

Examination Application

Examination Fee \$65.00 for practical - Must be submitted with this application

Please PRINT using blue or black ink. You must answer all questions.
 If you have a disability and require accommodations please contact the Cosmetology Section's office.

Type of examination you are applying for:

Cosmetology **Manicure** **Aesthetician** **Instructor** **Electrology**

First Name		Middle Name	Last Name		Social Security Number	
Address			City	State	Zip Code	Phone Number ()
Date of Birth	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native				
Beauty School Attended		Date training began		Date completed training		Total hours completed
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Email Address (REQUIRED – all correspondence sent from the Cosmetology Section regarding your examination will be sent via email)						
Are you a first time applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		What language do you prefer to take the written exam in? (circle one)				
<input type="checkbox"/> practical only		ENGLISH SPANISH VIETNAMESE KOREAN				
<input type="checkbox"/> written only		Have you ever been licensed in any phase of Cosmetology? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Is the license current? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of license? _____				
<input type="checkbox"/> written and practical		If yes, in what State(s) were you licensed? _____				

This application must be completed in proper form and submitted with the \$65.00 practical examination fee – written examination fee is paid directly to PSI.

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Applicant's Signature	Today's Date
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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date _____	Date _____	Date processed _____
Written Score _____	Practical Score _____	License # _____
		Receipt # _____