

**TEMPORARY PRACTITIONER  
REGISTRATION**

**COSMETOLOGY, ELECTROLOGY ESTHETICS or  
NAIL TECHNOLOGY**

Mail this application to the address listed above.

You must complete all sections of this application

**TEMPORARY LICENSE TYPE:**

Indicate the Type of Temporary License Being Requested:

- Cosmetologist                       Esthetician  
 Electrologist                          Nail Technician

**TEMPORARY LICENSE FEE: \$25**

**A. Fee Waiver:** If you meet one of the following fee waivers, your temporary license fee **is waived**.  
**Check only one waiver:**

**Young Worker:** I am under 26 years old.

**Low-income Individual:**

I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR  
 My household adjusted gross income is below 130% of the federal income poverty guideline.

**Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**B. Fee Required if YOU DO NOT qualify for one of the above fee waivers you must pay \$25.**

**Pay by check or money order to: Licensure Unit**  
 Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

Temporary practitioner means a person licensed under the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act to perform any or all of the practices of cosmetology **for a limited time under the supervision at all times of a designated supervisor.**

**SECTION A: INFORMATION**

Name:	First	Middle	Last
Address: (Street)			
(City, State, Zip)			

Social Security Number: \_\_\_\_\_.

**Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is NOT public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.**

**SECTION B: COSMETOLOGY/ESTHETICIAN EDUCATION**

School/Apprenticeship Attended:	
Location: (Street)	
(City, State, Zip)	

**SECTION C: SALON INFORMATION**

The below information must be taken from the current salon license:

Name of Salon Owner:	
Name of Salon where practice will occur:	
Location: (Street)	
(City, State, Zip)	
Salon License Number:	
OPTIONAL - Telephone Number:	

**Supervisor(s) information - licenses must be active and appropriate to the category being supervised:**

Name of Designated Supervisor:	
Designated Supervisor's License #:	
Name of Alternate Supervisor:	
Alternate Supervisor's License #:	

**SECTION D: EXAMINATION INFORMATION**

I have submitted the application for a Nebraska license by examination? <input type="checkbox"/> yes <input type="checkbox"/> no	If Yes, indicate date it was submitted: _____ If No, a temporary license will not be issued until an acceptable application is received
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**SECTION E: ATTESTATION**

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

***Applicant Must Complete the following***

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete. I further state that:

- I have not practiced in Nebraska prior to this application for a temporary license; **or**
- I have practiced for \_\_\_\_ number of days in Nebraska prior to this application for a temporary licensure.

Identify below the name of the establishment where you practiced:

Name of Establishment	Lic #	City	Telephone #

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ Date

**Section F must be completed by your supervisor(s)**

**SECTION F: ATTESTATION OF SUPERVISOR(S)**

Both the designated supervisor and the alternate supervisor (if an alternate supervisor is on staff) must complete this section of the application

A salon which allows an individual to practice prior to issuance of a credential is subject to action as provided in the statutes and regulations governing the credential.

**Supervisor(s) Must Complete the following**

I (we) are the person(s) referred to on this application and that the statements herein are true and complete. Furthermore, it is understood that a registered temporary practitioner must be supervised at all times by the designated licensee or alternate licensee named on this application and agree to supervise the applicant whose name appears on this application.

\_\_\_\_\_  
**DESIGNATED SUPERVISOR'S SIGNATURE**

\_\_\_\_\_  
**ALTERNATE SUPERVISOR'S SIGNATURE**

\_\_\_\_\_  
(License Number)

\_\_\_\_\_  
(License Number)

\_\_\_\_\_ date

\_\_\_\_\_ date

**NOTE: The temporary registration will NOT be issued until the application for licensure by examination & fee has been received and approved by the Department. Upon the issuance of a temporary license, the applicant may begin practice in an appropriately licensed establishment.**

**38-1073. Licensure as temporary practitioner; requirements.** An applicant for licensure as a temporary practitioner shall show evidence that his or her completed application for regular licensure has been accepted by the department, that he or she has not failed any portion of the licensure examination, and that he or she has been accepted for work in a licensed establishment under the supervision of a licensed practitioner.

**38-1074. Registration; temporary licensure; not renewable; expiration dates; extension.** Licensure as a temporary practitioner shall expire 8 weeks following the date of issuance or upon receipt of examination results, whichever occurs first, except that the license of a temporary practitioner who fails to take the first scheduled examination shall expire immediately unless the department finds that the temporary practitioner was unable to attend the examination due to an emergency or other valid circumstances, in which case the department may extend the license an additional eight weeks or until receipt of the examination results, whichever occurs first. No license may be extended in such manner more than once.