



PRINT CLEARLY IN INK

1	Trade	In what Cosmetology License Category are you applying to be certified?
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2 Personal Information	
Legal last Name:	Former last name (if applicable)
Legal first name:	Middle name (no initials)
Preferred first name:	
Mailing Address (po box, street, city, province, country):	
Postal code:	Home phone no.: ()
	Daytime phone no.: ()
Email Address:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	Birthdate (yyyy/mm/dd):
What is your citizenship status in Canada? Canadian Citizen <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/>	
If you checked Permanent Resident of Canada, what is the effective date (yyyy/mm/dd)?	
If you wish to declare you are an Aboriginal person, please specify:	
Status Indian/ First Nations <input type="checkbox"/>	Non-Status Indian First Nations <input type="checkbox"/>
	Metis <input type="checkbox"/> Inuit <input type="checkbox"/>

3 Consent to Disclose Personal Information	
I authorize the Cosmetology Association of Nova Scotia to disclose any personal information relating to my Cosmetology License Application:	
(a) to any group, organization for the purpose of information gathering necessary to to further the process of Licensure consideration <input type="checkbox"/>	
(b)	
Signature of applicant:	Date (yyyy/mm/dd)



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4 Employer / Employment Information

Legal name of business

Legal name of business

Mailing address (po box or street)

Mailing Address (city, province, country):

Postal code:

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Home phone no.: ()

Daytime phone no.: ()

Email Address:

Name of contact person:

Wht date did the applicant begin to work in the field of Cosmetology in your business? (yyyy/mm/dd)

How much TOTAL work/cosmetology experience (current and previous employment) expressed in years, months days and hours should the applicant be granted credit for?

YEARS

MONTHS

DAYS

HOURS

What are your reasons for making this recommendation?

OFFICE USE ONLY

CHALLENGE EXAM

ATTEND TECHNICA TRAINING

**Out of Province
 Out of Country
 Cosmetology Application
 and Contract for Nova Scotia**



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5 Education and Training	What is the highest level of education you completed? Do you have any additional upgrading certificates?			
Name of College or Private Career College attended for Training in the field of Cosmetology				
School or Training Facility Street Address (po box or street,)				
Province/ State and Country				
School or Training Facility Mailing Address if different from street address (PO box or street, Province/ State /Country)				
Postal code:				Home phone no.: ()
Email Address:			Daytime phone no.: ()	
Name of High School (most recently attended)			Name of contact person:	
City/ Town/Country of High School:			Last Year Attended	Last Grade Attended
Describe the formal or technical training courses you have completed in Cosmetology. If you need more space, put the additional information on a separate page. Attach the original or a certified copy of all supporting documentation (e.g., certificates, diploma, transcript, up-grading forms etc) to your application.				
Course or Program	University/College/Technical Institute	Location	Date Started	Degree/diploma/certificate obtained
			Date Completed	
Course or Program	University/College/Technical Institute	Location	Date Started	Degree/diploma/certificate obtained
			Date Completed	
What is the title of the type of Cosmetology on the Cosmetology Credential (e.g., hair, nail tech, esthetician, make-up artistry etc)				
What is the name of the province/country/company/organization that issued it?				
What is the date of issue on the credential?				
If there is an Interprovincial Red Seal on this credential, what is the Number on it?				



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6 Work experience in Cosmetology									
Legal name of current previous (company)									
Address (PO box or street, City)									
Province/ State and Country									
Postal code:				Home phone no.: ()			Daytime phone no.: ()		
Name of contact person:					Contacts Email Address:				
Contacts Position or Title:			Contacts fax number:			Contacts phone number:			
Time employed in occupation with this employer				From (yyyy/mm/dd)			To (yyyy/mm/dd)		
Tasks performed (what work did you do in the occupation)?									
TOTAL YEARS WORKED			TOTAL MONTHS WORKED			TOTAL DAYS WORKED			TOTAL HOUS WORKED

Work experience continued...									
Legal name of current previous (company)									
Address (PO box or street, City)									
Province/ State and Country									
Postal code:				Home phone no.: ()			Daytime phone no.: ()		
Name of contact person:					Contacts Email Address:				
Contacts Position or Title:			Contacts fax number:			Contacts phone number:			
Time employed in occupation with this employer				From (yyyy/mm/dd)			To (yyyy/mm/dd)		
Tasks performed (what work did you do in the occupation)?									
TOTAL YEARS WORKED			TOTAL MONTHS WORKED			TOTAL DAYS WORKED			TOTAL HOUS WORKED

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126 Chain Lake Drive
Bayer's Lake NS Canada
B3S1A2
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Toll Free 902-765-8757
Fax 902-468-7147

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7 Payment Information

FEES ARE NON REFUNDABLE

Method of payment (check one)

- Certified Cheque (payable to Cosmetology Association of NS)
- Money Order (payable to Cosmetology Association of NS)
- Debit
- MasterCard
- VISA

If you checked MasterCard or VISA please provide all of the credit card information requested below.

Card Number:		Amount of Payment: (payment must be made in full)	\$XXX.XX
Expiry Date:	Card Holder Name:	Card Holder Signature:	