

**OUT OF PROVINCE / OUT OF COUNTRY
COSMETOLOGY APPLICATION & CONTRACT
FOR THE PROVINCE OF NOVA SCOTIA**

COSMETOLOGY ASSOCIATION *of* NOVA SCOTIA

PLEASE PRINT CLEARLY IN INK

1 TRADE	IN WHAT COSMETOLOGY LICENSE CATEGORY ARE YOU APPLYING TO BE CERTIFIED		
2 PERSONAL INFORMATION	LEGAL LAST NAME	FORMER LAST NAME IF APPLICABLE	
LEGAL FIRST NAME	MIDDLE NAME NO INITIALS	PREFERRED FIRST NAME	
MAILING ADDRESS	APT. OR PO BOX #	CITY	PROVINCE
COUNTRY	POSTAL CODE		GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE
HOME PHONE () _____ - _____	DAYTIME PHONE () _____ - _____	BIRTH DATE	YEAR MONTH DAY
EMAIL ADDRESS			
WHAT IS YOUR CITIZENSHIP STATUS IN CANADA?	<input type="radio"/> CANADIAN CITIZEN	<input type="radio"/> PERMANENT RESIDENT OF CANADA	IF YOU CHECKED PERMANENT RESIDENT OF CANADA, WHAT IS THE EFFECTIVE DATE? YEAR MONTH DAY
IF YOU WISH TO DECLARE YOU ARE AN ABORIGINAL PERSON, PLEASE SPECIFY:	<input type="radio"/> STATUS INDIAN FIRST NATIONS	<input type="radio"/> NON-STATUS INDIAN FIRST NATIONS	<input type="radio"/> METIS <input type="radio"/> INUIT
3 CONSENT TO DISCLOSE	I AUTHORIZE THE COSMETOLOGY ASSOCIATION OF NOVA SCOTIA TO DISCLOSE ANY PERSONAL INFORMATION RELATING TO MY COSMETOLOGY LICENSE APPLICATION. <input type="radio"/> YES		
SIGNATURE OF APPLICANT _____		DATE YEAR MONTH DAY	

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4 EMPLOYMENT		LEGAL NAME OF BUSINESS					
MAILING ADDRESS		PO BOX #	CITY			PROVINCE	
COUNTRY		POSTAL CODE					CONTACT PERSON
HOME PHONE () _____ - _____		DAYTIME PHONE () _____ - _____			OTHER () _____ - _____		
EMAIL ADDRESS							
WHAT DATE DID THE APPLICANT BEGIN TO WORK IN THE FIELD OF COSMETOLOGY IN YOUR BUSINESS?						START DATE	
						YEAR	MONTH DAY
HOW MUCH TOTAL WORK AND EXPERIENCE (CURRENT AND PREVIOUS EMPLOYMENT) EXPRESSED IN YEARS, MONTHS, DAYS AND HOURS FOR WHICH SHOULD THE APPLICANT BE GRANTED CREDIT?						YEARS	MONTHS DAYS HOURS
WHAT ARE YOUR REASONS FOR MAKING THIS RECOMMENDATION?							
FOR OFFICE USE ONLY							
CHALLENGE PROVINCIAL EXAMINATION <input type="radio"/>						ATTEND TECHNICAL TRAINING <input type="radio"/>	

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5 EDUCATION AND TRAINING		WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?						
		DO YOU HAVE ANY ADDITIONAL UPGRADING CERTIFICATES? <input type="radio"/> YES →		IF YOU CHECKED YES, HOW MANY? _____ <input type="radio"/> NO				
NAME OF COLLEGE OR PRIVATE CAREER COLLEGE AT WHICH YOU WERE TRAINED IN THE FIELD OF COSMETOLOGY:								
COLLEGE MAILING ADDRESS			PO BOX #		CITY		PROVINCE	
COUNTRY			POSTAL CODE				CONTACT PERSON	
HOME PHONE () _____ - _____			DAYTIME PHONE () _____ - _____		OTHER () _____ - _____			
EMAIL ADDRESS								
NAME OF HIGH SCHOOL MOST RECENTLY ATTENDED								
SCHOOL MAILING ADDRESS			PO BOX #		CITY		PROVINCE	
COUNTRY			POSTAL CODE				LAST YEAR ATTENDED	
							LAST GRADE ATTENDED	
DESCRIBE THE FORMAL OR TECHNICAL COSMETOLOGY TRAINING COURSES YOU HAVE COMPLETED. IF YOU REQUIRE MORE SPACE, PLEASE PUT THE EXTRA INFORMATION ON A SEPARATE PAGE. ATTACH ALL SUPPORTING DOCUMENTATION (CERTIFICATES, DIPLOMAS, TRANSCRIPTS, ETC.) TO YOUR APPLICATION. ORIGINAL, PHOTOCOPIED OR CERTIFIED COPIES ARE ACCEPTED. ADDITIONALLY, INCLUDE A RESUME THAT LISTS YOUR RELEVANT COSMETOLOGY WORK EXPERIENCE WITH YOUR APPLICATION PACKAGE.								
COURSE OR PROGRAM		UNIVERSITY / COLLEGE / TECHNICAL INSTITUTE			LOCATION		DATE STARTED	DEGREE / DIPLOMA / CERTIFICATE EARNED
							DATE COMPLETED	IS THERE AN INTERPROVINCIAL RED SEAL ON THIS CREDENTIAL? YES <input type="radio"/> _____ RED SEAL # _____ <input type="radio"/> NO
COURSE OR PROGRAM		UNIVERSITY / COLLEGE / TECHNICAL INSTITUTE			LOCATION		DATE STARTED	DEGREE / DIPLOMA / CERTIFICATE EARNED
							DATE COMPLETED	IS THERE AN INTERPROVINCIAL RED SEAL ON THIS CREDENTIAL? YES <input type="radio"/> _____ RED SEAL # _____ <input type="radio"/> NO

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6 PAYMENT	METHOD OF PAYMENT (PLEASE CHECK ONE) --- FEES ARE NON-REFUNDABLE ---
<input type="radio"/> CERTIFIED CHEQUE <input type="radio"/> MONEY ORDER THE ABOVE PAYMENT METHODS ARE PAYABLE TO THE COSMETOLOGY ASSOCIATION OF NOVA SCOTIA.	IF YOU CHECKED MASTERCARD OR VISA, PLEASE PROVIDE ALL CREDIT CARD INFORMATION REQUESTED BELOW: CARD NUMBER _____ CARD EXPIRY DATE _____ NAME OF THE CARD HOLDER _____ PAYMENT AMOUNT \$ _____ <small>(MUST BE PAID IN FULL)</small> CARD HOLDER SIGNATURE _____
<input type="radio"/> DEBIT <input type="radio"/> CASH <input type="radio"/> MASTERCARD <input type="radio"/> VISA	

7 APPLICATION CHECKLIST	TO MAKE SURE YOU PROVIDE THE COSMETOLOGY ASSOCIATION OF NOVA SCOTIA ALL REQUIRED FEES, DOCUMENTS AND FORMS, REFER TO THE FOLLOWING CHECKLIST TO ENSURE YOU SEND A COMPLETE APPLICATION PACKAGE.
INCLUDED IN THIS APPLICATION PACKAGE, I HAVE SUBMITTED:	<input type="radio"/> OUT-OF-PROVINCE / OUT-OF-COUNTRY APPLICATION FORM <input type="radio"/> SCHEDULE D <input type="radio"/> PHOTO IDENTIFICATION <input type="radio"/> VALID & CURRENT LICENSE FROM ANOTHER PROVINCE (IF APPLICABLE) <input type="radio"/> CERTIFICATE OF COMPLETION OR DIPLOMA <input type="radio"/> RESUME, AND REFERENCE LETTER(S) <input type="radio"/> SUPPORTING DOCUMENTATION <input type="radio"/> PAYMENT
	--- DO NOT SEND AN INCOMPLETE OUT-OF-PROVINCE / OUT-OF-COUNTRY APPLICATION PACKAGE ---

THANK YOU FOR YOUR OUT-OF-PROVINCE / OUT-OF-COUNTRY APPLICATION PACKAGE SUBMISSION. THE COSMETOLOGY ASSOCIATION OF NOVA SCOTIA WILL CONDUCT A CREDENTIAL REVIEW AND YOU WILL BE NOTIFIED WHEN THE REVIEW PROCESS IS COMPLETE, OR IF FURTHER DOCUMENTATION IS REQUIRED.