



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

PETITION FOR ADVISORY OPINION
OF FELONY CONVICTION(S)

For submission of documentation to the Disciplinary Panel, individual must:

- Complete and submit the Felony Reporting Packet for all felony convictions within the last 5 years
Submit court documentation for each disclosed felony conviction
Pay the \$50 one-time felony advisory opinion fee

Credit Card Payment \$50

- 1). www.kansas.gov/kboc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Felony Advisory Opinion
4). Record your Order ID # from your emailed receipt here: \_\_\_\_\_

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.

Please enclose the following:

- 1. \$50 Felony Advisory Opinion fee

1) NAME: Last First Middle

2) ADDRESS: Street City State Zip

PHONE: Email:

3) DATE OF BIRTH SOCIAL SECURITY #

(Pursuant to K.S.A. 1990 Supp. 74-139, the applicant shall provide his/her social security number. 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. Disclosure is mandatory for licensure and authorized by K.S.A. 74-148. It is used to verify identity and license individuals lawfully residing in the U.S.)

Once all documentation is complete and submitted, documentation will be forwarded to the Disciplinary Panel for review. A determination will be made and an email and/or letter will be sent regarding the outcome of the determination

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

Date Signature of Applicant: (Type or Sign)



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## FELONY CONVICTION REPORTING INSTRUCTIONS

### FELONY REPORTING

**What types of convictions must be disclosed?** You must report all felony convictions within the last five years, even if they did not occur in Kansas or you were told they did not appear on a background check. You DO NOT have to report pending felony charges or convictions that have been expunged or pardoned.

**Why do I have to report my felony conviction?** By law, the Board of Cosmetology may consider your felony conviction in deciding whether to grant your application for a license.

### REQUIRED DOCUMENTS

The Board requires you to submit the following:

- Application
- Felony Conviction Disclosure Form
- Felony Conviction Monitoring Form (If you are currently on probation, parole or post-release supervision)
- Court Documents for each case:
  - Complaint or Indictment (Charges filed against you)
  - Journal Entry of Sentencing (Shows convictions and sentencing by the Court)
  - Proof of Completion of Probation or Release from Supervision (if applicable)

**The application, forms and court documents should be sent to the Board in the same envelope.**

**Incomplete submissions will be returned.**

**What is the Felony Conviction Disclosure Form?** \*This form is required.\* This form provides the Board with information about your conviction in enough detail to permit the Board to make a decision regarding your application.

**What is the Felony Conviction Monitoring Form?** \*This form is only required IF you are currently serving probation, parole, or are on post-release supervision.\* This form provides the Board with information regarding your conviction from the monitoring agency. If you are currently serving probation, parole or are on post-release supervision, you must have your monitoring agency complete this form.

**How do I obtain court documents?** Court documents can be obtained at the Courthouse from the Clerk of Courts in the County conviction. If, for some reason, the documents are unavailable, you must provide a letter from the Court stating the documents are not available.

**What if my conviction was in another state?** It may take some time to obtain your court documents. Most states require that you submit your request in writing along with a payment in order to obtain records.

### REVIEW PROCESS

**What does the Board consider when determining whether to grant a license?** In determining whether to grant your application for a license, the Board considers the following:

1. The nature of offense
2. Any aggravating or extenuating circumstances
3. The time since offense
4. Rehabilitation or restitution
5. Your present moral fitness
6. Your consciousness of wrongful conduct
7. Your age/maturity at time of offense
8. Your present competence/skill

**What happens next?** After the Board receives your application, forms and court documents, your file will be reviewed by the Board's Disciplinary Panel. If the Board approves your application, your license will be issued. If the Board does not approve your application, you will receive an Order stating the reasons for denial.



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**FELONY CONVICTION  
DISCLOSURE FORM**

**APPLICATION TYPE**

**COSMETOLOGY**

- Apprentice
- Practitioner
- Renewal
- Establishment
- Instructor

**BODY ART**

- Apprentice
- Practitioner
- Renewal
- Establishment
- Trainer

**APPLICANT/LICENSEE INFORMATION**

NAME		EMAIL	
HOME ADDRESS	CITY	STATE	ZIP
PHONE	CELL PHONE	DATE OF BIRTH	LICENSE NO. (IF APPLICABLE)

**CASE INFORMATION** (Attach additional sheets if you need to list more cases)

COURT NAME	CASE NO.	CRIME - CONVICTION(S)	ATTACH THE FOLLOWING:
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)

**CASE STATUS**

Are you currently on probation, parole or post-release supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
When did you complete probation, parole or post-release supervision?			<input type="checkbox"/> NA
Have you paid all court ordered restitution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have you completed all court ordered treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If you have not paid all court ordered restitution and/or completed all court ordered treatment, explain why.



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**FELONY CONVICTION  
DISCLOSURE FORM**

**EXPLANATION OF CRIME**

For each of your convictions, explain why and how you committed the crime. Also, explain if there were any special circumstances that you would like the Board to know regarding the crime.

Do you take full responsibility for the crime or were there circumstances that were beyond your control that caused you to be charged with the crime?



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**FELONY CONVICTION  
DISCLOSURE FORM**

**REHABILITATION**

Explain what you have done to rehabilitate yourself since you were convicted. Examples include attending treatment and therapy, activities and employment, etc. You may also attach letters of recommendation, certificates of completion of treatment.

Explain why the Board should grant your request for a license.

**CERTIFICATION**

I declare under penalty of perjury under the laws of the State of Kansas that the information contained herein is true and correct. I understand providing false information may constitute grounds for denial of my application pursuant to K.S.A. 65-1908.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED



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**FELONY CONVICTION  
MONITORING FORM**

**INSTRUCTIONS**

You must submit this form if you are currently on probation, parole or post-release supervision. Complete the Authorization to Release Confidential Information portion of this form and give it to your monitoring agency to complete the rest.

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I hereby authorize \_\_\_\_\_ (*Name of Monitoring Agency*) to release confidential information in its records, possession or knowledge, regarding the status of my case(s), to the Kansas Board of Cosmetology. This information will be used to determine whether the Kansas Board of Cosmetology should grant my application for a license.

COURT NAME	CASE NO.	COURT NAME	CASE NO.
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DEFENDANT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**MONITORING AGENCY INFORMATION**

MONITORING AGENCY	NAME OF MONITORING OFFICER		
EMAIL ADDRESS	PHONE		
ADDRESS	CITY	STATE	ZIP

**Case Information**

Date monitoring began: \_\_\_\_\_

Date monitoring scheduled to end: \_\_\_\_\_

Was the applicant the principal participant or an accessory?

Principal

Accessory

Was the crime premeditated or spur of the moment?

Premeditated

Spur of the moment

Were there damages or injury to the victim?  Yes  No

Did the applicant make restitution to the victim?  Yes  No

**Compliance Status**

Compliant as of this date with all terms and conditions of monitoring and no revocation is pending.

Non-compliant on this date with terms and conditions of monitoring as follows:

\_\_\_\_\_

**Comments**

\_\_\_\_\_

**REFUSAL TO COMPLETE FORM**

I am unable to complete this form or to disclose any information regarding the defendant.

**CERTIFICATION**

MONITORING OFFICER'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_