OSBCB FORM 299
Revised 08/22

EXAM DATE
_____

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 405.522.7618 · www.cosmo.ok.gov

J. KEVIN STITT
Governor

MALENA CURTSINGER
Executive Director

REQUEST TO OBSERVE EXAMINATION

Licensed school instructors, or school owners/administrators who wish to observe the Oklahoma State Board Examination, must follow these procedures.

- The Board requires a written request from an Oklahoma licensed instructor or the owner/administrator of a licensed Oklahoma school. Requests must be made to the Board office in writing. Requests must specify the name of the person who wishes to observe, and the specific examination. Please use this form.
- Licensed instructors or school owners may be scheduled on a first request, first serve basis to observe a cosmetology, barber, manicurist, or facialist examination. The observer will be permitted to observe ONLY the examination for which they are scheduled. No more than four observers will be allowed at any one examination.
- Only the observers with prior Board approval are allowed to visit on their scheduled date. Observers MUST present their notification letter and photo ID to the Board examiners upon arrival. If the observer is unable to attend, and wishes to send a substitute, the observer MUST notify this office at least three days prior to the exam date.
- Observers may not talk to, disturb, or otherwise distract the exam candidates or the examiners. Observers are restricted from observing students from their own school. Observers must remain in their designated area for the duration of the examination.
- Any comment or criticism with regard to the examination should be sent in writing to the Executive Director at the address above.

I would appreciate the opportunity to observe the_____ Examination on _____.
Cosmetology/Barber/Manicurist/Facialist Date

Please notify me of either my acceptance or the next available time to observe the specified examination.

Name _____

Title _____ School _____

Email Address _____

OFFICE USE ONLY

☐ Request Approved

☐ Request Denied

Comment: _____

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