# Cosmetology Certification Application Information Packet





**HEALTH LICENSING OFFICE** 

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192 Phone: 503-378-8667 | Email: <a href="mailto:hlo.info@odhsoha.oregon.gov">hlo.info@odhsoha.oregon.gov</a> Web: <a href="mailto:www.oregon.gov/oha/ph/hlo">www.oregon.gov/oha/ph/hlo</a>

1430 Tandem Ave. NE, Suite 180, Salem OR 97301-2192 Phone: (503) 378-8667 | Email: <u>hlo.info@odhsoha.oregon.gov</u>

Web: www.oregon.gov/oha/ph/hlo

# Cosmetology Certification Application Information

### **HLO Information**

### **Health Licensing Office**

1430 Tandem Ave, NE, Suite 180 Salem, OR 97301 (503) 378-8667

#### **Business Hours:**

Monday through Friday: 9 a.m. to 4 p.m.

### **Examination (Testing) Hours:**

Monday through Friday: 9 a.m. to 1 p.m.

\*The HLO is closed on all state-recognized holidays.

## Acronyms Referenced

"AOL" - Affidavit of Licensure

"HLO" - Health Licensing Office

**"FOP"** – Field of Practice (i.e., barbering, hair design, nail technology and esthetics)

"OAR" - Oregon Administrative Rule

"OLRE" - Oregon Laws and Rules Examination

## Application Requirements

### **Applicants must:**

- Meet all application requirements specified by OAR;
- Meet all education and/or licensing requirements for specified qualification pathway;
- Pay all applicable fees (i.e. application, examination and licensing fees); and
- Appear in person to the HLO to:
  - Submit completed application;
  - Submit two forms of original identification issued by a government agency, both of which must include applicant's current legal name. Front and back of legible (clear) photocopies if submitted by mail. At least one form of identification provided to the HLO must be photographic. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule; and
  - Take all required state prepared written examinations.

### **Qualification Pathways**

In order to obtain one or more Cosmetology certifications, you must qualify through one of three different pathway options. Please review the three pathways below to determine certification requirements for each pathway.

# PATHWAY 1: GRADUATE FROM AN OREGON SCHOOL

Completion of education and training in one or more fields of practice (FOP) at an Oregon school.

### **Education/Training Requirements:**

•	Barbering746 hours	
•	Esthetics444 hours	
•	Hair Design1,110 hour	S
•	Nail Technology241 hours	

### - AND -

- Oregon Laws and Rules-----20 hours
- Career Development -----20 hours

#### **Practical Examination:**

Pass a practical examination, administered by an Oregon school in one or more FOP's.

### Official Transcript:

The Oregon school must provide an official transcript directly to the HLO certifying training, education, and practical examination requirements for each FOP.

### **Written Examinations:**

Applicants may apply to take the state prepared FOP and Oregon Laws and Rules written examinations when the HLO receives the official transcript.

> SEE WRITTEN EXAMINATION INFORMATION

<sup>\*\*\*</sup>Applicants coming from a proficiency-based OEI may be required to submit additional information.

## Qualification Pathways Cont.

#### **PATHWAY 2: RECIPROCITY**

An applicant who holds an active license issued in another state or territory of the United States or another country and the active license has not been subject to disciplinary action by the authorizing body may have all or part of the requirements described in Pathway One waived by the HLO and be allowed to take a written examination(s). However, being licensed in another state does not guarantee that an applicant qualifies for certification in Oregon.

### Affidavit of Licensure (AOL):

An AOL is used to confirm that the applicant's authorization to practice in another state is current and in good standing. Applicants initiate the AOL request through:

- Their out-of-state regulatory authority and direct the regulatory authority to deliver the documentation directly to the HLO; or
- 2. The HLO by submission of an AOL request form located on the <u>HLO Forms webpage</u>.

The HLO will mail application information to applicants when their AOL is received.

#### Written Examinations:

Applicants may apply to take the state prepared written examinations when the HLO receives the AOL.

> SEE WRITTEN EXAMINATION INFORMATION

### PATHWAY 3: QUALIFICATION THROUGH NON-CREDENTIALED

Applicants who received education or training outside of Oregon and who do not hold an active authorization issued by another jurisdiction, may have all or part of the requirements described in Pathway One waived by the HLO and be allowed to take their written examination(s).

Applicants can submit their prior education and training to an Oregon school to request a review and have a skills assessment and a practical evaluation conducted to determine eligibility to sit for the written examination(s). A school representative must attest on a form prescribed by the HLO.

### **Practical Examination:**

Pass a practical examination, administered by an Oregon school in one or more FOP's.

### **Written Examinations:**

Applicants may apply to take the state prepared written examinations when the HLO receives approval documentation from an Oregon based school and receives a passing score for a board-approved practical examination.

### > SEE WRITTEN EXAMINATION INFORMATION

### Written Examination Information

The state prepared written examination consists of the OLRE and one or more FOP examinations.

### **Examination Questions:**

- Oregon Laws and Rules----90 questions
  Barbering-----100 questions
- Hair Design ------100 questions
- Esthetics ------100 questions
- Nail Technology ------100 questions

Examination questions are sourced from the Oregon Administrative Rules and industry textbooks (i.e., Milady and Pivot Point).

Candidate Information Bulletins are available on the HLO website and provide detailed information about subject domains and the number of questions asked per domain.

### Time Allowed:

90 minutes is provided to take each field of practice examination (i.e., Barbering, Hair Design, Esthetics and Nail Technology) and 90 minutes for the Oregon Laws and Rules examination.

\*Individuals for whom English is a second language have the option to have additional time provided to take the examination(s). See English as a second language below.

### **Examination Schedule:**

There is no appointment necessary for testing, however; you must appear at the HLO by specific cutoff times listed below when sitting for multiple FOP's. Examinations are offered on a walk-in basis and subject to space availability.

Applicants will not be able to sit for an examination if they do not have the appropriate amount of time to complete their examinations and should arrive as early as possible to complete all anticipated exams. It may be necessary to come back to the HLO on an additional day(s) in order to complete all the examinations you wish to sit for.

The following schedule provides the *latest time of arrival* an applicant must appear at the HLO to take one or more FOP's and the OLRE:

- > 9:00 a.m. to take 4 FOP and the OLRE
- ➤ 10:30 a.m. to take 3 FOP and the OLRE
- > 12:00 p.m. to take 2 FOP and the OLRE
- 1 p.m. to take 1 FOP and the OLRE

\*Due to space limitations, family and/or friends may not wait in the reception area and should plan to drop off and pick up applicants.

### Written Examination Information Cont.

### **Examinations Offered in Other Languages:**

All FOP's and the OLRE are currently offered in Spanish and Vietnamese. 90 minutes is provided to take each field of practice examination (i.e., Barbering, Hair Design, Esthetics and Nail Technology) and 90 minutes for the Oregon Laws and Rules examination.

# Additional Time Offered for English as a Second Language (ESL):

Individuals for whom English is a second language are provided two and a half (2.5) hours to take each field of practice and the Oregon Laws and Rules examination. Additional time will only be given to individuals taking an examination which is not being administered in the individual's primary language.

### Time of Arrival to HLO for ESL Examinations:

The following schedule provides the *latest time of arrival* an ESL applicant must appear at the HLO to take one or more FOP's and the OLRE:

- 9:00 a.m. to take 2 FOP and the OLRE
- 11:00 a.m. to take 1 FOP and the OLRE

To accommodate individuals taking three fields of practice and the Oregon Laws and Rules, with additional time, the Office will administer those examinations beginning at 8 a.m. other than Tuesdays. It may be necessary to come back to the HLO on an additional day(s) in order to complete all the necessary examinations you wish to sit for.

### What to Expect During Examinations:

- Exams are administered on a computer touch-screen console.
- Questions are multiple-choice and may be skipped one time.
- Opportunity is provided to answer skipped questions at the end of the examination.
- Results are received at the conclusion of the examination.
- Once you have passed your examinations, you may pay for and receive your certification(s).

# Special Accommodations

Special accommodations are available upon request under the Americans with Disabilities Act (ADA). Such requests must be made 30 days prior to the examination date and time. Contact the HLO if you have questions regarding special accommodations.

### Written Examination Information Cont.

### **Conduct While Taking Examinations:**

Applicants are required to review and adhere to rules outlined in the examination conduct form, which must be signed by the applicant prior to taking an examination(s). The following rules of conduct are strictly enforced:

- All personal items must be placed in a locker or space designated by the HLO staff.
- Electronic and communication devices are prohibited in the examination testing room.
- Talking, other than with the HLO staff, is strictly prohibited while taking an examination.

### Passing the Examination(s):

A score of 75 percent or higher is required to receive a passing score on each examination.

## Acceptable Identification

When applying, **two forms** of original identification issued by a government agency must be submitted. **At least one form of identification must be photographic.** 

Applicant's name must appear the same on both forms of identification and they must match the name on the official school transcript or affidavit of licensure. If not, the applicant must provide legal documentation sufficient to confirm the name change.

Acceptable identification includes but is not limited to:

- Driver's license
- Social Security card
- United States passport
- Birth certificate (original or certified copy)

Refer to: <u>HLO Identification Requirements</u> or <u>OAR 331-30-0000</u> for a complete list of acceptable identification.

### Notice to Applicants

### **Material Misrepresentation:**

Material misrepresentation or material errors of fact on an application for, or renewal of, a certification are grounds for disqualification of examination, refusal to issue or revocation of the certification.

### Fitness for issuance:

An applicant who has been the subject of any disciplinary action, including the imposition of a civil or criminal penalty, is not considered qualified for an Oregon certification to practice until the HLO determines the scope, applicability and finality of the disciplinary action as it relates to the applicant's fitness to be issued a certification to practice or use a professional title under a program listed in ORS 676.565.

### **Fingerprint / Criminal Background Check:**

The HLO may require an applicant to complete a fingerprint check through the Oregon State Police. The HLO may also conduct a criminal background check of convictions to determine whether the applicant has been convicted of a crime that may affect the applicant's fitness to practice.

### Parole or Probation:

Applicants currently on parole or probation must provide a letter of release from their parole or probation officer authorizing the applicant to obtain a certification to practice in addition to any other specific licensure needed (i.e., independent contractor and/or freelance).

### **Fees**

Application (non-refundable):	
-------------------------------	--

•	Original certificate (Per FOP)	\$ 30
•	Reciprocity (Per FOP)	\$100

### **Examination:**

•	Barbering	\$ 45
•	Hair Design	\$ 45
•	Esthetics	\$ 45
•	Nail Technology	\$ 45
•	Natural Hair Care	\$ 45
•	Oregon Laws and Rules	\$ 45
•	Retakes (FOP)	\$ 45

### **Certification (valid for two years):**

•	Original certificate (FOP)	\$ 35
•	Reciprocity (FOP)	\$ 65

Refer to the <u>Board of Cosmetology-Fees webpage</u> for a complete list of fees.

## **Payment Options**

The HLO accepts cash, check, money order, Visa, Discover and MasterCard. Payment must be made for the exact amount required.

If using a third-party credit card, the cardholder must be present when payment is made.

\*\*\*Please note: Bring the attached application with you at the time of testing. **Do not** fax, email or mail the application in to the HLO.



1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192 Phone: (503) 378-8667 | Email: <u>hlo.info@odhsoha.oregon.gov</u>

Web: www.oregon.gov/oha/ph/hlo

For Office Use C	Only											
Applicant #:		Ce	ertifica	tion #:							Staff	f Initials:
		Cos	sme	tology	Certi	ficatio	n A	<b>Applic</b>	atio	on		
Field(s) of practice you are applying for:												
Barbering	ПН	lair Design		Sthetics	□Na	ail Technolo	ogy	☐ Inde	pend	lent Cont	ractor	Freelance
Applicant Info	Applicant Information											
LAST NAME:						FIRST NAM	1E:				MIDDL	E INITIAL:
BIRTHDATE:						GENDER:   FEMALE   MALE   NONBINA			NBINARY / OTHER			
RESIDENTIAL PHYS	SICAL A	DDRESS (REC	QUIRED	)):		•	1		I		•	
CITY:						STATE:				ZIP:		
MAILING ADDRESS	(IF DIF	FERENT FRO	M ABOV	/E):						I		
CITY:						STATE:				ZIP:		
BUSINESS PHONE:						PERSONAL	_ PHC	DNE:				
EMAIL (REQUIRED):	:					SOCIAL SE	CURI	ITY # ( <mark>REQ</mark>	UIRED	<mark>)</mark> ):		
Have you ever be	een kn	nown under	any otl	ner legal nar	me? 🔲	No ☐ Yes	lf y	es, list all	prev	rious full (	(legal) r	names below:
Previous legal na	ame(s)	<b>)</b> :							•			
Do you hold or ha		ou previously - If yes, plea										ice or any other
State:		Lic./Cert./F	Reg. #:							Expirati	ion:	
Payment Info	rmat	ion (comple	ete this	s section on	ly if subr	mitting payr	nent	by mail)				
Required Fees:	*The a	application f	ee is n	<mark>on-refunda</mark> b	ole. <b>DO I</b>	NOT MAIL	CAS	H.				
Fees can be four	nd und	<mark>ler the "Path</mark>	way C	ptions" sect	ion and	are based	on w	<mark>hich path</mark>	way	you may	qualify	through.
Please check one	e:	☐ Credit (	Card (s	see below)	☐ Che	eck	☐ Money Order ☐ Purcha			urchase Order		
Type of credit car	rd:	☐ Visa				Mastercard Discover						
Note: The credit	card h	nolder must	either	be the appli	cant or b	e present a	at the	e time app	olicat	ion is sub	mitted.	
Name on credit c	ard:											
Card number:						Exp da	ite:		Αι	uthorized	amoun	it: \$
Cardholder signa	ature:											
_		_		not write in th	e followir	ng section – (	Office	use only)				
ОТ		☐ Verified I		Type of ID: _				<u></u>		ff Initials _		
Method of Payment: [				Method of Pay								
				AMOUNT:			, L.	] P( ☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO AMOUNT:				
INITIALS: INITIALS:						INITIALS:						
☐ Approval code/CK	#:			☐ Approval co	ode/CK#: _	· · · · · · · · · · · · · · · · · · ·		☐ Approv	/al cod	le/CK#:		<del> </del>

Ind	lividual Records Questions					
the	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 act regulatory authority? Disciplinary action includes, but is not limited to, probat sanction limiting, in any way, a license, certificate, registration or permit.  Yes No If yes, attach an additional page(s) and provide an explanation.	ion, suspension, civil penalty				
2.	Have you ever been convicted of a misdemeanor or felony?   Yes No convictions, including the charges and year convicted (attach additional page)		Year Convicted			
3.	As of today, are you on probation or parole?  Yes No If yes, you m probation or parole officer authorizing you to obtain an authorization to pract probation with the court, you must provide documentation of your conditions	ice. If you are on bench proba				
Ма	ndatory Social Security Number Disclosure and Use					
42 the and you	u are required to provide your Social Security number (SSN) to the HLO as participational or professional license, certification, or registration issued by HLO pusc § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN to license, certification, or registration you seek. HLO is authorized by law to used tax administration purposes only. HLO will only use your SSN for these purpour SSN as discussed below. Your SSN will remain on file with HLO. If you have to the section below titled Request for Exemption from Social Security Number to the section below titled Request for Exemption from Social Security Number 1.	oursuant to ORS 25.785, ORS will be a basis to refuse to iss e your SSN for child support loses unless you authorize ot e never been assigned an SS	S 305.385, ue or renew enforcement her uses of SN, please			
Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification						
Vo	luntary SSN Disclosure and Use - Criminal Background Checks a	nd Military Status Verific	ation			
The HLC detayout	e HLO is authorized to conduct criminal background checks pursuant to ORS or requests that you voluntarily provide your SSN for this purpose. Pursuant to termine the military status (or lack thereof) of a respondent before issuing a decompose of the voluntarily provide your SSN for this purpose. Failure to provide your SSN for application, or to deny you any right, benefit or privilege provided by law. If of for these purposes, it may be used only for these purposes.	181A.195, 676.608, and 676. 550 USC § 3931, the HLO merault final order. The HLO recort these purposes will not be used.	.612. The ust quests that used to deny			
The HLC detayou you HLC	e HLO is authorized to conduct criminal background checks pursuant to ORS O requests that you voluntarily provide your SSN for this purpose. Pursuant to termine the military status (or lack thereof) of a respondent before issuing a dependent provide your SSN for this purpose. Failure to provide your SSN for application, or to deny you any right, benefit or privilege provided by law. If O for these purposes, it may be used only for these purposes.  I voluntarily consent to disclose my SSN to the HLO for criminal background	181A.195, 676.608, and 676.550 USC § 3931, the HLO mefault final order. The HLO recort these purposes will not be byou consent to the use of you	.612. The ust quests that used to deny ur SSN by the			
The HLC detcyou you HLC 4.	e HLO is authorized to conduct criminal background checks pursuant to ORS O requests that you voluntarily provide your SSN for this purpose. Pursuant to termine the military status (or lack thereof) of a respondent before issuing a deconvoluntarily provide your SSN for this purpose. Failure to provide your SSN four application, or to deny you any right, benefit or privilege provided by law. If O for these purposes, it may be used only for these purposes.  I voluntarily consent to disclose my SSN to the HLO for criminal background  Yes  No	181A.195, 676.608, and 676.50 USC § 3931, the HLO mefault final order. The HLO record these purposes will not be upon consent to the use of you checks and military status versions.	.612. The ust quests that used to deny ur SSN by the			
The HLC detayou you HLC 4.	e HLO is authorized to conduct criminal background checks pursuant to ORS O requests that you voluntarily provide your SSN for this purpose. Pursuant to termine the military status (or lack thereof) of a respondent before issuing a deproved your SSN for this purpose. Failure to provide your SSN for this purpose. Failure to provide your SSN for application, or to deny you any right, benefit or privilege provided by law. If O for these purposes, it may be used only for these purposes.  I voluntarily consent to disclose my SSN to the HLO for criminal background Yes No  quest for Exemption from Social Security Number Disclosure and Attest If you do not have a Social Security number (SSN) you may request an exer receive the exemption, you must attest and certify that you have never been assigned an SSN, you will report it to the HLO within 30 days.  *DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SEC	181A.195, 676.608, and 676.50 USC § 3931, the HLO mefault final order. The HLO refor these purposes will not be byou consent to the use of you checks and military status vertical action  Input on from the SSN requirements assigned an SSN and if you current with the state of the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the use of your checks and your check	.612. The ust quests that used to deny ir SSN by the erification.			
The HLC detcyou HLC 4.	e HLO is authorized to conduct criminal background checks pursuant to ORS O requests that you voluntarily provide your SSN for this purpose. Pursuant to termine the military status (or lack thereof) of a respondent before issuing a deproved voluntarily provide your SSN for this purpose. Failure to provide your SSN for application, or to deny you any right, benefit or privilege provided by law. If O for these purposes, it may be used only for these purposes.  I voluntarily consent to disclose my SSN to the HLO for criminal background Yes No  quest for Exemption from Social Security Number Disclosure and Attest  If you do not have a Social Security number (SSN) you may request an exer receive the exemption, you must attest and certify that you have never been assigned an SSN, you will report it to the HLO within 30 days.	181A.195, 676.608, and 676.50 USC § 3931, the HLO mefault final order. The HLO refor these purposes will not be byou consent to the use of you checks and military status vertical action  Input on from the SSN requirements assigned an SSN and if you current with the state of the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the use of your checks and your check	.612. The ust quests that used to deny ir SSN by the erification.			
The HLC detryou you HLC 4.	e HLO is authorized to conduct criminal background checks pursuant to ORS O requests that you voluntarily provide your SSN for this purpose. Pursuant to termine the military status (or lack thereof) of a respondent before issuing a deproved of a voluntarily provide your SSN for this purpose. Failure to provide your SSN for application, or to deny you any right, benefit or privilege provided by law. If O for these purposes, it may be used only for these purposes.  I voluntarily consent to disclose my SSN to the HLO for criminal background Yes No  quest for Exemption from Social Security Number Disclosure and Attest If you do not have a Social Security number (SSN) you may request an exer receive the exemption, you must attest and certify that you have never been assigned an SSN, you will report it to the HLO within 30 days.  *DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SEC By signing below, I attest and certify that I have never been assigned an SSI	181A.195, 676.608, and 676.50 USC § 3931, the HLO mefault final order. The HLO refor these purposes will not be byou consent to the use of you checks and military status vertical action  Input on from the SSN requirements assigned an SSN and if you current with the state of the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the consent to the use of your checks and military status vertically the use of your checks and your check	.612. The ust quests that used to deny ir SSN by the erification.			
The HLC detryou you HLC 4.	e HLO is authorized to conduct criminal background checks pursuant to ORS O requests that you voluntarily provide your SSN for this purpose. Pursuant to termine the military status (or lack thereof) of a respondent before issuing a deprovide your SSN for this purpose. Failure to provide your SSN for application, or to deny you any right, benefit or privilege provided by law. If O for these purposes, it may be used only for these purposes.  I voluntarily consent to disclose my SSN to the HLO for criminal background Yes No  quest for Exemption from Social Security Number Disclosure and Attest If you do not have a Social Security number (SSN) you may request an exer receive the exemption, you must attest and certify that you have never been assigned an SSN, you will report it to the HLO within 30 days.  *DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY SIGNING BELOW IF YOU HAVE A SOCIAL SECURI	181A.195, 676.608, and 676.50 USC § 3931, the HLO mefault final order. The HLO refor these purposes will not be byou consent to the use of you checks and military status vertically attention assigned an SSN and if you current assigned an SSN and if you current and agree that if an SSN is	.612. The ust quests that used to deny ir SSN by the erification.			
The HLC detry you you HLC 4.  Rec 5.	e HLO is authorized to conduct criminal background checks pursuant to ORS O requests that you voluntarily provide your SSN for this purpose. Pursuant to remine the military status (or lack thereof) of a respondent before issuing a decountarily provide your SSN for this purpose. Failure to provide your SSN for application, or to deny you any right, benefit or privilege provided by law. If O for these purposes, it may be used only for these purposes.  I voluntarily consent to disclose my SSN to the HLO for criminal background Yes No  quest for Exemption from Social Security Number Disclosure and Attest  If you do not have a Social Security number (SSN) you may request an exer receive the exemption, you must attest and certify that you have never been assigned an SSN, you will report it to the HLO within 30 days.  *DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY Signing below, I attest and certify that I have never been assigned an SSI me, I will report it to the HLO within 30 days.  plicant Signature:	181A.195, 676.608, and 676.50 USC § 3931, the HLO mefault final order. The HLO resor these purposes will not be a you consent to the use of you checks and military status vertically attention assigned an SSN and if you current assigned and some current assigned and the current assigned as a supplied to the current assigned as a supplication as	enent. To are ever assigned to strue, opplication will			



1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192 Phone: (503) 378-8667 | Email: <u>hlo.info@odhsoha.oregon.gov</u>

Web: www.oregon.gov/oha/ph/hlo

# **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.

can Indian and Alaska Native	Black and African American	Native Hawaiian and Pacific Islander		
American Indian	African American	Chamoru/Chamorro		
Alaska Native	Afro-Caribbean	Guamanian		
Canadian Inuit / Metis / First Nation	Ethiopian	Marshallese / Micronesian / Palauan		
Indigenous Mexican / Central American /	Somali	Tongan		
South America	Other African (Black)	Communities of the Micronesian Region		
	Other Black	Native Hawaiian		
an		Samoan		
Asian Indian	Hispanic and Latino/Latina/Latinx	Other Pacific Islander		
Cambodian	Central American			
Chinese	Mexican	White		
Communities of Myanmar	South American	Eastern European		
Filipino / Filipina	Other Hispanic or Latino/Latina/Latinx	Slavic		
Hmong		Western European		
Japanese	Middle Eastern / North African	Other White		
Korean	Middle Eastern			
Laotian	North African	Other Categories		
South Asian		Other:		
Vietnamese		Unknown		
Other Asian		Decline to answer		
u checked more than one race or ethn  Yes, please list:  I do not have just one primary racial or ethnic  No, I identify as Bi-racial or Multi-racial  Not applicable, I only checked one category a	·	your primary racial or ethnic identity?		
Unknown				
Decline to answer				



# HEALTH LICENSING OFFICE Board of Cosmetology **Board of Cosmetology**

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192 Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov

Web: www.oregon.gov/oha/ph/hlo

Application Requirements					
<b>PLEASE NOTE:</b> 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.					
Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found under the "Pathway Options" section and are based on which pathway you may qualify through.					
Submit <b>two</b> forms of original identification issued by a government agency. Acceptable identification options can be found under <u>Chapter 331</u> , <u>Division 30</u> of Oregon Administrative Rule.					
ID requirements are as follows:					
The two forms of ID must be issued by a government agency.					
Both the ID's must include the applicant's current legal name.					
At least one form of ID provided must be photographic.					
<ul> <li>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</li> </ul>					
<ul> <li>If submitting photocopies of your ID by mail, legible (clear) front and back copies must be submitted.</li> <li>Submit the copies on a full-sized piece(s) of copy paper, do not cut the ID images out.</li> </ul>					
If you do not meet all of the ID requirements above, you run the risk of your application process being delayed					
Provide documentation of completing one of the following qualifying pathways (see qualifying pathway options on the following pages).					



1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192 Phone: (503) 378-8667 | Email: <u>hlo.info@odhsoha.oregon.gov</u>

Web: www.oregon.gov/oha/ph/hlo

	Pathway Options
Pathway	One: Qualification through graduation from an Oregon School
	Submit an official transcript from an Oregon school showing proof of completion of a Board-approved curriculum for each field of practice. The official transcript must be submitted by the school directly to the Health Licensing Office.
	Submit a passing score of a Board-approved practical examination. Practical examination scores are valid for five years from the date the practical examination was completed and passed. Practical examination scores must be submitted by the school directly to the Health Licensing Office.
	Complete and pass a Board-approved written examination, within two years of the date of application, for each field of practice. Written examinations are taken at the Health Licensing Office.
	Complete and pass a Board-approved Oregon Laws and Rules written examination within two years of the date of application. Written examinations are taken at the Health Licensing Office. <b>Note:</b> An applicant with a current certification who is seeking to add a field of practice, must pass the Oregon Laws and Rules examination within two years of applying for the additional field of practice.
	Upon passage of all required examinations and before receipt of certificate(s), the applicant must pay all required fees. Qualification through pathway one: *Application fee = \$30 (per field of practice); Written examination fee = \$45 (per field of practice); Oregon Laws and Rules examination = \$45 and
	Certification fee = \$35 (good for two years).
state or te action by t	Certification fee = \$35 (good for two years).
state or te action by t	Certification fee = \$35 (good for two years).  *APPLICATION FEE IS NON-REFUNDABLE. DO NOT SEND CASH THROUGH THE MAIL.  Two: Qualification through Reciprocity – An applicant who holds an active authorization issued in another rritory of the United States or another country and the active authorization has not been subject to disciplinary the authorizing body may have all or part of the requirements described in Pathway One waived by the HLO and
state or te action by t	Certification fee = \$35 (good for two years).  *APPLICATION FEE IS NON-REFUNDABLE. DO NOT SEND CASH THROUGH THE MAIL.  Two: Qualification through Reciprocity – An applicant who holds an active authorization issued in another rritory of the United States or another country and the active authorization has not been subject to disciplinary the authorizing body may have all or part of the requirements described in Pathway One waived by the HLO and it to take a written examination(s).  Submit an affidavit of licensure pursuant to OAR 331-030-0040, from another state or territory of the United
state or te action by t	Certification fee = \$35 (good for two years).  *APPLICATION FEE IS NON-REFUNDABLE. DO NOT SEND CASH THROUGH THE MAIL.  Two: Qualification through Reciprocity — An applicant who holds an active authorization issued in another rritory of the United States or another country and the active authorization has not been subject to disciplinary the authorizing body may have all or part of the requirements described in Pathway One waived by the HLO and to take a written examination(s).  Submit an affidavit of licensure pursuant to OAR 331-030-0040, from another state or territory of the United States, or another country, showing the authorization is active with no current disciplinary action.  Attest to having education or training, including education or training obtained in the military, that is
state or te action by t	Certification fee = \$35 (good for two years).  *APPLICATION FEE IS NON-REFUNDABLE. DO NOT SEND CASH THROUGH THE MAIL.  Two: Qualification through Reciprocity — An applicant who holds an active authorization issued in another rritory of the United States or another country and the active authorization has not been subject to disciplinary the authorizing body may have all or part of the requirements described in Pathway One waived by the HLO and to take a written examination(s).  Submit an affidavit of licensure pursuant to OAR 331-030-0040, from another state or territory of the United States, or another country, showing the authorization is active with no current disciplinary action.  Attest to having education or training, including education or training obtained in the military, that is substantially equivalent to Oregon's requirements as listed in Pathway One.  Complete and pass a Board-approved written examination, within two years of the date of application, for each
state or te action by t	Certification fee = \$35 (good for two years).  *APPLICATION FEE IS NON-REFUNDABLE. DO NOT SEND CASH THROUGH THE MAIL.  Two: Qualification through Reciprocity – An applicant who holds an active authorization issued in another rritory of the United States or another country and the active authorization has not been subject to disciplinary the authorizing body may have all or part of the requirements described in Pathway One waived by the HLO and it to take a written examination(s).  Submit an affidavit of licensure pursuant to OAR 331-030-0040, from another state or territory of the United States, or another country, showing the authorization is active with no current disciplinary action.  Attest to having education or training, including education or training obtained in the military, that is substantially equivalent to Oregon's requirements as listed in Pathway One.  Complete and pass a Board-approved written examination, within two years of the date of application, for each field of practice. Written examinations are taken at the Health Licensing Office.  Complete and pass a Board-approved Oregon Laws and Rules written examination within two years of the



1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192 Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov

Web: www.oregon.gov/oha/ph/hlo

	Pathway Options (continued)						
Pathway Three: Qualification through Non-Credentialed – An applicant who received education or training outside of Oregon and does not hold an active authorization issued by another jurisdiction, may have all or part of the requirements described in Pathway One waived by the HLO and be allowed to take the written examination(s).							
	Submit any and all documentation showing proof of previous education or training to an Oregon cosmetology school which may include, but is not limited to: unofficial transcripts, copies of expired licenses, copies of certificates, diplomas or short-term industry training certificates, apprenticeship and/or on-the-job work records, and military training records.						
	<b>Note:</b> If your documentation is in a foreign language, you must have the documents translated into English <b>before</b> providing to the school. You may have the translation of documents done by a professional translator, a family member or a friend. You must provide copies of both the foreign language documents and the translated documents to the school. <b>Do not</b> provide them with the originals.						
	After the representative(s) from the Oregon school reviews your documentation and conducts a skills assessment and a practical evaluation (passage of a Board-approved practical examination is considered sufficient proof of having passed the skills assessment and practical evaluation), they will notify you and the Health Licensing Office with their determination for moving forward to sit for your written examination(s).						
	Once the Oregon cosmetology school notifies the Health Licensing Office and submits your transcripts to our office, bring this completed application with you when you come to sit for your written examination(s).						
	Complete and pass a Board-approved written examination, within two years of the date of application, for each field of practice. Written examinations are taken at the Health Licensing Office.						
	Complete and pass a Board-approved Oregon Laws and Rules written examination within two years of the date of application. Written examinations are taken at the Health Licensing Office.						

Upon passage of all required examinations and before receipt of certificate(s), the applicant must pay all required fees. Qualification through pathway three: \*Application fee = \$30 (per field of practice); Written

examination fee = \$45 (per field of practice); Oregon Laws and Rules examination = \$45 and

\*APPLICATION FEE IS NON-REFUNDABLE. DO NOT SEND CASH THROUGH THE MAIL.

Certification fee = \$35 (good for two years).



1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192 Phone: (503) 378-8667 | Email: <u>hlo.info@odhsoha.oregon.gov</u>

Web: www.oregon.gov/oha/ph/hlo

# **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 do not 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? Keep a copy of your application and supporting documents before submitting everything to the Health Licensing Office (HLO). You have two options to submit your application (submit your application only once): 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. Bring the application in 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.