



Esthetics Application

Read the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.

What does the practice of Esthetics cover?

The practice of Esthetics means providing services for a fee or any other consideration to enhance the appearance of the face, neck, arms, legs, or shoulders of a human being by the use of compounds or procedures including makeup, eyelashes, depilatories, tonics, lotions, waxes, or sanding and tweezing. They may be performed by manual, mechanical, chemical or electrical means and instruments, but shall not include the practice of electrology.

Who must apply for an Esthetics license?

Any person practicing Esthetics as described above is required by law to have an Esthetics license. An Esthetics license will not permit you to operate a business; a separate business application must be completed and a separate business license obtained.

What qualifications and supporting documents do I need to apply for licensure?

If you are at least 17 years old, you may apply for an Esthetics license based on:

1) *New York State Education and Examinations (eligible for temporary license)*

You must complete a 600-hour, New York State approved course of study and pass both the New York State written and practical examinations to get a license to operate in this state.

As proof of successful completion of schooling, you must have the **Affirmation of New York State Approved Schooling** section of the application completed by your school director.

After your application is reviewed and accepted, you will receive information that explains the exam process in detail.

2) *Education Outside of New York State (eligible for temporary license)*

We may waive the New York State schooling requirement if you can document an equivalent level of schooling from another state or country. You must submit all three of the following documents (foreign language documents must be accompanied by an English translation certified true and accurate by the translator):

- (1) a school certificate;

- (2) a school transcript listing subjects and hours completed; **AND**
- (3) a current, original Certification of Licensure from your state board **or, if not licensed**, a current Certification from your state's board verifying the hours claimed.

After your application is reviewed and accepted, you will also be required to pass both the New York State written and practical examinations to obtain an Esthetics license in this state. You will receive information that explains the exam process in detail.

3) *Experience: 5 Years Outside of New York State*

Any individual having five years of legal experience in an occupation equivalent to Esthetics may apply for a New York State license by submitting satisfactory evidence of education and experience.

Evidence may include but is not limited to:

- (1) original certifications from licensing agencies and two experience statements;
- (2) copies of passports which indicate occupation of individual;
- (3) tax returns (which indicate occupation);
- (4) letters from employers;
- (5) practical and written examination results; and
- (6) course curricula

Such evidence must be presented in legible form and in English. If a translation is provided, it must be certified as true and accurate by the translator.

After your application is reviewed and accepted, you may obtain an Esthetics license in New York State without examination or further education.

4) *Endorsement*

An applicant who holds an Esthetics license in another jurisdiction may obtain an Esthetics license in New York through endorsement without examination or further education. Refer to our website www.dos.ny.gov for an Esthetics endorsement list to determine if you qualify for licensure based on endorsement.

An applicant must submit an original certification from the jurisdiction where s/he holds an equivalent license.

5) *Previous New York State Licensure*

An individual who fails to file an application and fee for renewal within five years of the expiration date cited on the

individual's license shall be ineligible for such license until he/she passes a written exam. Proof of previous licensure may be required.

Can I take my written examination in a foreign language?

If you attended a New York State school whose curriculum was approved to be taught in English, you will be issued an admission notice to take the written exam in English.

However, you may be allowed to take a translated examination (if available) if you attended a New York State school where the curriculum was approved to be taught in a language other than English and you completed this approved foreign language course.

How will I know if I have been approved to take a translated examination?

If you are approved for a translated examination, you will receive an admission notice advising you of the date, time and place to appear for your foreign language examination.

Can I work before passing the state exams?

Yes. Two six-month temporary licenses are available to applicants who want to work while completing the examination process. Only applicants applying based on New York State or out of state education are eligible for temporary licensure. Applicants may apply for a temporary license extension once they have passed the written examination. Once you pass both examinations, a four-year license will be issued.

What are the fees and terms of licensure?

\$40 - Original application license fee (for all applicants). For those applicants who are not required to pass the examinations (e.g., applying based on 5 years of legal experience), this is the only fee that is required.

\$10 - Six month temporary license fee.

\$10 - Six month temporary license extension fee (separate application).

Please Note: If applying for an original application and a temporary license, you may submit one \$50 application fee. Separate application fees are not required.

The term of licensure is four years. The term for a temporary license is 6 months.

\$15 - Exam fee (to be collected at the exam site for each administered exam).

What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or by MasterCard or Visa, using a credit card authorization form. Do not send cash. **Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

Do I need a physical to be licensed?

Yes. You need to be examined by a physician, physician's assistant or nurse practitioner to apply for a license in Esthetics. Your **physician, physician's assistant or nurse practitioner** must complete and date the Health Certification section of the application. You must submit your application within 30 days after the certification is signed and dated.

Do I need to complete the Child Support Statement section of the application?

Yes. A Child Support Statement is mandatory in New York State (General Obligations Law). The law requires you to complete this section - regardless of whether or not you have children or any support obligation.

Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended. The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on the application?

Yes. The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

FOR OFFICE USE ONLY UNIQUE ID NUMBER CASH NUMBER FEE \$

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NYS Department of State
 DIVISION OF LICENSING SERVICES
 P.O. Box 22001
 Albany, NY 12201-2001
 Customer Service: (518) 474-4429
 www.dos.ny.gov

Esthetics Application

Read the instructions before completing this application. You must answer each question and PRINT responses in ink.

I am applying for licensure (\$40 application fee required) based on:

- _____ New York State Education and Examinations (Completion of 600 hours)
- _____ Education Outside of New York State

I am applying for a temporary license (*requires an additional \$10 fee*) so I can practice while taking the New York State Exams:

- _____ I am requesting my temporary license.

I am applying for licensure based on experience (\$40 application fee required) based on:

- _____ Experience: 5 Years Outside of New York State
- _____ Endorsement - Enter name of state _____
- _____ Previous New York State Esthetics Licensure - UID # _____

APPLICANT'S NAME (LAST, FIRST, M.I., SUFFIX) _____

APPLICANT'S HOME ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

DAYTIME PHONE (IF PROBLEM WITH APPLICATION) _____ SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER (SEE PRIVACY NOTIFICATION) _____

() _____
 E-MAIL ADDRESS (IF ANY) _____

1. Background Data

1. What is your date of birth? _____ **YES or NO**

2. Have you ever been issued either a regular or temporary New York State Esthetics License? _____
IF "YES," check appropriate box and give dates and unique I.D. number:
 Temporary License From _____ To _____ UID # _____
 Regular License From _____ To _____ UID # _____

3. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony? _____
IF "YES," submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.

4. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? _____
IF "YES," you must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

5. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? _____
IF "YES," you must provide all relevant documents, including the agency determination, if any.

2. Examination Options (Only applicable to applicants applying based on education)

A. Written Examination — Please choose from the following written examination options:

_____ **Walk-in Examination** — This type of examination is available to all applicants and is generally the type that most applicants choose. You will be issued an admission card and be provided a schedule from which you may choose the most convenient location, date and time to take an examination.

_____ **Foreign Language Examination** — This type of examination is **NOT** available to all applicants. Please refer to page 2 of the instructions accompanying this application to determine if you may be eligible for this type of examination. If eligible, please indicate the language in which your course was taught in the space below. These examinations are scheduled and not available on a walk-in basis.

Language Choice _____

_____ **Special Testing Arrangements** — The Department of State will provide special testing arrangements if you have a learning disability or any physical, mental or psychological disability. You must submit a completed “Special Testing Arrangements Request” (included) along with this application. You must also submit supporting documentation from a physician, other qualified professional or evidence of prior accommodations from a school or other institution describing your condition and an explanation of any modifications requested. This examination is scheduled and not available on a walk-in basis.

B. Practical Examination — **Select an examination center* from the following list.** You will be scheduled for the practical examination after you have passed the written portion of the examination. ***Please be advised that if the examination center you have selected is no longer available, is backlogged or unavailable for any other reason, you will be scheduled and required to take the practical examination at another one of our examination centers.**

___ **40 - Albany** ___ **41 - Manhattan** ___ **42 - Rochester** ___ **43 - Levittown**

3. Health Certification — You must submit this application within **30 days** after your physical examination.

I, _____, a duly licensed physician [], duly licensed physician’s assistant [], or duly licensed nurse practitioner [] hereby state that in the course of a routine examination of _____, (Name of Applicant),

I found no clinical evidence of the presence of infectious or communicable disease which would pose a significant risk or direct threat to the health or safety of members of the public in the conduct of the applicant’s occupation.

Signature _____ Date _____

Print Name _____ Title _____

4. Affirmation of New York State Approved School Only — To be completed by **school director/principal**.

SCHOOL NAME _____

SCHOOL ADDRESS _____

SCHOOL CURRICULUM CODE (FIVE-DIGIT NUMERICAL CODE ASSIGNED BY NYS DEPARTMENT OF STATE) _____

SCHOOL DIRECTOR'S OR PRINCIPAL'S NAME, IN FULL (PRINT) _____

TITLE _____

APPLICANT'S NAME (PRINT) _____

I subscribe and affirm under the penalties of perjury that the above-named school is duly licensed pursuant to §5001 of the Education Law and/or approved by the Board of Regents of the State of New York. The applicant, _____, has successfully completed an approved course of instruction consisting of at least 600 hours of training in said school on (date) _____.

Signature of School Director/Principal

Date

School Seal

5. Child Support Statement — *You must complete this section. If you do not complete it, your application will be returned.*

“X” A or B, below

I, the undersigned, do hereby certify that (You must “X” A or B, below):

A. **I am not under obligation to pay child support.** (SKIP “B” and go directly to **Applicant Affirmation**).

B. I am under obligation to pay child support (You must “X” any of the four statements below that are true and apply to you):

I do *not* owe four or more months of child support payments.

I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.

My child support obligation is the subject of a pending court proceeding.

I receive public assistance or supplemental social security income.

Applicant Affirmation — I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 27 of the General Business Law and the rules and regulations promulgated thereunder.

Applicant's Signature

X _____

Date

Please remember to include with this application any required explanations and statements along with your application fee (payable to NYS Department of State) — \$50 for application *and* temporary license;

OR \$40 for application only. A \$20 fee will be charged for any check returned by your bank.

If you wish to pay by credit card, please visit our website at www.dos.ny.gov to obtain a credit authorization form to complete and return with this application.

It is important that you notify this division of any changes to your residential address so you can receive renewal notices and any other notifications pertinent to your license.