



**Kansas Board of Cosmetology**  
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 (785) 296-3155 • Fax: (785) 296-3002  
 E-mail: kboc@kboc.ks.gov • website:www.kansas.gov/kboc

## APPLICATION FOR APPRENTICE LICENSURE

An individual who enrolls in a Kansas cosmetology, nail technology or esthetics school must attain an apprentice license. Kansas law K.S.A 65-1912, mandates the individual submit the apprentice licensure application and non-refundable fee to the Kansas Board of Cosmetology "not more than 15 days after" the individual's enrollment in the school. Failure to do so may result in legal action and instructional hours may not be credited towards your training.

The Kansas Board of Cosmetology will forward your apprentice license and a Kansas law booklet to the school you are attending. At this point the school will post your license and forward to you the booklet which includes the laws and regulations that govern KBOC licensees and establishments. It is necessary you be knowledgeable of Kansas laws and regulations. Should you misplace the Kansas law booklet, you may purchase another by contacting the Board and submitting a \$5 fee.

A licensed apprentice may only provide consumer services in the school in which they are enrolled. It is a violation of law for an apprentice to provide consumer services in any other location. To do so subjects the apprentice to legal action which will include a monetary fine and conditions placed on future licensure. Any establishment that allows an apprentice or an unlicensed individual to provide consumer services is also subject to legal action as outlined in K.S.A 65-1908.

**Complete this application online, print, and provide to the school in which you are enrolled. Include the following with this application in the order listed:**

1. Non-refundable \$15 application fee (if paying by check or money order);
2. This fully completed form; and
3. 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.*

Applicant Information—this application includes two pages. Complete this form online.			
Name:	_____	_____	_____ Male <input type="checkbox"/> Female <input type="checkbox"/>
	Last	First	Middle
Address:	_____		
	(Street)	(City/State)	(Zip)
Phone Number:(_____)	Date of Birth: _____	*Social Security Number: _____	
	(mm/dd/yyyy)		
**Previously used name(s) that might appear on supporting documentation: _____			
<b>Citizenship Status:</b> 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 with a visa: _____			
<input type="checkbox"/> a nonimmigrant whose visa for entry is related to employment in the United States.              Type of Visa (e.g. F-1; F-2; H-1B)			
<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>			
<small>Attach to this completed form 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.</small>			

Enrollment Information			
Check the course in which you are enrolled:	Cosmetology _____	Nail Technology _____	Esthetics _____ Electrology _____
Name of school in which you are enrolled:	_____		City: _____
Start date for this enrollment period:	_____	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
	(mm/dd/yyyy)		
Have you previously attained training in any of the above listed professions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the name and city of the school.			
_____			
Dates of attendance at this school: From:	_____	To: _____	Hours earned: _____
Has the school in which you are currently enrolled requested the training hours from the school(s) you previously attended? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you attended another school in addition to the one listed above, attach the information on a separate sheet of paper with this application.			
Pursuant to K.A.R. 69-3-26, "within 30 days after enrollment of a transfer student, a school shall obtain verification of the students prior course of training including subjects, the number of hours, and practice services completed by the student."			

Enrollment information for additional training or extension of training	
Should it be necessary that an apprentice attain an additional apprentice license beyond the expiration date of the initial apprentice license, it is necessary this section be completed and submitted with the nonrefundable \$15 fee. This additional apprentice license will be sent to the school you are attending. (K.A.R. 69-4-12) Provide the first date for this enrollment period for this additional/extension of training. _____ Provide the current apprentice license number _____.	
	(mm/dd/yyyy)

### Fee Payment

To pay the non-refundable \$15 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

### High School Education

*Once your instructional training is complete you will submit a practitioner licensure application. The law mandates the practitioner licensure application include verification of graduation from an accredited high school "or equivalent thereof." A General Education Diploma (GED) is accepted as the "equivalent thereof." (K.S.A. 65-1905)*

*Because you will want to become a licensed practitioner as quickly as possible following completion of instructional training, you are advised to have verification of your high school education document forwarded to the Board office as soon as possible. Your efforts at this time will facilitate the timely processing and approval of your practitioner licensure application. Educational verification will only be accepted as outlined below.*

**Choose the appropriate response:**

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 the education document verified by Education Credential Evaluators. Educational verification will only be accepted from ECE. ECE forms may be located at [www.ece.org](http://www.ece.org).)

*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. The completed form and name change document must be submitted to KBOC prior to submission of your practitioner licensure application.*

### 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. The Board will then deliberate and make a decision regarding your licensure application. At no time may you begin instructional training until you receive written confirmation of the Board's determination regarding the apprentice license.

### 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 the government issued photo identification to the Kansas Board of Cosmetology address listed above.

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

The Kansas Board of Cosmetology will not process an incomplete or illegible application. The Board will return the application to you, thus delaying your licensure as an apprentice.

Office Use Only:

Fee \_\_\_\_\_

Number \_\_\_\_\_

Expires \_\_\_\_\_