

APPLICATION FOR REGISTRATION

Reinstatement of a Lapsed Licence

(Cosmetology Act, 2012, c. 39, sections 3 & 4,
and sections 24 & 35(3) and By-law Schedule B

Application Processing: 4 to 6 Weeks

Estimated Employment Date: _____

Application Fee(s): Charged in accordance with Schedule B of the
Associations By-laws (attached to this application).

APPLICANT INFORMATION

Applicant's Name: _____

Date of Birth: _____
(yyyy / mm / dd)

Membership No.: _____ Primary Contact Number: _____
(if known)

Address: _____

Applicant's Email Address: _____

Licence Reinstatement: Indicated below the category of cosmetology licence the applicant is requesting to reinstate:

- Hairdressing
- Esthetics
- Nail Technology
- Make-up Artistry
- Body Hair Removal Services
- Eyelash Enhancements

EMPLOYMENT

List below the applicant's last five years of uninterrupted employment in a registered cosmetology establishment.

Dates of employment, establishment name, location, and contact information (including supervisor) are required.

DATES

SALON (with location)

Supervisor Contact Information

(yyyy / mm / dd)

EXPIRY DUE TO EXTENUATING CIRCUMSTANCES

If the applicant's licence expired as the result of an extenuating circumstance (i.e.: medical, etc.), please indicate below. (Medical documentation is required).

All personal information provided is held in the strictest of confidence.

IMPORTANT

- All Cosmetology Association Licences and Permits (including Membership) expire on December 31st of each calendar year. Late fees apply. (If a Member's licence or permit is expired for more than 90 days, that Member's account will be suspended and their licence revoked.)
- An incomplete application may cause the Association to request supplementary documents and/or information which may prolong the application process.
- It is the responsibility of the applicant to advise the Cosmetology Association of Nova Scotia of new contact information, including but not limited to mailing and email addresses. If the Association receives returned mail on behalf of a Member, the Member's account will be suspended until such time as the Member has been in contact with the Association to update their contact information.
- **LIFE INSURANCE:** All active licence holders (including registered cosmetology students) are eligible for Blue Cross Life Insurance, with no cost or obligation to the Member. Beneficiary designation forms are available on the Association's website under the "For Members" tab.

LICENCE REGISTRATION CHECKLIST

Required Documentation:

- Schedule D** (*Licence to Practise Cosmetology*)
- Medical Documentation** (if applicable)
- Blue Cross Beneficiary Form**
- Applicant's Provincial Photo ID**
- Fees** (per Schedule B attached)

ACKNOWLEDGEMENT

I hereby confirm that I have read and understand the *Cosmetology Act* and its related By-laws. I acknowledge that I am aware that I cannot offer cosmetology services for fee, gain, or expectation of reward until I have received confirmation of registration and an active cosmetology licence has been issued to me by the Cosmetology Association of Nova Scotia.

In addition, I acknowledge that I have read and understand the Cosmetology Association's *Salon & Spa Compliance Handbook* and agree that I am required to comply with all regulations, policies, and guidelines applicable to cosmetologists in Nova Scotia.

Finally, I acknowledge that I am aware that if I move or my contact information changes, I must contact the Cosmetology Association to provide the updated information.

Date of Submission: _____

SIGNATURE

* *The sharing of a cosmetology licence or permit is a serious and criminal offence. Knowingly providing or creating false documents or misleading information will render this application void. Possessing a forged document with intent to mislead (including the altering of educational certificates, transcripts, or otherwise) may result in criminal charges being laid.*

APPLICATION FEES

The Cosmetology Association will contact the applicant with total amount due prior to processing any applicable fees.

Method of Payment (check one):

- Certified Cheque *
- Money Order *
- Debit
- Cash
- Credit (Visa, Mastercard, or AMEX)
- By Phone

Complete the information below if paying by credit card (all financial information provided is confidential.)

Name on Card

_____/_____/_____
Card Number

_____/_____/_____
Card Expiry CVV

Card Holder Signature

* *Made payable to the Cosmetology Association of Nova Scotia.*

Documents may be submitted to the Cosmetology Association by:

- Regular Mail:**
128 Chain Lake Drive
Beechville, NS B3S 1A2
- Facsimile:**
(902) 334-7108
- Email:**
info@nscosmetology.ca

(with "Registration" noted in the subject line)

*****FOR OFFICE USE ONLY*****

Application Processed (d/m/y):	Fee: \$ _____	
Application Reviewed (d/m/y):		
Application Reviewed by:		
Additional documents required:		
*Required Provincial Exams		
<input type="checkbox"/>	Full Provincial Exams: _____	
<input type="checkbox"/>	Theory Only: _____	
<input type="checkbox"/>	Infection Control & By-laws	
<input type="checkbox"/>	Infection Control Only	
<input type="checkbox"/>	By-law Only	
BY-LAW SCHEDULE B: FEES		
Reinstatement: Admin	\$ _____	
<u>Penalty: Applicable Years</u>	<u>Renewal Fee</u>	<u>Late Fee</u>
Year: _____	\$ _____	\$ _____
Year: _____	\$ _____	\$ _____
Year: _____	\$ _____	\$ _____
Year: _____	\$ _____	\$ _____
Year: _____	\$ _____	\$ _____
	Total Penalties & Late Fees	\$ _____
Required Provincial Exam(s)	\$ _____	
Cosmetology Licence (current year)	\$ _____	\$ _____ (late fee)
<p>*Plus applicable taxes. <i>Please note Schedule B fees are not pro-rated.</i></p>		

Schedule D
Cosmetology Association of Nova Scotia
Application for a License to Practice Cosmetology

Please send completed form to:
Cosmetology Association of Nova Scotia
126 Chain Lake Drive
Halifax, NS B3S 1A2
(902) 468-6477 (ph.)
(902) 468-7147 (fax)

Category of Licence being Applied for: _____

Name: _____

Home Address: _____

Home Phone Number: _____

Business Address: _____

Business Telephone Number: _____

Business Fax Number: _____

Type of License Requested: _____

Reason for License Request: _____

Email Address: _____

Education and Training

School Attended: _____

Date Course Completed: _____

Designation Received: _____

Employment History: _____

Applicant's Signature

Date