EXAM DATE  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OSBCB FORM 201**Revised 07/24



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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**  **Exam Department 405.521.2441 • Oklahoma.gov/cosmo** |

**J. KEVIN STITT**

**Governor**

**Leah Longest**

**Board Chair**

|  |  |  |  |
| --- | --- | --- | --- |
| Barber | Facialist | Facialist Instructor | Master Barber Instructor |
| Cosmetician | Manicurist | Manicurist Instructor | Master Cosmetology Instructor |
| Cosmetologist |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Barber | Facialist | Facialist Instructor | Master Cosmetology Instructor |
| Cosmetician | Manicurist | Manicurist Instructor | Additional Hours |
| Cosmetologist | Review Hours | Master Barber Instructor |  |

*FOR EXAM PACKET AND WORK PERMIT. WILL NOT BE SHARED. ($35 FEE STILL APPLIES) YES OR NO*

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Signature of Instructor***

Subscribed and sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_ .

State of \_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_

Commission #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Seal Here

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:**

**AFFIDAVIT OF COMPLETION OF COSMETOLOGY/BARBER SCHOOL COURSE OF STUDY**

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**

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

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Signature of Applicant***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Written Test with Prov? \_\_\_\_\_\_\_\_\_\_\_\_

Hfff Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_

cvcsds Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Mail Address \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Socia Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_

Please check your registered course:

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

**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 $35 exam fee payable by money order or cashier’s check. PERSONAL CHECKS ARE NOT ACCEPTED.

4. Affidavit of Completion (Form 199) must be submitted with exam registration form, pre-registration, and again upon course completion.

5. TEST DATE MAY NOT BE CHANGED EXCEPT FOR MEDICAL EMERGENCY OR DEATH IN FAMILY, WITH APPROVED DOCUMENTATION.

**EXAM REGISTRATION APPLICATION**

Notary Seal Here