



HEALTH LICENSING OFFICE
Board of Cosmetology

1430 Tandem Ave. NE, Suite 180, Salem OR 97301-2192
 Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo | Email: hlo.info@state.or.us

FREELANCE AUTHORIZATION APPLICATION

Pursuant to Oregon Revised Statute, a practitioner who provides services outside of a licensed facility must hold a Freelance Authorization. In order to obtain this authorization, you must have taken and passed the Oregon Laws and Rules exam within the two-year time period before the date of this application. If you have not passed the Oregon Laws and Rules exam within the last two years, you must make arrangements to come to the Health Licensing Office and sit for this exam.

1. Applicant Information:

APPLICANT NAME: LAST	FIRST	MIDDLE INITIAL
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DBA (As filed with the Secretary of State (SOS), Corporation Division)	REGISTRY NUMBER (Provided by Oregon SOS Corp. Div.)
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RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)

CITY	STATE	ZIP
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MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY	STATE	ZIP
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PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	BUSINESS TELEPHONE	EMAIL
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GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE	SOCIAL SECURITY NUMBER (REQUIRED)
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Have you ever been known under any other name?
 No Yes – If yes, list full name(s):

Please list your current valid Oregon Cosmetology Practitioner's certification(s) below?

COS-HA-	COS-FT-	COS-NT-	COS-BA-
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Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? No Yes - If yes, please list information below.

State:	Lic./Cert./Reg.#	Expiration:
State:	Lic./Cert./Reg.#	Expiration:
State:	Lic./Cert./Reg.#	Expiration:

(Do not write in this section – Official use only)

CI Registration #: COS-CI- Initials _____ OTC Verified ID Type: _____

Qualified Exam: Oregon Laws & Rules Re-exam Approval code/ck# _____

Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____
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2. * (Complete This Section Only If Submitting Payment By Mail) *****

Payment of Required Fees: Application Fee = \$35; Authorization Fee = \$140; Total of \$175

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

3. Individual Records Questions: Please accurately answer the questions below. The Office 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.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? 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, please explain (**attach additional pages if necessary**):

● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary).	Year Convicted
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● 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.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly 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: _____
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3. Individual Records Questions (continued):

ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB). Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Applicant Signature:

Date:

4. Race / Ethnicity – Voluntary Question

The State of Oregon has an Affirmative Action policy. If you choose to provide your race/ethnicity information below, it will help us evaluate the effectiveness of our affirmative action 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 eligibility or qualifications.

Ethnic Background (check only one)

- American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.
- Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino (H)**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.

APPLICATION REQUIREMENTS FOR FREELANCE AUTHORIZATION

An applicant for freelance authorization must:

- Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30;
- Submit this completed application accompanied by payment of required fees: Application fee = **\$35**; Authorization fee = **\$140**; for a total of **\$175** (see payment section above);
- Submit **one** form of original **photographic** identification issued by a government agency, **which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. Acceptable photographic identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule;
- Pass the Oregon Laws and Rules examination (completion of the examination is not required if the applicant passed the Oregon Laws and Rules examination within two years before the date of application). **Oregon Laws and Rules examination fee = \$45; and**
- Provide a current copy of the Assumed Business Name (ABN) filing if applicant is operating under an assumed business name prior to applying for a freelance authorization. **NOTE:** An ABN is not required if business includes the real and true name of the owner. Refer to Secretary of State, Corporations Division under Oregon Revised Statute Chapter 648.

FREELANCE AUTHORIZATION HOLDER RESPONSIBILITIES

Pursuant to Oregon Administrative Rules a holder of a freelance authorization must:

- (a) Provide each client with the Health Licensing Office - name, address and telephone number, for comment on any of the services received or on any of the sanitary procedures followed while performing services;
- (b) Display the practitioner's certificate number and freelance authorization number on all advertising when soliciting business;
- (c) Be subject to random audit to verify compliance with safety, infection control and licensing requirements pursuant to ORS 690.123; and
- (d) Allow the HLO representatives to conduct an investigation pursuant to ORS 676.608. Obstructing or hindering the normal progress of an investigation, threatening or exerting physical harm, or enabling another individual to impede an investigation may result in disciplinary action pursuant to ORS 676.612 or 676.992 and 331-020-0070.