

INSTRUCTIONS FOR COMPLETING EXAMINATION APPLICATIONS

This application must be printed, signed with required signatures, notarized and submitted with the required fee(s) and photograph.

The following must accompany this application:

- **Check or Money Order payable to: Treasurer State of Ohio- $\text{\$}$ for \$31.50 or \$39.00 with work permit application**
- **One recent full face view wallet size photograph**
- **Documentation of completion of a tenth (10th) grade education**
- **A photocopy of your current, valid state issued driver's license, state ID card, or military ID card.**

WORK PERMITS

A Work Permit application and fee must accompany the original application, if desired. The fee for a Work Permit is \$7.50 and one check or money for the amount of \$39.00 may be submitted.

ADA REQUIREMENTS

Students requesting a reader for the written portion of the examination must submit a copy of the ADA Accommodation Request Form completed correctly.

SPECIFIC DATES

If a student is planning a vacation or is unavailable on specific dates, the Board must be notified in writing and the notification must be submitted with the exam application.

Please make sure the application is signed and notarized in all required areas and all dates are complete with month, date and year. Be sure all the correct fees and required proof of identification are included to avoid delays in processing. Applications missing required material may be returned.



The mission of the Ohio State Board of Cosmetology is to protect and support the public through regulation and education while promoting the integrity of the industry.

Lco gu'ROVt cncu 'Gzgewkxg'F k gewqt

1929 Gateway Circle, Grove City, Ohio 43123-9309

Phone: (614) 466-3834 Toll Free: (866)-642-6723

Fax: (614) 644-6880 WebSite: www.cos.ohio.gov

EXAM FEE ONLY: \$31.50
 MONEY ORDER, PERSONAL
 OR CORPORATE CHECKS
 ONLY- MADE PAYABLE TO:
 TREASURER, STATE OF OHIO- JOSH MANDEL
 CASH WILL BE RETURNED.

ITAC CREDIT HOUR APPLICATION FOR EXAMINATION

| | | | | |
|-----------------------------------|--------|-------|---------------------------------------|-----------|
| FULL NAME | LAST | FIRST | MIDDLE | MAIDEN |
| ADDRESS | STREET | | CITY | STATE ZIP |
| HOME TELEPHONE NUMBER (AREA CODE) | | | SOCIAL SECURITY 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) |
| <p>One recent unmounted photograph of the applicant, approximately 2-1/2" x 3-1/2", with a full-face view, is to be submitted with this application. The photograph will be returned with the license for identification purposes. Snapshots and home Polaroids will not be accepted. <i>Please write your name and social security number on the back of the photograph.</i></p> <p style="text-align: center;"><u>Do not use staples or tape.</u></p> | |

To be completed by Instructor or School Representative. Check one of the completed basic programs.

Board Assigned Student Identification Number _____

(1) ___ Cosmetologist (2) ___ Hair Designer (3) ___ Other

| BOARD ACTION | | | |
|-----------------|-----------------------|--------------------|-----------------------|
| APPROVED DATE | IDENTIFICATION NUMBER | WORK PERMIT NUMBER | SCHEDULED EXAM DATE |
| TYPE OF LICENSE | | EDUCATIONAL LEVEL | AMOUNT RECEIVED \$ |

CERTIFICATION OF OCAP COSMETOLOGY TRAINING

Students Name: _____ **State Board ID #** _____

Enrollment Date ____/____/____ **Program Completion Date** ____/____/____
MM DD YYYY MM DD YYYY

JUNIOR REQUIREMENTS :

| List the subjects that comprise the course of study. | Final Grade Per Subject | Credit Per Course (e.g. 1, 2, 3 credits) |
|---|--------------------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SENIOR REQUIREMENTS :

| List the subjects that comprise the course of study. | Final Grade Per Subject | Credit Per Course (e.g. 1, 2, 3 credits) |
|---|--------------------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total Number of Internship Hours Earned: _____ (if applicable)

This certification must be notarized.

State of _____
County _____ SS:

AFFIDAVIT

This certifies that _____ has successfully completed and passed the course as required.
(Name of Student)

Signature of School Principal or Director (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