you may provide verification of your business through appropriate documentation (copy of shop/business license, tax records, or state board verification, etc.) in lieu of the "Experience Verification" form.</p>
INCOMPLETE APPLICATIONS	Incomplete applications will not be accepted, and a notice of deficiency will be sent. It is your responsibility to file a complete application in sufficient time to be approved to take the examination.
RELEASE OF INFORMATION	If an agency or individual is assisting you with this licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete, sign, and date the portion on Release of Information to Third Party .

(CONTINUED ON PAGE 3)

INSTRUCTIONS FOR “YES” ANSWERS TO QUESTIONS (5) THROUGH (7)

If you answered “YES” to questions 5-7, your application may be reviewed at a Barbering and Cosmetology Board meeting. The following documentation must be submitted with your application prior to Board review. The Board will not review incomplete applications.

- Questions 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is “YES” to one or more of these questions, **ATTACH:**
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of facts and conclusions of law, and any other relevant documents;
- Question 7 refers to criminal convictions. If your answer is “YES” to this question, **ATTACH:**
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer’s name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence;
 - iii. If applicable, a copy of the terms of probation and/or parole and notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. Signed statements from employers, business associates/clients, and others who can attest to your business dealings, including a statement as to your reputation for or record of experience, competency, honesty, truthfulness, financial integrity, and fair dealings; and
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao’a Building, 456 S. King Street, Rm. 101, Honolulu, HI 96813. Phone: (808) 587-3100 or visit their website at : ecrim.hawaii.gov to request a “Criminal History Record Check” form.

NOTE: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.

SEND YOUR APPLICATION

VIA MAIL:
Board of Barbering and Cosmetology
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

DELIVER IN-PERSON:
DCCA, PVL Licensing Branch
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

BOARD REVIEW

All applications are subject to review by the Board; thus, please schedule the submittal of your application to allow for additional time that may be required for review and approval by the Board.

LICENSE DENIAL

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes, Chapter 91. Your written request for a hearing should be directed to the Board of Barbering and Cosmetology and must be received by the Board within 60 days of the date that your application for licensure was denied.

(CONTINUED ON PAGE 4)

**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

STEP 3 – MAINTAIN YOUR LICENSE

RENEWAL

All licenses, regardless of date issued, expire on **DECEMBER 31** of every **ODD-NUMBERED** year. Licenses must be renewed on or before the expiration date. Approximately two months before the expiration date, a “Renewal Application” is mailed to all licensees at their mailing address of record. If you do not receive a renewal application one month prior to the expiration date, contact the Licensing Branch at (808) 586-3000.

LAWS AND RULES

To obtain a copy of the Board of Barbering and Cosmetology’s laws and rules, submit a written request to the address on Page 2 of these instructions, or you may download them from **cca.hawaii.gov/pvl**.

- Barber law: Hawaii Revised Statutes chapter 438
- Barber rules: Hawaii Administrative Rules chapter 16-73
- Cosmetology law: Hawaii Revised Statutes chapter 439
- Cosmetology rules: Hawaii Administrative Rules chapter 16-78
- Professional and Vocational Licensing Act: Hawaii Revised Statutes chapter 436B

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE – BEAUTY INSTRUCTOR (EXAM WAIVER)

Read "Requirements & Instructions" before completing this form.

Please type or print **LEGIBLY** in black ink.

Legal Name (First, Middle)	(Last)	FOR BOARD USE ONLY	<input type="checkbox"/> Application Fee	<input type="checkbox"/> 600 hours or <input type="checkbox"/> 1,500 hours	<input type="checkbox"/> O.S. license
OTHER NAMES USED (Previous surnames, maiden name, nicknames and aliases)			<input type="checkbox"/> Approved (Initials/date):		
			Eff Date:	Lic No.: I -	
Residence Address (Include Apt. No., City, State, & Zip Code) - REQUIRED					
Mailing Address (ONLY if different from residence location)					
Social Security No.	Phone No. (Days)				
Email Address:	Res: Bus:				

HAWAII BEAUTY OPERATOR LICENSE: Provide your Hawaii Beauty Operator license number and check the box(es) of classifications you possess.
BEO - _____ ☐ Cosmetology ☐ Hairdressing ☐ Esthetics ☐ Nail Technology

INSTRUCTOR TRAINING: Identify your training/experience and **ATTACH** applicable documentation to show proof of training.
☐ (1) 600 Hours of Instructor Training from Beauty School
☐ (2) Out-of-State Instructor License
(if less hours than Hawaii, attach proof of one (1) year licensed Instructor exp.)

OUT-OF-STATE TRAINING & EXPERIENCE
 State of Training _____ Length of Training (Mo/Yr) _____
 From: _____ To: _____

Total hours completed: _____

Check your answers. If answer is "YES" to Questions 5-7, refer to the instructions for additional documents that must be submitted.

1. Are you at least 16 years of age? ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ☐ YES ☐ NO
3. Do you have at least one (1) year of experience as a licensed Beauty Operator? ☐ YES ☐ NO
 If "YES", provide the jurisdiction and **ATTACH** "Experience Verification" form (State/Country): _____
4. Have you taken and passed the Beauty Instructor examination? ☐ YES ☐ NO
 If "YES": **ATTACH** applicable proof. When did you pass? _____ What jurisdiction? _____
 If "NO": **DO NOT** complete this application. Refer to the "Beauty Instructor License (By Exam)" application.
5. Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action? ... ☐ YES ☐ NO
6. Are there any disciplinary actions pending against you? ☐ YES ☐ NO
7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ YES ☐ NO

(CONTINUED ON PAGE 2 – SIGNATURE REQUIRED ON APPLICATION)

Instructor:	Appl 141 \$20	Lic 146 \$22
	Permit . . . 152 \$40	CRF 142 \$50/\$100
		1/2 (ren) . 130 \$23
		Svc Chrg . . BCF \$25

Print Applicant Name: _____

Date: _____

Failure to provide all the requested information will delay the processing of your application.

EMPLOYMENT HISTORY	Name of Employer	Address of Employer	Dates Employed (mo/yr)		Average Hours Per Week	Position Title
			From	To		

INSTRUCTOR LICENSES	Name of State (submit copy of license)	Method of Licensure	Type of License Held	Date First Licensed
		<input type="checkbox"/> State Exam <input type="checkbox"/> Reciprocity		
		<input type="checkbox"/> State Exam <input type="checkbox"/> Reciprocity		

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, and Section 439-19, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 439 and Hawaii Administrative Rules, Chapter 16-78.

Signature of Applicant

Date

Release of Information to Third Party

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

EXPERIENCE VERIFICATION FORM – BEAUTY INSTRUCTOR

Access this form via website at: cca.hawaii.gov/pvl

PART I. TO BE COMPLETED BY APPLICANT

Instructions: A. Complete information in Part I only.
 B. Have a qualified person complete Part II and sign the form.
 C. **ATTACH** the completed **ORIGINAL** form to the application. **Copies are not acceptable.**

Applicant's Name: (First, Middle)

(LAST)

Complete Mailing Address: (include Apt. No., City, State and Zip Code)

Phone No.: (days)

Date:

PART II. TO BE COMPLETED BY EMPLOYER OR SUPERVISOR WITH INSTRUCTOR EXPERIENCE. IF SELF EMPLOYED, COMPLETE THIS FORM AND ATTACH SHOP/BUSINESS LICENSE. Failure to provide all requested information will delay processing of application.

The above person is applying for a beauty instructor license in Hawaii. The applicant is required to submit proof of out-of-state experience as a licensed operator or licensed instructor. Please supply the following information, sign the form, then return this form to the person at the above address.

Employment Date

Termination Date

Total Length of Employment

Avg. Hrs. Per Wk.

Applicant worked as an: (check one)

_____ yrs. _____ mos.

☐ OPERATOR

☐ INSTRUCTOR

Describe the work performed by beauty operator or instructor:

I hereby certify that the information provided on the above-named person is true and correct and that I am a licensed operator or qualified person.

Print Name of Out-of-State Employer/Supervisor/Qualified Person

Address of Employer (Line 1)

Signature of Out-of-State Employer/Supervisor/Qualified Person

Address of Employer (Line 2)

Employer/Supervisor License No.

(_____)_____
Phone Number

Date

EXAMINATION WAIVER LIST - JURISDICTIONS ADMINISTERING THE NIC

X – Denotes Administration of the NIC (subject to change without notice)

States/Districts/ Territories	Barber	Cosmetologist	Hairdresser	Esthetician	Nail Technician	Instructor
ALABAMA	X	X		X	X	X
ALASKA	X		X	X	X	X
ARIZONA		X	X	X	X	X
ARKANSAS		X		X	X	X
CALIFORNIA	X	X		X	X	
DELAWARE	X	X		X	X	X
GEORGIA	X	X	X	X	X	X
GUAM	X	X		X	X	X
IDAHO	X	X		X	X	X
ILLINOIS	X			X		X
IOWA	X	X		X	X	X
KANSAS	X					
KENTUCKY		X		X	X	X
LOUISIANA		X		X	X	X
MAINE	X	X		X	X	X
MISSISSIPPI	X					
MISSOURI	X	X	X	X	X	X
MONTANA	X	X		X	X	X
NEBRASKA		X		X	X	X
NEVADA						X
NEW HAMPSHIRE	X	X		X	X	X
NEW MEXICO	X	X		X	X	X
NORTH CAROLINA	X	X		X	X	X
NORTH DAKOTA		X		X	X	X
OKLAHOMA	X	X			X	X
RHODE ISLAND	X	X		X	X	X
SOUTH CAROLINA	X	X		X	X	X
SOUTH DAKOTA	X	X		X	X	
UTAH	X	X	X	X	X	X
VERMONT	X	X		X	X	
VIRGIN ISLANDS	X	X		X	X	
VIRGINIA	X	X		X	X	X
WASHINGTON	X	X	X	X	X	X
WASHINGTON DC	X	X		X	X	X
WEST VIRGINIA	X	X	X	X	X	
WISCONSIN	X	X		X	X	
WYOMING	X	X	X	X	X	X