ATTACHMENT A
Effective 12/1/2008 – revised 9/09

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@nebraksa.gov

ESTHETIC INSTRUCTOR APPLICATION BY EXAMINATION

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):	☐ Social Security Number (SSN); ☐ Alien Registration Number ("A#"); or ☐ Form I-94 (Arrival-Departure Record) number:	SSN# A# 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	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)	
6	Esthetician License #					

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	$50	$50	$50	$25	$25	$25	$25	$25	$25	$50	$50	$50
Odd Numbered Year	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50

Make payable to: Licensure Unit

NOTE: Licenses expire 9-30 of even-numbered years ($50 is the renewal fee)

SECTION C - EDUCATION (All applicants must complete this section)	
1. High School, GED, or Equivalent:	Check the appropriate box: ☐ High School ☐ GED ☐ Equivalent – List type of education completed: _____
2. Name of School of Cosmetology, Esthetics or Apprentice Salon where you completed your training:	Name:

SECTION D – 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 (X) 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 5 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?	☐	☐			

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?	☐	☐	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?	☐	☐	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?	☐	☐	Please Explain:		

SECTION E – EXAMINATION (All applicants must complete the following information)
Indicate below your testing preference

☐ **Computer-Based testing:**
Upon receipt of the Department's examination authorization letter, I understand that I must schedule my test date/site with LaserGrade and also pay $50 directly to LaserGrade. (Do not send this fee to the Licensure Unit)

☐ **Pencil/Paper testing:**
The applicant must enclose $15 for the examination. Make payment to "Licensure Unit".

Indicate which date you wish to test by pencil/paper:

2010 Examination Dates	Deadline
☐ January 12	December 26, 2009
☐ April 19	April 3, 2010

2010 Examination Dates	Deadline
☐ July 19	July 3, 2010
☐ October 18	October 2, 2010

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 by the Examination Deadline Date.

Attach a current photograph in the space provided to the left, measuring approximately 2" x 3" and signed across the front. The picture must be a frontal view of the applicant's head and shoulders. This picture is for examination identification purpose only and may be returned upon request.

Place picture here

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 as an esthetic instructor in Nebraska before submitting this application?	☐ Yes ☐ 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

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check the appropriate box below:

☐ I am a citizen of the United States.

☐ I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act.

☐ I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States.

If you are not a citizen of the United States, complete the following: For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest that:

☐ I am a qualified alien under the Federal Immigration and Nationality Act.
My immigration and alien number are as follows: _____ and I agree to provide a copy of my USCIS document

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. 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).

Print Name: _____

Signature: _____ Date: _____

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

1. ☐ 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);

2. ☐ Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
   (a) A U.S. Passport (unexpired or expired);
   (b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
   (c) An American Indian Card (I-872);
   (d) A Certificate of Naturalization (N-550 or N-570);
   (e) A Certificate of Citizenship (N-560 or N-561);
   (f) Certification of Report of Birth (DS-1350);
   (g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
   (h) Certification of Birth Abroad (FS-545 or DS-1350);
   (i) A United States Citizen Identification Card (I-197 or I-179);
   (j) A Northern Mariana Card (I-873);
   (k) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
   (l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
   (m) A document showing an Alien Registration Number ("A#") with Visa Status; or
   (n) A Form I-94 (Arrival-Departure Record) with Visa Status;

3. ☐ Education: You must submit:
   ☐ a copy of your diploma verifying completion of an esthetic instructor program of studies, **AND**
   ☐ Attachment 1 completed by the school of cosmetology/esthetics or apprentice salon that you graduated from;

4. ☐ Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
   (a) A copy of the court record, which includes charges and disposition;
   (b) 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;
   (c) 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
   (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

5. ☐ 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 a certification of your credential;

6. ☐ 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;

7. ☐ 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.

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402-471-2117

THIS FORM MUST BE COMPLETED BY THE SCHOOL OF COSMETOLOGY, SCHOOL OF ESTHETICS OR APPRENTICE TRAINING SALON

THIS IS TO VERIFY THAT:

The records of: _____
(Name of School/Apprentice Training Salon)

School Address: _____
(City and State)

Indicate that: _____
(Student's Name)

Complete the following information for the above named student:

Category of Training:			
Hours of Training Earned:		Credits Earned:	
Date Enrolled: Date Training Completed:		Date of School Diploma or Certificate:	
Date of Practical Examination:		Final Practical Score Received:	
Date of Written Examination:		Final Written Score Received:	

I hereby state that I am the person completing this information and the statements are true and complete.

_____
(Signature of School Representative)

_____ date