



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

TRAINEE: CHANGE OF EMPLOYMENT/SUPERVISOR REPORTING FORM

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION**

Barbering and Cosmetology Licensing Program
**TRAINEE LICENSE
CHANGE OF EMPLOYMENT/SUPERVISOR
REPORTING FORM**

Current Trainee License Number: _____

Effective Date of Change: _____

LICENSEE INFORMATION (please print)

FULL LEGAL NAME OF APPLICANT

SSN

MAILING ADDRESS OF LICENSEE

CITY

STATE

ZIP

COUNTY

LICENSEE PHONE # ()

LICENSEE E-MAIL (**Your license will be emailed**)

SECTION 1: CHANGE OF EMPLOYMENT/EMPLOYER-If you are changing your employer, please fill in section 1A.

1A: Former Employer			
Former Employer	City	State	Zip Code
License Number	Expiration		

Name of New Employer			
Name of Level 1 Establishment	License number of Level 1 Establishment	Expiration Date	
Physical Address of Level 1 Establishment:			
City	State	Zip Code	Phone Number

**THIS SECTION MUST BE COMPLETED BY THE QUALIFYING SUPERVISOR
NOT BY THE TRAINEE**

SECTION 1B: If you are changing your supervisor(s), please fill in this section.

Name of <u>Previous</u> Qualifying Supervisor	License Number

Name of <u>New</u> Qualifying Supervisor	License Number

Name of <u>Previous</u> Alternate Supervisor #1; if applicable	License Number


Name of <u>New</u> Alternate Supervisor #1; if applicable	License Number


- I understand my responsibilities as described in Program Rule Chapter 23 and other related laws and rules for training a trainee, as the qualifying supervisor and alternate supervisor I will maintaining a current and accurate trainee instruction log and for periodically evaluating and assessing the trainee's progress. The training log shall provide a detailed day-by-day description of the trainee's instruction, accrual hours of instruction, subjects taught, type and method of instruction, and services performed on individual clients.
- Upon my trainee's successful completion of hours or upon termination, I will submit a transcript of hours credited on a form prescribed by the Program within ten (10) days. I will utilize the required monthly reporting forms and maintain an accurate record of accrued hours of the trainee.
- If I assign an Alternate Supervisor, I understand that the Alternate Supervisor must first be approved by the program, and I understand that I am responsible for overseeing the Alternate Supervisor.

Pursuant to Program Rules, Chapter 23 (A)(2)(A) The proposed qualified supervisor and the alternate supervisor shall hold a Maine license in the practice appropriate area and shall demonstrate at least three (3) years of active licensed practice in such practice area within the five (5) years preceding the date of trainee application.

Read the statement below and sign where indicated as your certification of the information provided on this application.

By signing in this application, I agree to abide by the Maine Barbering and Cosmetology Licensing Program Laws and Rules and all of the State Laws and Rules related to the practice of Barbering and Cosmetology. I certify that I have obtained and read the laws and rules as listed above in this application and that I will periodically or as necessary revisit these documents to insure that I am current with Maine laws and rules. I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief.

Printed Name of Alternate Supervisor; if applicable	
Signature of Alternate Supervisor; if applicable	Date
	

Printed Name of Qualifying Supervisor	
Signature of Qualifying Supervisor	Date
	

SECTION 2: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed name of Applicant	
Signature of Applicant	Date