



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
(614) 466-3834 & Fax: (614) 644-6880 www.cos.ohio.gov

John R. Kasich, Governor

JAMES P. TRAKAS, EXECUTIVE DIRECTOR KIM THOMAS, CHAIRWOMAN

EXAMINATION PRE-SCHEDULE CHECKLIST

SCHOOL NAME: _____ SCHOOL ID#: _____

Pre-Scheduling packets can be submitted beginning February 1, 2012. It is important to confirm that all required information is completed in full before submitting the packet for scheduling. Packets received containing incomplete information will be returned to the school. Please keep in mind that students cannot be added to the pre-scheduled student list after the examination date as been scheduled.

All exam notification sheets and Board approved photos will be returned to the school unless otherwise requested.

Checklist:

- _____ Include list of students. **List must include the following information and be notarized:**
 - Student name
 - Student address
 - Social security number
 - Birth date
 - Student I.D. number
 - Phone number (home or cell)
 - Students requesting a work permit must be clearly indicated

- _____ Board ID Picture for each student – Student Name and Student ID number must be printed on the back of each photo. **It is important that the student ID number printed on the photo is correct.**

- _____ Program enrollment date, completion date, and course of study must be listed.

- _____ Indicate whether students are Cosmetology or Hair Designer.

- _____ Include career technical school graduation date and home school graduation date.

- _____ Instructor's name, contact number, and email address must be included.

- _____ Number of students with IEP requirements _____
ADA form must be submitted for each student that requires special accommodations.

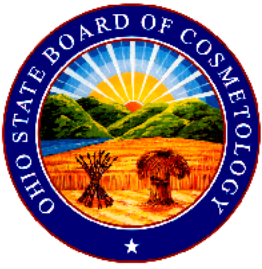
FEES:

\$39.00 Examination fee and work permit

\$31.50 Examination fee only

Payment must be received when applications are submitted. If submitting a single check for all students, please keep in mind fee amounts of \$39.00 and \$31.50 cannot be combined within a single check.

Please be sure to indicate on the application if the student's address has changed since the Pre-scheduling packet was submitted.



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It is the responsibility of the instructor(s) completing and submitting the pre-scheduling packet to ensure all documents are included and accurate. Any packet received with incomplete information will be returned and examination date will not be reserved.

Pre-scheduling packets MUST include this 2-page document and be notarized to be accepted.

If you have questions, please contact Paula Samples at (614) 644-6144.

* * * * *

AFFIDAVIT-THIS SECTION MUST BE NOTARIZED

I swear or affirm that all information contained on this document is true and accurate to the best of my knowledge and belief.

Signature of Instructor (Must be signed in front of notary)

State of _____
County of _____

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

Notary Public Signature (Commission Expiration Date is required) NOTARY SEAL

(Rev. 09/11 replaced 09/09)