



**Kansas Board of Cosmetology**

714 SW Jackson Ave Suite 100 • Topeka, KS 66603-3751

(785) 296-3155 • Fax: (785) 296-3002

E-mail: kboc@kboc.ks.gov • www.kansas.gov/kboc

**APPLICATION FOR PRACTITIONER LICENSURE**

**Once you have completed your instructional training, complete this application online, print and forward this application with the documentation outlined below and the fee to the Kansas Board of Cosmetology at the above address.**

Kansas law, K.S.A. 65-1905, requires an applicant seeking licensure in the cosmetology, esthetics, electrology, or nail technology profession:

- Submit a \$45 non-refundable fee;
- Submit verification the applicant is a graduate of an accredited high school or equivalent thereof (General Education Diploma (GED) is accepted as "equivalent thereof");
- Submit verification of date of birth; and
- Submit verification that the applicant completed the required curriculum as outlined in K.A.R 69-3-8.

In addition to submitting the practitioner application and temporary permit application (if applicable), you must, at the same time, also register for the licensure exams with the licensure exam contractor, Prometric (www.prometric.com). If you previously registered with Prometric, it is not necessary to register again unless you failed to report for the exam(s) or failed the exam(s).

Should you wish to make application for a temporary permit, complete that application and submit the application fee with this practitioner application and fee. Thoroughly read the temporary permit application form which may be accessed at the above listed KBOC website. (If submitting applications for practitioner licensure and temporary permit licensure, submit one check or money order for both fees. If fees are paid by credit card, complete the credit card information for both fees on this practitioner license application.)

Once this practitioner application is determined to comply with Kansas Law, KBOC will notify the licensure exam contractor to schedule you for the exam(s). Prometric will notify you by letter regarding the scheduling of your exam(s).

**To be granted a license the applicant must successfully complete all sections of the Kansas licensure examinations. Therefore, you are advised to thoroughly read the Kansas Candidate Information Bulletin available at Prometric's website. This information will assist in exam preparation.**

Applicant Information	
Check the license type for which you are applying: Cosmetology _____ Nail Technology _____ Esthetics _____ Electrology _____	
Name: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
Last	First
Address: _____ (Street) (City/State) (Zip)	
Phone Number: (____) _____	Date of Birth: _____ *Social Security Number: _____
(mm/dd/yyyy)	
E-mail address: _____	
**Previously used name(s) that might appear on supporting documentation: _____	
<small>*Pursuant to K.S. A. 74-139, the applicant shall be requested to provide the social security number of said applicant. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicant's social security number and address.</small>	
<small>**If you have had a legal name change, please include a copy of the court documents verifying the change of name.</small>	

Citizenship Status	
Pursuant to federal law, a person who is not a U.S. citizen is not eligible for licensure unless the person is a qualified alien or a nonimmigrant. Are you:	
<input type="checkbox"/> a U.S. Citizen.	<input type="checkbox"/> a permanent resident/resident alien.
<input type="checkbox"/> a nonimmigrant whose visa for entry is related to employment in the United States.	<input type="checkbox"/> a nonimmigrant with a visa: _____ <small>Type of Visa (e.g. F-1; F-2; H-1B)</small>

Instruction/Training	
Cosmetology school attended: _____	
Dates of attendance From: _____ To: _____	Hours Attained: _____

<p><b>Verification of Date of Birth</b> - Attach to this application a legible photocopy of your current government issued photo identification (i.e. drivers license, state identification card, or military identification). If the name and/or address on the application and the identification document are not the same or if the identification photocopy is not legible, the application will not be processed and will be returned to you.</p> <p><i>It is necessary you submit another photocopy of your identification with this application, although you may have submitted the document previously. If the address on the application and the identification document are not the same, the application will not be processed and will be returned to you.</i></p>
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**High School Education:**

**Has your education information previously been submitted to the Kansas Board of Cosmetology?** Yes  No  If no, complete the section below.

Name of Accredited High School: \_\_\_\_\_ City/State \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ (It is your responsibility to contact the high school from which you graduated and have the school fax a copy of your transcript to the Kansas Board of Cosmetology at 785-296-3002.)

General Education Diploma (GED): State: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

(It is your responsibility to contact the testing facility or the State Board of Education from which you attained a GED and request verification of your completed GED be faxed to the Kansas Board of Cosmetology at 785-296-3002.)

Foreign Diploma: Country: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

(If you received a high school education from a country other than the United States, it is your responsibility to have education document verified by Education Credential Evaluators. Educational verification will only be accepted from ECE. ECE forms may be located at www.ece.org.)

**Affidavit of Identity**

If your name on the high school document is different than your applicant name, access the affidavit of identity form located at the KBOC website. Submit the completed form and name change document with this application if not previously submitted.

**Felony Conviction**

**Have you ever been convicted of a felony?** Yes  No

If you have been convicted of a felony attach a certified copy of the court order outlining the charges, convictions, sentencing orders, and discharge document (if applicable). You will be required to appear before the Board to "demonstrate you have been sufficiently rehabilitated to warrant the public trust." K.S.A. 65-1908. A license will not be issued until the Board has reviewed the required documentation and you have appeared before the Board. The Board will then deliberate and make a decision regarding your licensure application.

**Fee Payment**

To pay the non-refundable \$45 fee by check or money order, attach the fee to the front of this completed application. Check or money order shall be made payable to the Kansas Board of Cosmetology. For credit card payment, complete the section below:

Payment Type:  American Express  Discover  Mastercard  Visa

\_\_\_\_\_ \$  
Credit Card # \_\_\_\_\_ Expiration Date (mo/yr) \_\_\_\_\_ Fee Amount

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Card Holder's Printed Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Card Holder's Signature

**Attestation and Notarization—At this point print this completed application**

You may only sign and date this attestation before the individual who will notarize the document. Once the form is signed and notarized, forward the completed application and all attachments to the Kansas Board of Cosmetology.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. County: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Notary Seal

Fee \_\_\_\_\_

Number \_\_\_\_\_

Expires \_\_\_\_\_