



STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health - Licensure Unit
P.O. Box 94986 – 301 Centennial Mall South
Lincoln, Nebraska 68509-4986
402-471-2399 susan.chocholousek@nebraska.gov

ESTHETICIAN APPLICATION BY RECIPROCIITY

Print or Type

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)				
This section is public information and will be displayed on the INTERNET http://www.nebraska.gov/LISSearch/search.cgi				
NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.				
1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:

Additional information requested: **(This information is not displayed on the internet)**

3	Date of Birth: Month/Day/Year		Place of Birth: City/State or Country:			
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#			
		<input type="checkbox"/> Alien Registration Number (“A#”); or	A#			
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	I-94 #			
If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.						
5	Check the Appropriate Box:	<input type="checkbox"/> I am a citizen of the United States <input type="checkbox"/> I am an alien lawfully admitted into the United States for permanent residence under the Immigration and Naturalization Act (INA and who is eligible for a credential under the Uniform Credentialing Act) <input type="checkbox"/> I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States				
6	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)	

SECTION B - LICENSE FEES (See Chart Below)

Determine the month and year in which your license will be issued.

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

Make payable to: Licensure Unit

NOTE: Licenses expire 9-30 of even-numbered years (\$118 is the renewal fee)

SECTION C - EDUCATION (All applicants must complete this section)

1. High School, GED, or Equivalent:	Check the appropriate box: <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Equivalent – List type of education completed: _____
2. Name of School of Esthetics, Cosmetology or Apprentice Salon:	
3. City and State School where school/salon is located:	
3. Date of Graduation: (Month/Day/Year)	
4. Number of Esthetic Hours Completed:	

SECTION D – EXPERIENCE (All applicants must complete this section)

List below the Location, Telephone Number, Salon License Number, and Dates of Full Time Esthetic Practice gained within the **Last 5 Years Prior to submission** of this Application:

Name of Salon	Lic #	City	State	Telephone #	Date Began	Date Ended

SECTION E – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)

Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days
<http://www.dhhs.ne.gov/reg/investi.htm>
 or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 3 of application).

Conviction Information:

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you EVER been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

Licensure Information:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
2	Are you licensed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

SECTION F – PRACTICE PRIOR TO CREDENTIAL	
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.	
1	I have practiced esthetics in Nebraska before submitting the application? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice: # of days: _____
	Name of Business: _____
	City: _____
	Telephone #: _____

SECTION G - ATTESTATION	
I attest that:	<ol style="list-style-type: none"> I have read the application or have had the application read to me; All statements on the application are true and complete; I am of good character; AND I have not committed any act that would be grounds for denial under Neb. Rev. Stat. 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).
_____ (Signature of Applicant)	_____ (date)



NOTE: In order for your application to be considered complete, all applicants MUST also submit a copy of the following documents:

- Age: Evidence of at least 17 years of age on or before the examination (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
- Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
 - A U.S. Passport (unexpired or expired);
 - A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - An American Indian Card (I-872);
 - A Certificate of Naturalization (N-550 or N-570);
 - A Certificate of Citizenship (N-560 or N-561);
 - Certification of Report of Birth (DS-1350);
 - A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - Certification of Birth Abroad (FS-545 or DS-1350);
 - A United States Citizen Identification Card (I-197 or I-179);
 - A Northern Mariana Card (I-873);
 - An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - A document showing an Alien Registration Number ("A#") with Visa Status; or
 - A Form I-94 (Arrival-Departure Record) with Visa Status;
- Education: You must submit:
 - a copy of your High School diploma, GED or Equivalent Educational document, **AND**
 - a copy of your diploma verifying completion of a esthetic program of studies;
- Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - A copy of the court record, which includes charges and disposition;
 - Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
- Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department Attachment B1;
- Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
- Fee: The required fee (see chart on page 1 of this application).

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.



STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH - Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2399 susan.chocholousek@nebraska.gov

(This form must be completed by the State Board in all States for which you are Licensed)

CERTIFICATION OF LICENSURE FOR ESTHETICS

Print or Type

Our records indicate that _____ was issued license number _____
(Applicant's Name)

to practice _____ effective _____; expires _____
(Title of License)

The license was issued on the basis of a written and practical examination administered in _____
(State)

and the applicant's written score was _____ practical score was _____.

ESTHETIC EDUCATION

The applicant graduated from a school of esthetics/cosmetology licensed or approved by _____
(Name of Entity Approving Schools)

Name of School	
Address City/State/Zip	
Graduation Date	
Total Hours Earned	

LICENSURE STATUS

It is further verified that based on the records in this department, the applicant's license has:

		Yes	No	
1	Had disciplinary action imposed			If yes, please explain:
2	Been denied licensure			If yes, please explain:
3	Been refused renewal			If yes, please explain:
4	Has been maintained in good standing up to and including the present date			If no, please explain:

STATE OF: _____

Name and Title of Person Completing Form

Address

Signature

City/State/Zip Code

Date Completed

OPTIONAL: Telephone Number _____

S E A L

MAIL TO: STATE OF NEBRASKA
Licensure Unit - P.O. Box 94986
Lincoln, Nebraska 68509-4986
402-471-2117