



CONGRATULATIONS ON COMPLETING YOUR TRAINING!

The following is a checklist of the steps that you need to complete for you to obtain your Kansas practitioner license. Once all steps of the application have been completed and you have passed all portions of the Board exams your license will be automatically mailed to you at the address provided on your license application.

USE THIS CHECKLIST TO SPEED THE PROCESSING OF YOUR APPLICATION

All applicants are required to provide the following:

- 1) A fully completed, typed Practitioner License Application;
- 2) \$60 non-refundable application fee;
- 3) A clear/legible copy of your social security card and a current U.S. government issued photo ID
- 4) Name change documents if applicable;
- 5) Verification of completion of instructional/training hours; and
- 6) Verification of graduation from an accredited high school or equivalent provided the issuing party (issuing party includes services obtained by the issuing party for sending education documents digitally such as Parchment, GED Diploma Sender, etc.).

Step One: The fully completed, typed Practitioner Licensure Application:

Access the practitioner application on the Board website <https://www.kansas.gov/kboc/resources/forms-and-applications>

- A. Type your information onto the application while it is still on the computer.
- B. When all of your information has been entered on the application, print the application. All the information you entered on the computer should appear printed on the application.
- C. Mail the original application to the Board with the \$60 fee and identification documents listed below. The Board address is listed in the upper right hand corner of the application.

Step Two: The \$60 non-refundable licensure application fee:

Payment of your application fee should be made payable to the Kansas Board of Cosmetology by check or money order. To pay by credit card, complete the payment section on the application below.

Step Three: A clear/legible copy of your social security card and your current U.S. government issued

photo ID: When you submit your licensure application, include a copy of your social security card and current US government issued photo ID. The name on the ID and social security card must match. The photo must clearly show your face and all information on the ID and social security card must be easily readable. Faxed copies will not be accepted as the photos on faxed identification documents do not print legibly.

❖ Examples of acceptable current US government issued photo IDs:

- A driver's license;
- State ID card with photo;
- Military identification card; or,
- Valid alien resident card with photo.

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

Step Four: Name Change documents:

Should any of the checklist items that are being submitted as part of your application list a name that is different than the name you are entering on your licensure application, you must include a copy of the court document(s) verifying the name change. Include this additional name in the space provided on the licensure application.

❖ Examples of documents that may have a different name on them:

- Your high school transcript or GED;
- Your apprentice license application; or,
- Your instructional/training hours.

❖ Examples of acceptable court documents verifying name change:

- Marriage license;
- Divorce papers; or,
- Naturalization-Petition for Name Change.

Step Five: Verification of completion of instructional/training hours.

The instructional/training hours required for each profession are as follows:

Cosmetology – 1,500;
Esthetics - 1,000; and
Manicure – 350.

Your school must submit your training hours to the testing company on the Ergometrics website, www.cosmetologykansas.com. Additionally you must include your training information on the Practitioner Licensure Application. It must include the name and location of the school(s) where you obtained training. It must list the complete dates of attendance at that school (example mm/dd/yyyy to mm/dd/yyyy), and list the total number of hours you completed at that school. .

Submission of professional instructional/training attained outside the United States:

If you completed any professional training outside of the United States it must be verified and evaluated for training equivalence. The verification must include information regarding the duration of training, the number of instructional hours, and the subject matter of the training. Contact an educational credential evaluation company and request verification be sent directly to our office. We cannot accept this documentation from applicants. The Board will consider approval of credential evaluations on a case by case basis and does not guarantee acceptance. You can find lists of accredited educational credential service providers here: <https://www.naces.org/> <https://aice-eval.org/>

***Step Six: Verification of graduation from an accredited high school or equivalent:**

You must submit a high school transcript along with your application in order for it to be processed. 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.

High school education attained outside the United States:

If you completed high school outside of the U.S., your high school transcript must be verified and evaluated for educational equivalency. Contact an educational credential evaluation company and request verification be sent directly to our office. We cannot accept this documentation from applicants. The Board will consider approval of credential evaluations on a case by case basis and does not guarantee acceptance.

You can find lists of accredited education credential service providers here: <https://www.naces.org/> or <https://aice-eval.org/>

ADDITIONAL IMPORTANT INFORMATION

Exams:

You are responsible for reading and understanding all of the testing information in the Exam Preparation Guide provided by the testing company Ergometrics. Access the Exam Preparation Guide on the Ergometrics website, www.cosmetologykansas.com. Should you have questions about the exam, contact Ergometrics by clicking on “Contact Support” on the Ergometrics website, www.cosmetologykansas.com.

Temporary permits:

A temporary permit is available for you if you have completed your instructional/training and are waiting to take the Board exams. You are not required to obtain a temporary permit. The fee for a temporary permit is an additional \$15. The temporary permit will not be issued until the Board has determined that the licensure application is complete and complies with the law. When the temporary permit is issued it will be issued with an expiration date that is six (6) weeks from exam date which allows you adequate time to complete the exams. However, should you fail any part of the exam the temporary permit immediately becomes null and void regardless of the expiration date. Only one temporary permit may be issued per applicant. For additional information regarding the temporary permit, please email kboc@ks.gov.

Address Change:

It is your responsibility to keep the Board notified whenever you change your address. To ensure you receive your license quickly once you have passed your exams, notify the Board of any address change as soon as possible by submitting the form: [1. Change of Name/Address Form](#) found on the Board website, www.kansas.gov/kboc. Submit the completed form to the Board at the address listed on the form.



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

APPLICATION FOR PRACTITIONER LICENSURE

Once you have completed your instructional training, complete this application (**applications should be typed**). Typing your application prevents errors in information that can be costly and cause licensing delays to applicants. **If an applicant submits an illegible application, the applicant will be asked to complete a new legible application.**

The Board asks that you allow 7-10 business days to process information received. All work is processed in the order it is received.

Submit this application with the documentation outlined below and the non-refundable fee to the Kansas Board of Cosmetology at the above address.

- Non-refundable \$60 application fee (check, money order, or credit card accepted);
- Legible photocopy of your **social security card and current U.S. government issued photo identification** (i.e. driver's license, state identification card, or military identification). The name on the application and the identification document must match; The name on the ID and social security card must match; and
- Applicable name change documents.

Applicant Information

License type for which you are applying:

Cosmetologist:

Manicurist:

Esthetician:

Electrologist:

Full Legal 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: _____ **Application updates will be sent to the email address provided.**

List all other last names or legal names you have had: _____

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, U.S. 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 \$60

Credit Card Payment \$60

- 1). Go to the Board website: www.kansas.gov/kboc
- 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 \$60

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

Verification of Date of Birth and Social Security Number

Attach to this application a legible photocopy of your social security card and your current U.S. government issued photo identification (ie. Driver's license, state identification card, or military identification).

PLEASE NOTE

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



Kansas Board of Cosmetology
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Email: Kboc@ks.gov Website: www.kansas.gov/kboc

Citizenship Status

Pursuant to federal law, a person who is not a U.S. citizen is not eligible for licensure unless the person is a qualified alien or a nonimmigrant. I am:

- a U.S. Citizen. a permanent resident/resident alien. a nonimmigrant with a visa: _____ (Type of Visa e.g. F-1; F-2; H-1B)
- a nonimmigrant whose visa for entry is related to employment in the United States.

Instruction/Training

Cosmetology School Graduated From: _____ City: _____

Dates of attendance From : _____ To: _____ Hours Attained: _____
(mm/dd/yyyy) (mm/dd/yyyy) Record only the hours completed at this school.

Additional Cosmetology School Attended: _____ City: _____

Dates of attendance From : _____ To: _____ Hours Attained: _____
(mm/dd/yyyy) (mm/dd/yyyy) Record only the hours completed at this school.

**High School Education

US Diploma: Name of Accredited High School: _____ Date of Graduation: _____

(It is your responsibility to contact the high school from which you graduated and request they e-mail, mail, or fax a copy of your transcript to the Kansas Board of Cosmetology at the address listed in the top right hand corner of this application.)

General Education Diploma (GED): State: _____ Date of Completion: _____

(It is your responsibility to contact the testing facility or the State Board of Education from which you attained a GED and request verification of your completed GED be e-mailed, mailed, or faxed to the Kansas Board of Cosmetology at the address listed in the top right hand corner of this application.)

Foreign Diploma: Country: _____ Date of Graduation: _____

(If you completed high school outside of the United States, it is your responsibility to have the training verified by an educational credential evaluator.)

Felony Conviction and Disciplinary Actions

Have you 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.

Have you had a license certificate or permit revoked, suspended or limited, or had other disciplinary action taken by the State of Kansas or any other state against any professional or occupational license, certificate or permit held by you; or has an application for any professional or occupational license, certificate or permit been denied by the State of Kansas or proper regulatory authority of another state, territory, District of Columbia or another country?

Yes ___ No ___ If yes, you must submit for #82 Disciplinary Action Disclosure Form which can be found on our website on the Forms and Applications page. Pursuant to K.S.A 65-1908, failure to disclose all disciplinary actions may result in disciplinary action

Attestation– At this point, print the completed application

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand the application, and that the information provided is true and correct

Signature Required: _____ Date: _____

Once the completed form is signed, submit the form with a legible photocopy of your social security card and your current US government issued photo identification to the Board by mail to the address at the top of this form. **Do not fax the application and attachments** as the photos on faxed identification documents do not print legibly.

To be granted a license you, the applicant must successfully complete all sections of the Kansas licensure examinations. Therefore, you are please thoroughly read the Exam Preparation Guide available on the Erogmetrics website, www.cosmetologykansas.com. Once you pass the exams the testing company will notify the Board of your passing scores. **If your application is complete, your licenses will be mailed to you** at the address you provided on the application within 7-10 business days.

**The Board will accept verification of HS or GED completion from services obtained by the issuing party for sending education documents digitally such as Parchment, GED Diploma Sender, etc.