2014 Renewal of License(s) in the Iowa Barbering Board

License No	
Last Name, First Name	
Address	
City, State, Zip Code	
E-mail address	
Phone 1	
Phone 2	
*SSN	

Privacy Act Notice: **Disclosure of your Social Security Number on this renewal application is <u>required</u>** 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.

<u>Step Two</u> - Check the license(s) are you renewing. Enter each license number.

License Practice Discipline	License #	Renewal fee with a postmark date on or before June 30	Renewal fee with postmark date July 1 – July 30
☐ Barber		$60.00	$120.00
☐ Barber Instructor		$60.00	$120.00

<u>Step Three</u> - What is the renewal fee and when is it due?

- The renewal fee is $60 per license. Check or money order must be payable to the Iowa Barbering Board.
- To avoid the late fee, submit a completed, accurate renewal application and renewal fee(s) before the license expiration date of June 30. The board office strongly suggests the application and fee(s) be postmarked on or before of June 1st.
- A $60 **<u>late fee</u>**, per license, plus the $60 renewal fee, per license is required on all applications postmarked in the grace period. *"**<u>Grace period</u>**"* means the 30-day period following expiration of a license when the license is still considered to be active; July 1 through July 30. In order to renew a license during the grace period, a licensee is required to pay the $60.00 late fee, per license.
- The most recent postmark will determine whether the renewal application is late. This is true even if the application was initially postmarked prior to the license expiration date.
- Renewal applications postmarked after the *"**<u>Grace period</u>**"* will not be processed. The license will automatically be placed on inactive status.

Inactive License

- A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a barber in Iowa until the license is reactivated.
- Reactivation must be completed and approved to regain active license status: https://ibplicense.iowa.gov

Processing

- Allow four weeks to process the paper renewal. Once approved, a new wallet card will be sent to you.
- To receive a paper copy of the current Iowa Law and Administrative Rules include an additional $5.00. To view the current Iowa Law and Administrative Rules online go to: www.idph.state.ia.us/licensure/Barbering.aspx?pg=Laws

<u>Step Four</u> - The Following Six Questions **Must** Be Answered.

If you answer "Yes" to any question 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.

SINCE 07/01/2012 HAVE YOU:

Yes	No	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	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you?
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer "NO" to this question.
Yes	No	Been disciplined or sanctioned by any other 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	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	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.)

Continue on side two

Step Five – The Following Six Continuing Education Questions **Must** Be Answered

- Continuing education requirements must be completed prior to renewing the license(s).
- Do not send copies or original continuing education certificates with this renewal. If selected for the continuing education audit you will be required to provide documentation showing compliance with your continuing education license renewal requirements.
- The continuing education rules are available on the bureau's website: www.idph.state.ia.us/licensure/Barbering.aspx?pg=Laws

Yes	No	This is my first renewal after initial licensure; continuing education is not required.
Yes	No	**Renewing a Barber License**: I have **completed** the required 8 continuing education hours of which includes one hour in the content areas of Iowa barbering laws and administrative rules and sanitation. Continuing education hours must be completed 7/1/2012 through 6/30/2014. Note: If you are reporting continuing education for the first time you may report hours earned from the date of your initial licensure.
Yes	No	**Renewing a Barber and Instructor License:** I have **completed** the required 4 hours in teaching methodology in addition to meeting all continuing education requirements for renewal of the barber license listed above. Note: If you are reporting continuing education for the first time, you may report hours earned from the date of your initial licensure.
Yes	No	I am exempt from the continuing education requirements because I am licensed and reside in another state or district. I have met all requirements of that state or district for practice
Yes	No	I am exempt from the continuing education requirements because I have been granted an extension of time to fulfill the continuing education requirements or I have been granted an exemption by the board (due to a physical or mental disability or illness). My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board. I have or am in the process of completing the requirements of my exemption.
Yes	No	I am exempt from the continuing education requirements because I served honorably on active duty in the military service during all or part of this continuing education biennium; 7/1/2012 – 6/30/2014.

Step Six - Please Read and Sign.

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 license may be subject to disciplinary action and criminal prosecution.

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, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

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Licensee sign here Date