

## Retired License Activation Application

Use this application to activate an unexpired Operator or Salon Manager license that is retired or inactive.

Submit a complete application by mail or in person to the address listed above.

Incomplete applications are returned for corrections, which will delay activation of your license.

Applications are processed within 15 business days of receipt. Please allow for the full processing time.

**IMPORTANT: Do not use this application if your license is expired or due for renewal.** If your license is expired or due for renewal, go to [mn.gov/boards/cosmetology](http://mn.gov/boards/cosmetology) to obtain the Active License Renewal for Practitioners application and determine your active renewal requirements.

No license fees are owed to activate an unexpired license. Your license will be activated for the remainder of your license cycle. When your license is due for renewal, you will need to complete all active renewal requirements in order to maintain an active license. This may include completing continuing education requirements again, as CE is valid for only one renewal or activation.

### Step 1: Determine Your Activation Requirements

If it has been less than three years since you held an active license:

- o Complete continuing education requirements:
  - 1) 4-hour Core CE course
  - 2) 4-hour Professional Practice CE course

- Current provider lists are available at [mn.gov/boards/cosmetology](http://mn.gov/boards/cosmetology).

If it has been more than three years since you held an active license:

- o Retake and pass the Minnesota State Laws and Rules Examination (for Operators) or the Salon Manager Examination (for Salon Managers).
- o Take and pass the Written Practical Examination for your license type (Cosmetologist, Esthetician, or Nail Technician).
- Exam results are valid for one year. Contact PSI at 1-800-733-9267 or [www.psiexams.com](http://www.psiexams.com) to schedule written exams.

### Step 2: Complete This Application

If you are activating with continuing education:

- o Complete these sections:
  - Licensee Information
  - Continuing Education Verification
  - Application Certification
- o Submit complete application by mail or in person to the Board office.

If you are activating with written examinations:

- o Attach both original exam score sheets to this application. Photocopies will not be accepted.
- o Complete these sections:
  - Licensee Information
  - Application Certification
- o Submit complete application by mail or in person to the Board office.

### Licensee Information

8/2017

First Name, Last Name
Date of Birth mm/dd/yyyy
Social Security Number xxx-xx-xxxx
Street Address
City, State, Zip Code
Phone Number
Email Address
License Number
License Expiration Date

### Continuing Education Verification

You must have completed your continuing education within the 3 years prior to your license renewal: the 4-hour Core course and a 4-hour Professional Practice course. All courses must have been pre-approved by the Board. Visit [mn.gov/boards/cosmetology](http://mn.gov/boards/cosmetology) and click on Continuing Education to find approved courses.

#### Core CE Course

- By checking this box, I certify I completed the required 4-hour core continuing education course pertaining to health, safety, infection control, and laws and rules from an approved provider. I completed this course within the 3 years prior to this renewal and after my most recent renewal/activation.

Course Provider:
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#### Professional Practice CE Course

- By checking this box, I certify I completed a board-approved 4-hour professional practice course based on any of the following within my licensed scope of practice: (1) product chemistry and chemical interaction; (2) proper use and maintenance of machines and instruments; (3) business management, professional ethics, and human relations; or (4) techniques relevant to the type of license held. I completed this course within the 3 years prior to this renewal and after my most recent renewal/activation.

Course Provider:
Course Title:

### Application Certification

I certify that the information submitted within this application is true and correct. I also certify that this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetology. Further, I have read and acknowledge receiving the Tennessee Warning.

Licensee Signature

Date

**TENNESSEN WARNING:** The data which you furnish on this application will be used by the Board to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the Board may be unable to process this application. While your licensure is pending, the information submitted, except your name and address, are considered private and will generally not be disclosed outside the Board. In circumstances authorized or required by law, however, it may be disclosed to others including persons contacted for purpose of verification or investigation, and the Attorney General's Office. Certain information on the application, including your Social Security number (SSN), will be provided to the Minnesota Department of Revenue at its request. If the matter of your licensure becomes contested, the information submitted on an application may become public. After issuance of a license, all information contained in this application, except your SSN, will be public information pursuant to Minnesota Statutes Chapter 13. Before the Board issues a license, individuals and businesses are required by Minnesota Statutes to provide certain data. Individuals: Social Security numbers are required by Minnesota Statutes 270C.72. Businesses: Minnesota business identification number and information requested concerning Workers Compensation Insurance are required by Minnesota Statutes. Pursuant to Minnesota Statutes 604.113 and 609.535, the Board is authorized to charge a service charge of \$30.00 for any check that is returned for non-sufficient funds.

For Board Office Use Only	Processor:	Date:
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