

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-3608 · Fax 603-271-3950

DAVID GROSSO
Executive Director

LINDSEY COURTNEY
Division Director



**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
TO APPLY FOR THE NEW HAMPSHIRE EXAM FORM**

If you would like to apply for the New Hampshire exam for barbering, cosmetology, esthetics, or manicuring you will have to provide the Board with the following:

1. Current name and mailing address. Name change must include a copy of official documentation such as: a marriage license, court document, divorce decree, etc. A driver's license is **not** acceptable for name changes;
2. Copy of your drivers license or any government issued photo identification;
3. Copy of your high school diploma or its equivalent if you are under 21 years of age;
4. Completed Questionnaire for Applicants and Licensees;
5. A letter verifying school training. The letter required shall state or include:
The name of the Board/Agency and the state where the apprenticeship took place;
The name of applicant;
The name of school and the address where the apprenticeship was completed;
Apprenticeship enrollment and completion dates;
The total number of apprenticeship hours;
A break-down of subjects received within those hours;
The signature and title of person writing the letter; and
The Board/Official Agency seal.
6. If you do not have the required amount of hours, you must also send a notarized letter of work experience written by someone else on your behalf. Letter of work experience for cosmetologists or master barbers must verify work experience of at least 3000 hours, barbers 1600 hours, estheticians 1200 hours, and manicurists must have 600 hours.

Documents required must be in English or translated and notarized if the document is not in English

Once the Board receives the above information it will be reviewed for compliance with RSA 313-A and the Board's administrative rules.

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**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
QUESTIONNAIRE FOR APPLICANTS AND LICENSEES**

This questionnaire must be completed using blue or black ink, signed, and sent to the NH Board of Barbering, Cosmetology, and Esthetics at the above address with your application for licensure or renewal. (If additional space is required for explanation, use other side.)

1. Have you ever been convicted of any felony or misdemeanor, **other than a traffic violation**, which has not been annulled by a court? (Circle one) **YES NO**

If yes, Before the Board can review your file for approval they must have the following documents: You must obtain from the Court(s) a copy of the court charge(s), conviction(s), penalties imposed, and provide a statement from you relative to the charge(s). If you are currently on probation/parole you must provide all the above plus the following: Your probation/parole officers name, mailing address, and telephone number if applicable; you must obtain a letter from your probation/parole officer stating you are in compliance with your probation/parole. If you were on probation/parole and have completed all requirements, we need a letter indicating you have met all requirements and are no longer on probation/parole.

If you have already submitted the above to the Board in a prior application, and the Board approved the conviction(s), you must state the conviction, the date of the conviction, and the date the Board approved this conviction:

2. Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A (Circle one) **YES NO If yes, explain:**
3. Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A? (Circle one) **YES NO If yes, explain:**

I hereby certify that the statements made in this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest or misleading answer may be grounds for 1) denial of this application; 2) disciplinary action against my license; and further that 3) false statements are punishable by law.

Applicant Signature: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Telephone _____

Social Security No. _____

(optional)