Department of Public Health & Social Services

## **GUAM BOARD OF BARBERING AND COSMETOLOGY**

194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213 Hagåtña, Guam 96910

> Website: https://guamhplo.org/gbbc Contact No.: 671-735-7408

## APPLICATION FOR EXAMINATION CHECKLIST

	COSMI	ETOLOGIST MANICURIST	BARBER/BARBER STYLIST	ESTHETICIAN	INSTRUCTOR			
Naı	me of	Applicant:						
Dat	te Ap	plication Submitted:						
1.	_	Completed Application						
2.		Two (2) 2 ½" x 2 ½" Photos (must be within 90 days and white background, signed and dated on the back)						
3.		Copy of Photo ID with date of birth or certified copy of Birth Certificate						
4.		Three (3) original letters of reference of good moral character addressed to the GBBC Board containing the complete legal name of the individual making the reference, with their mailing address, residential address, place of employment and telephone numbers. Original letters must be signed.						
5.		Original Police Clearance (from all places of residence within the last 12 months)						
6.	_	Payment Fee of \$20.00						
7.		Has completed technical instructions, with minimum completed hours in a Board Approved school.						
		Cosmetologist	1,600 Hours					
		Barber/Barber Stylist	1,600 Hours					
		Manicurist	400 Hours					
		Esthetician	600 Hours of 1,300	O Hours				
8.		For Out of Country Graduates:	Request for "GENER!	AL EVALUATION	J'' from:			

**AEQUO** International 150 4th Ave. N. Suite 850 Nashville, TN 37219

Telephone No.: 844-882-3786

Email: info@aequointernational.com Website: https://nasba.tfaforms.net/327178

Upon completion of your evaluation, AEQUO International will send the report directly to the Health Professional Licensing Office / GBBC and will forward a copy to you for your records.



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## APPLICATION FOR EXAMINATION

Incomplete Applications will NOT be Processed

CHECK		OR THE TYPE O	F I I	TENSE VOII	ADE ADD	I VINC FOR	
Cosmetologist	Manicuris				sthetician	Instructor	
1600 hours			hours		00 hours	600 hours/6 Semester hours	
	Fee: \$20.00 Fee: \$20.00 Fee: \$2				e: \$20.00	Fee: \$20.00	
Are you an Apprentice	e:						
Yes No 1		dicate Apprentice N	Numb	er and Expirati	ion Date:		
Apprentice No		Expiration Date					
Is this your first time t	taking the Natio	onal Interstate Coun	cil (N	VIC) of State B	oards of C	Cosmetology (NIC)	
Examination?							
Yes No l	If no, please ind	licate the location a	nd da	te of your last	NIC Exan	nination:	
If this is not your first	time, has your	name changed sinc	e you	r application?	Yes	_No	
If yes, please submit a	"NAME CHA	NGE" form require	d doc	cumentation for	r a name c	hange along with this	
application.		•					
SECTION A: APP	LICANT INI	FORMATION:					
(The Name on your app			your	government issi	ued identif	ication)	
Social Security:				Date of Birth:			
						av: Year:	
Last Name:		First Name:			Middle	7	
Dast Manie.		Thist rame.			Wildaic	rume.	
Mailing Address:		City:		Ctoto		Zipcode:	
Maning Address.		City.		State:		Zipcode.	
G · · · · · · · · · ·							
Contact Number:			En	Email Address:			
SECTION B: QUA	LIFICATIO						
		Guam					
			The pr	roof of Educati	on Docum	ent and Transcript will be	
transmitted direct	tly from the Sch	ool.					
		Out of State /Out of	of Co	untry Student	s		
I completed my so	chool in another	r State but did not r	eceiv	e a license. (Pl	ease have	your school complete form	
B "OUT OF STA	TE APPLICAN'	T SCHOOL TRAIN	ING I	RECORD" wit	h transcrij	ots mailed directly to the	
Guam Board of Barbering and Cosmetology Office.)							
I went to school and/or held a license in another country, and I have requested an Evaluation Service to							
evaluate my credentials and send my report directly to the Guam Board of Barbering and Cosmetology							
Office.							
I hold a current license in another state; it has been active for more than 2 years. I have requested the State							
with which I hold a current license to send a verification of Licensure directly to the Guam Board of							
Barbering and Cosmetology Office.							
Reciprocity							
The Board shall grant a license without examination to practice to an out of state applicant. If the applicant submits:							
a. A completed application form with all fees required by the GBBC Board.							
b. Proof that the applicant has passed the NIC Nationally Standardized Theory and Practical.							
c. Verification of licensure issued by another State to practice that meets all of the following:							

- 2. It is in good standing
- 3. It has been active for two of the last five years, during the time the applicants has not been subject to disciplinary action or a criminal conviction.

IF YOU QUALIFY AS STATED ABOVE, COMPLETE THE APPLICATION FOR RECIPROCITY



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Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? Yes No If yes, please answer the following. Attach additional pages if needed.	SEC	SECTION C: BACKGROUND INFORMATION				
Yes No If yes, please answer the following. Attach additional pages if needed.  Date of Conviction(s):  Type of Violation(s):  Court(s) where conviction(s) occurred:  Penalties received:  Additional details:  Include copies of arrest records, court documents, verification of restitution received by the court and verification of successful completion of probation. A letter from you describing the underlying circumstances or arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.  Include all misdemeanor and felony convictions, regardless of the age of conviction, including those which have been set aside and/or dismissed under Guam Law. (Traffic violation of \$500.00 or less need not be reported.)  2. Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other government authority in this territory or any foreign country?  Yes No  If yes, please attach an explanation that includes the license type, the action taken, by which state, and the date. Also include a copy of the administrative action, and if applicable, copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.  3. Do you hold or have held any additional license issued by the Guam Board of Barbering and Cosmetology?  Yes No  If yes, please provide license type(s), number(s), and date(s) issued:  SECTION D: APPLICANT CERTIFICATION  I certify that I have read and understand the laws and regulations pertaining to the profession in Guam. I certify under the penalty of perjury under the laws of Territory of Guam all statements furnished in connections with this application are true and accurate.	1.					
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Signature of Applicant Date	unde	er the penalty of perjury under the laws of Territory of Guam all statements furnished in connections with this				
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## **RECORD OF PAYMENT**

### I. **IDENTIFICATION**

	Na	ame:						
		(Last)	(First)		(Middle	e)		
	M	ailing Address:(Street / P.O. #)						
		(Street / P.O. #)	(City)	(State)	(2	Zip Code)		
	Er	mail Address:	Contact N	Vo.:				
	Si	gnature:	Date:					
II. VERIFICATION OF LICENSURE: Please print the complete name used on original license and yo social security number.								
	Na	ame:		SS#:				
III.	FEES: Pursuant to P.L. 25-188, Section 18127, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and penalties, as appropriate, in accordance with the Administrative Adjudication Law.  Please make all checks or money orders payable to TREASURER OF GUAM.  Online payments can be made at <a href="https://guamhplo.org/gbbc/pay">https://guamhplo.org/gbbc/pay</a> (additional 5% convenience fee).  All fees are NON-REFUNDABLE.							
Pleas		ck your request(s):			<b>5</b>	<b>4.20.00</b>		
	1.	Examination & Regulations as a Cosmetolo				\$ 20.00		
	2.	Re-Examination as a Cosmetologist, Elec	•	rist, or Esthet	tician	\$ 10.00		
	3.	Examination and Registration as an Instructor				\$ 20.00		
	4.	Re-Examination and Registration for an Instructor				\$ 10.00		
	5.	Renewal of Certificates				\$ 4.00		
	6.	Cosmetological Establishment License and Certificate				\$ 20.00		
	7.	Renewal of Cosmetology Establishment License				\$ 4.00		
	8.	School of Cosmetology License and Certificate				\$ 100.00		
	9.	Renewal of School of Cosmetology License and Certificate				\$ 25.00		
	10.	Photocopy of record per page				\$ 1.00		
	11.	Initial Application Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1)				\$ 200.00		
	12.	Annual Special License Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1)			\$ 800.00			
	13.	Late Renewal Fee				\$ 20.00		
FOF	R OF	FICE USE ONLY: Payment	Check Mo	ney Order _	Cash	Credit Card		
Field Receipt #: Date Paid:								