



KANSAS BOARD OF COSMETOLOGY
714 SW Jackson, Suite 100 ▪ Topeka, KS 66603
Telephone: (785) 296-3155 ▪ Fax: (785) 296-3002
E-mail: Kboc@ks.gov ▪ Website: www.kansas.gov/kboc

Out of State Body Art Examination Application Checklist:

With your Exam Application Include the Following:

- A copy of your valid Driver's License or State ID
- Final operating report with notarized signature of your trainer.
- Curriculum of your training program with notarized signature of your trainer.
- Copies of 50 completed Board approved release forms from your apprenticeship. (Body Piercers must have at least five (5) in each basic piercing category). Triple check and make sure the client records are **COMPLETE!**
- Verification of eight (8) hours Board approved infection control and bloodborne pathogens training,(Body Piercers must include copy of CPR certification.)
- Exam Application Fee \$50.
- Verification from the issuing party that your trainer was licensed during your apprenticeship.
- Have you requested your High School or GED transcripts to be sent directly from the issuing party to the Board office?**

If not, you need to for your application to be complete. Verification can be faxed, emailed, or mailed but it must come directly from the issuing party to the Board office.

High school transcripts may be held by the high school or they may be held by the school district office. To request your high school transcript, contact the high school office that maintains your graduation records and request a copy of your transcript which denotes your date of graduation be faxed or mailed to this office.

General Equivalency Diploma (GED) records may be held at the location where you took your GED or they may be held in a central office within the State Board of Education. You will need to contact the office where GED records are held and request a copy of your GED transcript be faxed or mailed to this office.

If you obtained your high school education outside of the 50 United States you will need to submit your high school documents to Educational Credential Evaluators, Inc. (ECE) to have the diploma certified as equivalent to the United States high school education standards. At your expense, you will need to forward the original high school diploma to the credentialing organization ECE. Their website is www.ece.org. After verification of the document is complete, the ECE will return the document to you. The verification report will be sent to the Kansas Board.

The Board asks that you allow 7-10 business days to process information received.

Work is processed in the order it is received.

Application confirmation and updates will be sent to the email address provided on the application.



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OUT OF STATE APPLICATION FOR EXAMINATION

YOU APPLICATION IS NOT COMPLETE UNLESS YOU HAVE SUBMITTED ALL REQUIRED DOCUMENTATION OUTLINED IN THE CHECKLIST

Applicant Information

Type: Tattoo Artist: _____ Cosmetic Tattoo Artist: _____ Body Piercing Technician: _____

Name: _____ Male Female
Last First Middle

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: _____

If you have had a legal name change, please include a copy of the legal documents verifying the change of name (marriage license, divorce decree, government issued ID, etc.).

* Disclosure is mandatory for licensure and authorized by KSA 74-148 and 74-139. It is used to verify identity and license individuals lawfully residing in the U.S. 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.

Fee Payment

To pay the non-refundable \$50 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: MM/YY Fee Amount

_____ (_____) _____
Card Holder's Printed Name Card Holder's Zip Code Daytime Phone Card Holders Signature

Felony Conviction

Have you ever been convicted of a felony? Yes No List dates of all convictions: _____

If you have been convicted of a felony, attach a certified copy of all court documents outlining charges, convictions, sentencing and discharge. Also, attach the completed Felony Conviction Form and Felony Monitoring Form (where applicable) to this application, which can be found on our website under Forms and Applications. Pursuant to K.S.A. 65-1908(a)(4), you must demonstrate that you have been sufficiently rehabilitated to warrant the public trust which may include requesting a hearing to appear before the Board Disciplinary Panel. Failure to notify the Board of any additional or subsequent conviction(s) may result in disciplinary action.

Training

Training received from: Trainer Name: _____ Trainer License Number: _____

Facility Name: _____ **Facility Address:** _____

Training Start Date: _____ **Training End Date:** _____ **Total Hours:** _____ **Total Procedures:** _____

(The KBOC will only recognize hours and procedures obtained through a valid apprenticeship under a practitioner licensed in the field in which you apprenticed.)

Attestation

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

Applicant's Signature: _____ **Date:** _____