STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

INSTRUCTOR TRAINEE ENROLLMENT APPLICATION – COSMETOLOGY

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BOARD OF COSMETOLOGY AND BARBER EXAMINERS
P.O. BOX 1062
JEFFERSON CITY, MO 65102

INSTRUCTIONS

This form must be used to enroll all Instructor Trainees in school, including new, transfers and those seeking additional training. Please provide the additional information as required for your Instructor Trainee, along with this completed application.

1. Proof of education (must have copy of high school diploma or GED).
2. Two (2) photographs measuring approximately 2" x 2."
3. $5.00 Enrollment Fee.
4. Make checks or money orders payable to: Director of Revenue - Board of Cosmetology and Barber Examiners.
5. Return this completed application and the enrollment fee to: Board of Cosmetology and Barber Examiners, P.O. Box 1062, Jefferson City, MO 65102.

NOTE: The required 600 hours may be reduced as follows:

a) 3 years of experience as a practicing cosmetologist may be substituted for 300 hours of training. The 300 hours will be partially reduced in proportion to experience greater than one year but less than 3. (In order to receive credit, work experience must be submitted on a form provided by the Board.)

OR

b) 4 1/2 college credit hours in teaching methodology, as defined by rule, may be substituted for three hundred hours of training. Applicants requesting credit must submit to the board a certified transcript together with a course description certified by the administering education institution as being primarily directed to teaching methodology. The 300 hours will be partially reduced in proportion to college credit hours in teaching methodology of less than 4 1/2 hours.

TO BE COMPLETED BY APPLICANT

1. LEGAL NAME (FIRST, MIDDLE, LAST)	2. OPERATOR LICENSE NUMBER
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	

4. SOCIAL SECURITY NUMBER (REQUIRED)	5. DATE OF BIRTH (MO/DAY/YEAR)	6. TELEPHONE NUMBER	7. DATE OF GRADUATION OR (GED)

EMAIL ADDRESS	☐ (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.
8. SCHOOL ATTENDED OR STATE GED RECEIVED	9. SCHOOL ADDRESS (CITY AND STATE)

CHARACTER REFERENCES

NAME	ADDRESS (STREET, CITY, STATE, ZIP)
a.	
b.	

10. **HAVE YOU**

1. EVER BEEN ENROLLED IN AN INSTRUCTOR TRAINING PROGRAM IN MISSOURI OR ELSEWHERE? ☐ YES ☐ NO
2. EVER BEEN LICENSED AS AN INSTRUCTOR IN MISSOURI OR ELSEWHERE? ☐ YES ☐ NO

TO BE COMPLETED BY COSMETOLOGY SCHOOL

11. THE ABOVE NAMED APPLICANT HAS APPLIED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING _____ OR UPON RECEIPT OF THE TRAINEE LICENSE, **WHICHEVER IS LATER.** WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.

I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL

12. COSMETOLOGY SCHOOL NAME	13. SCHOOL LICENSE NUMBER
14. SCHOOL ADDRESS	15. TELEPHONE NUMBER

16. FOR THE FOLLOWING INSTRUCTOR TRAINEE COURSE:

- ☐ CLASS CA - HAIRDRESSING & MANICURING
- ☐ CLASS CH - HAIRDRESSING
- ☐ CLASS MO - MANICURIST
- ☐ CLASS E - ESTHETICIAN

- ☐ FULL-TIME
- ☐ PART-TIME
- ☐ EVENING

17. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY.

SUNDAY					
MONDAY		WEDNESDAY		FRIDAY	
TUESDAY		THURSDAY		SATURDAY	

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER TO ENROLL IN A SCHOOL. FAILURE TO DO SO WILL CAUSE THE APPLICATION TO BE REJECTED AND DELAY PROCESSING.

HAVE YOU BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED? ☐ YES ☐ NO

NOTE: THIS INCLUDES SUSPENDED IMPOSITION OF SENTENCE, SUSPENDED EXECUTION OF SENTENCE, MISDEMEANOR AND FELONY CONVICTIONS, AND ALCOHOL RELATED OFFENSES, I.E. DWI AND BAC. CHECK YES IF NOT PREVIOUSLY DISCLOSED TO THIS BOARD AND PROVIDE THE DATE OF THE CONVICTION AND/OR PLEADING, NATURE OF THE OFFENSE, COURT LOCATION, AND CASE NUMBER ON A SEPARATE SHEET.

CITIZENSHIP QUESTIONS

(A) ARE YOU A UNITED STATES CITIZEN OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES? ☐ YES ☐ NO
IF YOU ANSWERED "NO" TO QUESTIONS (A) ABOVE, PLEASE PROVIDE A DETAILED EXPLANATION.

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

21. I HEREBY SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT I AM IN A GOOD PHYSICAL AND MENTAL HEALTH AND THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE MISSOURI STATE BOARD OF COSMETOLOGY AND I WILL NOT BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE UNTIL I HAVE BEEN ISSUED AND THE SCHOOL RECEIVES MY TRAINEE LICENSE.

APPLICANT SIGNATURE ▶ _____

12. NAME OF SCHOOL	SCHOOL SEAL
13. SIGNATURE OF OWNER OR REGISTRAR ▶ DATE	

OPTIONAL

I _____ (APPLICANT NAME), consent to the release by the Board of all previous **Notice of Termination/Contractual Fees** forms to the above named school upon my enrollment.

SIGNATURE	DATE

FOR OFFICE USE ONLY

START DATE	LICENSE EXPIRATION DATE	CLASSIFICATION	EDUCATION DATE
/ /	/ /		/ / N/A ☐
LICENSE NUMBER		REVIEWER'S INITIALS	STAFF'S INITIALS