

IDAHO STATE BOARD OF COSMETOLOGY
Bureau of Occupational Licenses
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063

APPLICATION FOR APPRENTICE TRAINING

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you. **NOTE: THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU OFFICE AND THE APPRENTICE LICENSE ISSUED BEFORE THE APPLICANT'S TRAINING BEGINS.**

NOTICE

As noted in § 54-816, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; Malpractice or in-competency; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the cosmetology laws or rules.

The board may also refuse to issue or renew a permit or license for a person who is in default in the repayment of any student loan if, at the time the loan was incurred, the student is provided notice of the power of the board to refuse to issue or renew a certificate or license in the event of a default in the repayment, which notice shall be in writing and acknowledged by the signature of the student six (6) months prior to the refusal to issue or renew a certificate or license.

Please be aware of the requirement that apprentice training must take place under the immediate personal supervision of a licensed instructor AND another licensee. The supervision must be provided and the training must be received within the same salon. NOTE: Each primary salon and each contiguous salon licensed within a primary salon are considered to be separate establishments. An apprentice who receives training in a contiguous salon must receive their supervision from within the contiguous salon. If the apprentice or the instructor or the additional licensee is located in a different establishment during periods of training, the training is not in compliance. Any training received that is not in compliance with the laws and rules governing apprenticeships will not be allowed, and formal disciplinary action may be taken by the Board against the personal and facility licenses of any or all of those persons found to be in violation.

Each instructor, licensee, and applicant should review the laws and rules pertaining to apprenticeship training before entering into an apprenticeship-training program. FEES ARE NONREFUNDABLE. The State of Idaho Cosmetology Laws and Rules may be downloaded at: www.ibol.idaho.gov/cos.htm

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO STATE BOARD OF COSMETOLOGY
Bureau of Occupational Licenses
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
cos@ibol.idaho.gov

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APPRENTICE REGISTRATION APPLICATION

Complete this form by providing the requested information and submit it to the address noted above. The signatures of the apprentice applicant, salon owner, and instructor must be notarized and the fee (\$10.00) must be attached. FEES ARE NOT REFUNDABLE. Returned checks are subject to a \$20.00 collection fee.

NOTE: IMPROPER REGISTRATION MAY RESULT IN THE LOSS OF TRAINING HOURS. THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU OFFICE AND THE APPRENTICE LICENSE ISSUED BEFORE THE APPLICANT'S TRAINING BEGINS. Should the information you provide be found to be untrue or inaccurate, or the fees be non-collectable, your registration and training will be invalid.

I hereby submit my application to be registered as an apprentice in: (please check one box)
 Cosmetology Haircutting Esthetics Nail Technology Electrology
in the State of Idaho under the provisions of Title 54, Chapter 8, Idaho Code as amended.

1. Full Name (Mr., Mrs., or Ms.) _____
(Your full legal name is required. Legal documentation of any name changes from birth to the present may be required.)

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing address _____
(Will be used as address of record if none provided above) Street City State Zip

4. Place of Birth _____ Date of Birth ____ / ____ / ____
mm dd yyyy
(Proof of age must be attached. i.e. A copy of your birth certificate, passport, military ID, or valid driver's license.)

5. SS # ____ - ____ - _____ Home phone (____) _____ Business phone (____) _____
E-mail _____ (this number is not a public record) (This number is public record)

6. Do you have at least a tenth (10th) grade education or the equivalent? Yes No
(Proof of education must be provided to the school. i.e., a copy of your school diploma, transcript, GED, or equivalent. Name change documentation is required if your name has changed since birth.)

7. Cosmetology salon you will apprentice in (You will be notified of when your training may begin):

Name of salon Salon License #

8. Have you ever been convicted of any State or Federal felony? Yes No
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

9. Have you received prior cosmetology or barber training in Idaho? Yes No
(If Yes, please attach the name of the school you attended, your name (if different), and the dates you attended.)

10. Are you or have you ever been licensed in any other jurisdiction? Yes No
(If Yes, certified documentation must be received by the Board directly from each licensing authority.)

11. Have you ever had a license revoked, suspended, or restricted? Yes No
(If Yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

IDAHO STATE BOARD OF COSMETOLOGY
APPRENTICE REGISTRATION APPLICATION
(continued)

APPRENTICE AFFIDAVIT

I hereby certify under penalty of perjury that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed the requirements for apprenticeship training and understand that I may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor and an additional licensee. I further certify that I do not have any infectious or contagious disease which may pose a threat to the general public and that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or its identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

Signature of apprentice applicant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

INSTRUCTOR AFFIDAVIT

I hereby certify under penalty of perjury that I am an Idaho licensed instructor and that I have reviewed the requirements for apprenticeship training and understand that an apprentice may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor and an additional licensee. I further certify that I will be present in the establishment with said apprentice at all times. I further certify that the attached curriculum outlines and identifies the apprentice-training program that will be provided to said apprentice. I further affirm that I am familiar with and agree to comply with all Cosmetology laws and rules concerning apprenticeships and that any failure to comply with those requirements may result in action against any personal or facility license I may hold. I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief, and that I have confirmed the true identity of the applicant and that I have received and have on file acceptable documentation that the applicant is not less than 16 ½ years of age and that the applicant has met the 10th grade education requirement.

Signature of instructor & License #

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

IDAHO STATE BOARD OF COSMETOLOGY
APPRENTICE REGISTRATION APPLICATION
(continued)

SALON AFFIDAVIT

I hereby certify that I am the registered owner of the aforementioned salon and that I am familiar with and agree to comply with all Cosmetology laws and rules concerning apprenticeships and that any failure to comply with those requirements may result in action against any personal or facility license I may hold. I further certify that the list below is a complete roster of all current **employees** of the aforementioned salon in which the apprentice will receive training. I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

Signature of salon owner

Salon Name
Salon License #

Phone # _____ e-mail _____

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

EMPLOYEE ROSTER

(DO NOT list Contiguous Salon License Holders)

| | |
|------------|-----------------|
| Name _____ | License # _____ |
| Name _____ | License # _____ |
| Name _____ | License # _____ |
| Name _____ | License # _____ |
| Name _____ | License # _____ |
| Name _____ | License # _____ |
| Name _____ | License # _____ |
| Name _____ | License # _____ |

(Please attach a separate list if additional space is necessary)