



HEALTH LICENSING OFFICE
Board of Certified Advanced Estheticians

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
 Phone: (503) 378-8667 | Web: www.oregon.gov/oha/ph/hlo

For Office Use Only		
Applicant #:	Certification #:	Staff Initials:

Advanced Esthetician Certification Application

Applicant Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
BIRTHDATE:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NONBINARY / OTHER	
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED):		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	PERSONAL PHONE:	
EMAIL (REQUIRED):	SOCIAL SECURITY # (REQUIRED):	
Have you ever been known under any other legal name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list all previous full (legal) names below:		
Previous legal name(s):		
Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list information below (add additional blank page if necessary):		
State:	Lic./Cert./Reg. #:	Expiration:

Payment Information (complete this section only if submitting payment by mail)

Required Fees: *The application fee is non-refundable. DO NOT MAIL CASH.

***Application Fee = \$100 Certification Fee = \$100 Total of \$200**

Select one payment option:	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card (see below)	<input type="checkbox"/> Money Order	<input type="checkbox"/> Purchase Order
Type of credit card (American Express card is not accepted):	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	

Note: The credit card holder must either be the applicant or be present at the time this application is submitted.

Name on credit card:		
Card number:	Exp date:	Authorized amount: \$
Cardholder signature:		

(Do not write in the following section – Office use only)

OTC Verified ID Verified Out-of-state Licensure Type of ID: _____ Appr Code/CK # _____ Staff Initials _____

Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> Approval code/CK#: _____	Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> Approval code/CK#: _____	Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> Approval code/CK#: _____
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Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

1. **Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority?** Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.

Yes No If yes, attach an additional page(s) and provide an explanation.

2. **Have you ever been convicted of a misdemeanor or felony?** Yes No If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).

**Year
Convicted**

3. **As of today, are you on probation or parole?** Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

Mandatory Social Security Number Disclosure and Use

You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.

Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification

The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.

4. **I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification.**

Yes No

Request for Exemption from Social Security Number Disclosure and Attestation

5. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.

DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER

By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.

Applicant Signature:

Date:

Certification of Information Provided

6. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.

Applicant Signature:

Date:

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action (AA) Policy. If you choose to provide the optional information below, it will help to evaluate the effectiveness of our AA programs. This information will also be used in the aggregate (i.e., as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit / Metis / First Nation
- Indigenous Mexican / Central American / South America

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino / Filipina
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Hispanic and Latino/Latina/Latinx

- Central American
- Mexican
- South American
- Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

- Middle Eastern
- North African

Native Hawaiian and Pacific Islander

- Chamoru/Chamorro
- Guamanian
- Marshallese / Micronesian / Palauan / Tongan
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other: _____
- Unknown
- Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

- Yes, please list: _____
- I do not have just one primary racial or ethnic identity
- No, I identify as Bi-racial or Multi-racial
- Not applicable, I only checked one category above
- Unknown
- Decline to answer

Application Requirements

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

—	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30 .
—	<p>Submit this completed application, accompanied by payment of the required fees: *Application fee = \$100; and Certification fee = \$100; for a total of \$200 (see payment information on first page).</p> <p>*THE APPLICATION FEE IS NON-REFUNDABLE.</p> <p>DO NOT SEND CASH THROUGH THE MAIL.</p>
—	<p>Submit one form of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • The ID must be issued by a government agency. • The ID must include the applicant’s current legal name. • The ID provided must be photographic. • We do not accept student ID cards, department store or warehouse cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting a photocopy of your ID by mail, a legible (clear) front and back copy must be submitted. Submit the copy on a full-sized piece(s) of copy paper, do not cut the ID images out. <p>If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.</p>
—	Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver’s license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).
—	Hold an active esthetic certification through the Oregon Board of Cosmetology and be in good standing with no current or pending disciplinary action.
—	Have a collaborative agreement in place with a licensed health care professional listed in Oregon Administrative Rule 819-030-0020. See Collaborative Agreement section and form for further information.
—	Provide documentation of completing one of the following qualifying pathways (see qualifying pathway options on the following pages).

Pathway Options

Pathway One: Graduation through an Oregon School

A graduate of an Oregon licensed career school for advanced nonablative esthetics that meets requirements pursuant to Oregon Administrative Rule must:

- _____ Submit official transcript from a licensed career school showing proof of completion of required certified advanced esthetics curriculum approved by the Board of Certified Advanced Estheticians as listed in Oregon Administrative Rule.
- _____ Arrange for official documentation of having passed an examination, approved by the Board of Certified Advanced Estheticians as listed in Oregon Administrative Rule, within two years before or after the date of application. Examination results must be submitted to the Health Licensing Office directly from the examination provider. Examination results or other documentation provided directly by the applicant are not acceptable.

Pathway Two: Qualification through National Certification

An individual who has a certification to use lasers or other devices for purposes related to practicing advanced nonablative esthetics procedures from a nationally recognized program that is approved by the Board must:

- _____ Provide official documentation of having certification to use lasers or other devices for purposes related to practicing advanced nonablative esthetics procedures from a nationally recognized program that is approved by the Board of Certified Advanced Estheticians.

If there are no Board-approved nationally recognized programs, individuals seeking board approval of a nationally recognized program must submit documentation that fully explains the criteria and requirements of the nationally recognized program.
- _____ Arrange for official documentation of having passed an examination, approved by the Board of Certified Advanced Estheticians as listed in Oregon Administrative Rule, within two years before or after the date of application. Examination results must be submitted to the Health Licensing Office directly from the examination provider. Examination results or other documentation provided directly by the applicant are not acceptable.

Pathway Three: Qualification through Reciprocity

- _____ An individual authorized and in good standing to practice advanced nonablative esthetics procedures in a state where the requirements to practice nonablative esthetics procedures are substantially similar to the requirements to practice advanced nonablative esthetics procedures in Oregon must provide documentation showing substantial equivalency to Oregon including but not limited to the following:
 - a) License requirement in state;
 - b) Scope of practice within the state;
 - c) Program or course curriculum including hours;
 - d) Theory hours;
 - e) Practical hours; and
 - f) Teacher requirements.

Pathway Options (continued)

Pathway Four: Qualification through Out-of-State Education or Training Program

Pursuant to ORS 676.640(2)(b), if a training or education program is not located in Oregon, it must be substantially equivalent to a program licensed through the Higher Education Coordinating Commission (HECC). Documentation supporting substantial equivalence must include, but is not limited to, the following:

- a) License requirement in state;
- b) Scope of practice within the state;
- c) Program or course curriculum including hours;
- d) Theory hours;
- e) Practical hours; and
- f) Teacher requirements.

Additional Information

Pursuant to Oregon Revised Statute, if a training or education program is not located in this state, it must be substantially equivalent to a program licensed through the Higher Education Coordinating Commission (HECC). Submission of a training or education program not located in this state will be reviewed on a case-by-case basis.

Collaborative Agreement - Oregon Administrative Rule

819-030-0020

COLLABORATIVE AGREEMENT

(1) Pursuant to ORS 676.655(2)(c), a certified advanced esthetician must enter into a collaborative agreement with one or more of the following health-care professionals who hold an active license in good standing with no current or pending action:

(a) Physician licensed under ORS Chapter 677;

(b) Nurse practitioner licensed under ORS 678.375 to 678.390;

(c) A licensed health-care professional who works at the same location as the certified advanced esthetician and who has the authority to prescribe drugs listed in Schedule III, IV or V which includes, but is not limited to, the following:

(A) Dentist licensed under ORS 679;

(B) Naturopathic physician licensed under ORS 685; or

(C) Certified Registered Nurse Anesthetists licensed under ORS 678.245 to 678.285.

(2) All active collaborative agreements must be maintained and kept current by the certified advanced esthetician and made immediately available.

(3) Inactive collaborative agreements must be kept for seven years and must be made immediately available to the Office upon request.

(4) All collaborative agreements must contain the following information:

(a) Name of certified advanced esthetician;

(b) Certificate number of the certified advanced esthetician;

(c) Name of licensed health care professional;

(d) License number of licensed health care professional;

(e) Contact information of the licensed health care professional; and

(f) Effective date of agreement.

(5) The collaborative agreement must be current and updated at all times services are being performed.

(6) Multiple advanced certified estheticians can enter into a collaborative agreement under the same licensed health-care professional; however, each certified advanced esthetician must have individual agreements that meet requirements listed in subsection (1), (2) and (3) of this rule.

(7) For the purpose of this rule and pursuant to ORS 676.655 the purpose of an agreement is to provide a client with a referral to a licensed health care professional. It is not required that the client pursue treatment from the referred licensed health care professional and the licensed health care professional is not required to provide care to the client.

(8) Collaborative agreements may be stored electronically.

Collaborative Agreements – Frequently Asked Questions

1. What is a collaborative agreement?

A collaborative agreement is an agreement between a certified advanced esthetician and a licensed health care professional. The purpose of a collaborative agreement is to provide a client with a referral to a licensed health care professional. It is not required that the client pursue treatment from the referred licensed health care professional and the licensed health care professional is not required to provide care to the client.

2. Who is required to have a collaborative agreement?

All certified advanced estheticians must enter into a collaborative agreement with a licensed health care professional who hold an active license in good standing with no current or pending action.

3. When do I need to enter into a collaboration agreement?

Prior to performing any procedure within the scope of practice of a certified advanced esthetician. Certified advanced estheticians must also attest to having a collaborative agreement with a licensed health care professional at the time of each renewal.

4. Who can I enter into a collaborative agreement with?

Pursuant to ORS 676.655(2)(c), a certified advanced esthetician must enter into a collaborative agreement with one or more of the following licensed health care professionals who hold an active license in good standing with no current or pending action:

- A physician licensed under ORS Chapter 677.
- A nurse practitioner licensed under ORS 678.375 to 678.390 or
- A licensed health-care professional who works at the same location as the certified advanced esthetician and who has the authority to prescribe drugs listed in Schedule III, IV or V which includes, but is not limited to, the following:
 - A dentist licensed under ORS 679.
 - A naturopathic physician licensed under ORS 685 or
 - A certified registered nurse anesthetist licensed under ORS 678.245 to 678.285.

5. Can I enter into a collaborative agreement with more than one qualified health care professional?

Yes. A certified advanced esthetician can enter into a collaborative agreement with one or more licensed health care professionals.

6. Can health care professionals enter into a collaborative agreement with more than one certified advanced esthetician?

Yes. A qualified health care professional can enter into a collaborative agreement with more than one certified advanced certified esthetician. However, each certified advanced esthetician must have individual agreements with each qualified health care professional.

7. If a facility owner enters into a collaborative agreement on behalf of all the certified advanced estheticians within the facility, does it meet the requirements listed in Oregon Administrative Rule (OAR) 819-030-0020?

No. Collaborative agreements apply only to individual certified advanced estheticians, not facility owners. If a facility owner were to enter into a collaborative agreement on behalf of certified advanced estheticians in the facility, it would not meet the requirements of OAR 819-030-0020. Each certified advanced esthetician must enter into a collaborative agreement with an appropriately licensed health care professional.

8. Is there a collaborative agreement form available on the Health Licensing Office's (HLO) website that I can use?

Yes. A collaborative agreement form can be found on the HLO website under the forms link; however, certified advanced estheticians can also use a form of their own choosing.

9. What information must be included in the collaborative agreement?

All collaborative agreements must contain the following information:

- The name of the certified advanced esthetician.
- The certificate number of the certified esthetician.
- The name of the licensed health care professional.
- The license number of the licensed health care professional.
- The contact information of the licensed health care professional.
- The effective date of the agreement.

10. Do I need to submit a copy of the collaborative agreement to HLO after getting certified?

No. A certified advanced esthetician is not required to provide HLO with a copy of the collaborative agreement after getting certified unless specifically requested by our office. Certificate holders must attest to having a collaborative agreement with a licensed health care professional at the time of each renewal and may be subject to a verification audit. Certificate holders notified of selection for audit of a collaborative agreement attestation must submit to the Office, within 30 calendar days from the date of issuance of the notification, satisfactory evidence of having a collaborative agreement with a licensed health care professional.

If documentation of having a collaborative agreement is incomplete, the certificate holder has 30 calendar days from the date of the deficiency notice to correct the deficiency and submit further documentation of completion of this requirement.

Misrepresentations or failure to have a current collaborative agreement at the time of attestation may result in disciplinary action, which may include, but is not limited to, assessment of a civil penalty and suspension or revocation of the certificate.

11. Do I need to have records of my collaborative agreement(s) on file?

Yes. All active collaborative agreements must be maintained and kept current by the certified advanced esthetician and made immediately available to the office upon request. Inactive collaborative agreements must be kept on file for **seven (7) years** and must be made immediately available to the Office upon request. Collaborative agreements may be stored electronically.

The collaborative agreement must always be current and up to date when services are being performed.

Certified Advanced Esthetician - Collaborative Agreement Form

Use this form **after** you obtain your advanced esthetician certification
 and **before** you begin providing services.

A certified advanced esthetician must enter into a collaborative agreement with one or more health care professionals, as listed in Oregon Administrative Rule (OAR) Chapter 819-030-0020 (see the previous page for rule language), who hold an active license in good standing with no current or pending actions.

A collaborative agreement is an agreement between a certified advanced esthetician and a licensed health care professional. The purpose of a collaborative agreement is to provide a client with a referral to a licensed health care professional. It is not required that the client pursue treatment from the referred licensed health care professional and the licensed health care professional is not required to provide care to the client.

All collaborative agreements must be current and up to date whenever services are being performed and must be made immediately available. Inactive collaborative agreements must be retained for seven years and provided to the Health Licensing Office upon request. Agreements may be stored electronically.

Certified Advanced Esthetician Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
CERTIFICATION NUMBER (received after you obtain your certification through the HLO):		

Licensed Health Care Professional Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
LICENSE NUMBER:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	EMAIL ADDRESS:	

Effective Date of Agreement

THIS AGREEMENT IS EFFECTIVE ON (provide month, date and year):

Application Requirements (continued)

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Have you answered questions 1 through 4 on page two of this application? If you fail to answer each of the questions, this application may be returned to you and potentially cause a delay in processing.
_____	If you <u>do not</u> have a social security number (SSN), have you signed and dated section 5 on page two of this application? If you do have an SSN that you have provided on page one, do not complete this section.
_____	Have you signed and dated section 6 on page two of this application? If you fail to sign and date this section, your application will be returned to you and will cause a delay in processing.
_____	Have you completed the payment information section of this application and enclosed payment or provided credit card information?
_____	<p>Keep a copy of your application and supporting documents before submitting everything to the Health Licensing Office (HLO).</p> <p>You have two options to submit your application (submit your application only once):</p> <ol style="list-style-type: none"> 1. Mail the application. Enclose payment or provide credit card information, enclose copies of your identification, and enclose copies of your required supporting documents to the HLO. The address is listed at the top of this application. 2. Bring the application to the HLO. Bring the completed application, payment for fees, two forms of your original identification, and required supporting documents to the HLO. The address is listed at the top of this application.