

# Examination Application

**Being convicted of a felony as provided under § 17-3-102 may disqualify you from licensure, please complete and submit preclicensure petition (link below) before submitting an examination application.**

[https://www.healthy.arkansas.gov/images/uploads/pdf/Act\\_990\\_Prelicensure\\_petition\\_.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Act_990_Prelicensure_petition_.pdf)

## Written Examination 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		Race	
	MALE	FEMALE	Black	White
			Am. Indian	Hispanic
			Asian	Alaskan Native
Beauty School Attended	Date training began		Date completed training	Total hours completed
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<b>Email Address (REQUIRED – all correspondence sent from the Cosmetology Section regarding your examination will be sent via email)</b>				
What language do you prefer to take the <b>written</b> exam in?				
ENGLISH	SPANISH	VIETNAMESE	KOREAN	
Have you ever been licensed in any phase of Cosmetology?		YES	NO	
If yes, Is the license current?		YES	NO	If yes, what type of license? _____
If yes, in what State(s) were you licensed? _____				
Have you ever been convicted of or found guilty of or entered a plea of guilty or nolo contendere to any offense that would constitute a felony?				
Yes	No	If yes, please list felony(s) _____		
Have you ever been convicted of or found guilty of or entered a plea of guilty or nolo contendere to any offense that would constitute a felony during or after your enrollment in school?				
Yes	No	If yes, please list felony(s) _____		
Have you completed and submitted a preclicensure petition? Yes ___ No ___				
Applicant's Signature			Today's Date	

This application must be completed in proper form and submitted to the Section– examination fee is paid directly to PSI. Revised 09.20  
 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.