

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025.

IF YOU ARE APPLYING FOR LICENSURE AS A COSMETOLOGIST:

The total amount to be submitted for this application has been reduced from \$45.00 to \$25.00.

Please submit payment in the amount of \$25.00 with this application.

IF YOU ARE APPLYING FOR REGISTRATION AS A NAIL SPECIALIST, FACIAL SPECIALIST, OR FULL SPECIALIST:

The total amount to be submitted for this application has been reduced from \$75.00 to \$55.00.

Please submit payment in the amount of \$55.00 with this application.

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Application for Initial License Based on Florida Education
Form # DBPR COSMO 1

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Cosmetology Initial Examination Application based on Florida Education	<input type="checkbox"/> Complete Sections I-III and V-VI of this application. <input type="checkbox"/> Pay \$45.00 fee (make check payable to Department of Business and Professional Regulation). <input type="checkbox"/> Submit certificate of completion of board-approved Initial HIV/AIDS course. <input type="checkbox"/> Submit evaluation documentation if selecting requirement 3 in Section III.
Nail Specialist or Facial Specialist or Full Specialist based on Florida Education	<input type="checkbox"/> Complete Sections I-II and IV-VI of this application. <input type="checkbox"/> Pay \$75.00 fee (Make check payable to Department of Business and Professional Regulation). <input type="checkbox"/> Submit certificate of completion of board-approved Initial HIV/AIDS course. <input type="checkbox"/> School official must complete the Certification of Eligibility portion of this application. <input type="checkbox"/> Submit previous course credit evaluation documentation per Section IV, if applicable. <input type="checkbox"/> Submit a copy of the Certificate of Completion from the approved specialist training program

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. General Requirements for Cosmetology License

- a. Applicant must be at least 16 years of age or have received a high school diploma.
- b. Applicant must possess a Social Security number to apply.
- c. Applicant must:
 - i. Complete at least 1,000 hours of training at a Florida cosmetology school and be determined competent by a school official to sit for the cosmetology exam, **OR**
 - ii. Complete a minimum of 1,200 hours of training at a Florida cosmetology school.
- d. Applicant must submit a course completion certificate from a board-approved Initial HIV/AIDS course provider with their application. Applicants who completed their education at a Florida school should submit a board-approved Initial HIV/AIDS course completion certificate from their school. The board-approved Initial HIV/AIDS course must have been completed within two years prior to submitting an application and the course must be at least 4 hours long. Refer to the list of board-approved Initial HIV/AIDS Courses.
- e. Applicant must pass both portions of the cosmetology examination within a two-year period from the date of the first attempt of either portion of the examination. If both portions of the examination are not passed within a two-year period, applicant is required to pass both portions of the examination again. If applicant fails either portion of the examination on the first attempt, applicant can submit a reexamination application without any additional signatures from the cosmetology school. Remedial hours may be required with verification by the cosmetology school.

2. General Requirements for Specialty Registration

- a. Applicant must be at least 16 years of age or have received a high school diploma.
- b. Applicant must possess a Social Security number to apply.

- c. Applicant must have completed at least 400 hours at a Florida school to qualify for a full specialty registration, 220 hours at a Florida school to qualify for a facial specialty registration, or 180 hours at a Florida school to qualify for a nail specialty registration.
- d. Applicant must submit a copy of the Certificate of Completion from the approved specialist training program.
- e. Applicant must submit a course completion certificate from a board-approved Initial HIV/AIDS course provider with their application. Applicants who completed their education at a Florida school should submit a board-approved Initial HIV/AIDS course completion certificate from their school. The board-approved Initial HIV/AIDS course must have been completed within two years prior to submitting an application and the course must be at least four hours long. Refer to the list of board-approved Initial HIV/AIDS Courses.

3. Application Instructions (by section)

a. Section I- Application Type

- i. Check only one of the application types based on the following:
 - (1) If you have completed your cosmetology education in Florida, then check “Cosmetology License by Initial Examination-based on Florida Education” and complete **Sections II, III, V and VI**.
 - (2) If you are applying for Specialty Registration and have completed your education in Florida, then check the appropriate specialty category you intend to apply for “based on Florida education,” and complete **Sections II and IV through VI**.

b. Section II- Applicant Information

- i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.
- v. Applicant’s addresses are used only for Department purposes and will not be printed on the license.
- vi. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- vii. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- viii. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant’s legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

c. Section III- Cosmetology License by Initial Examination Based on Florida Education

- i. Please have a school official complete all relevant data in Section III.
- ii. An applicant is eligible to sit for the examination following completion of 1,000 hours of course work provided that the school official of the school or program certifies that the applicant has met the minimum competency standards of performance as prescribed in Chapter 61G5-22, Florida Administrative Code. Please check box 1 and indicate date completed on space provided.
- iii. If applicant completed 1,200 hours or more of schooling prior to first examination, please check box 2 and indicate date schooling hours were completed.
 - (1) Please indicate the date the student actually achieved the minimum hours of schooling required.
 - (2) This section may not be completed until the student has fulfilled all schooling requirements. Projected dates are not accepted.
- iv. If the student is being given credit for educational hours obtained from another school or institution, please indicate the number of hours credited from the other school, as well as the hours of credits actually obtained through the current school.
- v. School official must sign, date, and print name.

d. Section IV- Specialty Registration Education

- i. Please have a school official complete all relevant data in Section IV.
- ii. Under the heading, **Hours completed at above named school**, please indicate the number of hours that the applicant has actually been credited with at the current institution.
- iii. If the student is being given credit for educational hours obtained from another school or institution, please indicate the number of hours credited from the other school under the heading, **Previous schooling hours**.
- iv. The total hours should reflect the total of the previous two columns. Only actual school hours may be counted toward or factored into the student's total. Credits for experience/apprentice training, seminars, etc. are not accepted as a basis for evaluation.
- v. Please indicate the date the applicant completed their credit hours. This date may not be projected. An applicant must have completed the minimum hours required for a particular specialty registration prior to registration as a specialist.
- vi. School official must sign, date, and print name.

e. Section V (a), (b), and (c)- Background Questions

- i. Applicants must submit answers to each of the background questions.
- ii. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section V (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- iii. Question 2:
 - (1) If you answer "yes" to this question, you must complete Section V (b) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iv. Question 3:
 - (1) If you answer "yes" to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- v. Question 4:
 - (1) If you answer "yes" to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

f. Section VI- Affirmation by Written Declaration

- i. Please read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

4. Other Information**a. Testing Information**

- i. The examination is administered via computer-based testing.
- ii. You must keep the Department informed of any change of address immediately to ensure receipt of all pertinent information. The post office will **NOT** automatically forward your exam package to a new address.
- iii. Once the examination application has been approved, you will receive written notification from the Department's examination vendor, Pearson VUE, to schedule a date and time for your written cosmetology examination. The website for Pearson VUE is www.pearsonvue.com.

b. Employment Eligibility

- i. **An applicant is eligible to begin working under the supervision of a licensed Cosmetologist upon passing both parts of the examination within a two-year period. Applicant must submit to the salon owner a copy of the results of the examination and the examination results must be posted at their work station.**

- ii. **Please see Florida Board of Cosmetology FAQs for additional information.**
- c. Post-Licensure Procedures
 - i. A Cosmetologist, Nail Specialist, Facial Specialist and Full Specialist must renew his or her license on or before October 31 of every other year, according to the fee schedule as outlined in Rule 61G5-24.008, Florida Administrative Code.
 - ii. Prior to the expiration of each licensure period, all licensed Cosmetologists, Nail Specialists, Facial Specialists and Full Specialists shall complete a minimum of 10 hours of continuing education. Please see Rule 61G5-32.001, Florida Administrative Code, for details concerning what subject areas must be completed for continuing education credit.

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For additional information see the Instructions at the beginning of this application.

Section I - Application Type

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> Cosmetology License by Initial Examination Based on Florida Education [0501/1010] Complete sections I-III and V-VI.
<input type="checkbox"/> Nail Specialist Based on Florida Education [0507/1030] Complete sections I-II and IV-VI.
<input type="checkbox"/> Facial Specialist Based on Florida Education [0508/1030] Complete sections I-II and IV-VI.
<input type="checkbox"/> Full Specialist Based on Florida Education [0509/1030] Complete sections I-II and IV-VI.

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III – Cosmetology License by Initial Examination Based on Florida Education

COSMETOLOGY SCHOOL OFFICIAL MUST COMPLETE THIS SECTION	
School Name	School Phone Number (include area code)
School Address	
Student Name	Enrollment Date
THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS:	
<input type="checkbox"/> 1. Completed 1,000 hours or more of training on _____* and has been deemed to have met the minimum competency standards of performance by the school official of the school or program.	
<input type="checkbox"/> 2. Completed 1,200 hours or more of training on _____.*.	
<input type="checkbox"/> 3. The applicant has been evaluated for previous schooling and is given credit for _____ hours and has actually attended this school for _____*hours. (Only actual school hours may be evaluated – experience/apprentice training, seminars, etc. are not accepted as a basis for evaluation.). The documents used for evaluation must be submitted with this application.	
Date ____/____/____.	
Signature of School Official _____.	
Printed/Typed Name of School Official _____.	
* This date cannot be projected. School may not sign this application until student has actually completed the minimum requirement of hours.	

Section IV – Specialty Registration Education

COSMETOLOGY SCHOOL OFFICIAL MUST COMPLETE THIS SECTION					
School Name			School Phone Number (include area code)		
School Address					
Student Name			Enrollment Date		
THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS:					
	Hours completed at above named school:	Previous schooling hours: (if applicable)*	Total hours:**	Date completed:	Minimum hours required:
1. Nail Specialist	_____	_____	_____	_ / _ / _	180 hours
2. Facial Specialist	_____	_____	_____	_ / _ / _	220 hours
3. Full Specialist	_____	_____	_____	_ / _ / _	400 hours
<p>* If the applicant has been evaluated for previous schooling, the school official must indicate how many hours are being credited toward the previous schooling and how many were completed at the current school. The documents used for evaluation must be submitted with this application.</p> <p>** Only actual school hours may be evaluated – experience/apprentice training, seminars, etc. are not accepted as a basis for evaluation.</p> <p>*** Applicant must submit a copy of the Certificate of Completion from the approved specialist training program.</p>					
Signature of School Official				Date	
				_ / _ / _	
Printed/Typed Name of School Official					

Section V (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section V (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section V (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered “YES” to any question in questions 1-4 above, please refer to Section V of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V (b) for your response to questions 1 and 2, and complete Section V (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section V (b), or more than one offense to document in Section V(c), attach additional pages as necessary.

Section V (b) – Explanation(s) for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section VI – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	

VOLUNTARY CRIMINAL HISTORY INFORMATION:

Beginning October 1st, 2019, new provisions went into effect which require the board to collect additional information regarding an applicant's background. Section 455.213, Florida Statutes, requires the board to identify the date of conviction, finding of guilt, plea, or adjudication entered, or date of sentencing, for each crime reported.

PLEASE NOTE: You are NOT required to answer the questions below. Your application WILL NOT be considered insufficient for failing to answer these questions.

The questions below only pertain to the background of the APPLICANT. The questions below DO NOT pertain to the background of any authorized representatives listed in the application.

If you have more offenses to document, you may attach additional pages as necessary.

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? <input type="checkbox"/> Plea <input type="checkbox"/> Trial
Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing:

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? <input type="checkbox"/> Plea <input type="checkbox"/> Trial
Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing: