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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
 ADVISORY BOARD ON MASSAGE THERAPY
 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453
 Student Department 405.522.7619 · www.cosmo.ok.gov

J. KEVIN STITT
 Governor

MALENA CURTSINGER
 Executive Director

APPLICATION FOR INCOMING TRANSFER OF HOURS

**Use this form to transfer student hours from another state or jurisdiction into Oklahoma.
 Applicant must provide a valid Certification of Hours from the state where hours were obtained.
 If a Certification of Hours is unavailable, a sealed transcript from the Applicant's school will be accepted.**

Include cashiers check or money order for \$30 per course payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ Apt # _____

RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3); PO BOX IS ACCEPTABLE

City _____ State _____ ZIP _____

Social Security Number _____ Phone _____ Date of Birth: _____

For what course(s) is the Applicant seeking credit?

<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetologist/Operator	<input type="checkbox"/> Facialist/Esthetician
<input type="checkbox"/> Barber Instructor	<input type="checkbox"/> Cosmetology Instructor	<input type="checkbox"/> Manicurist

If Applicant has already selected an Oklahoma Cosmetology or Barbering School, list school name below:

Upon review and acceptance of the Certification or Transcript, Applicant will be notified of credit hours granted.

I solemnly swear that the foregoing statements are true and correct.

X _____
 Signature of Applicant