

Vermont Secretary of State Attn: <u>Renewal Clerk</u> Office of Professional Regulation 89 Main St. 3rd Floor Montpelier, VT 05620-3402		Board of Barbers and Cosmetologists Renewal Clerk (802) 828-1505 www.vtprofessionals.org
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Barber Renewal Application

Current Expiration 09/30/2014	Renewal Period Covering 10/01/2014 through 09/30/2016	Renewal Application Fee \$130.00 Non-Refundable Processing Fee <u>Checks Payable to: Vermont Secretary of State</u>
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<u>You Must Complete The Information Below:</u> License #: _____ Name: _____ Address: _____ City/State/ZIP: _____ Country: _____	For Office Use Only
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Directions: To renew you must enclose a check or money order in the amount indicated, payable in US funds from a bank with a United States affiliate to "Vermont Secretary of State." **The renewal application fee is non-refundable.** If the completed renewal, along with all supporting documentation, is not received in the Office by the expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty increases by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.

Reminder: You may not practice your licensed profession without an active license. Faxes not accepted.

Has your name changed since you last renewed, or were originally licensed? <i>If "Yes," you must attach a copy of your marriage license, civil union license or section of divorce decree granting you the authority to change your name.</i>	<u>(Circle One)</u> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No
Yes	No			

Section A: Demographic Information

If your mailing address has changed, indicate your new address in the box to the right. Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. §129a(a)(14)).	P.O. Box
	Street/Apt #
	City/State/Zip
	Country

If your 911 address has changed, indicate your new address in the box to the right.	Street/Apt #
	Suite/Department/Floor
	City/State/Zip

Phone: () -	Cell Phone: () -
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E-Mail Address:

Date of Birth (MM/DD/YYYY)	Gender: (Circle One)	
/ /	Male	Female

Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders, 15 V.S.A. § 795(b): “Good standing” for child support is defined by 15 V.S.A. § 795(d). **You must check the appropriate box. As of the date of this application:**

	I am not subject to a child support order.
	I am subject to a child support order and I am in “good standing” or in full compliance with a plan to pay any and all child support.
	I am subject to a child support order and I am NOT in “good standing” or in full compliance with a plan to pay any and all child support. Please contact the Office of Child Support at (802) 241-2319. OCS must report your compliance to this office before you may be issued a license.

TAXES:

Taxes Due to the State of Vermont, 32 V.S.A. § 3113(b): “Good Standing” for taxes due is defined by 32 V.S.A. § 3113(g). **You must check the appropriate box. As of the date of this application:**

	I am in “good standing” with respect to, or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes.
	I am NOT in “good standing”* with respect to or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes. Please contact the Vermont Department of Taxes at (802) 828-2515 for more information. The Tax Department must report your compliance to this office before you may be issued a license.

DISTRICT COURT FINES/JUDICIAL BUREAU:

Court judgments for fines or penalties, 4 V.S.A. § 1110(b): “Good standing” for court judgments is defined by 4 V.S.A. § 1110(c). **You must check the appropriate box. As of the date of this application:**

	I have no unpaid judgments issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
	I am in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
	I am NOT in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense. You must provide this office documentation of compliance before you may be issued a license.

RESTITUTION ORDERS:

Unpaid Judgments, 13 V.S.A. § 7043a: “Good standing” for restitution orders is defined by 13 V.S.A. § 7043a(c). **You must check the appropriate box. As of the date of this application:**

	I have no restitution order.
	I am in “good standing” with respect to any restitution order.
	I am NOT in “good standing” with respect to any restitution order. You must provide this office documentation of compliance before you may be issued a license.

Section C: Vermont Mandatory Credential and Fitness Questions

Please circle **Yes** or **No** for each of these questions. If the answer is “**Yes**,” follow the provided instructions.

<p><i>Since your license was last renewed (or since it was issued if within the last two years):</i> Has Vermont or any other state, federal authority, or any jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If “Yes,” you must attach a copy of the order or official notification of the action(s).</i></p>	Yes	No
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<p><i>Since your license was last renewed (or since it was issued if within the last two years):</i> Has Vermont or any other state, federal authority, or any jurisdiction (US or elsewhere) taken any disciplinary action (restricted, suspended, revocation or conditioned) against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If “Yes,” you must provide a copy of the order or official notification of the action.</i></p>	Yes	No
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<p><i>Since your license was last renewed (or since it was issued if within the last two years):</i> Have you surrendered a license, certificate, or registration to a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If “Yes,” you must provide a detailed written explanation and copies of any applicable documentation.</i></p>	Yes	No
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<p>Are you currently under investigation by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If “Yes,” you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i></p>	Yes	No
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<p><i>Since your license was last renewed (or since it was issued if within the last two years):</i> Have you been convicted of a crime other than a minor traffic violation? Driving While Intoxicated and Driving Under the Influence are not “minor traffic violations.” <i>If “Yes,” you must provide a detailed written explanation and attach the official court documents, (i.e., the affidavit of probable cause, the information and/or the docket report).</i></p>	Yes	No
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<p>Do you have any criminal charges pending against you in Vermont or any other jurisdiction (US or elsewhere)? <i>If “Yes,” you must provide a detailed written explanation and attach a copy of the charging documents.</i></p>	Yes	No
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Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. §129a(a)(11).

The answers to the following questions are not subject to public disclosure:

<p>Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If “Yes,” you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i></p>	Yes	No
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<p>Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If “Yes,” you must provide a detailed written explanation.</i></p>	Yes	No
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<p>Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If “Yes,” you must provide a detailed written explanation.</i></p>	Yes	No
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Section D: Continuing Education Requirement: (Instructors only)

You are not required to send any supporting documentation with this form if you renew by the license expiration date. The Office of Professional Regulation reserves the right to verify information submitted by applicants for renewal and conducts a random audit of CE for each profession. You must retain all documentation for seven years after completion of the program/course. Please complete the Continuing Education Record on the next page. **If you are renewing more than 30 days late, you must submit all CE documents with your completed renewal form.**

Board of Barbers and Cosmetologists, Rule 10.2(b)(4) Requirements for Schools

(b) **Instructors:** To ensure that instructors are competent, each instructor shall obtain an instructor’s endorsement from the Board. Applications for the endorsement are available from the Office or online. Schools are responsible for verifying that their instructors have complied with the requirements of these rules. Each instructor shall:

(4) take a minimum of 24 hours professional education approved by the Board per licensing period beginning the first full period after an instructor’s endorsement is issued of which no fewer than 6 hours are dedicated to teaching, the rest being in their licensed profession(s). Courses in business management and financial management will not be approved.

<p>Do you hold a current instructor’s endorsement?</p> <p>(If “No,” skip to Section E)</p>	<p>Yes</p>	<p>No</p>
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<p>Have you completed 24 hours of continuing education within the last 2 years (10/01/12 – 09/30/14)?</p> <p>(CE extensions may be granted in exceptional circumstances for good cause shown upon written request with a completed renewal form and fee submitted <u>prior</u> to the expiration date.)</p>	<p>Yes</p>	<p>No</p>
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<p>Name of Cosmetology School you are associated with:</p>
<p> </p>

Section E: Expired License

<p>If this is a late renewal, have you been practicing in Vermont since your license expired?</p> <p><i>If "Yes," please attach a description of the extent of your practice since your license expired.</i></p>	Yes	No	N/A
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Section F: Affirmation

Statement of Applicant

<p>I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for renewal or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)</p>	
<p> </p>	
Signature of Applicant	Signature Date (MM/DD/YYYY)
Print Name:	License #
_____	_____

Office of Professional Regulation
Vermont Secretary of State
Attn: Renewal Clerk
89 Main St. 3rd Floor
Montpelier, VT 05620-3402
Phone: (802) 828-1505 Fax: (802) 828-2465
www.vtprofessionals.org

**Vermont Office of Professional Regulation Survey (optional)
2014 Renewal**

License #: _____

Name: _____

1. Would you be willing to serve as a Board/Advisor member of the Board/Commission/Advisory panel for your profession? If you answer "Yes," submit a letter of intent and resume to the Office for consideration.	Yes	No
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2. Would you be willing to serve as an Ad Hoc member of the Board/Commission/Advisory panel for your profession? If you answer "Yes," submit a letter of intent and resume to the Office for consideration.	Yes	No
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3. Would you be willing to serve as an Expert Witness for a licensing case(s) associated with your profession?	Yes	No
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If you answered "Yes" to the question above, what is your area of expertise?