

# Nebraska Application Information Cosmetologist and Esthetician by EXAMINATION

## License Requirements:

1. Be at least 17 years old and of good character.
2. Be (a) a citizen of the United States, (b) an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, (c) a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act, or (d) a person who submits (i) an unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, and (ii) documentation issued by the United States Department of Homeland Security, the United States Citizenship and Immigration Services, or any other federal agency, such as one of the types of Form I-797 used by the United States Citizenship and Immigration Services, demonstrating that such person is described in section 202(c)(2)(B)(i) through (ix) of the federal REAL ID Act of 2005, Public Law 109-13. Such credential shall be valid only for the period of time during which such person's employment authorization document is valid.
3. Have graduated from a United States high school or its equivalent.
4. Pass the National examination – must be taken in the English.
5. Have graduated from a school of cosmetology, esthetics, or an apprentice salon in or outside of Nebraska.
  - a. Cosmetology Program: at least 1800 hours.
  - b. Esthetic Program: at least 600 hours.

## **If applying for a Temporary License:**

You must complete the entire application attached, the temporary application available on our website, and pay the fee for both the license and temporary license. The temporary license is only good for 8 weeks or until you take the examination (whichever occurs 1<sup>st</sup>). You must work in a licensed cosmetology salon under the supervision of a licensed cosmetologist. If applying for an esthetic temporary license you can work in either a cosmetology or esthetic salon and under the supervision of either a cosmetologist or esthetician.

## To apply for a License:

### **STEP 1: Get copies of the following documents:**

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

#### **U.S. Citizens, 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.

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

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

- Green Card, otherwise known as a 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; or
- 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 4-6 weeks.

2.  **Education: a PHOTOCOPY of:**

- Your High School diploma, GED or Equivalent Educational document.
- Your Cosmetology or Esthetics 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.  **Conviction Information:** If you have **EVER** 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.

If you have convictions, you must submit:

- (a) A copy of the court record for each conviction;
- (b) Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

**NOTE:**

To assist the Board and Department in review of any drug and/or alcohol conviction(s), if you had an alcohol and drug evaluation and/or completed treatment, 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"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

4.  **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 verification of your license (**do not send a copy of your license**).

**STEP 2: Complete all pages of the Application**

**Temp License:** If you plan to apply for a temporary license, you must submit the temporary application, the license application and pay both fees.

**STEP 3: Ask your cosmetology or esthetics school to complete Attachment 1 of the application**

**STEP 4: Submit your application to the Licensure Unit**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Application</li> <li><input type="checkbox"/> Citizenship or Lawful Presence Document</li> <li><input type="checkbox"/> Education Documents</li> <li><input type="checkbox"/> Conviction Records (if you have convictions)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> License Verifications (if licensed in another state)</li> <li><input type="checkbox"/> The License Fee. See the license application for a listing of fees for Cosmetologists and Estheticians. <b>Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.</b></li> </ul>
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**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 10 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.

## 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 that you 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.

**Contact Information:** Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986  
Telephone: 402-471-2399 / FAX: 402-742-1106 / E-Mail: [susan.chocholousek@nebraska.gov](mailto:susan.chocholousek@nebraska.gov)

Mail this application to the address listed above.

## Cosmetologist or Esthetician Application by Examination

You must complete all sections of this application

Check the license type that you are requesting:

- COSMETOLOGIST**
- ESTHETICIAN**

SECTION A: PERSONAL INFORMATION			
1	You must print your <b>Legal Name</b> below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA) including maiden name and your last name on your birth certificate		
2	Address: (where we can send license and examination information)	Street/PO/Route:	
	City:	State or Country:	Zip:
3	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
4	Phone #: (optional)*	Additional Phone #: (optional)*	
5	E-Mail Address:		
	* phone number and e-mail is optional, but providing this information will speed up communication with you		
6	Social Security Number (SSN):		
	If you are not a U.S. Citizen, list your A# or I-94#:	Alien Registration Number ("A#"):	
		I-94 #	
<small>Neb. Rev. Stat. §§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.</small>			

**FEES:** The fee charged is based on the month/year that your license will be issued, not the month you submit your application. Make payable to: Licensure Unit

**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

**SECTION B: CONVICTION AND LICENSURE INFORMATION**

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

**CONVICTION INFORMATION:** You must list 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.

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

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

**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:** [http://dhhs.ne.gov/Pages/reg\\_invest-p.aspx](http://dhhs.ne.gov/Pages/reg_invest-p.aspx) or by phone **402-471-0175.**

**LICENSE INFORMATION:** The following questions relate to a license that you currently hold or have held to provide health related services (such as nursing, nail technician, massage, etc.) in a state **other** than Nebraska.

2	Have you ever been denied the right to take a license examination in any State?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.		
3	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>If YES,</b> 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"/>			

**NOTE:**

If you have disciplinary charges pending on your license in another state or if your license has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.



**ATTACHMENT 1**  
Verification of Cosmetology/Esthetics Training

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

THIS IS TO VERIFY THAT:

The records of: \_\_\_\_\_  
(Name of School)

School Address: \_\_\_\_\_  
(City and State)

Indicate that: \_\_\_\_\_  
(Student's Name)

**Complete the following information for the above named student:**

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 Received:	
Date of Final Written Examination:		Written Score Received:	

I state that 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