

MONTANA BOARD OF BARBERS AND COSMETOLOGISTS

P. O. Box 200513

**301 S PARK, 4TH FLOOR (Delivery)
Helena, Montana 59620-0513**

(406) 444-5711 FAX (406) 841-2305

EMAIL: dlibsdcos@mt.gov **WEBSITE:** www.cosmetology.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

Please allow 10 days for processing from the date the Board receives a completed routine application

BARBERS, COSMETOLOGISTS, ELECTROLOGISTS, ESTHETICIANS AND MANICURISTS ARE NOT PERMITTED TO PRACTICE COSMETOLOGY, BARBERING, ELECTROLOGY, ESTHETICS OR MANICURING IN MONTANA IN ANY MANNER

WITHOUT AN ACTIVE MONTANA LICENSE.

ALL SERVICES MUST BE PERFORMED IN A LICENSED BARBERSHOP OR SALON.

FEES

\$ 80.00 Barber License Application Fee

\$ 80.00 Barber Nonchemical License Application Fee

\$ 80.00 Cosmetology License Application Fee

\$ 80.00 Electrologist License Application Fee

\$ 80.00 Esthetician License Application Fee

\$ 80.00 Manicurist License Application Fee

****Make check or money order payable to the Montana Board of Barbers and Cosmetologists****

ALL APPLICANTS

- Must be at least 18 years or older
- Must be a high school graduate or equivalent
- All Applicants are required to take the national written and national practical portions of the Board approved exam.
- Students are eligible to apply to take the national written exam upon completion of 90 percent of their curriculum. Schools will verify student school hours to insure eligibility for taking the practical exam. Upon completion of all required curriculum hours, applicants must submit a complete license application and fee in order to become eligible to receive an Admission letter for the written portion of the exam from the Board office.

LICENSURE BY EXAMINATION

Applicants for licensure by examination must submit a completed application electronically or by paper, including appropriate fees and required documentation.

To qualify for licensure by examination, the applicant must submit the following documentation:

For a **BARBER** license:

- proof of age;
- proof of graduation from an approved school or course of barbering with at least 1,500 hours of training or, if a Montana-licensed cosmetologist, completion of a supplemental barbering course;
- proof of high school diploma or its equivalent; and
- proof of passage of both the written **and** practical NIC (National Interstate Council of State Boards of Cosmetology) barber exam at 75% proficiency or higher. Please do not schedule your examinations without first obtaining prior approval from the Board.

For a **BARBER NONCHEMICAL** license:

- proof of age;
- proof of graduation from an approved school or course of barbering with at least 1000 hours of training;
- proof of high school diploma or its equivalent; and
- proof of passage of both the written **and** practical NIC (National Interstate Council of State Boards of Cosmetology) barber exam at 75% proficiency or higher. Please do not schedule your examinations without first obtaining prior approval from the Board.

For a **COSMETOLOGY** license:

- proof of age;
- proof of graduation from an approved school or course of cosmetology with at least 2,000 hours of training;
- proof of high school diploma or its equivalent; and
- proof of passage of both the written **and** practical NIC (National Interstate Council of State Boards of Cosmetology) barber exam at 75% proficiency or higher. Please do not schedule your examinations without first obtaining prior approval from the Board.

For an **ELECTROLOGY** license:

- proof of age;
- proof of graduation from an approved school or course of electrology with at least 600 hours of training;
- proof of high school diploma or its equivalent; and
- proof of passage of both the written **and** practical NIC (National Interstate Council of State Boards of Cosmetology) barber exam at 75% proficiency or higher. Please do not schedule your examinations without first obtaining prior approval from the Board.:

For a **MANICURIST** license

- proof of age;
- proof of graduation from an approved school or course of manicuring with at least 400 hours of training;
- proof of high school diploma or its equivalent; and
- proof of passage of both the written **and** practical NIC (National Interstate Council of State Boards of Cosmetology) barber exam at 75% proficiency or higher. Please do not schedule your examinations without first obtaining prior approval from the Board.

For an **ESTHETICIAN** license:

- proof of age;
- proof of graduation from an approved school or course of esthetics with at least 650 hours of training;
- proof of high school diploma or its equivalent; and
- proof of passage of both the written **and** practical NIC (National Interstate Council of State Boards of Cosmetology) barber exam at 75% proficiency or higher. Please do not schedule your examinations without first obtaining prior approval from the Board.

* Applicants by examination who have never been licensed and who completed their professional education out of state must meet the same requirements as an applicant from Montana.

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Application for Licensure By Examination

All fees are Non-Refundable and are not pro-rated.
 Please allow 10 days for processing a completed routine application.

- Barber by Examination (\$80.00)
- Barber Nonchemical by Examination (\$80.00)
- Cosmetologist by Examination (\$80.00)
- Electrologist by Examination (\$80.00)
- Esthetician by Examination (\$80.00)
- Manicurist by Examination (\$80.00)

1. FULL NAME:
 Last First Middle

2. OTHER NAME(S) KNOWN BY:

3. HOME ADDRESS:
 Street or PO Box # City and State Zip

4. TELEPHONE:
 Home Work or Cell E-mail Address

5. SOCIAL SECURITY NUMBER: FOREIGN ID NUMBER:

6. DATE OF BIRTH: MALE FEMALE

7. LICENSE NAME:
 (State your name as it should appear on the license if granted.)

8. GENERALEUCATION:

Name of High School	City and State	Date of Graduation/Equivalent	Degree Earned
			<input type="radio"/> Yes <input type="radio"/> No

9. PROFESSIONAL EDUCATION:

Name of Cosmetology School/College	City and State	Dates Attended	Hours Completed	Diploma Received
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

10. List all professional licenses you hold or ever have held. Verification must be sent directly to Montana from each state/province/territory.

State	License#	Issue Date	Expiration Date	License Method			Requested State Verification	
				Exam	Endorse	Other	<input type="radio"/> Yes	<input type="radio"/> No
				Exam	Endorse	Other	<input type="radio"/> Yes	<input type="radio"/> No
				Exam	Endorse	Other	<input type="radio"/> Yes	<input type="radio"/> No
				Exam	Endorse	Other	<input type="radio"/> Yes	<input type="radio"/> No

11. If a cosmetologist/esthetician is offering microdermabrasion, has the licensee received an endorsement from the Board? Yes No
12. Has the microdermabrasion machine that is being used for the services been approved by the Board? Yes No
13. Which written examination did you take for initial licensure?
 NIC National Examination State Examination (indicate which state) _____
14. Which practical examination did you take for initial licensure?
 NIC National Examination State Examination (indicate which state) _____
15. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
16. Have you ever withdrawn an application for licensure prior to the Licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
17. Have you ever been denied the privilege of taking an examination required for required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
18. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
19. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
20. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
21. Have any civil legal proceedings been filed against you by a client, former client or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No
22. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must Yes No

submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for:

- 1) Misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.

23. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.

Yes No

24. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.

Yes No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Barbers and Cosmetologists

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

For information regarding the processing of this application or other licensing concerns, please contact the Board of Barbers and Cosmetologists staff at (406) 444-5711 or email us at: dlibsdcos@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF COSMETOLOGY, ELECTROLOGY, ESTHETICS OR MANICURING ON OUR WEBSITE:
www.cosmetology.mt.gov