



State of West Virginia
Board of Barbers and Cosmetologists
1201 Dunbar Avenue
Dunbar, WV 25064

Tel: (304) 558-2924
Fax: (304) 558-3450
www.wvbcc.com

APPRENTICESHIP APPLICATION

INSTRUCTIONS

This is an application for an individual to enroll in the Barber or Cosmetology Apprenticeship in the State of West Virginia. After the application has been received by the Board's office, a Board Inspector will contact the Apprenticeship Provider at the telephone # provided on the "Apprenticeship Provider Requirements" section to schedule an inspection of the salon or shop in which the Apprentice will be training. **Please be advised that the apprentice is not authorized to start the Apprenticeship Program until an inspection of the salon or shop has been completed and approved by a Board Inspector.** This application must be completed in its entirety. Incomplete applications will be returned to the Apprenticeship Provider. Rules that govern the Barber and Cosmetology Apprenticeship are W. Va. Code R. § 3-13-1 et seq and W. Va. Code R. § 3-16-1 et seq.

APPRENTICE REQUIREMENTS - The following information must be included with this application:

- \$85.00 Issuance/Inspection fee
Check or Money Order #: _____
- Copy of Government-issued Photo ID
- Copy of Social Security Card
- Copy of High School diploma, GED, or Ability-to-Benefit (ATB) Test Results
- Completed Certificate of Health Form (See Page 3)

**Label envelope & mail
application to:
WVBCC
P.O. Box 40235
Charleston, WV 25364**

ANTICIPATED APPRENTICE START DATE: _____

(Application must be submitted at least 20 days before the anticipated apprentice start date)

PROGRAM REGISTRATION:

(Only one program may be selected)

- | | |
|--|--|
| <input type="checkbox"/> Barber | <input type="checkbox"/> Aesthetician |
| <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Hair Stylist |
| <input type="checkbox"/> Nail Technician | <input type="checkbox"/> Waxing Specialist |

APPRENTICE INFORMATION - To be completed by the Apprentice

Full Apprentice Name: _____

SSN: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone: _____ Email: _____

APPRENTICESHIP PROVIDER REQUIREMENTS

- Has an active Barber or Cosmetologist license for at least five (5) years and is currently in good standing with the Board
- Has worked in a licensed salon or shop in the State of West Virginia for the last five (5) years – **Must include tax records to prove employment history if record of employment is not already on file**
- Can offer apprenticeship in a licensed salon or shop and is currently in good standing with the Board
- Must follow W. Va. Code § 30-27 and the Board's Legislative Rules, which include the Legislative Rules that establish the minimum requirements for the Barber and Cosmetology Apprenticeship. See *W. Va. Code R. § 3-13-1 et seq. and W. Va. Code R. § 3-16-1 et seq.*
- Can maintain an accurate record of the apprentice's training hours and submit copies of records to the Board office monthly by the 1st of each month

APPRENTICESHIP PROVIDER INFORMATION - To be completed by the Apprenticeship Provider

Full Provider Name: _____ Individual License #: _____

Salon/Shop Name: _____ Salon/Shop License #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

E-mail Address: _____ Phone: _____

Do you wish to be listed as an active Apprenticeship Provider on the Board's website?

- YES NO

CERTIFICATION

By submitting this application, we affirm that we have read and understand that we must follow W. Va. Code § 30-27 and the Board's Legislative Rules and we affirm that the required documentation submitted with this application is true and that without the documents listed above, we will be rejected authorization to participate in the Apprenticeship Program. Furthermore, we understand that the Apprentice cannot begin training until an inspection of the salon or shop in which the Apprentice will be training is completed and approved by a Board Inspector.

Apprentice Signature: _____ Date: _____

Apprenticeship Provider Signature: _____ Date: _____

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MAIL ALONG WITH A COMPLETED APPLICATION FOR LICENSURE, REGISTRATION, OR CERTIFICATION TO: WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

Certificate of Health Form

To the Health Care Professional:

This form should be used for patients who need to be examined by a physician, physician's assistant or a nurse practitioner to apply for a professional license, certificate, registration or permit in the barbering, cosmetology, aesthetics, nail technology or waxing industry. Please complete the below portion of this form and sign and date the form.

To the Applicant:

You need to have a physical examination to apply for a professional license, certificate, registration or permit in barbering, cosmetology, aesthetics, nail technology or waxing. Your physician, physician's assistant or a nurse practitioner must complete, sign and date this Certificate of Health form. You must submit your application within one (1) year from the date of this examination.

Certificate of Health:

I am a duly licensed Physician [], duly licensed Physicians Assistant [], or duly licensed Nurse Practitioner [], and hereby

state that in the course of a routine examination of _____, on
(Applicant's Name)

_____, I found no clinical evidence of the presence of infectious or
(Date of Physical Examination)

communicable disease which would pose a significant risk or direct threat to the health or safety of members of the public in the conduct of the applicant's occupation.

Print Name of Physician: _____ Date: _____

Address of Practice: _____

Physician's Signature: _____ Title: _____