



WI Procedures for Applying for Examination (Work Experience Instructor Candidate)

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

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES REQUIREMENTS

Work Experience Instructor Examination	The Employment Verification form included with this application must be completed and submitted to D.L. Roope Administrations LLC. This form should be e-mailed, faxed or mailed by the candidate to: Support@DLRoope.com – Fax: 1-207-848-5511 or mailed to D.L. Roope Administrations LLC, PO Box 631, Hampden, ME 04444.
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Once D.L. Roope Administrations LLC receives this application, the Department of Safety & Professional Services (DSPS) will be contacted for review and approval. If you have questions regarding the requirements for licensure, you may visit the DSPS website at dsps.wi.gov or contact the DSPS office at 1-608-266-2112 for information regarding requirements for licensure.

APPLICATION PORTION FILLED OUT BY CANDIDATE

- You must complete and submit this application or you may apply online at www.dlroope.com.
- Select an exam week and write it in the space provided on the front of the application. (Practical exam.)
- Check the exam areas that you are applying for. (ex: Practical)
- 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.
- INSTRUCTOR CANDIDATES DO NOT TAKE A WRITTEN EXAMINATION.
- You must sign your application.
- Unless previously submitted, you must include **1 – 2x2 instant passport style photo** with your exam application.
- Photos must be a front view of your head and shoulders with a solid background.** See sample on page 3.
- Unless previously submitted and has not expired, you must include a current photocopy of your photo identification with your signature that you will present at the exam site.
- (Driver's License, State ID, current passport, etc.) See sample on page 3.
- Submit a cashier's check or money order made out to D.L. Roope. (**NO** personal checks are accepted.)
- Please do not staple or tape the money order, your photo, or the copy of your photo ID to this application.**
- Print a D.L. Roope Administrations LLC Candidate Handbook, NIC Candidate Information Bulletin and Frequently Asked Questions at www.dlroope.com.

PROCEDURES ONCE D.L. ROOPE ADMINISTRATIONS RECEIVES A COMPLETE APPLICATION

PRACTICAL EXAMINATION (INSTRUCTOR CANDIDATES)

Once you have taken the practical exam, 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 exam 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.

Official results are sent electronically to the Department of Safety and Professional Services (DSPS).

ATTENTION INSTRUCTOR CANDIDATES: INSTRUCTOR PRACTICAL EXAMINATION ARE ONLY OFFERED AT THE MILWAUKEE LOCATION.



WISCONSIN

Work Experience Instructor Candidate



You are required to complete both sides of this application or you may apply online at www.dlroope.com. Please **PRINT** clearly using a ballpoint pen or typewriter. Submit along with a cashier's check or money order made payable to D.L. Roope Administrations LLC. **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 exam 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 D.L. Roope Administrations LLC 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:

LAST NAME	FIRST NAME	MI	DATE OF BIRTH
MAILING ADDRESS	APT #	CITY/TOWN	STATE ZIP CODE
SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	WORK PHONE NUMBER	
CELL PHONE NUMBER	PHOTO IDENTIFICATION NUMBER (e.g. Driver's License, Photo ID etc.)		

*Please **PRINT** your e-mail address CLEARLY and legibly. The e-mail address that you provide **CANNOT** be used by another testing candidate.

*E-MAIL ADDRESS: _____@_____

PLEASE CHECK THE EXAMINATIONS THAT YOU ARE APPLYING FOR:

Practical Examination (Instructor Candidates)

PLEASE CHECK THE EXAMINATION THAT YOU ARE APPLYING FOR:

<input type="checkbox"/> ** Cosmetology	<input type="checkbox"/> ** Electrology	<input type="checkbox"/> ** Aesthetician/Esthetician	<input type="checkbox"/> ** Manicurist/Nail Technician
<input type="checkbox"/> (CA) Instructor	<input type="checkbox"/> (EL) Instructor	<input type="checkbox"/> (ES) Instructor	<input type="checkbox"/> (NT) Instructor

****ATTENTION INSTRUCTOR CANDIDATES:
INSTRUCTOR PRACTICAL EXAMINATION ARE ONLY OFFERED AT THE MILWAUKEE LOCATION.**

RESULT LETTER DELIVERY OPTIONS

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

- Result letter available on D.L. 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 _____	WI
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WISCONSIN EXAMINATION FEES, DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DSPS) FEES

Online exam applications are available on our website at www.DLRoope.com. Exam fees and licensing fees may be paid through our secure credit card processing service using a credit card or debit card (Visa, MasterCard, and American Express). There is a credit card processing fee of \$10.00 per examination that is utilized to pay the credit card processing fees and is not a fee that is charged by the DSPS. Candidates may also choose to mail a bank check or money order along with a completed paper exam application to D.L. Roope's Corporate Office.

INSTRUCTORS (ALL DISCIPLINES EXCEPT BARBER INSTRUCTOR)

Original (First Time or Previous No Show) fees are as follows:

- Total Practical Fee ~ \$177.00 (Includes DSPS Fees and D.L. Roope Exam Fees)

Retake (Failed Previously) fees are as follows:

- Total Practical Fee ~ \$155.00 (Includes DSPS Fees and D.L. Roope Exam Fees)

BARBER INSTRUCTOR

Original (First Time or Previous No Show) fees are as follows:

- Total Practical Fee ~ \$226.00 (Includes DSPS Fees and D.L. Roope Exam Fees)

Retake (Failed Previously) fees are as follows:

- Total Practical Fee ~ \$155.00 (Includes DSPS Fees and D.L. Roope Exam Fees)

****ATTENTION INSTRUCTOR CANDIDATES:**

INSTRUCTORS ONLY TAKE THE PRACTICAL EXAMINATION (WRITTEN IS NOT REQUIRED) AND TEMPORARY WORK PERMITS ARE NOT ISSUED TO INSTRUCTOR CANDIDATES.

APPLICATION AUTHORIZATION

I affirm that I am eligible to be scheduled for the examination indicated on this application in accordance with the requirements established by the Department of Safety and Professional Services (DSPS) 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 suspend, deny or revoke a license issued by the DSPS.

I hereby authorize and direct any person, agency, firm, or other entity to release to the DSPS 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 Wisconsin Laws and Rules governing the practice of Cosmetology and related fields in Wisconsin.

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 DSPS. Please refer to the Wisconsin State Laws and Rules for detailed requirements for licensure.

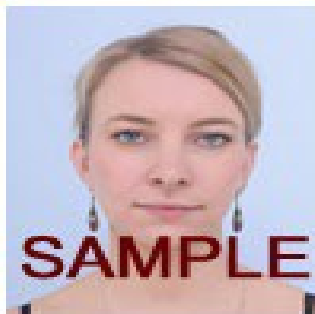
I also understand that it is recommended that I completely read all of the information contained in the D.L. Roope Administrations Candidate Handbook and the NIC Candidate Information Bulletin (CIB). A Handbook and CIB may be obtained at www.dlroope.com.

I further understand that I will be required to present current government issued Photo Identification (Driver's License or State ID) to be admitted to my scheduled examination. If I cannot be admitted, my examination fee will be forfeited. I also understand the test facility rooms and the lobby may be video recorded and that I cannot request or receive access to the recordings due to security and confidentiality reasons.

APPLICANT SIGNATURE (REQUIRED).....

THE FOLLOWING INFORMATION IS REQUIRED YOU WILL NOT BE SCHEDULED UNTIL ALL REQUIRED INFORMATION IS RECEIVED

- ALL APPLICANTS MUST ATTACH A CLEAR PHOTOCOPY OF CURRENT GOVERNMENT ISSUED PHOTO IDENTIFICATION THAT WILL BE PRESENTED AT THE EXAM SITE. (e.g. Driver's License, State ID, Passport etc.)
- ALL APPLICANTS MUST ALSO ATTACH ONE 2X2 INSTANT PASSPORT STYLE PHOTO. PHOTO MUST BE A FRONT VIEW OF HEAD AND SHOULDERS WITH A SOLID BACKGROUND.
SEE SAMPLES – DO NOT USE STAPLES OR TAPE!



POSTAL SERVICE MAIL DELIVERY (ALLOW 3- 5 DAYS): D.L. Roope Administrations LLC 4400 140th Ave N Suite 230 Clearwater, FL 33762

CONTACT US: Toll free: 888-375-2020

Website: www.dlroope.com



Employment Verification
(For Instructor Applicants)

Instructions: Completion of this form certifies that the *Instructor* applicant has completed the **hours of practice** as indicated below. This certification is to be provided by the designated responsible licensee in the establishment where the hours were served. **This form should be e-mailed or mailed by the candidate to:** dlroopesupport@prometric.com – or D.L. Roope Administrations Inc, 4400 140th Ave N Suite 230, Clearwater, FL 33762.

Licensed Barbering and Cosmetology Establishment

Establishment Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Select which examination the applicant is applying for.

- Instructor Examination** - The applicant named in this certification is applying for the *Instructor Examination* and has completed 2000 hours of licensed practice. Certification of having completed the required 150 hours of Instructor training course will be submitted to DSPS, PO Box 8935, Madison, WI 53708-8935. (Note: Applicants who previously held a *Manager* license and have completed 150 hours of instructor course training do not need to complete this form).

I do hereby certify that _____ was employed under my supervision
(Name of Applicant)

from _____ to _____ for a total of _____ hours. I also certify that no hours earned on
(Date) (Date)

a temporary permit or as an apprentice are included and that only hours worked after the date the applicant's license was granted are included.

I, _____, *Responsible Licensee*, under the penalties of perjury,

declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Responsible Licensee Signature: _____

Date Signed: _____

Responsible Licensee License #: _____

Responsible Licensee Phone #: _____

BACKGROUND CHECK AND PERMIT APPLICATION

SCREENING QUESTIONS

* **Question 1A**

Have you ever been convicted of a felony committed while engaged in the practice of barbering or cosmetology?

- No
 Yes (If Yes, submit form #2253-*Barbering and Cosmetology Convictions Form* and the \$8.00 fee to DSPS.)

To print the **Barbering and Cosmetology Convictions Form** [click](https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf) here: <https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf>.

* **Question 1B**

Have you ever been convicted of a felony, misdemeanor, or other violation of federal, state, or local law involving the use of alcohol or other drugs?

- No
 Yes (If Yes, submit form #2253-*Barbering and Cosmetology Convictions Form* and the \$8.00 fee to DSPS.)

To print the **Barbering and Cosmetology Convictions Form** [click](https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf) here: <https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf>.

* **Question 1C**

Have you ever surrendered, resigned, cancelled, or been denied a professional license or other credential in Wisconsin or any other jurisdiction?

- No
 Yes (If Yes, in the box below or as an attachment in *Section 7* of this application, provide the details, including the name of the profession and the agency and the date of the action.)

Type the details. Include the name of the profession and the agency: _____

* **Question 1D**

Has any licensing or credentialing agency ever taken disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation?

- No
 Yes (If Yes, in the box below or as an attachment in *Section 7* of this application, provide the details of the action, including the name of the credentialing agency and the date of the action.)

Type the details of the action. Include the name of credentialing agency and date of action: _____

* **Question 1E**

Is disciplinary action pending against you in any jurisdiction?

- No
 Yes (If Yes, in the box below or as an attachment in *Section 7* of this application, provide the details about the pending action, including the name of the agency and the status of the action.)

Type the details of the pending action. Include the name of the agency and the status of the action: _____

* **Question 1F**

Do you currently hold or have you in the past held any credential (license) issued by the Department of Safety and Professional Services or any of the Boards?

- No
 Yes

If Yes, what type of credential?

Have you ever been credentialed (licensed) under any other name(s) issued by the DSPS or any of the Boards? If yes, state name(s) credentialed under: _____.

TEMPORARY LICENSE

NOT ISSUED TO INSTRUCTOR CANDIDATES

If you would like to request a temporary license, you may check the box on this paper exam application and submit this form with the \$10 temporary license fee. Your temporary license will be emailed to you within 24 hours after *DSPS Approval*.

IMPORTANT: If you have previously received a temporary license, you are **not** eligible for a second temporary license.

No. I would not like to apply for a temporary license.

Yes. I would like to apply for a temporary license.

BACKGROUND CHECK AND PERMIT APPLICATION

CERTIFICATION OF LEGAL STATUS

* I declare under penalty of law that I am (check one):

- a citizen or national of the United States, or
 a qualified alien or nonimmigrant lawfully present in the United States as defined below:

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et.seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

ATTACH ADDITIONAL FORMS/DOCUMENTATION

If you are required to supply documentation, you may do so with this application. If you do not have your completed documents available, you can save this application until you are able to supply the required information.

Additional documentation is required for:

- A "Yes" Response to a Screening Question- If you have answered "Yes" to screening questions 1C-1E, attach the required documents. If you have answered "Yes" to 1A or 1B, you must submit the *Barbering and Cosmetology Convictions Form* to **DSPS**. Please do not submit the *Barbering and Cosmetology Convictions Form* with this application.
- Late Renewal After 5 Years- If you previously held this Wisconsin license and the license has been inactive for over 5 years, attach your *Approval Letter* from the Wisconsin Department of Safety and Professional Services (DSPS).
- Apprentice Program Participants- If you are participating in the Apprentice program, you must send your *Apprentice Practical Certification of Training* form to DSPS.

Please attach your documents.

AFFIDAVIT OF APPLICANT

Affidavit of Applicant

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

*

- By checking this box, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: _____

Print name: _____

Date: _____