New York State
Department of State
Division of Licensing Services
Appearance Enhancement
P.O. BOX 22049
Albany, NY 12201-2049
Customer Service: (518) 474-4429
https://dos.ny.gov

Nail Specialty Trainee Application

For a faster and easier process, the Division of Licensing Services encourages applicants to apply online. Using online services provides a quicker turnaround time on your application and updates and allows you to view and access your license records throughout the license process.

Visit our website at: www.dos.ny.gov

For more complete instructions and other online information see the FAQ's at: https://dos.ny.gov/nail-specialty-trainee

Read the instructions carefully before completing the application. All fields are mandatory, incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.

What does the practice of Nail Specialty cover?

The *practice of Nail Specialty* means providing services for a fee or any other consideration to cut, shape or enhance the appearance of the nails of the hands or feet. Nail Specialty also includes the application and removal of sculptured or artificial nails.

Who must apply for a Nail Specialty Trainee registration?

A person pursuing in good faith a course of study in the practice of nail specialty under the tutelage, supervision and direction of a licensed Nail Specialist at a licensed Appearance Enhancement Business must obtain a certificate of registration from the NYS Department of State.

What is the fee and term of registration?

An application fee is not required. Your certificate of registration will be valid for one year and renewable for a second year.

Does the certificate of registration allow me to operate an Appearance Enhancement Business?

No. A certificate of registration as a Nail Specialty Trainee does not entitle you to an Appearance Enhancement Business or an Area Renter license.

What qualifications do I need to upgrade to a Nail Specialty license?

A Nail Specialty Trainee may obtain a license to practice nail specialty if such trainee has been actively engaged in a traineeship for a period of one year and has completed an approved 27-hour course of study and passed the written and practical exam. Such course of study may be delivered by electronic means.

What if my Supervising Nail Specialist changes?

You need to notify the Division of Licensing Services of this change. This assures your certificate of registration remains current with this department.

Why do I need to provide my email address on the paper application?

Your email address will be used to create your Appearance Enhancement/Barber License System account. Most communications will be sent via email. If you change your email address in the future you will need to log into your account and update it with the new email address.

Where can I obtain additional information regarding the requirements affecting Nail Salons and workers?

Please visit our website at www.dos.ny.gov to find further information pertaining to worker's equipment requirements and Nail Practitioner Bill of Rights.

Do I need a physical to be registered?

Yes. You need to be examined by a physician, physician's assistant or nurse practitioner to apply for a Nail Specialty Trainee registration. Your **physician, physician's assistant or nurse practitioner** must complete and date the Health Certification section of the application or the Health Certification Form (DOS-1948) if you are applying online. You must submit your application within 30 days after the certification is signed and dated.

Child Support Statement

A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the Federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

FOR OFFICE USE ONLY

APPLICATION NUMBER _____

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You must answer each question and PRINT responses in ink. Read the instructions before completing this application.

Applicant Information

First Name	Last Name	Middle Name	Suffix

Home Address (provide street number and street name)	Suite, Apt., Unit

City	State	Zip+4	County	Country

Mailing Address (provide PO Box here)				
City	**State**	**Zip+4**	**County**	**Country**

E-Mail Address	Social Security Number (if issued)	Federal Taxpayer ID (if issued)

Date of Birth	Home Phone	Mobile Phone	Business Phone

Background Data

YES or **NO**

Have you ever been issued a New York State Nail Specialty Trainee registration? _____ _____

➔**IF "YES,"** give registration UID Number and expiration date:

Nail Specialty Trainee registration Unique ID Number UID # _____ Exp. Date _____

A Nail Specialty Trainee works under the supervision of a licensed Nail Specialist and is employed by a licensed Appearance Enhancement Business.

You must provide the following information:

Supervising Nail Specialist's name	Supervising Nail Specialist's license Unique ID Number*
Appearance Enhancement Business name	**Appearance Enhancement Business license Unique ID Number***

** The License Unique ID Number is found in the upper left corner of the license certificate*

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Health Certification — ***You must submit this application within 30 days after your physical examination.***

I am a duly licensed physician, physician assistant or nurse practitioner and in the course of a routine examination of the person named on this application on _____*(Date of Physical Examination)*, I found no clinical evidence of the presence of infectious or 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 _____

Address of Practice _____

_____

Physician's Signature _____ *Date* _____

Child Support Statement —

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in the arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

Applicant Affirmation — I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 27 of the General Business Law and the rules and regulations promulgated thereunder.

Applicant's Signature

X _____ *Date* _____

It is important that you notify this division of any changes to your residence and email address so you can receive renewal notices and any other notifications pertinent to your license.