



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • BOARD OF BARBERING AND COSMETOLOGY
P.O. Box 944226, Sacramento, CA 94244-2260
Phone: (800) 952-5210 Email: barbercosmo@dca.ca.gov
Website: www.barbercosmo.ca.gov



2023 Health and Safety Advisory Committee

The Board of Barbering and Cosmetology is recruiting members for the 2023 Health and Safety Advisory Committee (Committee). The Committee may be comprised of the following:

Industry Members:

- A licensee from each license type (Barber, Cosmetologist, Electrologist, Esthetician, Manicurist, Establishment Owner)
- Board members

Public Members:

- Scientist Representation
- Medical Professionals
- Federal and State Department Representation

The Board recognizes that the Barbering and Cosmetology industry is constantly changing and acknowledges it is necessary to periodically review and update processes. The Board is seeking committee participants that can provide a broader knowledge base for the Board, thereby enhancing knowledge and understanding of the issues facing the industry.

Committee members shall receive \$100 per diem per day and must complete appointment paperwork.

If you are interested in becoming an appointee to the Board's 2023 Health and Safety Advisory Committee, please complete **the attached application** and email it to Allison.Lee@dca.ca.gov (**subject line: H&S App**). Applications must be received no later than **February 13, 2023**.

The Board anticipates empaneling the Advisory Committee by the spring of 2023 and holding at least two meetings in 2023 (actual locations, meeting dates, and meeting times are to be determined).

If you have any questions after reviewing the application, please email Allison.Lee@dca.ca.gov.



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2023 HEALTH AND SAFETY ADVISORY COMMITTEE APPLICATION

1. _____
 First Middle Last

2. Preferred pronouns: _____

3. Home Address: _____

 City State Zip

Phone Number: _____ Email: _____

4. Business Title: _____

Company: _____

Address: _____

 City State Zip

5. **Work Experience (Current to Last 10 Years)**

<i>Employer</i>	<i>Title/Type of Business</i>	<i>City/State</i>	<i>From</i>	<i>To</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. **Education History**

<i>College/Graduate School (Location)</i>	<i>Date</i>	<i>Degree</i>	<i>Major</i>
_____	_____	_____	_____
_____	_____	_____	_____

7. **List professional licenses and certificates. Include license number where appropriate.**

<i>Licenses/Certificates</i>	<i>Date Issued</i>	<i>Licenses/Certificates</i>	<i>Date Issued</i>
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. 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"/> Private School Instructor | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Public School Instructor | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Manicuring | <input type="checkbox"/> School Owner | _____ |
| <input type="checkbox"/> Electrology | <input type="checkbox"/> Student | _____ |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Product Supplier | _____ |
| <input type="checkbox"/> Establishment Owner | <input type="checkbox"/> Medical Profession (specify): | |

Please answer the following questions. Attach 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? 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.

Signature

Date