



Idaho Procedures for Applying for Examination

The following information will assist you with the necessary procedures for applying for examination:

Application portion filled out by Candidate (student):

- You must complete and submit application.
- Select an examination week on front of exam application. (This is for the practical exam.)
- Check the examination areas that you are applying for. (ex: Practical and Written)
- Check the exams that you are applying for. (ex: Cosmetologist, Nail Technology, etc.)
- Check only one box for the delivery of your **practical result** letter.
- You must sign your application in the presence of a Notary Public.
- Submit a cashier's check or money order made out to DL Roope. (**NO** personal checks are accepted.)
- Print a Candidate Information Bulletin and Frequently Asked Questions from our website at www.dlroope.com

Board Requirements

- Visit the Board's website at www.ibol.idaho.gov/ or contact the board office at 1-208-334-3233 for information regarding requirements for licensure.
- Send Verification of Eligibility (VOE) letter to our office along with your exam application.

Procedure once DL Roope Administrations receives a complete application:

Practical examination:

After the deadline date of the week requested, the examinations are scheduled for one of the days during the requested examination week. An admission letter is **mailed** to the mailing address that you provided on your application. The Admission letter will have the date and time of your **practical examination**. Once you have taken the practical examination your results will be either posted on our website www.dlroope.com or mailed based on what you indicated on your application. A message is posted on our website by examination date once the results are available. If the date that you tested is not indicated on the message board then the results are not available yet.

Computerized Written examination:

Once DL Roope Administrations receives a **complete** application, the candidate's information will be sent to Iso Quality Testing (IQT), the company that administers the computerized written exams, on the day we receive the application. The candidate will receive an email from IQT explaining instructions on how to apply for the written exam if an email address was provided. (Please make sure to **print clearly your personal email address** on the application.) If no email address was provided, IQT will mail instructions on how to apply for the written exam. Please **do not schedule** your written exam during the same week that you requested your practical exam. Written result letters are provided to the candidate on site after completing the computerized written examination. Official results are sent electronically to the Board and to your school.



IDAHO



Out of State/Country & Inst Experience Application

4/2012 through 12/2012

If you did not graduate from a licensed Idaho School of Cosmetology or related fields you may visit the Board's website at www.ibol.Idaho.gov/cos.htm or contact the board office at 1-208-334-3233 for information regarding requirements for licensure.

You are required to complete both sides of this application. Please **PRINT** clearly using a ballpoint pen or typewriter. Submit along with a cashier's check or money order made payable to DL Roope Administrations Inc. **PERSONAL CHECKS WILL NOT BE ACCEPTED AND MAY DELAY SCHEDULING.** Fees are **NOT** refundable or transferable and will be applied to the requested and approved examination week. It is recommended that you read all of the information contained in the Candidate Information Bulletin (CIB). A CIB may be obtained by visiting our web site at www.DLRoope.com

If you have a disability and require accommodations in accordance with the Americans with Disabilities Act of 1991, please contact DL Roope Administrations Inc. at 1-888-375-2020 to request the required forms. The required forms and medical documentation must be submitted with this application and is subject to approval.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

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LAST NAME		FIRST NAME		M I		DATE OF BIRTH	
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MAILING ADDRESS		APT #		CITY/TOWN		STATE ZIP CODE	
-----		-----		-----		-----	
SOCIAL SECURITY #		HOME PHONE #		WORK PHONE #			
-----		-----		-----			
CELL PHONE #		PHOTO IDENTIFICATION # (i.e. Drivers License, Photo ID etc.)					
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Please **PRINT** your e-mail address **CLEARLY** and legibly as it will be used to transmit your computerized written authorization. The e-mail address that you provide **CANNOT** be used by another testing candidate.

If you do not have an e-mail address your authorization will be mailed to you.

PRACTICAL EXAM WEEK REQUESTED _____ **Practical exam weeks are on back of this application.**

Applications must be received by 5:00 pm on or before the deadline date. Applications received after the deadline date will be scheduled based on space availability. If you have missed the deadline date and the requested exam week is full, you will be scheduled for the next available exam week. Candidates will receive an admission letter by mail after the deadline date. Your admission letter will indicate the date and time of your scheduled exam. If you have not received your admission letter in the mail prior to the requested exam week, it is your responsibility to contact our office at 1-888-375-2020 or support@dlroope.com

PLEASE CHECK THE FOLLOWING AS APPLICABLE:

- Practical Examination Fee ~ \$99.00
- Computer Based Written Examination Fee ~ \$59.00

RECIPROCITY CANDIDATES TAKING ONLY WRITTEN EXAM (Passed practical examination previously.)

- Written examination via computer based testing – application fee \$25.00 and examination fee \$59.00 – Total fee \$84.00

PLEASE CHECK THE EXAMINATION THAT YOU ARE APPLYING FOR:

- | | | | | |
|---------------------------------------------|-------------------------------------------|---------------------------------------------|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Cosmetologist (CA) | <input type="checkbox"/> Esthetician (ES) | <input type="checkbox"/> Electrologist (EL) | <input type="checkbox"/> Haircutter (HC) | <input type="checkbox"/> Nail Technician (NT) |
| <input type="checkbox"/> CA Instructor | <input type="checkbox"/> ES Instructor | <input type="checkbox"/> EL Instructor | <input type="checkbox"/> HC Instructor | <input type="checkbox"/> NT Instructor |

ATTENTION: PLEASE CHECK ONLY ONE BOX FOR DELIVERY OF YOUR RESULT LETTER:

- Result letter available on DL Roope website.** Result letters will be available to view and print from our website at www.dlroope.com. A message will be posted on the website when they are available.
- Result letter mailed.** If your result letter is mailed to you it will **NOT** be available on our website to view or print.

MO # _____ Pd _____ App. _____ Init. _____ SC# _____ TC _____ Rec'vd Date _____



EXAMINATION WEEKS AND DEADLINE DATES

PLEASE INDICATE ON THE FRONT OF THIS APPLICATION THE EXAMINATION WEEK THAT YOU ARE REQUESTING.

EXAMINATION WEEKS	~	DEADLINE DATES
Week of 4/16/12 (Boise)	~	3/22/12
Week of 5/7/12 (Pocatello)	~	4/19/12
Week of 6/11/12 (Boise)	~	5/17/12

EXAMINATION WEEKS	~	DEADLINE DATES
Week of 7/16/12 (Post Falls)	~	6/21/12
Week of 8/13/12 (Boise)	~	7/19/12
Week of 9/17/2012 (Pocatello)	~	8/23/12

EXAMINATION WEEKS	~	DEADLINE DATES
Week of 10/22/12 (Boise)	~	9/27/12
Week of 11/12/12 (Pocatello)	~	10/18/12
Week of 12/10/12 (Boise)	~	11/15/12

PLEASE CHECK THE APPLICABLE BOX: *OUT OF STATE – SC # 0000 *OUT OF COUNTRY – SC # 4444 *INSTRUCTOR EXPERIENCE – SC # 3333

HOURS REQUIRED FOR LICENSURE:

- COSMETOLOGIST:** Applicant completed 2,000 school hours, is a minimum of 16 ½ years of age and has completed a minimum of 2 years of high school.
- HAIR CUTTER:** Applicant completed 900 school hours, is a minimum of 16 ½ years of age and has completed a minimum of 2 years of high school.
- NAIL TECHNICIAN:** Applicant completed 400 school hours, is a minimum of 16 ½ years of age and has completed a minimum of 2 years of high school.
- ESTHETICIAN:** Applicant completed 600 school hours, is a minimum of 16 ½ years of age and has completed a minimum of 2 years of high school.
- ELECTROLOGIST:** Applicant completed 800 school hours, is a minimum of 16 ½ years of age and has completed a minimum of 2 years of high school.
- INSTRUCTOR:** Please check the type of Instructor: Cosmetology Hair Cutter Nail Technician Esthetician Electrologist
 Please check the appropriate box for your work experience and hours of student teaching as follows:
 - Instructor:** 1000 school hours of student teaching.
 - Instructor:** 500 school hours of student teaching and has 2 to 5 years of work experience.
 - Instructor:** No school hours of student teaching and has 5 to 7 years of work experience.

***CANDIDATES MUST ATTACH A VERIFICATION OF ELIGIBILITY FORM FROM THE IDAHO BOARD OF COSMETOLOGY TO BE SCHEDULED FOR THE EXAMINATION.**

APPLICATION AUTHORIZATION

I affirm that the applicant named herein is eligible to be scheduled for the written and practical examination in accordance with the requirements established by the Idaho State Board of Cosmetology (Board) and/or the Idaho Bureau of Occupational Licenses (IBOL) for examination eligibility. I affirm that all information provided in connection with this application is true to the best of my knowledge and belief. I affirm this with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny, suspend or revoke a license issued by the Board and/or the IBOL. I hereby authorize and direct any person, agency, firm, or other entity to release to the Board and/or IBOL or its identified agent any and all information, communications, recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

I certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Cosmetology and related fields in Idaho.

I hereby understand that receiving a passing score does not guarantee licensure and that all requirements for licensure must be met as set forth by the Board and/or the IBOL. Please refer to the Idaho State Laws and Rules for detailed requirements for licensure.

MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC

APPLICANT SIGNATURE (REQUIRED).....

PHOTO IDENTIFICATION NUMBER (REQUIRED).....DATE OF BIRTH.....

NOTARY PUBLIC EMBOSSER

NOTARY PUBLIC EMBOSSER
 OR RUBBER STAMP SEAL STATE OF _____ COUNTY OF _____
 SUBSCRIBED AND SWORN BEFORE ME, MONTH _____ DAY _____ YEAR _____
 NOTARY PUBLIC SIGNATURE _____ MY COMMISSION EXPIRES _____
 NOTARY PUBLIC NAME (TYPED OR PRINTED) _____

FOR REGULAR MAIL DELIVERY (ALLOW 2- 5 DAYS):

DL Roope Administrations Inc.
 P.O. Box 631
 Hampden, ME 04444-0631

Toll free: 888-375-2020
 Website: www.DLRoope.com

FOR OVERNIGHT DELIVERY:

DL Roope Administrations Inc.
 50 Dave's Way
 Hermon, ME 04401