

Instructor License Application

Submit a complete application and fee payment by mail or in person to the address listed above.
Incomplete applications are returned for corrections, which will delay licensure.
Please allow for the full processing time.

The following must be submitted for your application to be processed:

- Completed Application**
- Fee: \$195 (processing within 15 business days) or \$345 (expedited processing within 5 business days)**
Checks or money orders may be made payable to Board of Cosmetology. Fees are deposited the first business day after receipt. Processing time begins when your application and payment are received in the Board office. Business days do not include weekends or state determined holidays. Incomplete applications will be returned and subject to additional processing upon receipt back in the Board office.
- Current Operator or Salon Manager License Number**
This license must be maintained and kept active to keep a valid Instructor License.
- Original Course Completion Certificate from a Board-approved instructor training course**
Completion certificates are valid for one year. For a list of approved course providers, visit mn.gov/boards/cosmetology.
- Experience Verification showing at least 2700 hours of licensed practice within the past three years**
The hours can be obtained in any state in which you are licensed to practice.
- Original passing results from the Minnesota Instructor Practical Exam, Minnesota Laws & Rules Instructor Written Exam, and General Instructor Written Exam**
Original score reports must be attached to this application. Exam results are valid for one year. To schedule these exams, contact PSI at 1-800-733-9267 or www.psiexams.com.

If you have a current (not expired) instructor license in another state, you may apply for a Minnesota instructor license by transfer using this application. You must contact the Board in each state in which you have ever held an instructor license and request **Certification(s) of Licensure** to be mailed directly to the Board office. Your license certifications are valid 90 days from receipt and must verify at least one current, active instructor license in another state. If these letters verify you successfully completed **comparable instructor training**, a Course Completion Certificate will not be required. Otherwise, you will need to obtain a completion certificate from a Board-approved course. If these letters verify you have passed an **instructor general exam** and/or an **instructor practical exam** (or equivalent of each), you will not be required to take and pass the verified exam(s). Otherwise, you will be required to take and pass the unverified exam(s) listed above. **IMPORTANT:** You must have an active **Minnesota Operator or Salon Manager License** in order to obtain an instructor license. If you do not yet have a Minnesota license, you cannot obtain an instructor license until you do. All other requirements listed above remain the same.

1. Applicant Information

9/2018

First Name, Last Name	Street Address	
Social Security Number XXX-XX-XXXX	City, State, Zip Code	
Phone Number	Email Address	
License Number	License Expiration Date	
License Type Sought (Check One)	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Nail Technician	<input type="checkbox"/> Esthetician <input type="checkbox"/> Eyelash Technician

NOTE: Instructor Licenses may only be issued for the license type currently held.

2. Additional Applicant Information

1. List all states, other than Minnesota, in which you have held a cosmetology license. For each state, list the license type.	

2. Have you ever been the subject of any inquiry or investigation by any division of the Board of Cosmetology or Office of the Attorney General? <i>If yes, attach a detailed and signed explanation with copies of all letters of inquiry and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever held a cosmetology license which has been censured, suspended, revoked, canceled, terminated or been subject to any type of administrative or disciplinary action in any state including Minnesota? <i>If yes, you must attach the following:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> A detailed and signed explanation identifying the type of license and the circumstances of each incident. <input type="radio"/> A copy of the Notice of Hearing or other document that states the charges and allegations. <input type="radio"/> A copy of the official document which establishes the resolution of the charges or any final judgment.	
4. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes Section 270C.72, that you currently owe the State of Minnesota any delinquent taxes? <i>If yes, attach a detailed and signed explanation with documentation from the Department of Revenue showing the debt has been paid in full or an approved payment plan is in process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Board Office Use Only

Amount:	C/MO/R#:	Application Number:
Date Processed:	Staff Initials:	License Number:

3. Experience Verification

You must have at least 2700 hours of licensed work experience in a salon within the past three years. Any unlicensed work experience or hours accumulated more than three years prior to application submission will not be counted toward the 2700 hour minimum. If you do not provide all salon information, including salon license numbers, your application will be returned as incomplete. This will delay your licensure.

Total hours of licensed practice within the past three years:

	Salon #1	Salon #2	Salon #3
Salon Name			
Salon License Number			
Salon Owner			
Salon Phone Number			
Salon City, Zip Code			
Employment Start Date			
End Date or "Current"			
Average Hours Per Week			

In this box, list any significant time periods within the time frames listed above in which you did not work. These time periods will be deducted from your total time.

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Total Eligible Hours:	Hours:	Hours:	Hours:
	Hours:	Hours:	Hours:
	Weeks:	Weeks:	Weeks:
	Total:	Total:	Total:

Licensee Responsibility

You, as a licensed instructor, will be responsible for the following:

○ License Renewal

Your license will expire on the last day of your birth month in the third year of your license cycle. If you fail to renew on or before that date, your license will expire and you will not be eligible to work. This includes renewal of your Operator or Salon Manager license. Late fees will be applied to any license that is not renewed on time. Current renewal requirements and applications are available at mn.gov/boards/cosmetology.

○ Maintaining an Active Operator or Salon Manager License

You must maintain an active Operator or Salon Manager license. If your underlying license becomes invalid, so does your Instructor license.

○ Verification of School or Salon License

If you are working in a school or salon, it is your duty to ensure it has a current license.

○ Compliance with Laws and Rules

As a licensee, you are responsible for ensuring your and your students' compliance with all applicable laws and rules. Civil penalties of up to \$2,000 per violation can be assessed to you, your salon, your school manager, and/or your school for not following laws and rules established by the Board.

○ Notice of Changes

If you change your legal name or address, you must notify the Board within 30 days of the change. Address changes may be completed online at mn.gov/boards/cosmetology. Name changes must be reported by completing a Name Change Form and submitting it to the Board office by mail or in person with proper documentation and fee payment required by Minnesota Statutes Section 155A.25. Per Minnesota Rule 2105.0190, subpart 2, a cosmetology license in your former name is invalid as of the 31st day of your new legal name.

4. 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.

Applicant 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.