

**Completion of this cover sheet is mandatory. Failure to fill out this form will result in the packet being returned.**

## Virginia Board for Barbers and Cosmetology School License Application-Curriculum Package Cover Sheet

In addition to the School License Application, you are required to submit a curriculum including, but not limited to, the information listed below. Applications lacking the required information will be rejected and returned. Detailed Instructions are available on the board's website located at <https://dpor.virginia.gov/Boards/BarberCosmo/>. Should you have any questions or require additional clarification, please contact the board staff at (804) 367-8509.

Provide the Page  
Number within  
Application Package

### I. Course syllabus

- a. An outline and brief statement of the main points of the text, lecture and course of study. *(Course of study must match the license type)*
- b. Course Textbook.
- c. Online Instruction.
- d. Program Length (Full and Part-time schedules).
- e. Days and hours of operation - notations must be made concerning breaks during the school day and holidays that the school will observe (be closed for) during the course schedule. \*Breaks cannot be counted towards hours of instruction.
- i. Hours of operation must be enough to complete program in length of time indicated in syllabus.

*\* Do not include school financials, attendance policies, biographies, personal stories, resumes, or anything else not explicitly enumerated in the regulations.*

### II. Detailed course outline - the outline must include those items set out in the applicable regulations, 18 VAC 41-20-210, 18 VAC 41-50-360 and 18 VAC 41-70-190.

- a. Breakdown of hours for the courses. Course listing should be the same as indicated elsewhere in application (such as in outline/ lesson plans).
- b. The detailed course outline must include performances. Performances are not hour based. Performances are measured by the number of individual performances completed by the student.
- i. Performances must include those items set out in 18 VAC 41-50-370, 18 VAC 41-20-220 and 18 VAC 41-70-200.
- c. If offering online instruction, the detailed course outline must specify which courses and hours are taught online.

*\* Do not include semester or weekly schedules. If included, you must update your curriculum yearly and weekly based on the scheduled provided. See regulations on our website.*

### III. An example of how performances are measured

**IV. Sample of five (5) lesson plans** - The lesson plans must be actual lesson plans that will be used in the instruction of students at the school applying for licensure. Previously approved lesson plans for other schools will not be accepted. Pre-developed lesson plans provided with the textbook are acceptable.

- a. Lesson plans should be for profession related courses, not general courses.
- b. Lesson Plans must indicate how the course will be taught and detail what information will be included in the lesson. (This includes course materials, state whether the lesson is in-person or online, visual aids, lecture, etc.)

**V. Sample of evaluation methods to used** - Explain and provide examples of how students will be evaluated for grading and progress report purposes

- a. A sample of a written (Theory) evaluation method- Include the topics on which students will be evaluated. Make sure the topics match the theory topics in the detailed course outline.
- b. A sample of a practical evaluation method- Include the topics on which students will be evaluated. Make sure the topics match the practical topics in the detailed course outline.

**VI. Sketch of the school floor plan** - the classroom and clinic areas within the school must be separated by a wall or a floor to ceiling divider. Must have classroom area and clinic area labeled.

*\*The board does not accept any areas labeled practical.*

### VII. An example of a 25 question test you will administer to students.

- a. The questions must match the program of study. General topic\* questions are not acceptable.
- b. An answer key must be included.

*\*General topics includes sciences, equipment, orientation, school policies, state law and regulations, business management, ethics, etc.*

### VIII. Esthetics schools must submit a list of the equipment used in training, as required by 18 VAC 41-70-210.A-D.

### IX. Schools that want to accept transfer credits for students must have a board approved competency exam.

The text of the transfer policy must be submitted as well as the 100-question assessment that will be given to potential students. Provide an answer key. The policy must be in alignment with the requirements given in Barbers and Cosmetology Regulation 18 VAC 41-20-210.G, Esthetics Regulation 18 VAC 41-70-190.D, Tattoo Regulation 18 VAC 41-50-280.C and 18 VAC 41-50-360.D.

**I certify that my application is complete and contains the information indicated above:**

\_\_\_\_\_  
Signature



3. Trade, "Doing Business As" (DBA) or Fictitious Name<sup>▲</sup> of school \_\_\_\_\_

▲ If a Trade or Fictitious Name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the Code of Virginia must be attached to this application.

4. A. Type of business entity (select only **one**)

- Sole Proprietorship   
  General Partnership   
  Solely Owned LLC<sup>◆</sup>   
  Corporation<sup>◆</sup>  
 Limited Partnership<sup>◆</sup>   
  Limited Liability Company<sup>◆</sup>   
  Other, please specify: \_\_\_\_\_

**Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission Number: \_\_\_\_\_ (If applicable)

◆ If your business is a **corporation, limited liability company, or limited partnership**, your business name must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at <https://scc.virginia.gov> or by phone at (804) 371-9733.

5. Provide **one** of the following identification numbers\*:

Business Federal Employer Identification Number (FEIN)

-          
 Federal Employer Identification Number (12-3456789)

Sole Proprietor's/Individual's Social Security Number **or**

-   -        
 Social Security or Virginia DMV Number (123-45-6789)

**Virginia** Department of Motor Vehicles Control Number

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

\* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Mailing Address (PO Box accepted) \_\_\_\_\_

The mailing address will be printed on the license.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Street Address (PO Box **not** accepted) \_\_\_\_\_

**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Contact Numbers \_\_\_\_\_

Primary Telephone

Alternate Telephone

9. Email Address \_\_\_\_\_

Email address is considered a public record and will be disclosed upon request from a third party.

10. List all member of **Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of the business/organization).

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*	Date of Birth

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.



B. Has this **Business/Organization** or any member of **Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury** within the last two (2) years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

17. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology, Tattooing, and Esthetics Regulations*.

**Signatures for all Responsible Management is required:**

(sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

1.	Print Name _____	Title _____
	Signature _____	Date _____
2.	Print Name _____	Title _____
	Signature _____	Date _____
3.	Print Name _____	Title _____
	Signature _____	Date _____
4.	Print Name _____	Title _____
	Signature _____	Date _____
5.	Print Name _____	Title _____
	Signature _____	Date _____
6.	Print Name _____	Title _____
	Signature _____	Date _____