

NEVADA STATE BOARD OF COSMETOLOGY

Las Vegas Office
8945 West Russell Road, Suite 100
Las Vegas, Nevada 89148
702.508.0015

www.nvcosmo.com

Reno Office
740 Del Monte Lane, Suite 12 Reno,
Nevada 89511
775.688.1442

APPRENTICE ENROLLMENT

This application is for those who would like to become an *Apprentice* in the field of Cosmetology, Hair Design, Esthetics, Nail Technology, or Electrology. Please read the complete packet including the *Laws and Regulations*, so that you will understand the full responsibilities you are about to undertake.

Apprentice Requirements

In order to be eligible to become an apprentice in the State of Nevada an applicant must meet the requirements listed below:

- | | |
|--|--|
| <input type="checkbox"/> Applicant must be a United States citizen or lawfully entitled to remain and work in the United States. | <input type="checkbox"/> Applicant must be at least 16 years of age. |
| <input type="checkbox"/> Applicant must have completed the 10th grade or equivalent. | <input type="checkbox"/> Applicant must be of good moral character. |

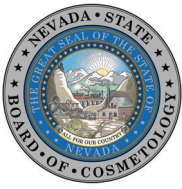
The board may only issue a "*Certificate of Registration*" to an apprentice if:

- The person is required to travel more than 60 miles from his place of residence to attend a licensed school of cosmetology; and
- The training of the person as an apprentice will be 3,200 hours and conducted at a licensed cosmetological establishment that is located 60 miles or more from a licensed school;
- The supervising licensee must have been licensed in Nevada for not less than 3 years.

Guidelines:

- The apprentice must submit proof of residency in a qualifying county, more than 60 miles from a licensed school of cosmetology.
- Two current passport photographs from the applicant as well as the supervisor, with their respective names and addresses written on the back.
- A non-refundable fee of \$115.00 in the form of a credit card, money order, or cashiers check.
- The forms supplied by this office, which has been completely filled out, signed by both the supervisor and the apprentice, including proof of name changes if applicable, for both.
- A signed statement from the owner of the cosmetological establishment granting permission for the program to take place within the establishment, that the establishment meets the county requirements, has received verbal approval from the board, and has all the required equipment and supplies necessary for the program.
- A checklist completed and signed by the supervisor.
- All training must be conducted at supervisors' licensed establishment, where supervisor is currently working in, or operating, an establishment in which all disciplines and services applicable to the apprentice are being practiced.
- Statement from supervisor indicating that they have been licensed in Nevada for at least the past 3 years and said license has been in good standing with the Board for said period of time.
- Supervisor and apprentice are aware of the certificate of registration's expiration date.
- Certificate must be posted in plain view of the public at the station where the apprentice will perform their work.
- Apprentice must not at any time advertise or represent that they are licensed.
- All training must take place in the salon where the certificate is issued and where the supervisor is employed or working.
- Provide a statement signed by the establishment owner that they are permitting the apprentice and supervisor to execute this apprenticeship in their licensed establishment.
- No more than one apprenticeship can take place in a given salon at the same time.
- The supervisor must be present and supervising the apprentice while engaging in the practice of cosmetology.
- Supervisor is required to limit training to not more than 5 days in a given 7 day period.
- Program can not begin until certificate has been received, activated, and posted in supervising salon.
- Upon completion, the supervisor will submit a final report which should include the number of hours per subject and whether apprentice is ready for the examination process.
- If, for any reason, the program cannot be completed, the certificate is not transferable. The apprentice may re-apply.
- The apprentice must complete the required hours of instruction covering all subject areas before working on the public.

The board will either approve or deny within 30 days. If approved, the Certificate of Registration will be issued and sent to the apprentice within 10 days of the approval. After approval and issuance of the Certificate of Registration, the apprentice is required to display the Certificate. The apprentice must wear a badge at all times in the salon. The badge must have the apprentice's picture, name, the certificate registration number, and the supervisor's name and license number.



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APPRENTICE ENROLLMENT

Items required to complete this application:

- Pay \$115.00 by cashier's check/money order/credit card
- Complete this form Copy of Passport/Birth Certificate if US
- Proof of Residency Proof of legal name change, if applicable Checklist completed and signed by the Supervisor
- 2 Current Passport photos each for the Apprentice Applicant and Supervisor Signed statement by Establishment owner

If you are **not** a U.S. Citizen, you must include: 1. A copy of your foreign passport **or** a copy of your foreign birth certificate translated into English 2. A copy of your U.S. Permanent Resident Card, Visa, Employment Authorization card or other official documentation granting work authorization in the U.S. None of these can expire during the term of licensure for which you are applying.

PAYMENT INFORMATION

Credit Card (enter info below) Cashier's Check Money Order

Card Type: Visa MasterCard American Express Discover

Name on Card

Billing Address City State Zip

Credit Card # (16 digits) Expiration Date CVW Code(on back)

MILITARY QUESTIONNAIRE Have you ever served in the U.S. Military? Yes No

If yes, what branch? Military Occupation Dates of Service

APPRENTICE ENROLLMENT FOR: Cosmetologist Hair Designer Nail Technologist Esthetician Electrologist

Is apprentice required to travel more than 60 miles from place of residence to attend a licensed school of cosmetology? Yes No

SUPERVISOR IS LICENSED AS: Cosmetologist Hair Designer Nail Technologist Esthetician Electrologist

Supervisor License # First Name Last Name

Phone # Email Address

Is the supervising licensee licensed in Nevada at least 3 years and license has been in good standing with the Board the entire time? Yes No Will the apprentice be trained in a licensed Cosmetological establishment where the Supervisor is working, which is 60 miles or more from a licensed Nevada Cosmetology school? Yes No

Salon License # Name of Salon:

APPRENTICE APPLICANT: Are you a U.S. Citizen: Yes No

First Name Middle Name Last Name

Social Security # Date of Birth Birth Country

Mailing Address

County Phone # Work #

Email Address

CONTINUE ON BACK

CONTINUE ON BACK

CONTINUE ON BACK

THIS FORM SHOULD BE COMPLETED BY THE APPRENTICE

AFFIRMATION STATEMENT

I affirm that the information completed and submitted with this application is true and accurate. I also affirm that I have read and understood Nevada Revised Statutes (NRS) 644 and Nevada Administrative Code (NAC) 644 and that I will follow all laws and regulations detailed in NRS 644 and NAC 644. I further affirm that I am competent and physically able to perform the functions allowed within NRS 644 and NAC 644 in regards to my licensed profession.

I affirm, that I have completed the 10th grade or its equivalent (12th grade if applying to be an electrologist).

HIGH SCHOOL AFFIDAVIT

Did you complete high school, obtain a GED or pass an Ability to Benefit (ABT) exam? Yes No If 'no', grade completed is

CHILD SUPPORT INFORMATION FOR APPRENTICE

Please mark the appropriate response. **Note: Failure to answer the questions below will result in denial of the application. If you are not in compliance with a court order, please do not submit the application. Contact the district attorney or other public agency enforcing the order.**

I am subject to a court order that requires me to pay for the support of one or more children. Yes No

I am in compliance with that court order. (If you answered 'No' to the question above mark N/A). Yes No NA

FELONY INFORMATION

Have you ever been convicted of a felony? Yes No

If you answered 'yes' to the question above, please provide any court documents, statements, and other information pertaining to the felony conviction for Board review.

AGREEMENT

- 1) I am verifying that I live 60 miles or more from the nearest cosmetology school licensed in the State of Nevada.
- 2) I have a statement from the owner of the cosmetological establishment where the applicant will be trained which states that the owner has **received written approval** from the Board that the cosmetological establishment satisfies the requirements of NAC 644.164; and NAC 644.154.2
- 3) I understand that I will not be given any credit for any other type of cosmetology training towards my apprentice program.
- 4) I agree to wear my apprentice badge at all times, in the Cosmetological establishment, during my training.
- 5) I will not work or perform any cosmetology, hair design, esthetics, nail technology, and electrology services outside the establishment.
- 6) I will not be permitted to assume any of the responsibilities of management within the establishment that I am receiving training in.
- 7) I will not practice any cosmetology services in the establishment without direct supervision from my appointed supervisor.
- 8) I will post my certificate in plain view of the public at the station where I will perform work as an apprentice.
- 9) I will not at any time advertise or represent that I am licensed.
- 10) I will always wear clean garments as prescribed by NRS 644.471 and NAC 644.355
- 11) Program cannot begin until certificate has been received, activated, and posted in supervising salon.

Apprentice Signature

Date

THIS FORM SHOULD BE COMPLETED BY THE SUPERVISOR AND THE SALON OWNER

AFFIRMATION STATEMENT AND AGREEMENT

I affirm that the information completed and submitted with this application is true and accurate. I also affirm that I have read and understood Nevada Revised Statutes (NRS) 644 and Nevada Administrative Code (NAC) 644 and that I will follow all laws and regulations detailed in NRS 644 and NAC 644. I further affirm that I am competent and physically able to perform the functions allowed within NRS 644 and NAC 644 in regards to my licensed profession.

- 1) I have been licensed by the Board to practice cosmetology in this State for not less than 3 years immediately preceding the date of submittal of an application for a certificate of registration pursuant to NAC 644.151;
- 2) I have been in good standing with the Board during the 3-year period specified.
- 3) I reside in the same county of this State as the applicant for a certificate of registration as an apprentice whom I seek to supervise.
- 4) **I currently work in or operate a licensed cosmetological establishment:**
 - (a) In which all the occupations of cosmetology **which will be taught to an apprentice** are practiced;
 - (b) Which is the same establishment referred to in the owner's statement of permission and the **owner's statement that he or she has received written approval from the Board** that were **submitted with the application** for a certificate of registration pursuant to subsection 3 of NRS 644.217 and NAC 644.151; respectively.
- 5) I agree to keep daily records of attendance, training, and weekly tests, and submit a copy of the records at regular monthly intervals.
- 6) I agree to provide immediate supervision for the required hours of training for the apprenticeship in the establishment.
 - (a) The training will be provided in all the subjects, including theory and practical.
 - (b) The training will also include Laws, Regulations, Safety and Sanitation.
 - (c) I will inform the apprentice of the examination requirements, as well as the procedures for registering for the exams.

Supervisor Signature _____

Date _____

SALON OWNER INFORMATION

Salon License # _____

Name of Salon: _____

Salon Owner's LLC, or First and Last Name _____

Phone # _____

Email Address _____

AGREEMENT

I am the owner of the licensed Nevada Cosmetological establishment mentioned above, and I am granting permission to

_____ to train _____ in my salon for the approved apprentice program.
 Name of Supervising licensee Name of Apprentice

- 1) I am verifying that my salon is located 60 miles or more from a licensed school of Cosmetology.
- 2) I have received verbal approval from the board that my cosmetological establishment qualifies for the program and has all of the necessary equipment and supplies required by the Regulations.
- 3) Neither the supervising licensee nor the apprentice nor the establishment in which the apprentice program is being conducted shall receive compensation from the apprentice or any third party agency for conducting the apprentice program.

Salon Owner Signature _____

Date _____

Name of Supervising Licensee

Name of Salon Owner