



State of West Virginia
 Board of Barbers and Cosmetologists
 Tel: (304) 558-2924
 Fax: (304) 558-3450
 www.wvbbc.com

PLEASE COMPLETE
PAYMENT METHOD (CIRCLE ONE):
 CHECK MONEY ORDER
 CHECK/MONEY
 ORDER #: _____
CASH IS NOT ACCEPTED

MAIL COMPLETED APPLICATION TO: WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

STUDENT REGISTRATION

Please include the items below:

- \$25.00 Registration Fee Copy of Social Security Card Completed Certificate of Health form
 Passport-sized Photo Copy of Photo ID

REGISTRATION TYPE	COURSE REGISTRATION	STUDENT START DATE <input type="text"/>
<input type="checkbox"/> 1st Time Registration <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> Transfer <input type="checkbox"/> Course Change	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology <input type="checkbox"/> Barber <input type="checkbox"/> Aesthetics <input type="checkbox"/> Waxing <input type="checkbox"/> Hair Styling	SCHOOL NAME <input type="text"/>

STUDENT INFORMATION

SSN # DATE OF BIRTH

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS PHONE #

CITY ZIP CODE COUNTY OF RESIDENCE

EMAIL

APPLICANT NOTICE

- *Certificate of Health form must be completed within the last 12 months.
- *If your first, middle, or last name differ on any documentation, you must submit proof of name change (copy of marriage certificate/license or an official court document).
- * All applicants for initial licensure or certification to practice barbering, cosmetology, nail technology, aesthetics, hair styling, or waxing must meet the requirements for licensure or certification according to the provisions of Chapter 30, Article 27, Code of West Virginia.



The signatures below from the student and school manager/owner/administrator indicate that the student has enrolled during study referenced above and that the student has met the minimum requirements to enroll as a student in accordance to Chapter 30, Article 27 of West Virginia State Code. The signature of the school manager/owner/administrator affirms that the student will not commence studies without first obtaining a student registration as required by law.

Student Signature Date Signed

School Authorized Signature Date Signed

Revised: APRIL 28, 2022



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Certificate of Health Form

To the Health Care Professional:

This form should be used for patients who need to be examined by a physician, physician's assistant or a nurse practitioner to apply for a professional license, certificate, registration or permit in the barbering, cosmetology, aesthetics, nail technology, hair styling or waxing industry. Please complete the below portion of this form and sign and date the form.

To the Applicant:

You need to have a physical examination to apply for a professional license, certificate, registration or permit in barbering, cosmetology, aesthetics, nail technology, hair styling or waxing. Your physician, physician's assistant or a nurse practitioner must complete, sign and date this Certificate of Health form. You must submit your application within one (1) year from the date of this examination.

Certificate of Health:

I am a duly licensed Physician , duly licensed Physicians Assistant , or duly licensed Nurse Practitioner , and hereby

state that in the course of a routine examination of _____, on
(Applicant's Name)

_____, I found no clinical evidence of the presence of infectious or
(Date of Physical Examination)

communicable disease which would pose a significant risk or direct threat to the health or safety of members of the public in the conduct of the applicant's occupation.

Print Name of Physician: _____ Date: _____

Address of Practice: _____

Physician's Signature: _____ Title: _____