

Kansas Board of Cosmetology 714 SW Jackson Suite 100 Topeka, KS 66603 Telephone: (785) 296-3155 Fax: (785) 296-3002 Email: Kboc@ks.gov Website: www.kansas.gov/kboc

Dear School Administrators,

Your school license expires every year on June 30th.

1) Please submit your current enrollment agreement, the current rules and regulations of the school, and the refund policy along with your school renewal application.

2) The Board issues approval letters for the programs offered at your school during renewal. Please submit the following information for each program for which you would like to receive approval from the Board:

- Program curriculum
- Program class schedule for full and part-time students.
- Program specific enrollment agreement and rules if applicable.

If your school is regionally or nationally accredited, you may send a copy of your current school catalog in lieu of the above requested documents for renewal and program approval. All documents requested must be included in the school catalog or must be provided in addition to the catalog.

KBOC program approval letters will be issued upon receipt of the requested program information. Submissions should be organized, compiled electronically and emailed directly from the school to <u>Kboc@ks.gov</u>.

Authorized by KSA 65-1903(a)(6)(i); KSA 69-3-28; KSA 65-1903(a)(2)(A)



Kansas Board of Cosmetology

714 SW Jackson Suite 100 Topeka, KS 66603 Telephone: (785) 296-3155 Fax: (785) 296-3002 Email: Kboc@ks.gov Website: www.kansas.gov/kboc

School License Renewal

The lawbook is available on the KBOC website and through the KBOC app found on Google Play and the App Store

SCHOOL NAME

LICENSE NO.

LICENSE EXIPIRES 06/30

ADDRESS

Operating a school with an expired license subjects the school owner (s) and students (s) to disciplinary action and a monetary fine.

NOTICE

You must notify the Board office if you have not received your license within 30 days of the date of your renewal or application submission. Failure to do so may result in a \$25 duplicate license fee

ONLINE RENEWAL

Go to the Board website: <u>www.kansas.gov/kboc</u>

1). Click the "Renew My License" button from the menu bar

2). Follow the Online Renewal instructions under Option One

RENEW BY MAIL

Credit Card Payment \$75/\$105(See Below)

- 1). Go to the Board website: www.kansas.gov/kboc
- 2). Select Payment Portal from the Top Menu Bar
- 3). Transaction Item = Facility Renewal Fee

4). Record your Order ID # from your emailed receipt here: _

Check or Money Order Payment \$75/\$105 (See Below)

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.

FEES (No license fee shall be charge to a school under Board of Regents. KSA 65-1903 (F))

DO NOT SUBMIT A RENEWAL FEE IF THIS SCHOOL IS CERTIFIED BY THE KANSAS BOARD REGENTS (KBOR)

\$75 – renewals postmarked or submitted online <u>before</u> midnight on 06/30 \$105 – renewals postmarked or submitted online after 06/30 up to 30 days. *

Kansas schools certified by KBOR can be verified on the KBOR website: www.kansasregents.org

*School licenses expired for more than 30 days cannot be renewed.

FELONY CONVICTION		
Has any owner been convicted of a felony? Yes	No	If yes, you must provide your case number(s):

If this is the first time you have notified the Board of this conviction, you must submit form #77 Felony Reporting Packet, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1908, failure to disclose all felony conviction(s) may result in disciplinary action.

BOARD CONTACT (list at least two school staff persons responsible for Board communications)				
PRIMARY BOARD CONTACT #1		SECONDARY BOARD CONTACT #1		
Name	Name			
Title	Title			
Phone	Phone			
Email	Email			
By signing this form, I certify that I am the owner OR authorized agent of the owner of this school and am requesting renewal of this school license. I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct.				
Email Address:	Pho	one:		
Printed Name:	Signature:	Date:		
		nd/or submit the appropriate fee is an incomplete application. This will he expiration date of your license, the appropriate delinquent fee must be		

enclosed.