



COSMETOLOGY CURRICULUM REVIEW ADVISORY
TASK FORCE
APPLICATION

1. Mr.
Mrs.
Ms. First Middle Last

2. Sex: M F

3. Residence Address:
City County State Zip
Phone ( ) FAX ( ) E-Mail

4. Business Title:
Company:
Address:
City County State Zip
Phone ( ) FAX ( ) E-Mail
Pager ( ) Cellular ( )

5. Work Experience (Current to last 12 years)
Employer Title/Type of Business City/State From To

6. Educational History:
College/Graduate School (Location) Date Degree Major

7. Please list professional licenses and certificates. Please include license number where appropriate.
Licenses/Certificates Date Issued Licenses/Certificates Date Issued
1) 3)
2) 4)

8. List all current professional associations of which you are a member:

*Professional Associations*

*From*

---

---

9. List all barbering and cosmetology related institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) with which you have been affiliated (as an officer, owner, director, trustee, partner, advisor, or consultant) within the last five years.

---

---

---

10. Please indicate the areas in which you have had significant experience. Include categories which describe current and past occupations, employment, or experience.

<input type="checkbox"/> Barbering	<input type="checkbox"/> Public School Instructor	<input type="checkbox"/> Legislation
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Establishment Owner	<input type="checkbox"/> Student
<input type="checkbox"/> Manicuring	<input type="checkbox"/> School Owner	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Electrology	<input type="checkbox"/> Product Supplier	_____
<input type="checkbox"/> Esthetician	<input type="checkbox"/> Medical Profession (please specify)	_____
<input type="checkbox"/> Private School Instructor	_____	_____

Please answer the following questions. You may use a separate sheet of paper if necessary.

11.  Yes  No Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please explain.
12.  Yes  No Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (do not include traffic violations for which a fine of \$500.00 or less was imposed)? If yes, please explain.
13.  Yes  No Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance? If yes, please explain.
14.  Yes  No Do you own real property, personal property, financial holdings or receive income from any source related to the barbering and cosmetology industry which might present a potential conflict of interest or appearance of conflict of interest with the Technical Advisory Committee? If yes, please explain.

**CERTIFICATION**

I certify under penalty of perjury that the foregoing is true and accurate under penalty of perjury under the laws of the state of California.

Date: \_\_\_\_\_

By: \_\_\_\_\_

Applicant