Application for Reactivation of an Iowa Barbershop

Iowa Board of Barbering/Iowa Department of Public Health/ Bureau of Professional Licensure

YOU MAY NOT PROVIDE ANY ASPECT OF BARBER SERVICES AT THIS ESTABLISHMENT UNTIL THIS LICENSE IS REACTIVATED

To check the status of the license go to www.licensediniowa.gov

A **$132 reactivation fee** must accompany this application

1.

Barbershop License Number

Name of Barbershop

Street Address of Barbershop

City State Zip

Barbershop Telephone Number

Email Address *(optional)*

2.

Barbershop Owners Name

Barbershop Owners License Number

Owning Corporations Name *(if applicable)*

Corporate or Business Mailing Address *(if different)*

City State Zip

Name and Telephone Number of Corporate Contact

NOTE TO EMPLOYEES: If your address has changed since your last renewal, you must notify the board office. To report an address and/or name change go to: http://www.idph.state.ia.us/licensure/address_change.asp?board=ba

3. Name and address of **each** licensee practicing in this barbershop (*If necessary attach additional sheet)*

Name	License Number	Address	City/Zip	Social Security No.

The following questions must be answered. If you answer "Yes" to question #4 – #9 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

Have the licensees, owners or supervisors ever:		
4. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under $500)?	Yes	No
5. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
6. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
7. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
8. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
9. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

SIGNATURE IS REQUIRED ON PAGE TWO

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.
Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

10. _____
Name of Responsible Authority of Barbershop (please print)

11. _____ _____
Signature of Responsible Authority of Barbershop **Date**

Instructions/Checklist for reactivation
To complete the application, answer each question completely in ink. The following is a list of the supporting documents and fees required for reactivation. It is the applicant's responsibility to see that all required documents and fees reach the board office.

☐ Non-refundable reactivation fee of **$132.00** - check or money order made payable to the Iowa Board of Barbering.

☐ Completed and sign the application

☐ If you answer "yes" to questions 4 through 9, (1) attach a signed letter of explanation, (2) provide the details of the incident, including the court or legal documents related to each incident, and (3) include information on any treatment program(s) you have attended. You must answer "YES" even when a conviction or judgment has been deferred or expunged from your record.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Mail the original completed application, not a photocopy to:

Iowa Board of Barbering
IDPH/Bureau of Professional Licensure
Lucas State Office Bldg., 5th Floor
Des Moines, Iowa 50319-0075
www.idph.state.ia.us/licensure

FOR OFFICE USE ONLY

Date Expired: _____ Fee Paid: _____

☐ Office Approved - Date:_____ Reactivation Date: _____

☐ Board Approved - Date: _____ Reactivation Date: _____

☐ Disapproved - Date: _____ Reason for Disapproval: _____