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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
MIMI Casebolt
Interim Executive Director

EXAM REGISTRATION APPLICATION

Eligibility Requirements & Instructions:

1. Applicant must have completed the Board's prescribed course.
2. During April, May, and June, applicants 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.

☐ I acknowledge that exam practical results will be emailed to the email address provided

Name _____ Email _____

Home Address _____ Apt _____ City _____ State _____ ZIP _____

Phone Number _____ 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"/> Cosmetologist	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetologist (non-chemical)	<input type="checkbox"/> Barber (non-chemical)	<input type="checkbox"/> Eyelash Extension Technician	<input type="checkbox"/> Eyelash Extension Technician Instructor
<input type="checkbox"/> Blow drying/Styling	<input type="checkbox"/> Makeup Artist		

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 _____

Notary Seal Here

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 Barber Instructor
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetologist (non-chemical)	<input type="checkbox"/> Barber (non-chemical)	<input type="checkbox"/> Eyelash Extension Technician	<input type="checkbox"/> Eyelash Extension Technician Instructor
<input type="checkbox"/> Blow drying/Styling	<input type="checkbox"/> Makeup Artist		

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