



# State of Utah

## DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**ESTHETICIAN** (\$60.00 fee)

**MASTER ESTHETICIAN** (\$85.00 fee)

*(Note: Microsoft Word users can download this form, fill in the blanks, print the form for submission and save it for their records)*

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>					
Last Name:		First Name:		Middle Name:	
Social Security Number:    -    -			Maiden Name:		
I certify under penalty of perjury that:					
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __					
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.					
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __					
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.					
<input type="checkbox"/> I am a foreign national not physically present in the United States.					
Mailing Address:					
City:				State:	ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:		Phone #:	E-Mail:	
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>					
Profession:		Issuing State:			
License Number:		License Status:		Issue Date:	
Profession:		Issuing State:			
License Number:		License Status:		Issue Date:	
<b>EDUCATION REQUIREMENT:</b> <i>(Use additional sheets if necessary.)</i>					
School Name:		Dates Attended	From:	To:	
Location:		Telephone:	Hours Completed:	Date of Graduation:	
School Name:		Dates Attended	From:	To:	
Location:		Telephone:	Hours Completed:	Date of Graduation:	
<b>EXAMINATION REQUIREMENT:</b> <i>(within one year prior to the date of application, if applicable)</i>					
<input type="checkbox"/> Utah/NIC Esthetician Practical Exam		<input type="checkbox"/> Master Esthetician Practical		Date Passed:	
<input type="checkbox"/> Utah/NIC Esthetician Theory Exam				Date Passed:	
<input type="checkbox"/> Utah/NIC Master Esthetician Theory Exam				Date Passed:	
<b>Non-Utah Examination</b>		State Name:			
<input type="checkbox"/> State Esthetician Theory Exam		Date Passed:			
<input type="checkbox"/> Master Esthetician Theory Exam		Date Passed:			
<input type="checkbox"/> State Practical Exam		<input type="checkbox"/> Master Practical Exam		Date Passed:	
<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>					
License/Certificate Number: _____					
Date License/Certificate Approved/Denied: ___/___/_____					
Approved/Denied By: _____					
Reason for Denial/Other Comments: _____					

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanction.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer the questions. Do not leave any question blank.**

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated??
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea-in-abeyance or deferred sentence</i> )?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
	<p><b>If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered “yes” to Questions 13, 14, 15, 16, or 17, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</b></p> <p><b>If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.</b></p> <p><b>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</b></p> <p><b>A “Yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.</b></p>

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_ / \_\_\_ / \_\_\_\_\_

# UTAH ESTHETICIAN and MASTER ESTHETICIAN LAW and RULE EXAMINATION

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the references listed

Barber, Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act, 58-11a- <http://dopl.utah.gov/laws/58-11a.pdf>  
 Barber, Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act Rule, R156-11a - <http://dopl.utah.gov/laws/R156-11a.pdf>

True	False	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. An applicant with a criminal conviction for any misdemeanor crime of violence or the use of a controlled substance may be considered ineligible for licensure for a period of three years from the termination of parole, probation, judicial proceeding or date of incident, whichever is later.
<input type="checkbox"/>	<input type="checkbox"/>	2. Unprofessional conduct includes performing services within the scope of practice without having been adequately trained to perform such services.
<input type="checkbox"/>	<input type="checkbox"/>	3. Unless a licensee takes medically approved measures to prevent transmission of the disease, performing a procedure on a client who has a known contagious disease of a nature that may be transmitted by performing the procedure, shall be considered unprofessional conduct.
<input type="checkbox"/>	<input type="checkbox"/>	4. Hours obtained while enrolled in licensed recognized Esthetics School may be used to satisfy the required apprentice training.
<input type="checkbox"/>	<input type="checkbox"/>	5. Applicants shall pass, within one year prior to the date of application, the respective examinations with a passing score of at least 75% as determined by the examination provider.
<input type="checkbox"/>	<input type="checkbox"/>	6. You are required to have a Cosmetologist/Barber, Esthetician, or Master Esthetician license to apply Eyelash extensions.
<input type="checkbox"/>	<input type="checkbox"/>	7. Texts pertaining to the desired profession shall be available to the apprentice.
<input type="checkbox"/>	<input type="checkbox"/>	8. An apprentice instructor may not be an employee of an apprentice or be involved in any relationship with an apprentice or others that would interfere with the instructor's ability to teach and train the apprentice.
<input type="checkbox"/>	<input type="checkbox"/>	9. An apprentice may be compensated for services performed.
<input type="checkbox"/>	<input type="checkbox"/>	10. Applicants for licensure as a basic Esthetician or Master Esthetician shall pass the NIC basic Esthetician or Master Theory and Practical Examinations.
<input type="checkbox"/>	<input type="checkbox"/>	11. A licensed basic Esthetician may perform an advanced pedicure.
<input type="checkbox"/>	<input type="checkbox"/>	12. It is not unlawful conduct for any unlicensed individual to work in a licensed profession.
<input type="checkbox"/>	<input type="checkbox"/>	13. A basic or Master esthetician may provide treatment for medical, physical or mental ailments.
<input type="checkbox"/>	<input type="checkbox"/>	14. The practice of a Cosmetologist/barber includes the practice of basic esthetics and nail technology as well as Master esthetics.
<input type="checkbox"/>	<input type="checkbox"/>	15. A licensed cosmetologist/Barber may be licensed as an esthetics instructor.
<input type="checkbox"/>	<input type="checkbox"/>	16. A licensed cosmetologist/barber may perform body wraps, hydrotherapy, chemical exfoliation, and advanced pedicure extraction as defined by rule.
<input type="checkbox"/>	<input type="checkbox"/>	17. A qualification for licensure is good moral character.
<input type="checkbox"/>	<input type="checkbox"/>	18. Each applicant for licensure by application shall provide satisfactory documentation of graduation from a recognized Cosmetology/Barber school whose curriculum consists the required hours for the profession.
<input type="checkbox"/>	<input type="checkbox"/>	19. Applicants with an active license in another jurisdiction may be licensed in the State of Utah but are not subject to Utah's Laws and Rules.
<input type="checkbox"/>	<input type="checkbox"/>	20. The practice of basic esthetics includes body wraps.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_/\_\_\_/\_\_\_\_\_

## VERIFICATION OF GRADUATION

*(Make additional copies as needed.)*

### TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the school that trained you. Request that the school complete the remainder of this form and return it to you for submission with your application. If the school insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #:	E-Mail:		Date Training Begin:		
School:				Phone #:	
Address:		City:		State:	ZIP Code:

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE ESTHETICS OR COSMETOLOGY/BARBER SCHOOL:</b>					
School Name:		School License #:		Phone #:	
Address:		City:		State:	ZIP:
Name of School Official:		Date Program Began:		Date of Graduation:	
Total Esthetician Hours:		Total Master Esthetician Hours:		Grand Total Hours:	
<b>TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE ESTHETICS OR COSMETOLOGY/BARBER SCHOOL:</b>					
School Name:		School License #:		Phone #:	
Address:		City:		State:	ZIP:
Name of School Official:		Date Program Began:		Date of Graduation:	
Total Esthetician Hours:		Total Master Esthetician Hours:		Grand Total Hours:	
<p>I declare that the above named individual has fulfilled the requirements for graduation as an esthetician or master esthetician pursuant to Utah law. I further declare under penalty of perjury that the information contained on this form is truthful, correct, and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board or any contracted examination agency through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission</p>					
Signature of School Official : _____					
Date of Signature: ____/____/____					
<b>NOTE: The original copy of this form must be submitted with the application for licensure.</b>					

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## COMPLETION OF APPRENTICE PROGRAM

*(Make additional copies as needed.)*

### TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the employer that supervised you. Request that the supervisor complete the remainder of this form and return it to you for submission with your application. If the supervisor insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State:      ZIP Code:
Phone #: (xxx-xxx-xxxx)		E-Mail:		Date Employment Begin: <i>(mm-dd-yyyy)</i>	
Employing Facility:				Phone #: <i>(xxx-xxx-xxxx)</i>	
Address:		City:		State:	ZIP Code:

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED BY THE INSTRUCTOR:

<b>Instructor</b>					
Last Name:		First Name:		Phone #: <i>(xxx-xxx-x xx)</i>	
Business Name:			Instructor License #:		License State:
Address:		City:		State:	ZIP:
Date Program Began:		Date Program Ended:		Total Hours Completed:	

Signed copies of the Apprentice/Instructor Time Record and the Apprentice/Instructor Theory Services Record must be included with this form.

I declare under penalty of perjury that the information contained on this form is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Signature of Instructor: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: The original copy of this form must be submitted with the application for licensure.**

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## REQUEST FOR VERIFICATION OF OUT-OF-STATE LICENSE

### TO BE COMPLETED BY THE APPLICANT:

If you now hold or have ever held a license in another state that is substantially equivalent to the license you are applying for in Utah, complete the first section of this form and submit it to the state that is verifying information for you. Request that the verifying state complete the remainder of this form and return it to you for submission with your application (*the verifying state may require a fee for this service*). If a verifying state insists on submitting the verification directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP:
Social Security Number: - -		Date of Birth:		License #:	

I am requesting licensure in the state of Utah as an **ESTHETICIAN/MASTER ESTHETICIAN**

I have enclosed the necessary license verification fee in the amount of: \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Verifying State:	Name of Licensee ( <i>as on verifying state's records</i> ):		
License Type:	License #:	Current Status:	
Issued:	Expires:	<input type="checkbox"/> Licensed by Exam <input type="checkbox"/> Licensed by Endorsement from (state):	
Continuously Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No please explain):			
Education Required For Licensure:			
Examination Scores:			
Past, Current, or Pending Disciplinary Action: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, <i>attach certified copies of all Petitions, Orders, etc.</i> )			

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 Salt Lake City, Utah 84114-6741

## VERIFICATION OF WORK EXPERIENCE

*(Make additional copies as needed.)*

### TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the employer that supervised you. Request that the supervisor complete the remainder of this form and return it to you for submission with your application. If the supervisor insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #:	E-Mail:		Date Employment Begin:		
Employing Facility:				Phone #:	
Address:		City:		State:	ZIP Code:

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

### TO BE COMPLETED BY EMPLOYER:

<b>Employer</b>					
Business Name:					
Last Name:		First Name:		Phone #:	
Position or Title:			License #:		License State:
Address:		City:		State:	ZIP:
Date Employment Began:		Date Ended:	Hours Per Week:		Total Hours Completed:
Nature of Applicant's Duties:					
Was applicant's performance satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Explain:					

Signature of Employer: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

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# APPLICATION INSTRUCTIONS AND INFORMATION

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If a SSN is not provided, the application is incomplete and may be denied.

## SUPPORTING DOCUMENTS AND FEES:

**If you are applying for licensure as an Esthetician, complete the following in addition to submitting a completed application:**

1. Verify your education by completing **one** of the following options (*a, b, c, d, or e*):
  - a. If you have graduated from a Utah licensed cosmetology/barber school or esthetics school with a minimum of 600 hours in esthetics training, submit an original “Verification of Graduation” form (*contained in this application*). Request that a school official complete the form and return it to you for submission with your application.
  - b. If you have graduated with a minimum of 600 hours in esthetics training from a recognized cosmetology/barber or esthetics school in a state other than Utah, submit a “Request for Verification of License” form (*contained in this application*). Using the “Request for Verification of License” form, obtain verification of licensure from a state in which you are currently licensed as an esthetician. Request that the verifying state complete the form and mail it directly to DOPL.
  - c. If you have graduated from a recognized cosmetology/barber school with less than 1,600 hours instruction or from a recognized esthetics school with less than 600 hours instruction in a state other than Utah, submit a “Request for Verification of License” form (*contained in this application*). Using the “Request for Verification of License” form, obtain verification of licensure from a state in which you are currently licensed as an esthetician. Request that the verifying state complete the form and mail it directly to DOPL.  
**AND**  
Submit “Verification of Work Experience” forms (*contained in this application*) documenting at least **enough hours** of full-time paid employment as a licensed cosmetologist/barber or esthetician **to equal the required number of hours**. Request that your employer(s) complete the “Verification of Work Experience” form(s) and return them to you for submission with your application.
  - d. If you are a graduate of a foreign cosmetology/barber school or esthetics school, submit a credential evaluation from one of the approved credentialing services listed in the “**Additional Important Information**” section.  
**Note:** All foreign applicants must have this evaluation completed prior to making application for licensure in Utah.
  - e. If you completed an approved esthetics apprenticeship program, submit an original “Completion of Apprentice Program” form (*contained in this application*). Request that your instructor complete the “Completion of Apprentice Program” form and return it to you for submission with your application.
2. Verify your passing score on a **practical** examination by submitting **one** of the following:
  - a. If you are a graduate of a foreign cosmetology/barber school or esthetics school, submit the original letter from DOPL’s approved examination provider verifying your passing score on the Utah Esthetician Practical Examination within the period of one year prior to the date of application.
  - b. If you have graduated with a minimum of 600 hours in esthetics training from a recognized cosmetology/barber or esthetics school in a state other than Utah and are submitting a “Request for Verification of License” form, submit documentation of passing a national practical examination or another state’s approved practical examination.
  - c. If you have graduated from a recognized cosmetology/barber school with less than 1,600 hours instruction or from a recognized esthetics school with less than 600 hours instruction in a state other than Utah, and are

submitting a “Request for Verification of License” form, submit documentation of passing a national practical examination or another state’s approved practical examination.

3. Verify your passing score on a **theory** examination by submitting **one** of the following:
  - a. If you are a graduate of a foreign cosmetology/barber school or esthetics school, submit the original letter from DOPL’s approved examination provider verifying your passing score on the Utah Esthetician Theory Examination within the period of one year prior to the date of application.
  - b. If you have graduated with a minimum of 600 hours in esthetics training from a recognized cosmetology/barber or esthetics school in a state other than Utah and are submitting a “Request for Verification of License” form, submit documentation of passing a national theory examination or another state’s approved theory examination.
  - c. If you have graduated from a recognized cosmetology/barber school with less than 1,600 hours instruction or from a recognized esthetics school with less than 600 hours instruction in a state other than Utah, and are submitting a “Request for Verification of License” form, submit documentation of passing a national theory examination or another state’s approved theory examination.
4. Submit a **\$60.00** non-refundable application-processing fee for an esthetician license, made payable to “DOPL.”

**If you are applying for licensure as a Master Esthetician, complete the following in addition to submitting a completed application:**

1. Verify your education by completing **one** of the following options (*a, b, c, d, or e*):
  - a. If you have graduated from a Utah licensed esthetics school or a cosmetology /barber school with a minimum of 1,200 hours in esthetics training, submit an original “Verification of Graduation” form (*contained in this application*). Request that a school official complete the form and return it to you for submission with your application.
  - b. If you have graduated with a minimum of 1,200 hours from a recognized esthetics school or cosmetology/barber school in a state other than Utah, submit a “Request for Verification of License” form (*contained in this application*). Using the “Request for Verification of License” form, obtain verification of licensure from a state in which you are currently licensed as a Master Esthetician. Request that the certifying state(s) complete the form(s) and mail them directly to DOPL.
  - c. If you have graduated with less than of 1,200 hours from a recognized master esthetics school in a state other than Utah, submit a “Request for Verification of License” form (*contained in this application*). Using the “Request for Verification of License” form, obtain verification of licensure from a state in which you are currently licensed as a Master Esthetician. Request that the certifying state(s) complete the form(s) and mail them directly to DOPL;  
**AND**  
Submit “Verification of Work Experience” forms (*contained in this application*) documenting at least **enough hours** of full-time paid employment as a licensed master esthetician **to equal the 1,200 hours required**. Request that your employer(s) complete the “Verification of Work Experience” form(s) and return them to you for submission with your application.
  - d. If you are a graduate of a foreign esthetics school or cosmetology/barber school, submit a credential evaluation from one of the approved credentialing services listed in the “**Additional Important Information**” section of this application. **Note:** All foreign applicants must have this evaluation completed prior to making application for licensure in Utah.
  - e. If you completed an approved master esthetics apprenticeship, submit an original “Completion of Apprenticeship Program” form (*contained in this application*). Request that your instructor complete the “Completion of Apprentice Program” form and return it to you for submission with your application.
2. Verify your passing score on a **theory** examination by submitting **one** of the following:
  - a. If you are a graduate of a foreign cosmetology/barber school or esthetics school, submit the original letter from DOPL’s approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Master Esthetician Theory Examination.
  - b. If you have graduated with a minimum of 1,200 hours from a recognized esthetics school or cosmetology/barber school in a state other than Utah and are submitting a “Request for Verification of License” form, submit documentation of passing a national Master Esthetician theory examination or another state’s approved Master Esthetician theory examination.
  - c. If you have graduated with less than 1,200 hours from a recognized master esthetics school in a state other than Utah and are submitting a “Request for Verification of License” form and a “Verification of Work Experience” form, submit documentation of passing a national Master Esthetician theory examination or another state’s

approved Master Esthetician theory examination.

3. Verify your passing score on a **practical** examination by submitting **one** of the following:
  - a. If you are a graduate of a foreign cosmetology/barber school or esthetics school, submit the original letter from DOPL's approved examination provider verifying your passing score within the period of one year prior to the date of application on the Utah Master Esthetician Practical Examination.
  - b. If you have graduated with a minimum of 1,200 hours from a recognized esthetics school or cosmetology/barber school in a state other than Utah and are submitting a "Request for Verification of License" form, submit documentation of passing a national master practical examination or another state's approved master practical examination.
  - c. If you have graduated with less than 1,200 hours from a recognized master esthetics school in a state other than Utah and are submitting a "Request for Verification of License" form and a "Verification of Work Experience" form, submit documentation of passing a national master practical examination or another state's approved master practical examination.
4. Submit an **\$85.00** non-refundable application-processing fee for a master esthetician license, made payable to "DOPL."

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
2. **License Renewal:** All esthetician and master esthetician licenses expire on September 30 of every odd-numbered year. The length of a licensee's first renewal cycle depends on when in the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years. The fee with this application is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is sent to each licensee's last address of record.
3. **PSI Examination Services:** Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the Utah Esthetician Theory, the Utah Master Esthetician Theory, and the Utah Esthetician Practical. Submit examination fees directly to the testing agency.
4. **NIC Examinations:** National examinations for estheticians are developed and administered by the National Interstate Council of State Boards of Cosmetology: 954-389-5302 or [www.nicesting.org](http://www.nicesting.org). The NIC Theory Examination is accepted by the state of Utah, if taken in another state. Submit examination fees directly to the testing agency.
5. **Foreign Educated Estheticians or Master Estheticians:** Applicants for licensure as an esthetician or master esthetician who have graduated from a foreign school must have an approved credential evaluation service evaluate their education documents prior to making application for licensure in Utah.
6. **Approved credentialing evaluation services for licensure are:**

Josef Silny & Associates Inc, International Education Consultants  
PO Box 248233; Coral Gables, Florida, 33124  
(305) 273-1616; E-mail: [info@jsilny.com](mailto:info@jsilny.com), Internet: [www.jsilny.com](http://www.jsilny.com)  
**OR**  
Educational Credential Evaluators Inc.  
PO Box 514070; Milwaukee, Wisconsin, 53203-3470  
(414) 289-3400; E-mail: [eval@ece.org](mailto:eval@ece.org), Internet: [www.ece.org](http://www.ece.org).
7. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
8. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
9. **Mail Complete Application By U.S. Mail to:** Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
**For Delivery or Express Mail:** Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111
10. **Telephone Numbers:** (801) 530-6628 (866) 275-3675 – toll-free in Utah