



**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](mailto:Kboc@ks.gov) ▪ Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

Out of State Body Art Examination Application Checklist:

**With your Exam Application Include the Following:**

Legible photocopy of your social security card and your current government issued photo identification

Final operating report with notarized signature of your trainer.

Curriculum of your training program with notarized signature of your trainer.

Verification of 50 completed procedures. Please refer to [Policy 003-12 Verification of Body Art Completed Procedures](#) for submission guidance on this requirement.

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?**

PLEASE NOTE

The name on the application and the identification documents must match exactly.

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 (issuing party includes services obtained by the issuing party for sending education documents digitally such as Parchment, GED Diploma Sender, etc. ).

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 completed high school outside of the U.S., your high school transcript must be verified and evaluated for education equivalency. Contact Educational Credential Evaluators, Inc., (ECE) or AEQUO International (AEQUO) by using their websites. The Board only accepts verifications completed by ECE or AEQUO. The ECE or AEQUO verification must be sent to this office directly from ECE or AEQUO.  
ECE:<https://www.ece.org/> AEQUO:<https://aequointernational.com/>

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 [ ]
Address: \_\_\_\_\_
Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_
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 \$50

Credit Card Payment \$50
1). Go to the Board website: www.kansas.gov/kbcoc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Practitioner Initial License Fee
4). Record your Order ID # from your emailed receipt below
Order ID # \_\_\_\_\_
Check or Money Order Payment \$50
1). Complete this form
2). Make Check or Money Order Payable to the Kansas Board of Cosmetology
3). Mail form and payment to the Board office at the address provided above.

Military Service (Complete if Applicable)

Military Service (Provide a copy of your CAC card or your Military ID)
Military Service Member (Provide your DD-214 and separation date below)
Military Spouse (Provide a copy of your CAC card or your Military ID)
Separation Date: \_\_\_\_\_

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: \_\_\_\_\_
(Type or Sign)

Save your completed application and email it to michaela.ewing@ks.gov
★ Don't forget to attach your ID!