



# 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](http://www.cos.ohio.gov)  
**JOHN R. KASICH, GOVERNOR**  
**JAMES P. TRAKAS, EXECUTIVE DIRECTOR**

## Internship Program Enrollment Information

Prior to any student participating in the internship program all of the required information must be electronically received and processed at the Board office. An internship enrollment form containing participating student's information along with a copy of the signed salon agreement is required for the processing of a student internship badge.

### Reminders:

Students are not permitted to begin work as an intern until a badge is received.

Students must have a valid form of picture identification with them at all times while working as an intern. This identification must be made available if requested by a Board inspector.

At any time a student changes the salon in which they are interning, a new salon agreement and enrollment information reflecting the salon change must be received and processed by the Board.

Salon Agreement form must be signed by a school representative, salon owner/manager, student, and parent of the student if student is under 18 years of age. **This agreement must be emailed to the Board along with the enrollment information form.**

Instructor must email [Larie.Mckenney@cos.state.oh.us](mailto:Larie.Mckenney@cos.state.oh.us) upon student's completion of the program.

Submit all Internship Enrollment information to [larie.mckenney@cos.state.oh.us](mailto:larie.mckenney@cos.state.oh.us) Questions: 614-728-0534

**Internship Enrollment Form and Salon/School Agreement must be received via email in order for the badge processing to take place.**

### Internship Enrollment Form Information

Student Name	First and last name of the student												
SSN – Social Security Number	Last four (4) digits of the student's social security number												
Program	Program of study – Must use the follow codes: <table border="0" style="margin-left: 40px;"> <tr> <td><b><u>CODES</u></b></td> <td><b><u>PROGRAM</u></b></td> </tr> <tr> <td>COS</td> <td>Cosmetology</td> </tr> <tr> <td>HD</td> <td>Hair Designer</td> </tr> <tr> <td>MAN</td> <td>Manicure</td> </tr> <tr> <td>EST</td> <td>Esthetics</td> </tr> <tr> <td>NAT</td> <td>Natural Hair</td> </tr> </table>	<b><u>CODES</u></b>	<b><u>PROGRAM</u></b>	COS	Cosmetology	HD	Hair Designer	MAN	Manicure	EST	Esthetics	NAT	Natural Hair
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Hrs. Completed/Credits Accrued	Number of clock hours or credits completed to date. Students must complete 50% of their required course before eligible to participate in the internship program. Career Technical School students must have completed and passed their entire junior year before they can be eligible to participate.												
Salon Name	Full name of the salon which student will be using for the internship program. If more than one salon will be used all must be listed.												
Salon ID#	The Board assigned identification number for the salon. Located on salon license.												
Salon Phone Number	Phone number to be used for contacting the salon.												
Name/Board ID# of Supervisor	First/last name and Board assigned identification number of the person(s) that will be in direct supervision of the intern at the salon.												