

--	--	--	--	--	--	--	--	--	--

EXAM DATE _____



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453
Exam Department 405.521.2441 • Oklahoma.gov/cosmo

J. KEVIN STITT
Governor
Leah Longest
Board Chair

EXAM REGISTRATION APPLICATION

Eligibility Requirements & Instructions:

1. Applicant must have completed the Board's prescribed course.
2. During April, May, and June, applicant may pre-register for the examination within 100 hours of completion of a course.
3. Submit \$50 exam fee payable by money order or cashier's check. **PERSONAL CHECKS ARE NOT ACCEPTED.**
4. Affidavit of Completion must be completed at bottom of exam registration form.
5. TEST DATE MAY NOT BE CHANGED EXCEPT FOR MEDICAL EMERGENCY OR DEATH IN FAMILY, WITH APPROVED DOCUMENTATION.

Name _____ Email _____ Written Test with Prov? _____
FOR EXAM PACKET AND WORK PERMIT. WILL NOT BE SHARED. (\$35 FEE STILL APPLIES) YES OR NO

Home Address _____ Apt _____ City _____ State _____ ZIP _____
RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE

Phone Number _____ Alternate Mail Address _____

Social Security Number _____ Date of Birth: Month _____ Day: _____ Year: _____

Please check your registered course:

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Barber Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetologist			

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

X _____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20____.

State of _____ County of _____

Commission # _____

My commission expires _____ Notary Public _____



CHECK THIS BOX IF STUDENT HAS AN UNPAID BALANCE

AFFIDAVIT OF COMPLETION OF COSMETOLOGY/BARBER SCHOOL COURSE OF STUDY

This is to certify that _____, Registration Number _____,
STUDENT NAME

was in regular attendance at _____
SCHOOL NAME AND ADDRESS

from _____ up to and including _____ Clock Hours Earned: _____ Credit Hours Earned: _____
MONTH DATE YEAR MONTH DATE YEAR

Please check the Student's registered course:

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Additional Hours
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Review Hours	<input type="checkbox"/> Master Barber Instructor	

X _____
Signature of Instructor

Subscribed and sworn before me this _____ day of _____, 20____.

State of _____ County of _____

Commission # _____

My commission expires _____ Notary Public _____

