

CERTIFICATION QUESTIONNAIRE: SCHOOL OWNER COMMISSIONER

NAME: _____ (Please Type or Print)

BUSINESS: _____

Does anyone from your current employer currently serves on the NACCAS Commission? YES NO

Do you own, in full or in part, a cosmetology school? YES NO

Do you participate in the management of a cosmetology school? YES NO

Please list NACCAS- Accredited schools you have been involved in the past five (5) years indicating ownership interest, and rating day-to-day involvement in the school.

Name	Ref. #	Ownership %	Involvement					Years at This Level of Involvement
			1	2	3	4	5	
_____	_____	_____	(None)	(Daily)				_____
_____	_____	_____	1	2	3	4	5	_____
_____	_____	_____	1	2	3	4	5	_____

Add pages if necessary

Please list other schools you owned in the past five (5) years:

Name	Accredited By	Involvement
_____	_____	_____
_____	_____	_____

Add pages if necessary

Is the school in which you are involved owned by a publicly-held corporation? YES NO

If "YES", what is your position/title? _____

Please list any organization that shares interests within NACCAS' scope (including State school associations and licensing boards) of which you are a member. Check if you serve on the board or as an officer. (See Statement of Scope, Attached)

	Officer or Board Member?	
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

School Owner Commissioner
Certification Questionnaire

If you are an officer or board member, do not certify that you will immediately resign such position upon election to this Commission? YES NO

If elected, are you willing to serve as a Commissioner? YES NO

Can you devote at least 30 business days per year to Commission activities? YES NO

Can you spare additional time to serve on committees? YES NO

Has a school with which you have been involved ever been determined "in violation" by Federal, State or local regulatory agencies? YES NO

If "YES", please explain on a separate sheet.

How long have you been associated with the cosmetology profession? _____

I certify that all answers and information provided here in are true and correct to the best of my knowledge.

Signature Date

Please attach any appropriate letters of reference from regulatory agencies, cosmetology associations, community organizations, etc. that support your qualifications for election to the Commission.

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: () _____ E-MAIL: _____

EVENING PHONE: () _____

PLEASE SEND CORRESPONDENCE TO HOME BUSINESS

RETURN TO:

NACCAS
4401 FORD AVE., SUITE 1300
ALEXANDRIA, VA 22302
ATTENTION: SUZANNE TINKLEMAN

NACCAS Commission - Candidate Affirmation
School Field

I, _____, hereby affirm that I am an owner of school(s) accredited by the NACCAS Board of Commissioners in the following category: [Please cross off and initial those that do not apply.]

- As a sole owner;
- By owning at least a 10% interest in a partnership or privately held corporation and having a direct and abiding interest in the performance of the school and the quality of education which it offers;
- As an officer of a publicly held corporation.

Following is a list of all institutions in which I have had an ownership interest in the past five years: [Name, Address, Dates] [Attach a list, if necessary]

I affirm that I have no ownership interest in any institution which has had its accreditation withdrawn (appeal rights exhausted) or which has voluntarily relinquished accreditation while the institution was in withdrawal status, during the past five years.

I affirm that I have a total of at least five (5) years of administrative/supervisory experience in an accredited cosmetology school. *(Please provide school's name, city and state, and applicable dates):*

I also affirm that I have been active in the day-to-day operation of the NACCAS-accredited school listed below in an administrative/supervisory capacity for the most recent three (3) years. *(Please provide the school's name, city and state, and applicable dates):*

Following is a list of the responsibilities I have discharged during the dates listed above:

[Please cross off and initial the option that does not apply.]

- I am not a member of the Board of Directors of any other national organization dedicated to the interests of any field within NACCAS' scope.
- I am a member of the Board of Directors of _____ but agree to resign from this position before becoming a seated Commissioner in case I am elected to the NACCAS Board of Commissioners.

My state of legal residence is _____

Other states in which I have an ownership in a school(s) accredited by NACCAS are:

I have received and read the NACCAS Code of Ethics and agree to abide by it, including not discussing or voting on any action before the Commission or a Committee of the Commission which represents a conflict of interest.

I understand that providing false or erroneous information in this regard to the Commission may lead to my removal as a Commissioner if elected.

Signature

Date

I, _____, a Notary Public in and for _____, hereby certify that

_____, personally known to me, did appear before me on the date aforesaid, and

did affirm to the information contained herein above, after which he/she duly signed the affirmation given this

_____ day of _____, 200_____.

Notary Public

My Commission Expires: _____

National Accrediting Commission of Cosmetology Arts & Sciences, Inc.

4401 Ford Avenue, Suite 1300 Alexandria, VA 22302-1432 • (703) 600-7600 • (703) 379-2200

<http://www.naccas.org> naccas@naccas.org

Appendix #1

Revised 7/98

STATEMENT OF SCOPE

The following non-exhaustive list illustrates curricula and programs covered under NACCAS' scope of accreditation:

1. Advanced Cosmetology
2. Barbering
3. Beauty School Management
4. Cosmetology (Basic)
5. Esthetics and Skin Care
6. Ethnic Hair Studies
7. Hair Coloring
8. Hair Cutting
9. Hair Waving
10. Hair Removal
(Temporary and Permanent)
11. Makeup Specialist, including
stage and theatrical
12. Manicuring
13. Masseur or Masseuse Training
14. Permanent Waving
15. Platform Artistry
16. Refresher
17. Salon Coordination
18. Salon Management and Administration
19. Sculptured Nails
20. Shampoo Specialist Administration
21. Teacher Training
22. Wig Specialist

The following is a non-exhaustive list of cognate curricula and programs covered under NACCAS' expanded scope of accreditation, including programs unrelated to cosmetology or massage. Note that while NACCAS can accredit these programs within the institution's accreditation, they may not be eligible for purposes of federal student aid until such time as NACCAS applies for and secures an expanded scope from the U.S. Department of Education.

Cognate Areas (Expanded Scope)

(non-exhaustive)

1. Dental Assistant
2. Interpersonal Communication
3. Marketing/Advertising
4. Medical Assistant
5. Modeling
6. Nursing Assistant
7. Related Computer Training
8. Repair and Maintenance of Industry Equipment
9. Retailing and Merchandising, including Fashion
10. Salon Accounting
11. Spa/Health Club Management
12. Tanning