



**Kansas Board of Cosmetology**

714 SW Jackson Suite 100 Topeka, KS 66603

Telephone: (785) 296-3155 Fax: (785) 296-3002

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

**FELONY CONVICTION REPORTING INSTRUCTIONS**

**What types of convictions must be disclosed?** You must report all felony convictions, 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. DO NOT report juvenile adjudications/offenses (indicated by "JV" in the case number) unless you were convicted or sentenced as an adult.

**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:

\*\*\*Do not submit documents or information pertaining to juvenile adjudications/offenses.

- 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)

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



**FELONY CONVICTION DISCLOSURE FORM**

APPLICATION TYPE	
<p style="text-align: center;"><b>COSMETOLOGY</b></p> <p><input type="checkbox"/> Apprentice</p> <p><input type="checkbox"/> Practitioner</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Establishment</p> <p><input type="checkbox"/> Instructor</p>	<p style="text-align: center;"><b>BODY ART</b></p> <p><input type="checkbox"/> Apprentice</p> <p><input type="checkbox"/> Practitioner</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Establishment</p> <p><input type="checkbox"/> Trainer</p>

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 and K.S.A. 65-1947.

\_\_\_\_\_  
SIGNATURE

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