

APPLICATION PROCESS:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must be translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual cannot translate his/her own documents.

1. **US Citizenship/Lawful Presence** (must be at least 17 years old):

A Driver's License is **NOT** acceptable.

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

- Green Card (Permanent Resident Card - Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa;
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. **Education: a PHOTOCOPY** of:
- Your High School diploma, GED or Equivalent Educational document.
 - Your cosmetology or esthetic school diploma.
 - Attachment 1 completed by your school.

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

3. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska** (such as nursing, nail technology, massage etc.)), you must contact that state and request a certification of your license (**do not send a copy of your license**).
4. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals.

Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

Note: State Patrol records do not always show all convictions that may have occurred.

If you have convictions, you must submit:

- (i) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to each conviction;
- (ii) If the conviction(s) occurred in a state other than Nebraska; a copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI / Open Container • Controlled Substance • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Fail to Appear in Court 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • False Information or Reporting • Reckless Driving / Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

LICENSE FEE WAIVER: If you meet one of the following waiver options, your initial license and temporary license fee **is waived**:

1. **Young Worker:** You are between the ages of 17 and 25 (under the age of 26)
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Documents/VeteransInfoBrochure.pdf>

STEP 2: Complete all pages and questions on the Application

Temporary License: If you plan to apply for a temporary license, you must submit the temporary application, the license application and pay both fees (unless you qualified for a fee waiver).

STEP 3: Ask your cosmetology or esthetic school to complete Attachment 1**STEP 4: Submit your application to the Licensure Unit**

- | | |
|---|--|
| <input type="checkbox"/> Completed Application
<input type="checkbox"/> Citizenship or Lawful Presence Document
<input type="checkbox"/> Education Documents
<input type="checkbox"/> Conviction Information (if you have convictions) | <input type="checkbox"/> License Certifications (if licensed in another state)
<input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). See the license application for a listing of fees for Cosmetology or Esthetics. Pay by check/money order; debit or credit card is not accepted. |
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STEP 5: Register for the Examination

1. **Before you can register for the examination**, you must receive the 'approval to test' letter from our office (Licensure Unit). This approval letter will be sent by E-MAIL.
2. When you receive this letter, schedule your test date and site with PSI and pay the examination fee directly to PSI. (Do not send this fee to the Licensure Unit)
3. The day of your examination, you must take the following to the test site:
 - The 'approval to test' letter received from our office. You need to print the letter in order to enter the examination site.
 - A photo ID.

Special Accommodations: If you have a disability that requires any accommodations for taking the examination, an "Accommodation Request" must be requested from our office and submitted with your application.

ESL: The examination is written in English; if English is your secondary language, please contact our office for additional information.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 15 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** your 'approval to test' letter.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

Cosmetology or Esthetic Application by Examination

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE TYPE:

Check the license type that you are requesting: COSMETOLOGY ESTHETICS

SECTION A: PERSONAL INFORMATION

Enter your **LEGAL NAME** below

First Name:		Middle Name:	
Last Name:		Suffix:	
List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.).			

APPLICANT DEMOGRAPHICS

Mailing Address

Country:		Zip Code:	
Address Line 1:		City:	
Address Line 2:		State:	
Address Line 3:		County:	
Do you have a social security number?	Yes <input type="checkbox"/> No <input type="checkbox"/>	SSN #:	
<p><u>Neb. Rev. Stat.</u> §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</p>			
Are you a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you are not a U.S. Citizen, list your A# or I-94#:	<input type="checkbox"/> A# <input type="checkbox"/> I-94 #		
Date of Birth:		Place of Birth (City/State or Country):	
E-Mail Address:			
Primary Phone Number:	<input type="checkbox"/> Mobile		
<input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Work	Ext:	
Secondary Phone Number:	<input type="checkbox"/> Mobile		
<input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Work	Ext:	

SECTION B: LICENSE FEE

Fee Waiver: If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**.
Check only one waiver:

Young Worker: Under 26 years old.

Low-Income Individual:

- Enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program.

State in which assistance is received: _____

NOTE: If you are enrolled in a state other than Nebraska, provide a copy of the state or federal documents verifying your enrollment.

OR

- Household adjusted gross income is below 130% of the federal income poverty guideline, provide a copy of your most recent tax return

Military Family: Active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

Fee Required if YOU DO NOT qualify for one of the above fee waivers:

Review the following chart to determine the fee required based on the month and year in which your license **will be issued**:

COSMETOLOGIST:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	\$95	\$95	\$95	\$95	\$95	\$95	\$25	\$25	\$25	\$25	\$25	\$25
Odd Numbered Year	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95

NOTE: Licenses expire 12-31 of even-numbered years

ESTHETICIAN:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	\$95	\$95	\$95	\$25	\$25	\$25	\$25	\$25	\$25	\$95	\$95	\$95
Odd Numbered Year	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95

NOTE: Licenses expire 9-30 of even-numbered years

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

SECTION C: EDUCATION

1. Did you receive a High School Diploma OR GED certificate: Include photocopy of your Diploma or GED	Check the appropriate box: <input type="checkbox"/> High School <input type="checkbox"/> GED
2. List the name of your Cosmetology or Esthetics School where you completed your training: Include photocopy of your diploma	School Name: Location: (country)
Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is <u>substantially similar</u> to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.	

SECTION D: CONVICTION AND LICENSE INFORMATION

1. Are you currently on court-ordered probation? Yes No

(If you marked yes, submit a letter from your probation officer addressing the terms and current status of your probation)

2. Have you **EVER** been convicted of a misdemeanor or felony? Yes No

If yes, enter **ALL** misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

- **You MUST Provide a letter of explanation** for each conviction that you enter below.
- **If your convictions were in a state other than Nebraska**, attach copies of the court documents for each conviction.

Name of Conviction	Date of Conviction	Name of Court Taking Action

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. **Reporting forms can be obtained at the following website <https://dhhs.ne.gov/Pages/Investigations.aspx>** or by phone **402-471-0175**.

SECTION E: LICENSES IN A STATE OTHER THAN NEBRASKA

The following questions relate to a license that you currently hold or have held, to provide health related services in a state **other** than Nebraska.

Have you ever been denied the right to take a license examination in any State? Yes No

Explain:

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Have you ever been denied the issuance of a license in any state? Yes No

If yes, what state(s)?		What type of license?
Explain:		

Disciplinary Action: If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

Do you hold or have held licenses to provide health-related services, health services, professional services, or environmental services in another state(s)?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of License:		State Licensed:	
	Type of License:		State Licensed:	
If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?		Type of Action	Date of Action	Name of State Taking Action
Yes <input type="checkbox"/> No <input type="checkbox"/>				

Other Licensing Information: If you currently hold or have held a credential to provide health related services in a state or jurisdiction **other than Nebraska**, you must submit verification of the license(s) even if that license is no longer current.

SECTION F: PRACTICE PRIOR TO BEING LICENSED BY NEBRASKA

An individual who practices in Nebraska prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing cosmetology and esthetics.

No **Yes** Have you practiced cosmetology or esthetics in Nebraska without a Nebraska license?

If yes, what are the actual number of days you practiced in Nebraska without a Nebraska license and what is the business name, location and telephone number of the practice:	Number of days:
	Name of Business:
	City:
	Telephone #:

SECTION G: ATTESTATION SECTION

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that:

I am a citizen of the United States.

OR

I am **NOT** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that: I have read the application or have had the application read to me; and I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

ATTACHMENT 1

Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986
 Phone: 402-471-2399 / FAX: 402-742-1106
 E-Mail: dhhs.licensure2117@nebraska.gov

**THIS FORM MUST BE COMPLETED BY
 THE COSMETOLOGY OR ESTHETIC SCHOOL**

THIS VERIFIES THAT:

The records of: _____
 (Name of School)

School Address: _____
 (City and State)

Indicate that: _____
 (Student's Name)

The above named Student has completed the following Training:			
Type of Training:	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetics	Total Hours of Training completed:	
Date Enrolled:		Date School Diploma or Certificate Issued:	
Date Training Completed:			
Date of Final Practical Examination:		Practical Score:	
Date of Final Written Examination:		Written Score:	

I am the person completing this form and all information provided is true and complete.

 Printed Name of School Representative

 Signature of School Representative

 Date Signed