



LICENSURE BY EXAMINATION APPLICATION

SEND APPLICATION TO:
PSI/Colorado Barber Cosmetology Program
PO Box 887
Wheat Ridge, CO 80034

EXAMINATION

Please select one of the examination(s) that you are applying for:

BARBER COSMETOLOGIST ESTHETICIAN HAIRSTYLIST NAIL TECHNICIAN

CANDIDATE LICENSURE

Choose one application type that best describes your situation and provide the required information for the application type selected.

- First License:** Candidate has never been licensed in the state of Colorado as a barber, cosmetologist, esthetician, hairstylist, or nail technician and completed training in a Colorado School. NOTE: Must attach a Record of Completion and Transcript.
- First License with Foreign Experience:** Candidate has never been licensed in Colorado and has foreign experience. Provide supporting documents from Country and an affidavit will need to be completed. NOTE: Must complete Foreign Experience Affidavit.
Disinfection, Cleaning and safe work practices - Total hours: _____ (List total hours and provide proof)
- Laws and Rules:** Total hours: _____ (List total hours and provide proof)
- Endorsement:** Candidate applied for endorsement and does not meet requirements.
- Out of State Training:** Candidate completed training out of state. Provide transcript or Record of Completion with application.
- Reinstatement:** Candidate was previously licensed and is applying for reinstatement of that license. It may be necessary to provide proof of exam passage to the Office of Barber and Cosmetology Licensure.

List the previous license number:

ADDITIONAL LICENSE TYPE

If applicant is currently or was previously licensed and is applying for a different license type. Please elect below:

Barber #_____ Cosmetologist #_____ Esthetician #_____

Hairstylist #_____ Nail Technician #_____ N/A

CANDIDATE INFORMATION

A. NAME

An education institution? Yes No

A professional organization? Yes No

In connection with an employment disciplinary or termination procedure? Yes No

ADDITIONAL SCREENING QUESTION

Have you ever been found working in the state of Colorado as a barber, cosmetologist, esthetician, hairstylist, or nail technician?

No
 Yes (If "Yes," provide an explanation on a separate sheet of paper. Provide the name of the shop and the location.

RECORD OF COMPLETION AND TRANSCRIPTS REQUIRED:

All applicants must provide an original *Record of Completion* at the time of application. A blank *Record of Completion* form can be obtained at www.psieexams.com. If you did not complete your training in Colorado, enter the name of the school and the state where the school is located. Attach the original school record. Copies are not accepted. All applicants must ALSO provide a transcript of training from the school(s) attended where the education was obtained. If transfer of schools took place, the prior school transcripts must also be provided.

OUT-OF-STATE SCHOOL NAME: _____ STATE: _____

REQUIRED FEE

All candidates are required to apply for examination by submitting the *Licensure by Examination Application*, along with the application fee. Within 48 business hours of the application received date, you will be notified, via email, that your application has been approved or that your application is deficient (specifying the outstanding requirements). Payment is accepted by company check, money order or cashiers check made payable to PSI. Personal checks are **not accepted**.

Examination Approval Candidate (*Candidates who have not previously tested or whose application has expired*)
APPLICATION FEE\$28.00

Written Candidate (*Candidates who have passed the Practical Exam and are applying for the Written Exam.*)
APPLICATION FEE\$28.00

Please note that all fees are nontransferable and nonrefundable. If you miss your examination, you are still responsible for the fee and must submit it with the application.

CANDIDATE SIGNATURE

This application is valid for one year from the date it is received by PSI. If the application is incomplete and the related documents are not provided, the application and related documents will be destroyed and the fees will be forfeited. You will be required to apply as a new applicant and provide new documentation and fees. *Please be advised that in Colorado, supplying false information when applying for licensure is punishable by law.*

I state, under penalty of perjury in the second degree, as defined in §18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. In accordance with § 18-8-01(2) (a) (1), Colorado Revised Statutes, false statements made herein are punishable by law and may constitute violation of the practice act.

CANDIDATE SIGNATURE

DATE



IMPORTANT INFORMATION WHEN SENDING THE APPLICATION TO PSI

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The approval of the application may be delayed if you do not provide a complete application to PSI. Please complete the Application Checklist to ensure that the application is complete.

- All sections of this application have been completed and my original signature has been provided.
- My social security number has been provided or the *Social Security Number Affidavit* is included with this application.
- An original *Record of Completion* or original out-of-state school records/transcripts are included with this application.
- An original *Unofficial Transcript(s) of Education* completed if educated in Colorado.
- A completed *Affidavit of Eligibility* is included with this application.
- The required fee of \$28 is attached and is made payable to PSI.

Other

- I've attached additional information as applicable.

The following **Screening question documentation** for a "Yes" answer to questions is included. If a No response, no additional information is required:

- Court documentation of criminal convictions.
- Copies of legal documents indicating your compliance with any requirements.
- Addiction documentation to include a letter from any treating physician

ADDITIONAL INFORMATION

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Barber, Cosmetologist, Esthetician, Hairstylist, or Nail Technician in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take to receive all required documents and complete our evaluation and the required examinations.

Basic Requirements. Requirements for examination are outlined in the Barber and Cosmetologist Act,; and the Rules of the Colorado Office of Barber and Cosmetology Licensure. Both documents can be found online at www.dora.colorado.gov/professions/cosmetology.

LICENSE EXPIRATION AND RENEWAL INFORMATION - PLEASE TAKE NOTE OF THE EXPIRATION DATE OF THE LICENSE

Barber, Esthetician, Hairstylist, and Nail Technician licenses expire on March 31 of even-numbered years and must be renewed to continue practicing. Notices are provided by DORA.

All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date and there will not be a need to renew the license. If the license is issued outside of that period, the license will expire with the upcoming renewal cycle for that license type and must be renewed to continue practicing.

Cosmetologist licenses expire on April 30 of either odd-numbered years or even-numbered years, are dependent upon the issuance date, and must be renewed to continue practicing. Notices are provided by DORA.

All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date and there will not be a need to renew the license.

If the license is issued outside of that period, the license will expire with the upcoming renewal cycle for that license type and must be renewed to continue practicing.