

STATE OF MISSOURI
 BOARD OF COSMETOLOGY AND
 BARBER EXAMINERS

Re-examination Notification Form
Application for Examination After Completion of Additional Hours

Please complete this application form (**we have included a checklist to help you verify completion -- see #1**) and mail to Professional Credential Services (PCS) at the address listed on the last page of this application. For the practical examination, your application and ALL documentation must be RECEIVED no later than 15 business days prior to the practical examination date you wish to take. Applications are processed daily for theory tests administered at LaserGrade Testing Centers. Late or incomplete applications will be processed for the next scheduled practical examination at the location selected. If you have not received an admission notice within seven (7) business days prior to the examination date, call PCS at 888-822-3272 to make an inquiry. For more information, please read the *Candidate Information Bulletin*. **** The State Board will have the final authority to approve the issuance of a license.**

1. APPLICATION CHECKLIST

Please check that the following is complete and enclosed in your envelope prior to mailing:

- Section 2 (Personal information).
- Section 3 (Examination (s) must be selected).
- Section 4 (Examination Fees).
- Section 5 (If taking practical examination, site and month **MUST** be selected).
- Section 6 (Language preference).
- Section 7 (Education).
- Section 8 (If requesting accommodations, box **SHOULD** be checked and all documentation must be attached to application).
- Section 9 (Disciplinary question)
- Section 10 (Must read, sign, have signature notarized and attach 2x2 photo where indicated).

In addition to a completed application, you will need to submit the following documents to PCS:

- Complete and submit Training Affidavit by the school/shop attended. **If an applicant has attended more than one school, a Training Affidavit should be submitted from all schools and/or apprentice supervisor.**

2. TYPE OR PRINT LEGIBLY IN INK

___ Mr. ___ Mrs. ___ Miss. ___ Ms.

 Name (First, MI, Last)

 Social Security Number

 Street Address or Box Number

 Daytime Telephone Number

 City, State, ZIP Code (*Please spell out entire name of CITY – No abbreviations)

 Home Phone Number

___/___/___
 Date of Birth

 E-mail address

 Former Name

3. PLEASE CHECK EXAM TYPE YOU ARE APPLYING FOR (First Time Applicants ONLY)

License Type:

- "Class CA" – Cosmetologist
- "Class CH" – Hairdressing
- "Class MO" – Manicuring
- "Class E" - Esthetician
- Instructor Cosmetologist
- Instructor Manicuring
- Instructor Esthetician

Crossover:

- Hairdresser or Cosmetologist to Barber
- Barber to Cosmetologist

Exam Type:

- Theory
- Practical
- Both

4. FEES

Written and Practical \$135.00

Practical \$50.00

Theory \$85.00

5. PRACTICAL EXAMINATION SITES

Complete applications must be received 15 business days prior to the examination date of the practical examination site you select.
****Examination dates and deadlines are available on the Website at www.pcshq.com****

Please select the Month and Location in which you wish to take the practical examination (the exact location will be identified on your admission notice, which you will receive approximately 10 business days prior to the examination date):

- St. Louis (1st Monday)
- Kansas City (2nd Monday)
- Jefferson City (3rd Monday)
- Springfield (4th Monday)

Please select a month:

JAN ___ FEB ___ MAR ___ APR ___ MAY ___ JUN ___ JUL ___ AUG ___ SEP ___ OCT ___ NOV ___ DEC ___

6. LANGUAGE PREFERENCE FOR THEORY EXAM: If no language is selected you will automatically be given an English exam.

- English
- Spanish
- Vietnamese

7. EDUCATION

PLEASE COMPLETE THE FOLLOWING SCHOOL/APPRENTICE SHOP CERTIFICATION AS IT APPLIES TO YOU. (Please print except where otherwise indicated.)

Training Hours Completed: _____ **School/Shop License Number:** _____

School and/or Shop _____

8. SPECIAL ACCOMMODATIONS FOR CANDIDATES WITH DISABILITIES

- Check **ONLY** if you are requesting special accommodations. Please see the *Candidate Information Bulletin* for instructions. All required documentation **SHOULD** be included with this application. (www.pcshq.com)

9. CRIMINAL PROSECUTION QUESTION

In the last ten (10) years have you ever been adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this state or any other state in the United States, whether or not sentence was imposed?

_____ YES

_____ NO



PAYMENT FORM

Applicant Name: _____

Social Security Number (Mandatory): _____ - _____ - _____

**Fees are non-refundable and non-transferable
Personal checks are not accepted**

Payment must be by certified check or money order (payable to PCS) or credit card (MasterCard/VISA Only). Please record your social security number on the check. Place a check mark in the appropriate box indicating the type of payment.

Payment Type: Cashier's Check/Money Order Credit Card (complete information below)

If paying by credit card: MasterCard VISA Authorized payment amount: \$ _____

Credit Card # _____ - _____ - _____ - _____ Expiration Date ____/____

Print Cardholder's Name _____

Authorized Signature _____

**Return this Payment Form with Examination Application.
DO NOT staple your payment to this form.**

Note: This document will be shredded after it has been processed.

Mail Examination Application to:
Professional Credential Services / Missouri Cosmetology and Barber Examiners
P.O. Box 198689 (U.S. Postal Service)
Nashville, Tennessee 37219-8689
150 Fourth Avenue North, Suite 800 (Courier Delivery)
Nashville, Tennessee 37219-2496
Toll free: (888) 822-3272 (615) 312-3782
Fax: (615) 846-0153
Web Site: <http://www.pcshq.com>