

## 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](http://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.**

## MANAGING ESTHETICIAN 150 HOUR COURSE 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)

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.**

**IF YOU ARE A LICENSED ESTHETICIAN, A COPY OF YOUR CURRENT, ACTIVE ESTHETICIAN LICENSE MUST ACCOMPANY THIS APPLICATION. FILL IN YOUR IDENTIFICATION NUMBER ON THE SPACE PROVIDED.**

**YOUR OHIO IDENTIFICATION NUMBER EST. \_\_\_\_\_**

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

Amount Received \$ \_\_\_\_\_

## COSMETOLOGY SCHOOL CERTIFICATION 150 HOURS OF MANAGERS TRAINING

This is to certify that \_\_\_\_\_ has satisfactorily completed \_\_\_\_\_ hours of training in management 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: \_\_\_\_\_

<b>Subject Area</b>	<b>Non-Clinic Hours</b>	<b>Clinic Hours</b>
<b>1. Cosmetology Laws &amp; Rules</b> <ul style="list-style-type: none"> <li>• Ohio Revised Code Statutes</li> <li>• Ohio Administrative Rules</li> <li>• License &amp; Permit Policy &amp; Procedures</li> <li>• Continuing Education Policies &amp; Procedures</li> <li>• Inspection &amp; Enforcement Policy &amp; Procedures</li> </ul>		
<b>2. Public Health and Safety</b> <ul style="list-style-type: none"> <li>• Sanitation Practices &amp; Procedures</li> <li>• Sterilization Practices &amp; Procedures</li> <li>• Dispensary Operations &amp; Procedures</li> <li>• Bacteriology, Contagious &amp; Communicable Disease Control</li> <li>• Salon Operations &amp; Procedures</li> <li>• Consumer &amp; Product Safety</li> </ul>		
<b>3. Advanced Techniques</b> <ul style="list-style-type: none"> <li>• Advanced Anatomy of the Skin</li> <li>• Advanced Treatment of Muscles &amp; Nerves</li> <li>• Advanced Facial &amp; Body Treatments</li> <li>• Salon Supervision &amp; Management</li> <li>• Specialized Equipment Use &amp; Control</li> <li>• Product &amp; Service Sales Training</li> <li>• Communication Skills</li> </ul>		
<b>Total</b>		

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