

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

COSMETOLOGY EXAMINING BOARD

INSTRUCTIONS FOR OBTAINING LICENSURE BY ENDORSEMENT

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Licensure by Endorsement (Form #1681)**
2. **\$11.00 Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services. You may submit payment by completing form 3071. <https://dsps.wi.gov/Credentialing/General/fm3071.pdf>
3. **One-hour training course on statutes and rules that apply to practice.** Once the one-hour course is complete a Certificate of Completion must be submitted directly from the school. <http://dsps.wi.gov/Documents/COSLawsCourseList.pdf>
4. **Verification of Licensure (Form #373)** - Completed by each state in which you have been issued a license. You must hold a current license in at least one state. <https://dsps.wi.gov/Credentialing/Business/fm373.pdf>

To Qualify for Licensure by Examination:

If you have not satisfied the endorsement requirements, you will need to qualify for licensure by examination. You will need to apply for the Wisconsin state board exam online with our vendor, DL Roope Administrations Inc., at <http://www.dlroope.com/wisconsin.cfm?state=10>
Phone: (888) 375-2020.

The fee for the exam is available online at: <http://www.dlroope.com/wisconsin.cfm?state=10>, and includes the fee for your first license. Please review the **Candidate Handbook** posted on DL Roope Administrations Inc.'s website for information on how to apply, the content of the exams, etc.

Wis. Stats. § 454.06 requires graduation from a course of instruction in a school licensed in Wisconsin or is accredited by an accrediting agency approved by the Board.

If you have graduated from a school in another state with the same hours of education as required in this state (**see below**), you will need to do the following to **qualify for licensure**:

1. Apply for and pass the current state board examination (**both written and practical**) with DL Roope Administrations Inc. (888) 375-2020. The fee for the exam is available online at: <http://www.dlroope.com/wisconsin.cfm?state=10> and is paid to DL Roope Administrations Inc.
2. Contact the school you had attended and request that they complete our Certification of Training (**Form #3044**). This form should be submitted directly to our office by the school. <https://dsps.wi.gov/Credentialing/Business/fm3044.pdf>
3. Your information will then be reviewed, and a determination made as to your eligibility for licensure. No additional fee will be required. The licensure fee was included in the exam fee paid to DL Roope Administrations Inc.

If you have graduated from a school in another state with the same hours of education as required in this state (**see below**), you will need to do the following to **qualify for a temporary permit**:

1. Apply for the current state board examination (**both written and practical**) with DL Roope Administrations Inc. (888) 375-2020 The fee for the exam is available online at: <http://www.dlroope.com/wisconsin.cfm?state=10> and is paid to DL Roope Administrations Inc. You may also apply for a temporary permit by paying an additional \$10.00 to DL Roope Administrations Inc.
2. Contact the school you had attended and request that they complete our Certification of Training (**Form #3044**). This form should be submitted directly to our office by the school. <https://dsps.wi.gov/Credentialing/Business/fm3044.pdf>
3. After we have received and approved this form, we will make you eligible for the temporary permit through DL Roope Administrations Inc.

Minimum Hours of Education Required:

- Cosmetologist: 1,550 hours
- Manicurist: 300 hours
- Aesthetician: 450 hours
- Electrologist: 450 hours

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COSMETOLOGY EXAMINING BOARD

APPLICATION FOR LICENSURE BY ENDORSEMENT

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

Mailing Address (if different)

Date of Birth

Social Security #

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other
Sex: M F

Have you ever been licensed in Wisconsin as a Cosmetologist, Electrologist, Aesthetician, Cosmetology Manager or Manicurist?

Yes No

If yes, list your credential number:

Email Address

Name of Training School Attended

Dates of Training:

From:

To:

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

For Receiving Use Only (82/84/86/81/85)

- I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)
- Initial Credential Fee
- Cosmetologist
 - Electrologist
 - Aesthetician
 - Manicurist

\$ 11.00 Total Fee Attached

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA).
For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

Date: / /