



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

COSMETOLOGY INDEPENDENT CONTRACTOR APPLICATION

1. Applicant Information

APPLICANT NAME: LAST FIRST MIDDLE INITIAL

ASSUMED BUSINESS NAME (As filed with Secretary of State, Corporation Division) REGISTRY NUMBER (As filed with Corporation Division)

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)

CITY STATE ZIP

MAILING ADDRESS (If different from above)

CITY STATE ZIP

PHONE: HOME CELL BUSINESS TELEPHONE EMAIL

GENDER BIRTHDATE SOCIAL SECURITY NUMBER (REQUIRED)
Female Male

NAME OF FACILITY (Where you work) FACILITY LICENSE NUMBER
COS-FA-

FACILITY PHYSICAL ADDRESS (REQUIRED)

CITY STATE ZIP

Have you ever been known under any other name?
No Yes - If yes, list full name(s):

Please list your Oregon Cosmetology Practitioner's Certification(s) below:

COS-HA- COS-FT- COS-NT- COS-BA-

Other than the certificates indicated above, do you hold or have you previously held any other 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:

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2. (Complete This Section Only If Submitting Payment By Mail)

Payment of Required Fees: Application Fee = \$70; Registration Fee = \$140; Total of \$210

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:

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

IC License #: COS-IC- Initials OTC Verified ID Type:

Approval code/CK#

Application continued on the next page ->

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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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:
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4. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, 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 information.

Ethnic Background (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the Black racial groups of Africa.
- (H) **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.
- (I) **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

APPLICATION REQUIREMENTS FOR COSMETOLOGY INDEPENDENT CONTRACTOR

Applicant must:

- Hold a current, valid practitioner's certificate in one or more fields of practice which is active with no current or pending disciplinary action;
- Meet the requirements of OAR 331 division 30;
- Meets the criteria for independent contractor status in accordance with ORS 690.035, 690.057, 670.600, and 657.040;
- Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required fees: Application fee = \$70 and Registration fee = \$140 for a total of \$210 (see payment section above);
- Submit **one** form of acceptable **photographic** identification as listed in OAR 331-030-0000(8), **which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. **Pursuant to OAR 331-030-0000(10) at least one form of identification provided to the HLO must be photographic**. Some examples include: driver license, state ID card, passport or military ID card;
- 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);
- Submit a current copy of the Assumed Business Name (ABN) filing if applicant is operating under an assumed business name prior to applying for an independent contractor registration (if the business operates under the real and true name of the owner an ABN filing is not necessary. Refer to Secretary of State, Corporations Division under ORS 648.005).

INDEPENDENT CONTRACTOR STANDARDS

OAR 817-035-0090

(1) An independent contractor must allow the HLO representative to inspect or conduct an investigation pursuant to ORS 676.608 or 690.225. Obstructing or hindering the normal progress of an investigation or the inspection, threatening or exerting physical harm, or enabling another individual or employee to impede an investigation or inspection may result in disciplinary action pursuant to ORS 676.612 or 676.992 and OAR 331-020-0070.

(2) The cleanliness and sanitary condition of any shared or common area used by, or provided for, separately licensed facilities or independent contractors located at one premises is the responsibility of each license or registration holder at that premises.

(3) Each authorization holder located at one facility may be cited for violations of rules or regulations found in a shared or common area of a facility, unless a contractual agreement exists that indicates specific responsibility for the cleanliness of a shared or common area within the facility.

POSTING REQUIREMENTS

OAR 817-035-0110

Independent Contractor Registration holders are subject to the requirements of OAR 331-030-0020.

(3) Independent contractor registrations must be posted in public view.

(7) A facility license holder and independent contractor registration holder must post the most recent inspection certificate in public view in the facility or at the independent contractor's work station.