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

Department of State
Licensing Services

Nail Specialty Application

For 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 FAQs at: https://dos.ny.gov/nail-specialty

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 N*ail Specialty* means services for a fee or any other consideration to cut, shape or enhance the appearance of 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 license?

Any person practicing Nail Specialty as described above is required by law to have a Nail Specialty license. A Nail Specialty license will not permit you to operate a business; a separate business application must be completed and a separate business license obtained.

What qualifications and supporting documents do I need to apply for licensure?

If you are at least 17 years old, you may apply for a Nail Specialty license based on:

1) New York State Education and Examination *(eligible for temporary license)*
You must complete a 250 hour approved course of study and pass both the New York State written and practical examinations to get a license to operate in this state.

Effective June 17, 2020, all operator applicants qualifying based on the completion of NYS education must complete a 1- hour course on Domestic Violence and Sexual Assault Awareness. Visit https://dos.ny.gov/licensing-services to complete the course before submitting your application.

As proof of successful completion of schooling, you must have the **Affirmation of New York State Approved Schooling** section of the application completed by your school director.

For online application using Appearance Enhancement/Barber License System, you must enter the curriculum code listed on your school certificate. Schools participating in the online certification program will affirm the completion of the course for the student through Appearance Enhancement/Barber License System. For schools that are not participating in the online certification program, you must upload your school certificate when you have reached the "Affirmation of NYS Schooling" section of the online application. The system will notify you which method is required based on the curriculum code selected.

After your application is reviewed and accepted, you will receive an email that explains the examination process in detail.

2) NYS Licensed Nail Trainee *(eligible for temporary license)*
You must complete one year as a NYS Licensed Nail Trainee, complete an approved 27 Hour Nail Trainee Course of Study, pass both the New York State written and practical examinations.

After your application is reviewed and accepted, you will receive an email containing information regarding the exams.

3) Previous New York State Licensure
An individual who fails to file an application and fee for renewal within five years of the expiration date cited on the individual's license shall be ineligible for such license until he/she passes a written exam. Proof of previous licensure may be required.

4) Education Outside of New York State or the United States *(eligible for temporary license)*
We may waive the New York State schooling requirement if you can document an equivalent level of schooling from another state or country. You must submit **all** three of the following documents:

(1) a school certificate;

(2) a school transcript listing subjects and hours completed; **AND**

(3) a current Certification of Licensure from your state board **or, if not licensed,** a current Certification form your state's board verifying the hours claimed.

After your application is reviewed and accepted, you will also be required to pass both the New York State written and practical examinations to obtain a Nail Specialty license in this state. You will receive information that explains the exam process in detail.

5) Experience: 5 years outside New York State
Any individual having five years of legal experience in an occupation equivalent to nail specialty may apply for a New York State license by submitting satisfactory evidence of education and experience.

Within the United States experience:
(1) An original certification from the licensing agency you were previously licensed with.

(2) Two experience statements filled out by former employers, co-workers, and clients that can claim your experience in the state for at least five years. These experience statements must include **EXACT** dates (month and year of start of service and month and year of end of service), location city, state, shop name), and specific services that you performed.

(3) **Copy** of tax returns which indicate nail specialty as the occupation.

Outside of the United States experience:
Evidence may include but is not limited to:

(1) Official certification from the licensing authority in your country or verification from the Consulate that a license is not required to practice this occupation in your country.

(2) Detailed letters from employer(s) in your country specifying **EXACT** dates of employment, location and specific services that you performed.

(3) Detailed letters from your client(s), or coworker(s), in your country specifying **EXACT** dates of service, location and specific services you performed.

(4) **Copy** of passport which indicates nail specialty as occupation, drivers' license, workbook with nail specialty experience, or any photo identification.

(5) **Copies** of course curricula and diplomas/certificates for education completed in your country.

(6) **Copy** of tax returns which indicate nail specialty as occupation.

After your application is reviewed and accepted, you may obtain a Nail Specialty License in New York State without examination or further education.

(7) Endorsement
An applicant who holds a Nail Specialty license in another jurisdiction may obtain a Nail Specialty license in New York State through endorsement without examination or further education.

Refer to our website at www.dos.ny.gov for a Nail Specialty endorsement list to determine if you qualify for a licensure based on endorsement.

An applicant must submit an original certification dated within 6 months from the jurisdiction where he/she holds an equivalent license.

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.

How do I schedule my examination once my application has been approved?
Scheduling exams will only be available through your online account.

Once your application has been approved you will receive an email notifying you that you may now schedule your exam. If you applied online through the Appearance Enhancement/Barber License System you will be able to log into your account to schedule your examination. If you applied submitting a paper application to the Division of Licensing Services, the email will be sent to the email address you included in your application. If you have indicated that you require special testing arrangements, you will be contacted by a representative from the Division of Licensing Services to have your examinations scheduled for you.

Can I work before passing the state exams?
Yes, two six-month temporary licenses are available to applicants who want to work while completing the examination process. Only applicants applying based on education obtained in New York State or the United States are eligible for temporary licensure. Applicants may apply for a temporary license renewal once they have passed the written or practical examination. Once you pass both examinations, a four-year license will be issued.

What are the fees and terms of licensure?

$40 – Original application fee (for all applicants). For those applicants who are not required to pass the examinations (e.g., applying based on five years of legal experience), this is the only fee that is required.

$10 – 6 month temporary license fee.

$10 – 6 month temporary license renewal fee (separate application).

Please Note: If applying for an original application and a temporary license, you may submit one $50 application fee. Separate application fees are not required.

The term of licensure is four years. The term for a temporary license is 6 months.

$15 – Exam fee (to be collected when you schedule your exam online).

What forms of payment do you accept?
You may pay by check or money order made payable to the Department of State or by American Express, MasterCard or Visa, using a credit card authorization form or when applying online. Do not send cash. **Application fees are nonrefundable.** A $20 fee will be charged for any check returned by your bank.

Do I need a physical to be licensed?
Yes. You need to be examined by a physician, physician's assistant or nurse practitioner to apply for a license in Nail Specialty. 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.

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PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on this 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 State or 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 for 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. A written explanation is required where no number is provided. 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 _____

FEE $40 or $50

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

Please select one of the following qualifying choices.

I am applying for licensure ($40 application fee required) based on:

_____ 1. New York State Education and Examinations (completion of a 250 hour approved course of study)
_____ 2. Nail Specialty Trainee Licensure (1 year as a Nail Trainee and successful completion of a 27 hour approved course of study)
Trainee License UID # _____ Expiration Date _____
_____ 3. Previous New York State Nail Specialty Licensure – License UID #_____ Expiration Date _____
_____ 4. Education outside of New York State or the United States
_____ 5. Experience: 5 years outside of New York State or the United States State_____Country _____
_____ 6. Endorsement – Enter name of state _____

If you selected choice 1, 2, 3 or 4 from above, you may apply for a six month temporary license (requires an additional $10 fee) which allows you to practice while taking the New York State Exams.

_____ **I am requesting a six month temporary license. ($40 + $10 = $50 application fee required)**

If you selected choice 1, 2, 3 or 4 from above, you will be emailed a link to schedule an examination once your application has been approved.

_____ **I require special testing arrangements.**

If you have a learning disability or any physical, mental or psychological disability and request special testing arrangements, you must submit a completed "Special Testing Arrangements Request" Form (DOS-1591) with your application. You must also submit supporting documentation from a physician, other qualified professional or evidence of prior accommodations from a school or other institution describing your condition and an explanation of any modifications requested. Once your application has been approved, you will be contacted by a NYS Licensing representative to schedule your examination.

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	Federal Taxpayer ID

Date of Birth	Home Phone	Mobile Phone	Business Phone

Nail Specialty Application

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* _____

DOMESTIC VIOLENCE AND SEXUAL ASSAULT AWARENESS STATEMENT

☐ I certify that I am qualifying based on the completion of NYS education and have completed the 1 hour course on Domestic Violence and Sexual Assault Awareness or that I am exempt from this requirement.

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 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.

X_____ _____

Applicant's Signature *Date*

If you are applying based on New York State Education and Examinations, your school's director or principal must complete the following:

Nail Specialty Application

Affirmation of New York State Approved School

School Name		
School Address (provide street number and street name)		
City	State	Zip+4
School Curriculum Code (Five digit numerical code assigned by NYS Department of State)		
School Director's or Principal's Name in Full (print)	Title (Director or Principal)	
Applicant's Name in Full (print)		

I subscribe and affirm under the penalties of perjury that the above-named school is duly licensed pursuant to §5001 of the Education Law and/or approved by the Board of Regents of the State of New York. The person named on this application has successfully completed a 250 hour approved course of study on (*date*)_____.

_____ _____

Signature of School Director/Principal *Date*

School Seal

Please remember to include with this application any required explanations and statements along with your application fee (payable to NYS Department of State) — $50 for application and temporary license; OR $40 for application only. A $20 fee will be charged for any check returned by your bank. If you wish to pay by credit card, please visit our website at www.dos.ny.gov to obtain a credit card authorization form to complete and return with this application.

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.