

STATE BOARD OF BARBER EXAMINERS

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State Board of Barber Examiners
2525 N 7th Street, Suite 330
Harrisburg, PA 17110

SCHOOL CHANGE APPLICATION

Instructions and Requirements

PLEASE NOTE: this application is active for one year from the date of receipt in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

This application is to apply changes to an *existing, licensed Barber School*, including a change in address at the same location, change in square footage, change in name, change in some partners in ownership or a change in curriculum. If you are deleting partners, you must obtain and include a signed authorization from the deleted partner(s). The Board cannot remove any partners from a license without the authority from the involved partner(s). For a complete change of ownership of an existing school, an inspection is required prior to practice with an exception shown under Instruction #2, Inspection.

PLEASE READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS. AN INCOMPLETE OR INCORRECT APPLICATION, OR AN APPLICATION PRESENTED TO THE BOARD FOR CONSIDERATION OF A VARIANCE, WILL DELAY THE LICENSURE OF YOUR SCHOOL.

YOU MUST KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS SUBMITTED WITH YOUR APPLICATION, TO INCLUDE THE SCHOOL LICENSE IF APPLICABLE.

YOU MUST ALLOW AT LEAST FOUR WEEKS FOR PROCESSING.

1. APPROPRIATE LICENSEE REQUIRED:

To be given the authority to practice, a school must be ready to begin operating at the time of inspection. This includes the requirement that the school must have a barber teacher as supervisor who holds an active license. Student-to-teacher ratios must be met. Without an appropriate licensee, authority to practice at the time of inspection cannot be provided and a re-inspection will be necessary to determine compliance.

2. EXISTING SCHOOL CHANGE OF LOCATION OR OWNERSHIP:

If changing location of an existing school, or in the case of a complete change of ownership of the school, **STOP!** You must complete the application for Initial Barber School Licensure via the PALS website (<http://www.pals.pa.gov>).

3. DELETING PARTNERS:

If any partners are being deleted, a statement from the deleted partner(s) must accompany your application. If you are unable to obtain the signature of the deleted partner(s), you must apply for an initial (new) school license (see item two above). Be sure to return the existing current school license with a statement indicating that you are unable to obtain the required deleted partner(s) signature. *If applying for initial (new) school licensure, the school cannot be open/operating prior to inspection.*

4. CORPORATE APPLICANTS:

If applicant is a corporation, include a copy of the certificate of incorporation from the Pennsylvania Corporation Bureau. Be sure that the corporation is authorized to conduct business within Pennsylvania. To register the corporation, contact the Pennsylvania Corporation Bureau by phone at 717-787-1057 or online at <http://www.dos.pa.gov/corps>. A corporation is treated as an individual, by law, and may be used for ownership of a school.

5. SCHOOL ADDRESS CHANGE ONLY, SAME PHYSICAL LOCATION:

Licenses must be issued to the school's physical address. If the Post Office or the county 911 agency changes the school's designated address, but the physical location remains the same, the address change must be noted on the licensing database. There will be a fee to print the duplicate license with the revised address.

6. SCHOOL MANAGEMENT:

- A. The school shall, at all times, be under the immediate supervision of a licensed barber teacher.
- B. Each school shall employ as instructors only licensed barber-teachers competent to impart instructions in all branches of barber science which they teach.
- C. An individual may not be counted as a regular part-time or substitute teacher in a school unless the individual's barber-teacher's license is on display in the school.
- D. Every school shall employ at least one full-time licensed barber- teacher.
- E. Each class taught for credit shall consist of not more than 20 students per licensed barber-teacher, and at least one full-time teacher who shall be in attendance during the hours the school is open for instruction. The only exception to this requirement which the Board may permit is lecturing by a staff physician or another specialist when at least one teacher is present.
- F. Teachers as well as students shall be attired during school hours in washable jackets, smocks or aprons, which shall be kept in a clean condition.

7. SCHOOL CURRICULUM REQUIREMENT:

The Board's Regulation **SCHOOL CURRICULUM REQUIREMENT** at 49 PA Code §3.90 sets forth the breakdown of hours by subject for the barber curriculum. These shall comprise 1250 hours for the barber curriculum, 695 hours for the Crossover Curriculum for a Licensed Cosmetologist. All schools must offer a 1250 barber curriculum.

If your school changes include changes to curriculum, be sure to include the appropriate changes of these documents. If a previously submitted document is not changing, there is no need to resubmit.

SCHOOL GENERATED INFORMATION AND PUBLICATIONS

- A. School sketch (provide complete dimensions and equipment placement)
- B. Certificate of Occupancy
- C. Zoning Approval
- D. Proof of Corporate Name Registration
- E. Curriculum for each course offered (Refer to § 3.71 of the Barber Regulations)
- F. Course outline for each course offered (Refer to the Board publication entitled, "Guidelines for Preparation of Curriculum and Course Outline, available on the board's website)
- G. School Bond meeting the requirements at 49 Pa. Code at § 3.83.

8. SCHOOL RATIO REQUIREMENTS:

For the purposes of classroom instruction, according to § 3.88(b)(4) in no case shall there be less than one teacher to each twenty pupils.

NUMBER OF TEACHERS IN CLASSROOM:	1	2	3	4	5	6
NUMBER OF STUDENTS IN CLASSROOM:	20	40	60	80	100	120

9. SCHOOL PHYSICAL REQUIREMENTS:

§3.84 Clinic rooms shall be a minimum length of at least 10 feet for the first chair and 5 additional feet center point between each additional chair with a minimum width of 12 feet for one row of chairs. Where two rows of chairs are opposite of each other, the room shall be a minimum of 20 feet wide.

10. SCHOOL EQUIPMENT REQUIREMENTS:

Every barber school shall have the following equipment for each school:

§3.85 (a) School Equipment	§3.85 (b) Every barber student shall have the following equipment:
<ul style="list-style-type: none"> - 1 blackboard, at least 4 feet by 8 feet - 1 dermal lamp or therapeutic lamp - 1 hair dryer for each ten students - 1 high frequency electric current equipment - 1 microscope - 1 twin vibrator - 1 medical dictionary - A set of charts on skin, bones, muscles, nerves and the circulatory system 24 inches by 30 inches or equivalent - A set of library books on anatomy, physiology and hygiene. - Sufficient chairs, coat and hat racks to accommodate patrons - 1 electric lather mixer for every ten students - 1 washbowl for every two chairs 	<ul style="list-style-type: none"> - 1 standard barber chair with a modern work stand - 1 large mirror 36 inches by 36 inches - 1 dry sterilizing cabinet for all instruments - 1 wet sterilizer, properly functioning - 1 covered hamper for soiled towels - 1 covered waste container - 1 dust proof cabinet for linens - 1 electric hair clipper - 1 three shears (one thinning) - 2 razors, at least one of which is no disposable - 4 combs - 1 set of strops - 1 hone - 1 standard textbook on barbering. Sets of question and answer books are not considered textbooks. - 1 one hand-held hairdryer

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PLEASE NOTE: this application is active for one year from the date of receipt in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

For processing staff use only:
 Application Number:
 Staff initials:

1. DEMOGRAPHIC INFORMATION

SCHOOL NAME

(Name must match license):

ADDRESS

STREET:

CITY:

STATE: ZIP CODE:

STREET:

CITY:

STATE: ZIP CODE:

LICENSE

TELEPHONE

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EMAIL

By checking this box I indicate that I prefer to receive notification regarding the school application processing via email rather than US mail. I will check my email account on a regular basis and I will accept email from RA-BARBER@pa.gov.

Providing an email address to the board will facilitate communications between board and school personnel.

2. TYPE OF CHANGE (NO FEE UNLESS OTHERWISE NOTED BELOW) NOTE: you must select one option below.

	Change of Some Partners in Ownership
	Change of School Fictitious Name <i>(RETURN THE SCHOOL LICENSE)</i>
	Change of School Supervisor
	Adding a New Curriculum (Crossover Curriculum for Licensed Cosmetologists)
	Change to Existing Curriculum
	Change in Square Footage at Same Location <i>(inspection required) (submit sketch)</i>
	Change of School Address Same Location- Postal or 911 Change <i>(RETURN THE SCHOOL LICENSE) NON-REFUNDABLE PROCESSING FEE IS \$5.00.</i>
	Change of Location or Corporate Ownership (Please STOP. Do not use this application. Please submit the School License Application)
	Other change <i>(no fee)</i> – INDICATE CHANGE HERE:

3. EFFECTIVE DATE OF SCHOOL CHANGE

Please indicate the date the indicated school change became or will become effective:

DATE:

4. CHANGE IN OWNERSHIP TO ADD OR DELETE PARTNERS (return the current, original school license)

Print the names of ALL owners (licensed or unlicensed). If the school is owned by a corporation, include a copy of the certificate of incorporation and provide a list all corporate officers with their names and titles. Use additional pages if necessary.

OWNERS/OFFICERS NAMES	TITLE	OWNER DISPOSITION
		Delete <input type="checkbox"/> Add <input type="checkbox"/>
		Delete <input type="checkbox"/> Add <input type="checkbox"/>
		Delete <input type="checkbox"/> Add <input type="checkbox"/>
		Delete <input type="checkbox"/> Add <input type="checkbox"/>

5. CHANGE of SCHOOL TRADE NAME (Return original license)

A school changing its name will need to attach a written statement from the school owner detailing the decision to change the name of the school. There will be a \$5.00 fee to print the duplicate license.

OLD NAME	LICENSE NUMBER
NEW NAME	LICENSE NUMBER

6. CHANGE of SQUARE FOOTAGE AT THE SAME LOCATION**(Inspection required)** (SUBMIT A SKETCH SHOWING THE CHANGES IN DETAIL.)

You must submit a detailed, written explanation of the changes your school is making to the floor space.

ORIGINAL TOTAL SQUARE FOOTAGE FOR ENTIRE SCHOOL	NEW TOTAL SQUARE FOOTAGE FOR ENTIRE SCHOOL
ORIGINAL SQUARE FOOTAGE FOR CLASSROOM TO BE CHANGED	ADDITIONAL SQUARE FOOTAGE TO BE ADDED

7. CHANGE OF ADDRESS SAME LOCATION (911 or US Post Office Address Change)**NEW SCHOOL ADDRESS***(If changing address, be sure to provide your new address here. The ZIP code must remain the Same as previously submitted).*

STREET:

CITY:

STATE:

ZIP CODE:

8. STUDENT ENROLLMENT SCHOOL

Please indicate total anticipated student

enrollment after indicated changes:

PER DAY: _____

**9. CHANGE of SCHOOL SUPERVISOR – BARBER TEACHER
(School supervisor MUST be a licensed barber teacher.)**

OLD SUPERVISING TEACHER	LICENSE NUMBER
NEW SUPERVISING TEACHER	LICENSE NUMBER
Signature of new designee:	

10. CHANGE of SCHOOL ADMINISTRATOR

Old Supervisor/Administrator	TITLE
New Supervisor/Administrator	TITLE

11. CHANGE of SCHOOL CURRICULUM *(Submit Relevant School Generated Documents.)* Barber Curriculum must be taught in all schools. Check the relevant box below.

BARBER CURRICULUM	Increase hours <input type="checkbox"/> Decrease hours <input type="checkbox"/> (Cannot be less than 1,250 hours)
CROSSOVER CURRICULUM FOR LICENSED COSMETOLOGISTS	Remove <input type="checkbox"/> * Add <input type="checkbox"/> Increase hours <input type="checkbox"/>
<i>*If adding curriculum, see section 10 of the instructions regarding documents to submit to board with changes. If documents previously submitted to the board have not changes, there is no need to resubmit.</i>	

**APPLICATION WILL NOT BE PROCESSED
UNLESS OWNER'S OATH (SECTION 12, NEXT PAGE)
IS COMPLETED.**

12. OWNER'S OATH

All owners must sign below. If applicant is a corporation, all officers must sign.

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

I further understand that if a bureau inspector determines that I have not correctly answered any questions provided within this application or if my school does not meet all requirements for licensure, authority to operate will not be given at the time of inspection and I will be responsible for all applicable re-inspection fees.

TRADE NAME OF SCHOOL: _____

Owner/Officer Signature: _____ **Date:** _____