

INSTRUCTIONS FOR COMPLETING EXAMINATION APPLICATIONS

This is an active PDF form, click on each line and complete the necessary information.

Once application is complete, print, sign and have document notarized. Application must be submitted to the Board with required fees and photograph.

The following must be submitted with this application:

- Check or Money Order made payable to: Treasurer State of Ohio
- One recent, full face view wallet size photograph
- Documentation of completion of a tenth (10th) grade education

Examination fees are as follows:

Practical/Written/Managers	\$ 63.00
Practical/Written	\$ 31.50
Managers Only	\$ 31.50
Work permits	\$ 7.50

Examination fees are non-refundable and cannot be transferred to another date.

WORK PERMITS

If requesting a work permit a separate work permit application must be submitted along with this examination application. The work permit fee is \$7.50 and may be combined with other examination fees.

ADA REQUIREMENTS

All theory examination accommodation requests must be submitted to the Board along with the examination application. The request form must be completed in full and the affidavit section must be completed by a school administrator/representative and notarized. ADA request forms that have missing information will be returned for completion prior to the student receiving an examination date.

Theory examination accommodations request cannot be fulfilled unless a Theory Accommodation Request form is on file with the Board prior to the student's examination date. Faxed forms will NOT be accepted.

SPECIFIC DATES

If a student is unavailable for testing on specific dates, written notification must be submitted with the examination application.



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
Phone: (614) 466-3834 Fax: (614) 644-6880 www.cos.ohio.gov
JOHN R. KASICH, GOVERNOR
JAMES P. TRAKAS, EXECUTIVE DIRECTOR

EXAM FEE: \$31.50
PLEASE MAKE CHECK or MONEY ORDER
MADE PAYABLE TO: TREASURER, STATE OF OHIO
CASH WILL BE RETURNED.

ESTHETICS 600 HOUR COURSE APPLICATION FOR EXAMINATION

FULL NAME	LAST	FIRST	MIDDLE	MAIDEN
ADDRESS	STREET	CITY	STATE	ZIP
HOME TELEPHONE NUMBER AND AREA CODE			BOARD ASSIGNED STUDENT IDENTIFICATION NUMBER	
DATE OF BIRTH	MONTH	DAY	YEAR	SEX
COSMETOLOGY SCHOOL ATTENDED			COSMETOLOGY SCHOOL IDENTIFICATION NO.	
ADDRESS	STREET	CITY	STATE	ZIP

AFFIDAVIT

STATE OF _____
COUNTY _____ SS:

I hereby swear, or affirm, that the statements on this record are true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT (Must be signed in front of Notary)

Subscribed in my presence and sworn to before me this _____ day
of _____, 20 _____

NOTARY

SEAL

NOTARY PUBLIC (Commission expiration date required)

Must submit one recent photo of applicant with this application. Photo should be approximately 2.5" x 3.5", with a full-face view. The photo will be stamped/sealed and returned for identification purposes and must be displayed with license.

Please write your name and the last 4 digits of SS# or Board ID# on back of photo.

All applicants for an Ohio esthetics license must certify completion of at least a tenth grade education or pass a GED test administered by the Ohio State Department of Education. An education record/transcript or a copy of a diploma or a GED certificate must accompany this application. Proof of public school education is required from vocational and private school students.

A copy of driver's license or State ID with picture is required.

Amount Received \$ _____

COSMETOLOGY SCHOOL CERTIFICATION 600 HOURS OF ESTHETICS TRAINING

This is to certify that _____ has satisfactorily completed _____ hours of training in esthetics as enumerated below. Of this total, _____ hours were received since the last Monthly Hours & Attendance Report was submitted and is hereby verified and certified as true and correct.

Enrollment Date: _____ Completion Date: _____

Subject Area	Non-Clinic Hours	Clinic Hours
1. Sanitation & Bacteriology <ul style="list-style-type: none"> • Sanitation, Sterilization & Bacteriology • Dispensary Requirements and Operations 		
2. Anatomy <ul style="list-style-type: none"> • Head • Bones (full body) • Muscles, Nerves, Cells, Tissues (full body) 		
3. Specialized Equipment/Treatments <ul style="list-style-type: none"> • Electricity, Light Therapy • Safety and Effects • Brow Tinting/Waxing, Artificial Lashes 		
4. Massage <ul style="list-style-type: none"> • Client Health Issues and Pre- Screening • Preparation/Manipulations 		
5. Chemistry <ul style="list-style-type: none"> • Compounds and Mixture • Water, Chemistry and Effects • Ingredients, Chemistry, Cosmetics 		
6. Facial <ul style="list-style-type: none"> • Preparation • Equipment • Treatments 		
7. Skin <ul style="list-style-type: none"> • Skin Types, Textures, and Nerves • Histology, Elasticity and Nourishment • Diseases and Disorders 		
8. Make-up <ul style="list-style-type: none"> • Equipment, Implements and Products • Color Coordination and Contouring, Corrective Make-Up • Eye Make-Up 		
9. Salon Operations & Communications Skills <ul style="list-style-type: none"> • Human Relations, Career Development • Personality/Presentation • Salon Operation/Management • Sales/Interpersonal Skills 		
10. Cosmetology Laws and Rules <ul style="list-style-type: none"> • Ohio Cosmetology Statutes and Rules • Inspection and Enforcement 		
Total		

State of _____
 County _____ SS:

AFFIDAVIT

I hereby swear, or affirm, that the statements on this record are true and accurate, to the best of my knowledge & belief.

 Signature of School Representative (Must be signed in front of the Notary)

Subscribed in my presence and sworn to before me, this _____ day of _____ 20 _____.

NOTARY SEAL

 Notary Public—Commission Expiration Date Required