



STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
Phone: 402-471-2399
E-Mail: inna.karpyuk@nebraska.gov

**GUEST ARTIST REGISTRATION
FOR A CONTINUING EDUCATION
PROGRAM
(Presenter of a Continuing Education Class)**

Print or Type

FEE: \$30.00
(Make payable to the Licensure Unit)

SECTION A - PERSONAL INFORMATION (All applicants must complete this section)				
1	Name:	First	Middle	Last
2	Address:	Street/PO/Route		
		City	State	Zip
3	Telephone: (Optional)			
4	Current License as a Cosmetologist or Other Related Field:			
	State:	Profession:	License Expiration Date:	
		License #:		

If you ARE licensed in another state, Attachment E1 must be submitted to this office

OR

If you ARE NOT licensed in another state, briefly explain the education or experience that qualifies you to demonstrate products or procedures for the purpose of imparting professional knowledge and information to persons licensed or registered under the cosmetology practice act in Nebraska:

Education or experience:

(Submit supporting documentation to supplement this information)

SECTION B - ATTESTATION

I hereby state that I am the person making application and the statements on this application are true and complete.

(Signature of Applicant)

_____ date

SECTION C - SPONSORSHIP

Must be completed by the sponsoring licensed Nebraska cosmetologist, electrologist, esthetician, or nail technician or by the owner of the licensed Nebraska cosmetology, esthetics, or nail technology establishment

1. NAME OF SPONSOR: _____
(Licensed Nebraska Cosmetologist, Electrologist, Esthetician, Nail Technician, OR
Name of Licensed Nebraska Cosmetology, Esthetics, or Nail Technology Establishment)

LICENSE NUMBER: _____
(Nebraska Cosmetologist, Electrologist, Esthetician, Nail Technician
OR Nebraska Establishment)

2. ADDRESS: _____
(Street/P.O. Box/Route)

(City) (State) (Zip Code)

I am the sponsor of the applicant referred to on this application and that the statements herein are true and complete.

(Signature of Sponsor)

_____ DATE

STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH – Licensure unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986
 402-471-2117

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

CERTIFICATION OF LICENSURE FOR REGISTRATION AS A GUEST ARTIST IN NEBRASKA (CONTINUING EDUCATION PRESENTER)

Indicate the type of license held

<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Esthetician
<input type="checkbox"/> Cosmetology Instructor	<input type="checkbox"/> Esthetic Instructor
<input type="checkbox"/> Electrologist	<input type="checkbox"/> Nail Technician
<input type="checkbox"/> Electrology Instructor	<input type="checkbox"/> Nail Technology Instructor

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

issued license number _____ to practice _____
 (Type of License)

on _____ and expires on _____.
 (Month/Day/Year) (Month/Day/Year)

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

- a) Had disciplinary action imposed, yes no
- b) Been denied licensure, yes no
- c) Been refused renewal, yes no

If yes to any of the above, please explain: _____

d) Has been maintained in good standing up to and including the present date. yes no. If no, please explain: _____

OPTIONAL: Telephone Number:
 (____) _____

 Name of State

 Name and Title of Person Completing Form

 Signature

 Address

 City/State/Zip Code

 Date

S E A L