



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

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.

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 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. |
|------------|----------|------------|----------|

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 _____