

How to Submit an Application For AZ



1

From the "Welcome, Arizona Candidates! Complete Profile Information" homepage. Have all required documents and a payment method ready BEFORE starting the application.

Professional Credential Services Home My Account Start New Application Resources PCS Website AZ Website

Welcome, Arizona Candidates!

Complete Profile Information

What do you want to do:

Apply for an Examination

Reapply for an Examination

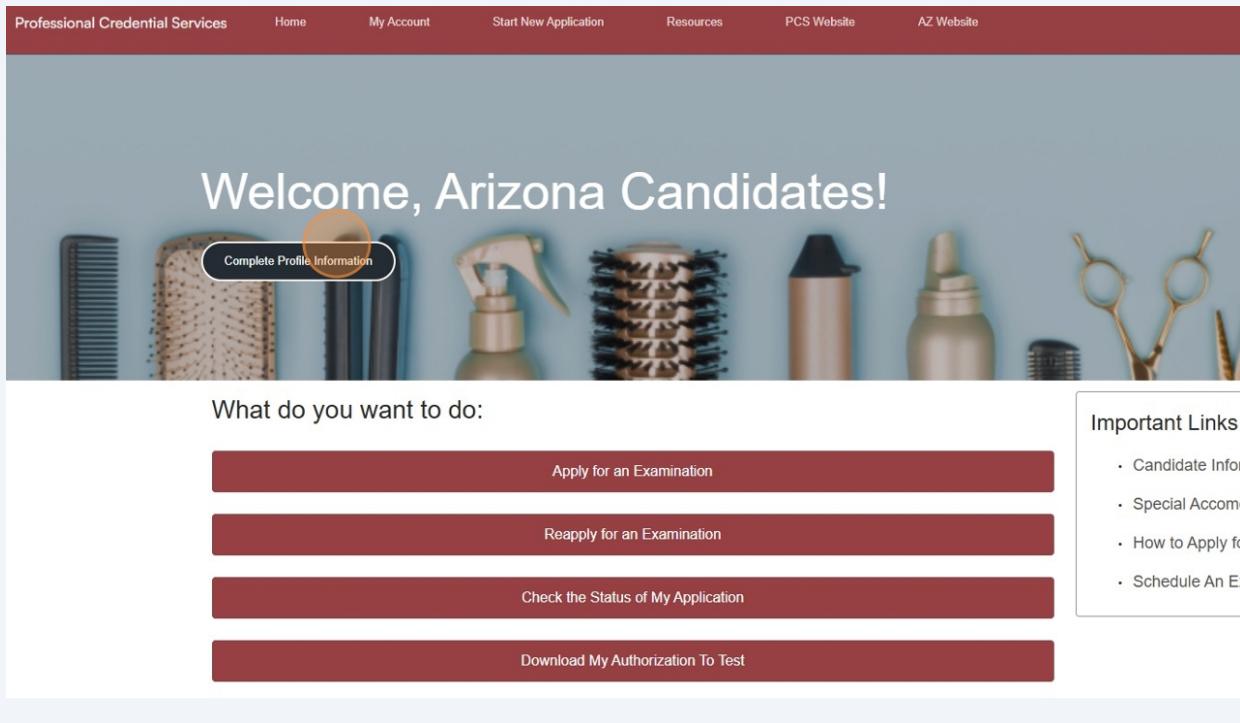
Check the Status of My Application

Download My Authorization To Test

Important Links:

- Candidate Info
- Special Accor...
- How to Apply
- Schedule An...

2 Click "Complete Profile Information"



Professional Credential Services Home My Account Start New Application Resources PCS Website AZ Website

Welcome, Arizona Candidates!

Complete Profile Information

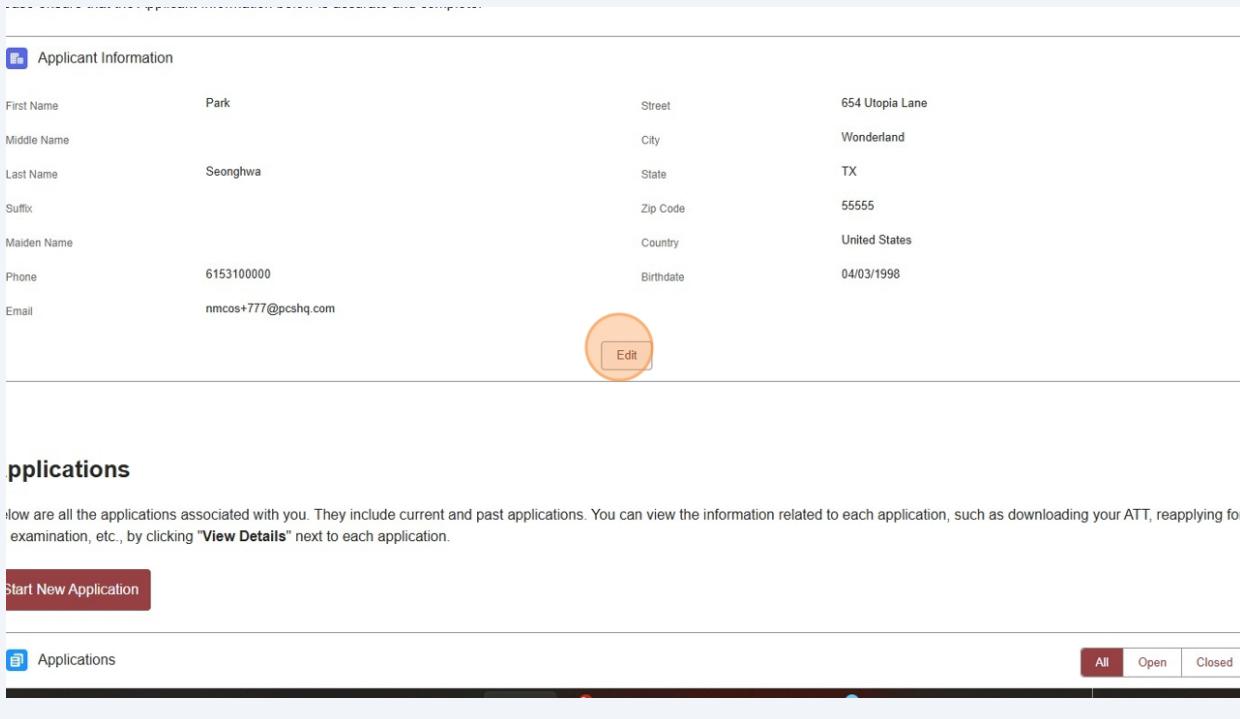
What do you want to do:

- Apply for an Examination
- Reapply for an Examination
- Check the Status of My Application
- Download My Authorization To Test

Important Links

- Candidate Information
- Special Accommodations
- How to Apply for an Examination
- Schedule An Examination

3 Click "Edit" if you have not already completed your profile information.



Applicant Information

First Name	Park	Street	654 Utopia Lane
Middle Name		City	Wonderland
Last Name	Seonghwa	State	TX
Suffix		Zip Code	55555
Maiden Name		Country	United States
Phone	6153100000	Birthdate	04/03/1998
Email	nmcos+777@pcshq.com		

Edit

Applications

Show are all the applications associated with you. They include current and past applications. You can view the information related to each application, such as downloading your ATT, reapplying for examination, etc., by clicking "View Details" next to each application.

Start New Application

Application ID	Status	Action
1234567890	Open	View Details
9876543210	Closed	View Details

All Open Closed

4

Enter in all required information. Names should be entered to match Government issued photo ID exactly. **If your first name is Susan Ann on your government-issued ID, you must include both names on your application. If your last name is Jones-Smith, you must include both names on your application. Please enter both of your last names (apellidos): your first last name (apellido paterno) and your second last name (apellido materno) exactly as they appear on your ID.**

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Profile

Please ensure that the Applicant Information below is accurate and complete.

Applicant Information	
* First Name <input type="text" value="Park"/>	* Mailing Street <input type="text" value="654 Utopia Lane"/>
Middle Name <input type="text"/>	* Mailing City <input type="text" value="Wonderland"/>
* Last Name <input type="text" value="Seonghwa"/>	* Mailing State/Province <input type="text" value="TX"/>
Suffix <input type="text"/>	* Mailing Zip/Postal Code <input type="text" value="55555"/>
Maiden Name <input type="text"/>	* Mailing Country <input type="text" value="United States"/>
* Phone <input type="text" value="6153100000"/>	* Birthdate <input type="text" value="4/3/1998"/>
* Email <input type="text" value="nmcos+777@pcshq.com"/>	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

5 Check that your name is spelled correctly and matches your ID, address is correct, and date of birth matches your ID. Click "Save" once all required information has been entered and double-checked for accuracy.

Applications

Below are all the applications associated with you. They include current and past applications. You can view the information related to each application, such as downloading your ATT, reapplying an examination, etc., by clicking "View Details" next to each application.



6 Click "Start New Application"

Applications

Below are all the applications associated with you. They include current and past applications. You can view the information related to each application, such as an examination, etc., by clicking "View Details" next to each application.

Application #	License	Status	Expiration Date
1 A-000000036	Barber	Under Review	Nov 25, 2026

7 Click the application type that matches your schooling/expected license type.

Start an Application

Please locate the profession you wish to apply for in the list below and click the "Start Application" button. You can track your application's status by clicking on the "My" above.

Cosmetology and Barber Related Examinations

AESTHETICIAN APPLICATION

BARBER APPLICATION

COSMETOLOGY APPLICATION

HAIRSTYLISTS APPLICATION

NAIL TECHNICIAN APPLICATION

Instructor Examinations

Start Instructor Aesthetician Application

8 Verify the correct application type has been selected and that you have ALL required documentation BEFORE beginning the application.

sheet.c... Accreditation Resou... Nursys® Nursing Board Lic. NCEES Member Boa... Verification Oracle Applications... Welcome to CES Co... Nursys®Map Manage My PCS Ac... PCS Help Center

Services Home My Account Start New Application Resources PCS Website AZ Website

Application will be for this exam type:
Cosmetology

If this is not the license you wish to apply for, please return to the Start Application page and select the appropriate license.

NOTE: Your application will not be saved once started. Please have payment information **and documents ready before beginning.**

Confirm App

Professional Credential Services

A Virtual™ Company

Location
25 Century Blvd., Suite 505
Nashville, TN 37214
United States

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<https://virtualinc.com>

9 Click "Confirm Application"

Home My Account Start New Application Resources PCS Website AZ Website

Application will be for this exam type:
Cosmetology

If this is not the license you wish to apply for, please return to the Start Application page and select the appropriate license.

NOTE: Your application will not be saved once started. Please have payment information and documents ready before beginning.

Confirm Application

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10 Initial applicants who have not sat for an exam or who have not completed an exam in the last year should select "No." If you have sat in the past year for an exam and need to take an additional exam/re-exam for licensure, click "Yes."

Home My Account Start New Application Resources PCS Website AZ Website

Have you submitted an Application for the Cosmetology Profession previously?

Yes
 No

Applicant Information

First Name: Park
Middle Name:
Last Name: Seonghwa
Suffix:
Maiden / Previous Name:
Street: 654 Utopia Lane
City: Wonderland
State: TX
Postal Code: 55555
Country: United States
Email: nmcos+777@pcshq.com
Primary Phone: 6153100000
Date of Birth: April 3, 1998

Education Information

* School: * Enrollment Date:
* Completion Date:

Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

11 Click "School" and select your school/experience from the drop-down.

✓ Applicant Information

First Name	Street	Email
Park	654 Utopia Lane	nmcos+777@pcshq.com
Middle Name	City	Primary Phone
	Wonderland	6153100000
Last Name	State	Date of Birth
Seonghwa	TX	April 3, 1998
Suffix	Postal Code	
	55555	
Maiden / Previous Name	Country	
	United States	

✓ Education Information

* School

* Enrollment Date

* Completion Date

✓ Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

I am requesting special accommodations under the Americans with Disabilities Act

✓ Acknowledgement

One Year Limit
Your Authorization is good for one year from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation again. Authorizations to Test (ATTs) are valid for one year and will expire if not used.

12 Closed Program? Select this option.

azcos.pcsnq.com/s/submit-application?cid=azcos1PUUUUUUUb75ZAG

BS Beauty School - Esthetics
BS Beauty School - Nails
Beebe's Academy of Beauty LLC
BEEBE'S ACADEMY OF BEAUTY LLC
Better Hair Education LLC
Blossom Beauty College
Boucuz Barber Academy
BORI Barber Academy
Canyon De Chelly School of Cosmetology Voc
Career Success High School Voc - Cosmetology
Cavitt Academy of Cosmetology
CAVIT-Central Arizona Valley Institute of Technology
Charles of Italy Beauty College - Bullhead City
Charles of Italy Beauty College - Lake Havasu
Closed School
Cutting Class 128 - JTED Academy of Cosmetology
Cutting Class 140 - JTED Academy of Cosmetology
D'Image Barber College - Phoenix - Barber
D'Image Beauty College
DESERT WEST BARBER COLLEGE LLC
-None-

* Select One
 Yes
 No

Email
nmcos+777@pcshq.com
Primary Phone
6153100000
Date of Birth
April 3, 1998

* Enrollment Date

* Completion Date

✓ Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

I am requesting special accommodations under the Americans with Disabilities Act

13 Click here and select enrollment and completion dates.

Street
654 Utopia Lane
City
Wonderland
State
TX
Postal Code
55555
Country
United States

Email
nmcos+777@pcshq.com
Primary Phone
6153100000
Date of Birth
April 3, 1998

Enrollment Date
Completion Date

For one year from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation again. Authorizations for one year and will expire if not used.

14 If you require testing accommodations under the Americans with Disabilities Act you will need to check this option. Ensure you have a completed ADA form(available under Resources on the homepage) and supporting medical documentation to upload prior to completing the application.

Log in to your account at [Prote](#) | [Health Professions Licensing](#) | [Submit Application](#)

azcos.pcshq.com/s/submit-application?cid=a2CTP000003OB732AG

ADP ADP CSA - Smartsheet CSA Accreditation Resources Nursys® Nursing Board Lic. NCEES Member Board Verification Oracle Applications... Welcome to CES Co... Nursys® Map Manage

Country
United States

Education Information

* School
Closed School

* Enrollment Date
Dec 2, 2025

* Completion Date
Dec 11, 2025

Format: Dec 31, 2024

Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

I am requesting special accommodations under the Americans with Disabilities Act

Acknowledgement

One Year Limit
Your Authorization is good for one year from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation again. Authorizations for one year and will expire if not used.

I have read the Candidate Information Bulletin (CIB) for the profession for which I am applying.

I attest that the information in this application is accurate. I have read and agree to the conditions of the Candidate Information Bulletin

15

Verify the Acknowledgement of the one year limit on applications and authorizations.

Closed School	Dec 2, 2025
* Completion Date	
Dec 11, 2025	

✓ Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

I am requesting special accommodations under the Americans with Disabilities Act

✓ Acknowledgement

One Year Limit

Your Authorization is good for one year from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation to Test (ATTs) are valid for one year and will expire if not used.

I have read the Candidate Information Bulletin (CIB) for the profession for which I am applying.

I attest that the information in this application is accurate. I have read and agree to the conditions of the Candidate Information Bulletin

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16

Click "Next"

Dec 2, 2025	Dec 2, 2025
* Completion Date	
Dec 11, 2025	

the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

for the Americans with Disabilities Act

from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation again. Authorizations will expire if not used.

(CIB) for the profession for which I am applying.

is accurate. I have read and agree to the conditions of the Candidate Information Bulletin

Professional Credential Services

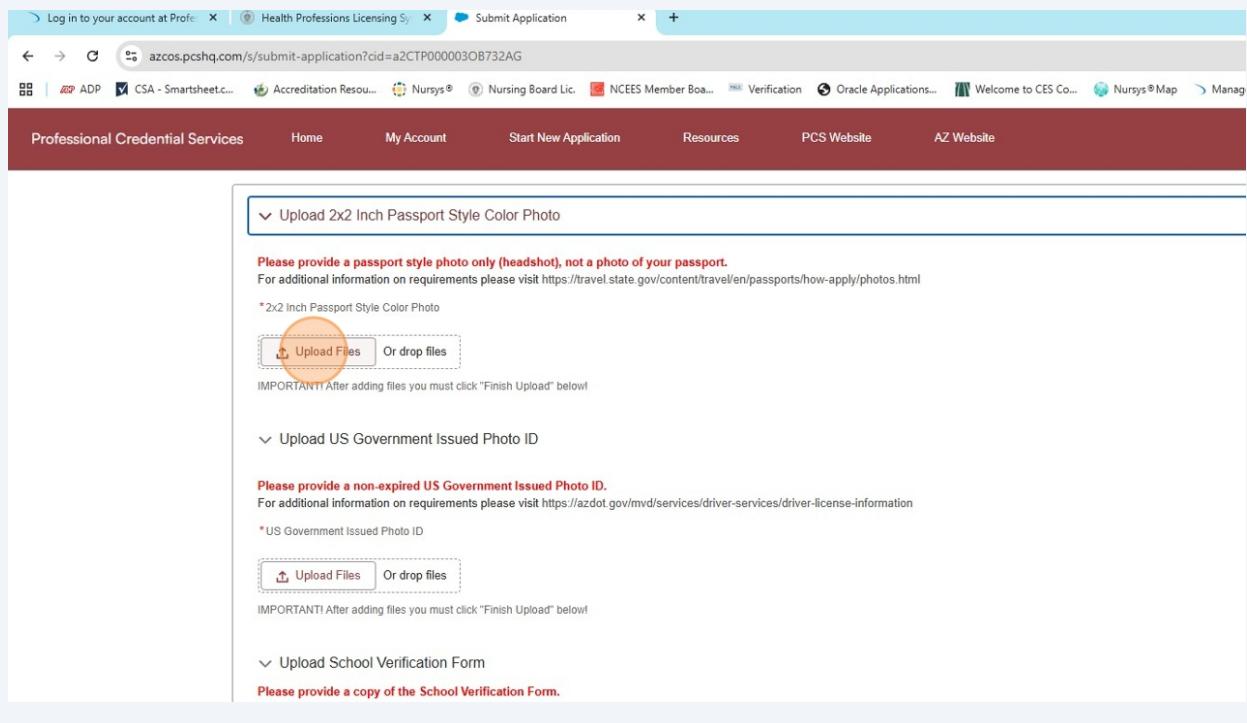
Location

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Nashville, TN 37214
United States

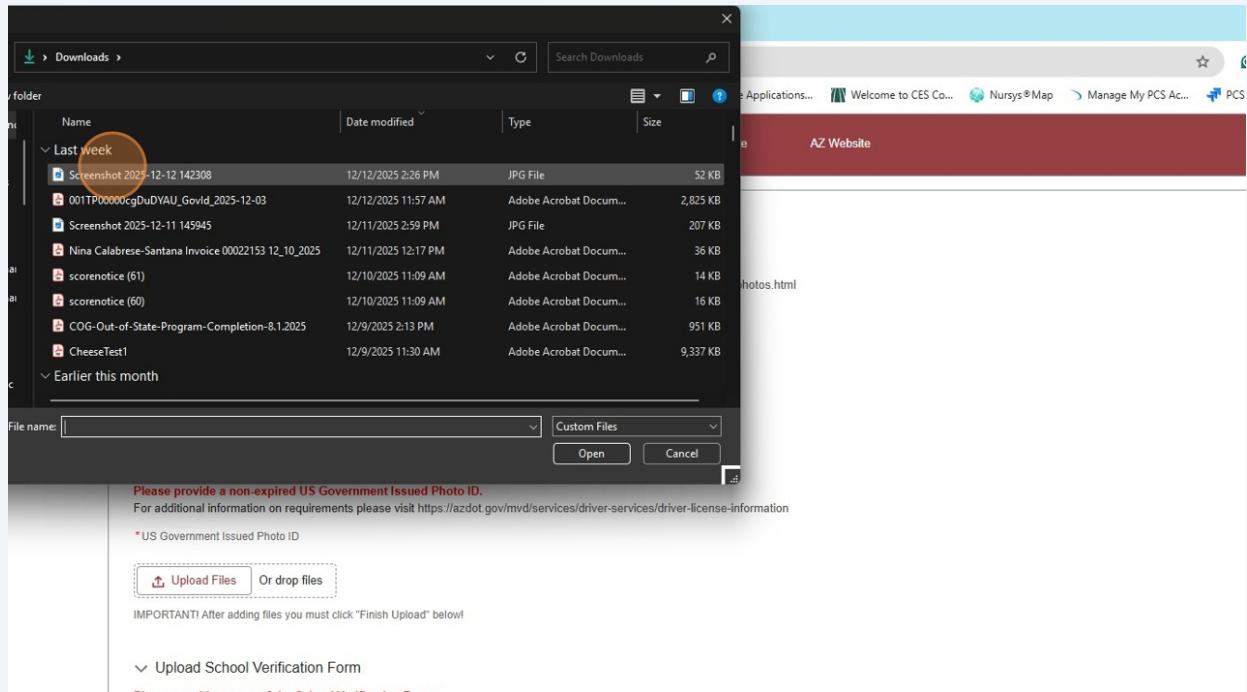
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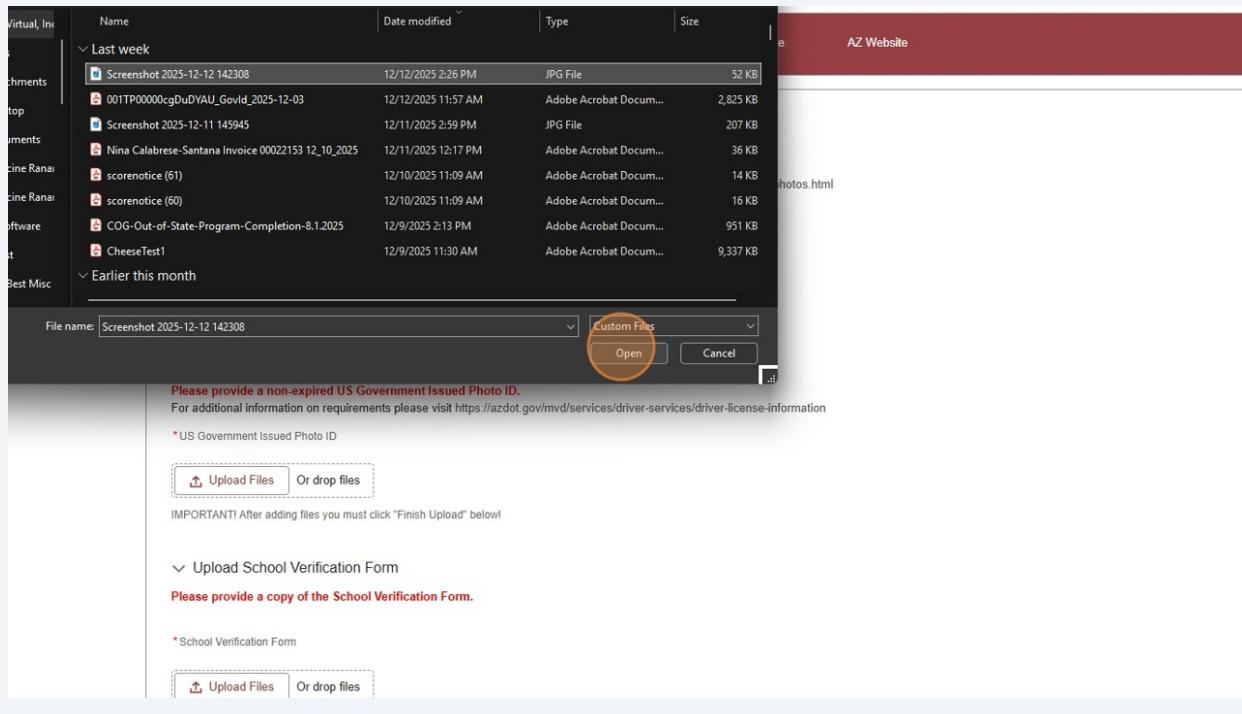
17 Click "Upload Files"



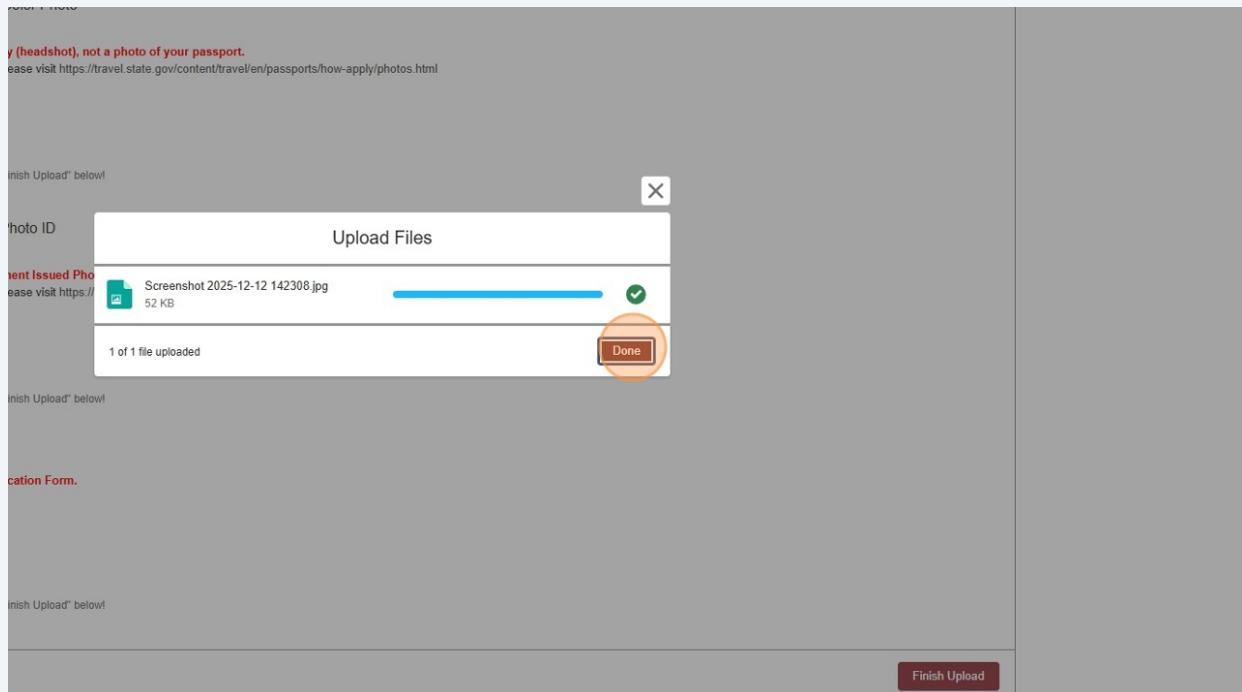
18 Select a jpeg or pdf file of your passport-style photo(not a photo of your passport/ID photo)



19 Click "Open"



20 Click "Done" once the green check appears.



21 Repeat for Government-issued Photo ID

✓ Upload 2x2 Inch Passport Style Color Photo

Please provide a passport style photo only (headshot), not a photo of your passport.
For additional information on requirements please visit <https://travel.state.gov/content/travel/en/passports/how-apply/photos.html>

* 2x2 Inch Passport Style Color Photo

Or drop files

IMPORTANT! After adding files you must click "Finish Upload" below!

 001TP00000clU9pYAG_PP_2025-12-15.jpg

✓ Upload US Government Issued Photo ID

Please provide a non-expired US Government Issued Photo ID.
For additional information on requirements please visit <https://azdot.gov/mvd/services/driver-services/driver-license-information>

* US Government Issued Photo ID

Or drop files

IMPORTANT! After adding files you must click "Finish Upload" below!

✓ Upload School Verification Form

Please provide a copy of the School Verification Form.

* School Verification Form

Or drop files

IMPORTANT! After adding files you must click "Finish Upload" below!

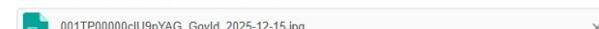
22 Repeat for AZ School Verification form(not a Certificate of Graduation or Transcript for currently open in-state programs.)

Please provide a non-expired US Government Issued Photo ID.
For additional information on requirements please visit <https://azdot.gov/mvd/services/driver-services/driver-license-information>

* US Government Issued Photo ID

Or drop files

IMPORTANT! After adding files you must click "Finish Upload" below!

 001TP00000clU9pYAG_GovId_2025-12-15.jpg

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Please provide a copy of the School Verification Form.

* School Verification Form

Or drop files

IMPORTANT! After adding files you must click "Finish Upload" below!

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Location

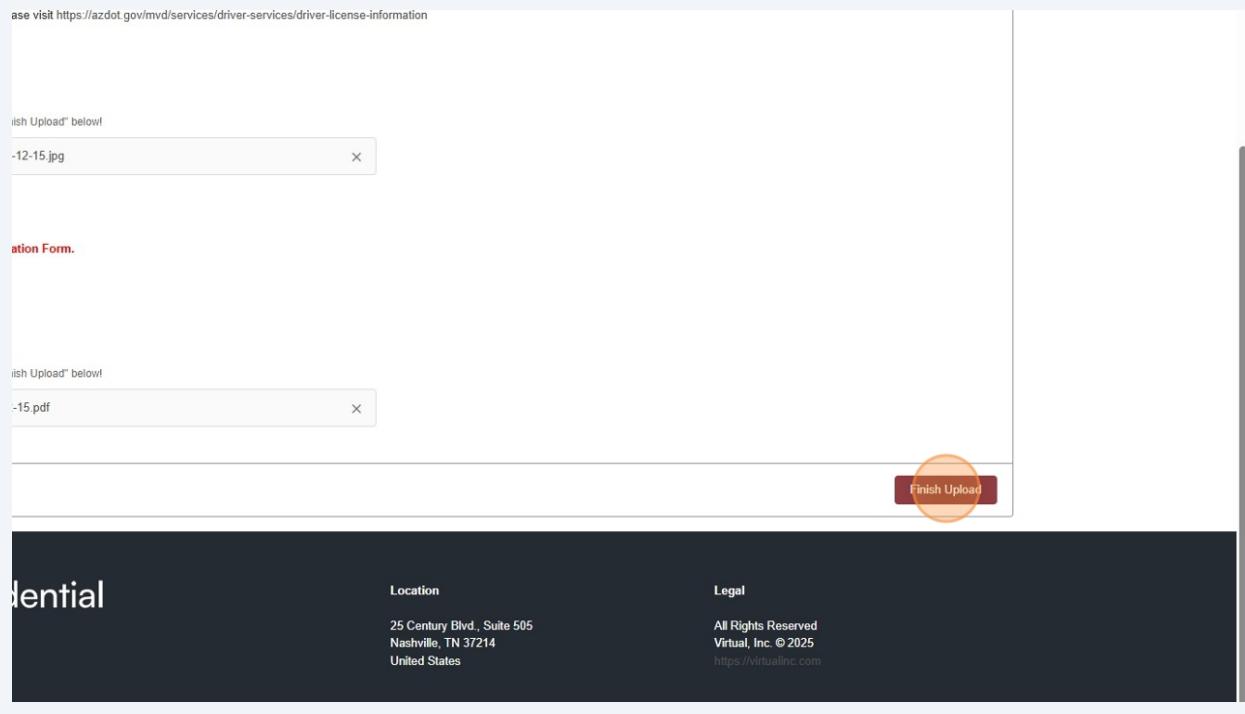
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United States

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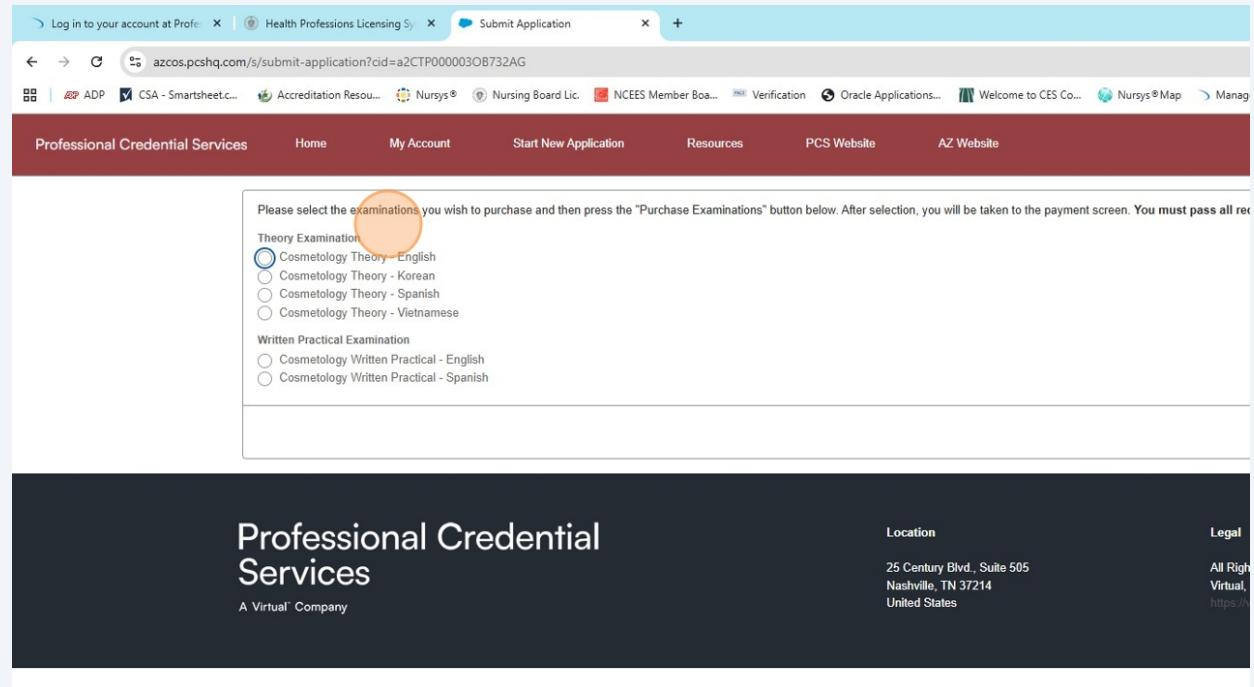
23

Click "Finish Upload" after uploading all required documents. All documents must be uploaded at once. Failure to do so will lead to processing delays.

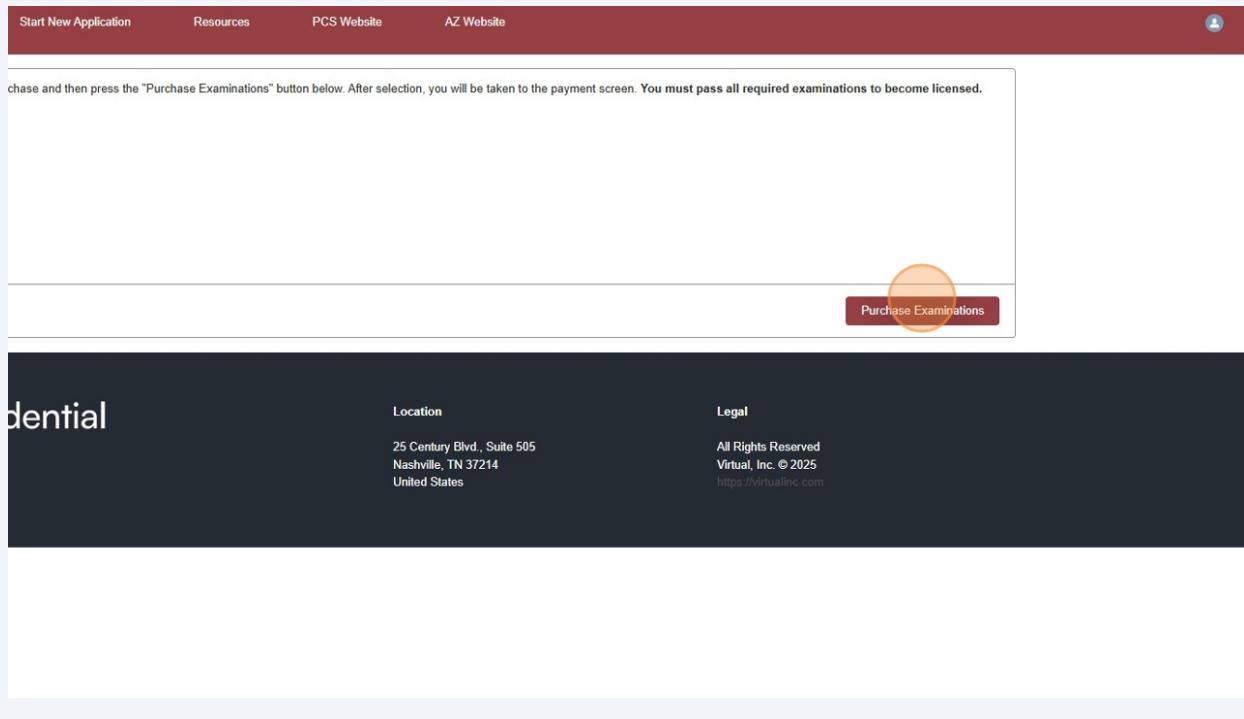


24

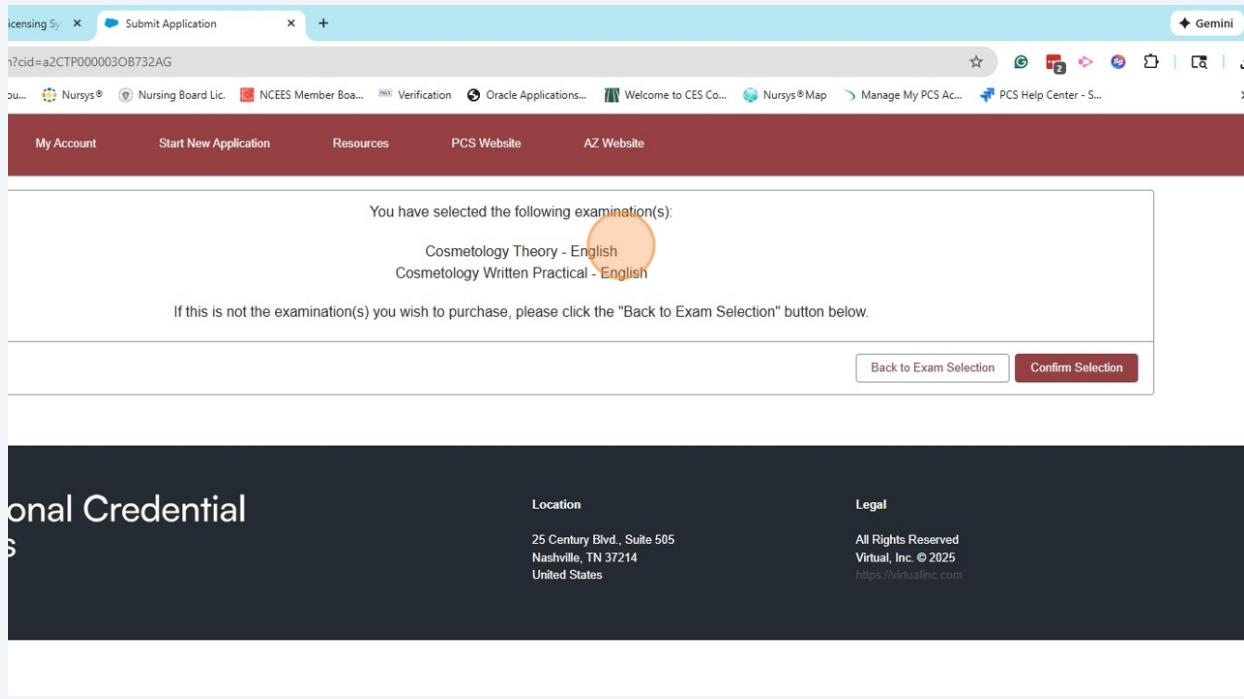
Click the exams you need to take. Only click an exam after verifying you will be sitting for that exam. Exams cannot currently be unmarked.



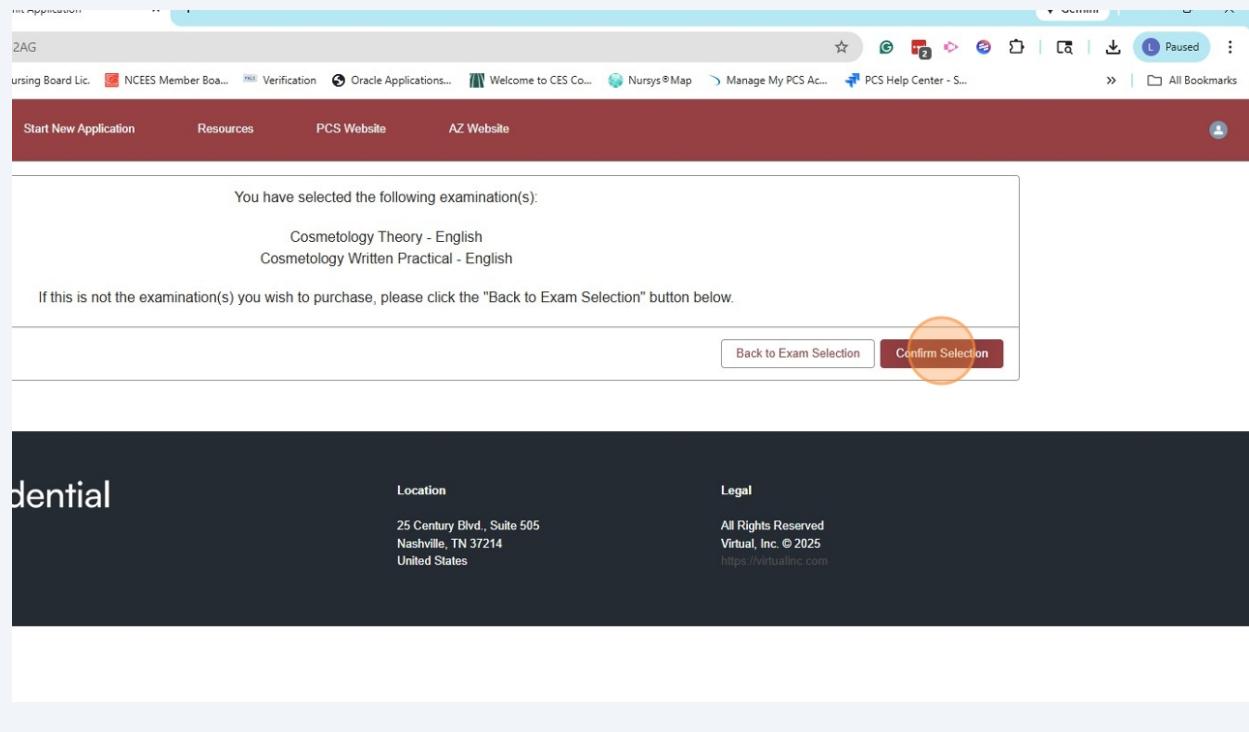
25 Click "Purchase Examinations"



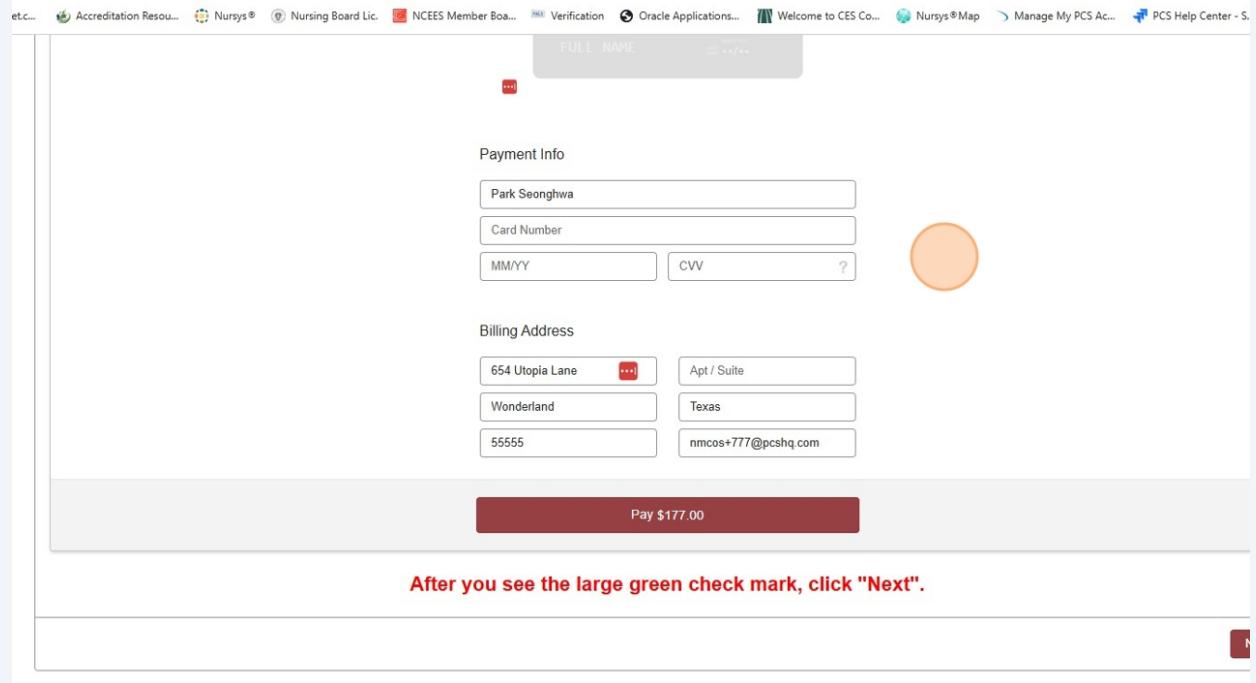
26 Verify the correct exams and languages have been selected.



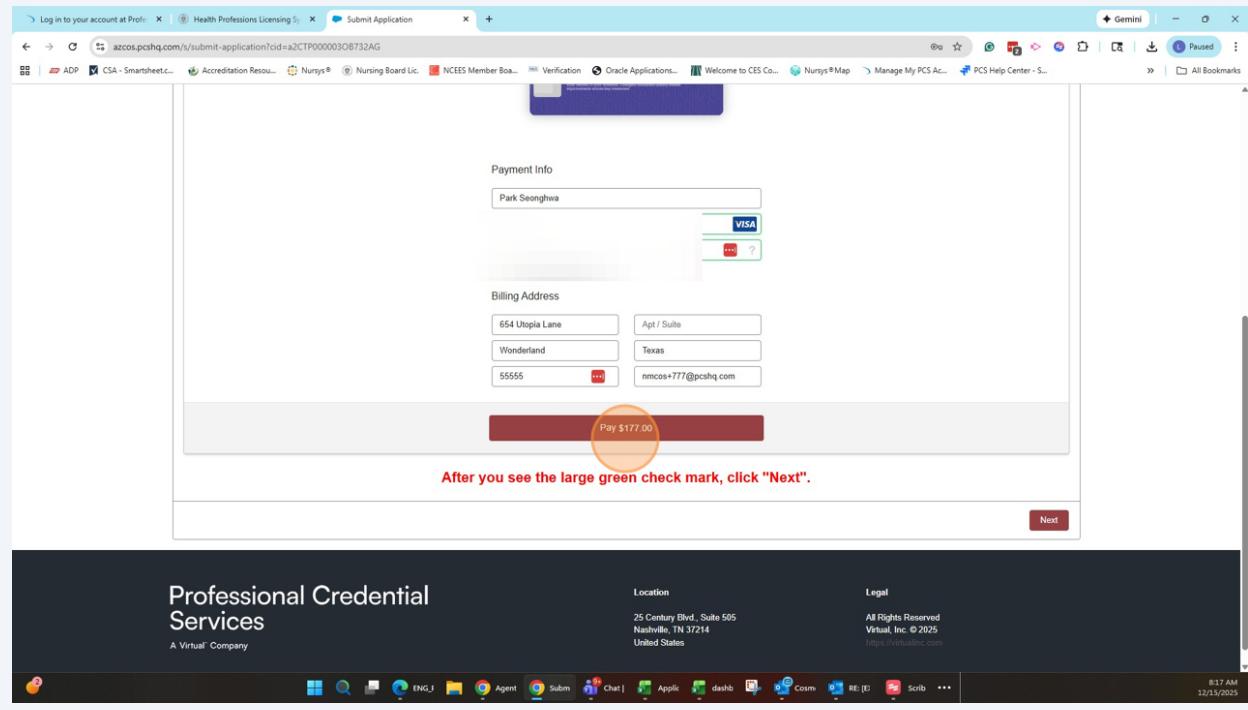
27 Click "Confirm Selection"



28 Enter Payment information. Make sure the Name and billing address match the CARDHOLDER.

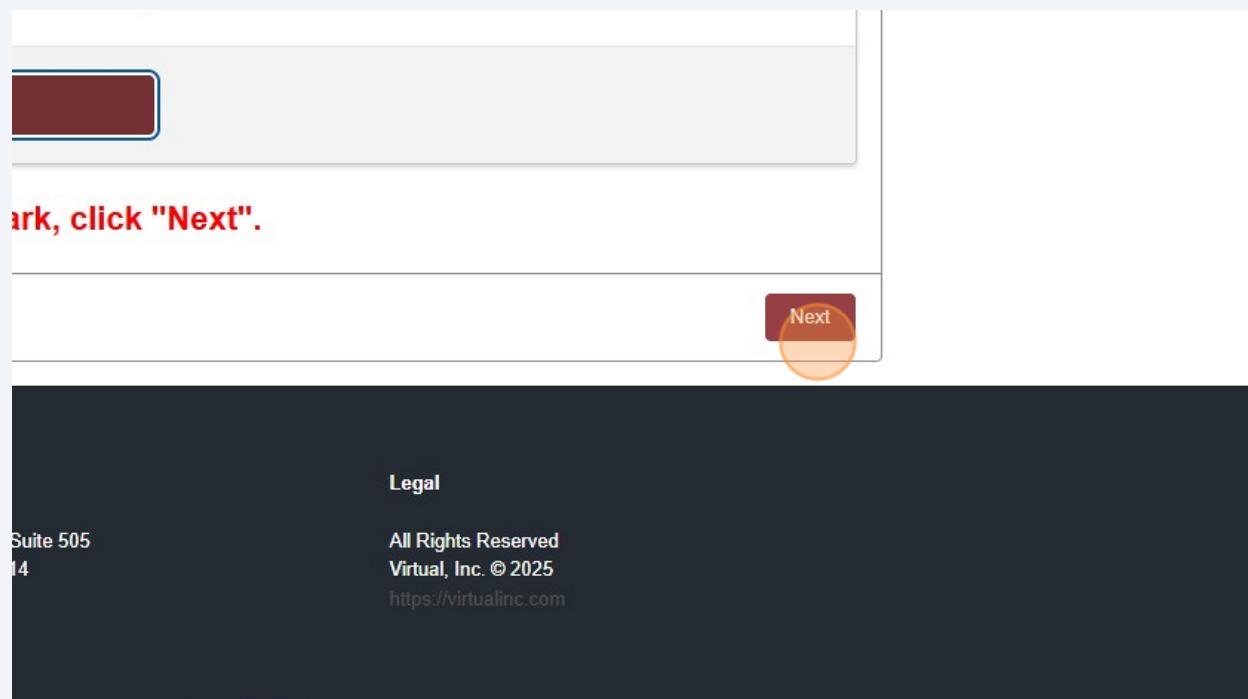


29 Click "Pay"

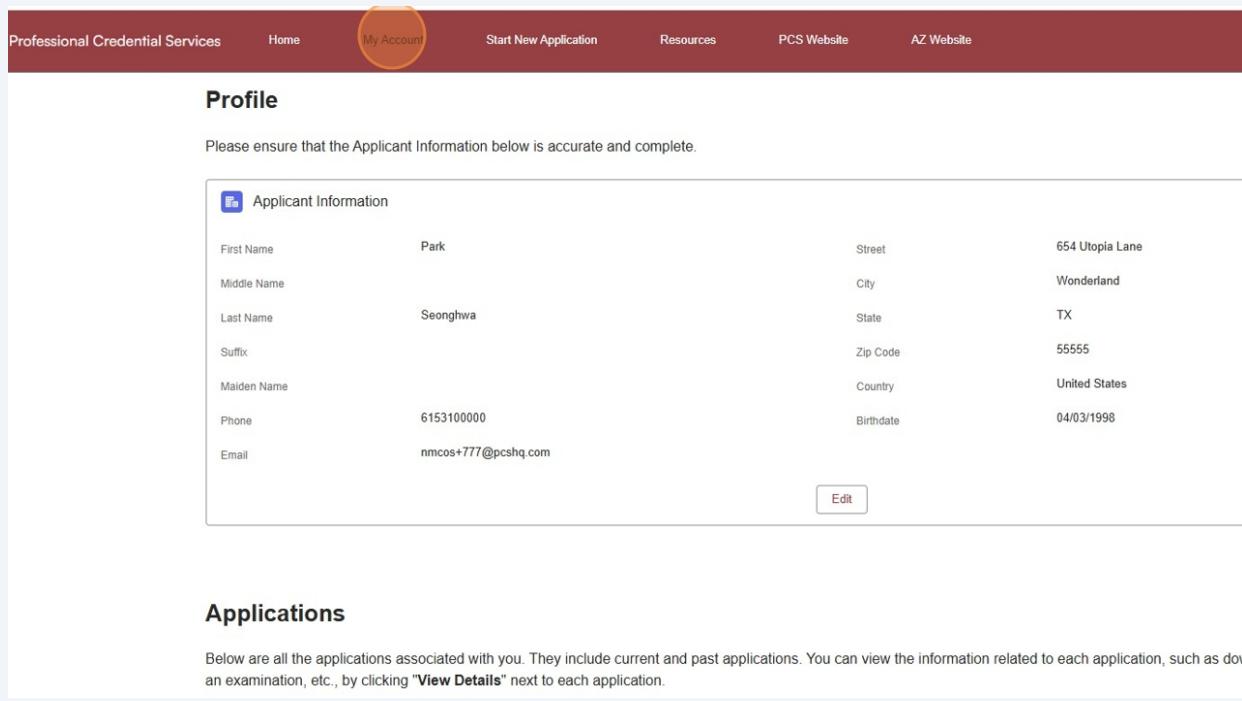


30

Click "Next" after the payment processes and is confirmed with a big green checkmark. Your application has been completed and submitted for processing.



31 To check your application status at any time, Click "My account"



Please ensure that the Applicant Information below is accurate and complete.

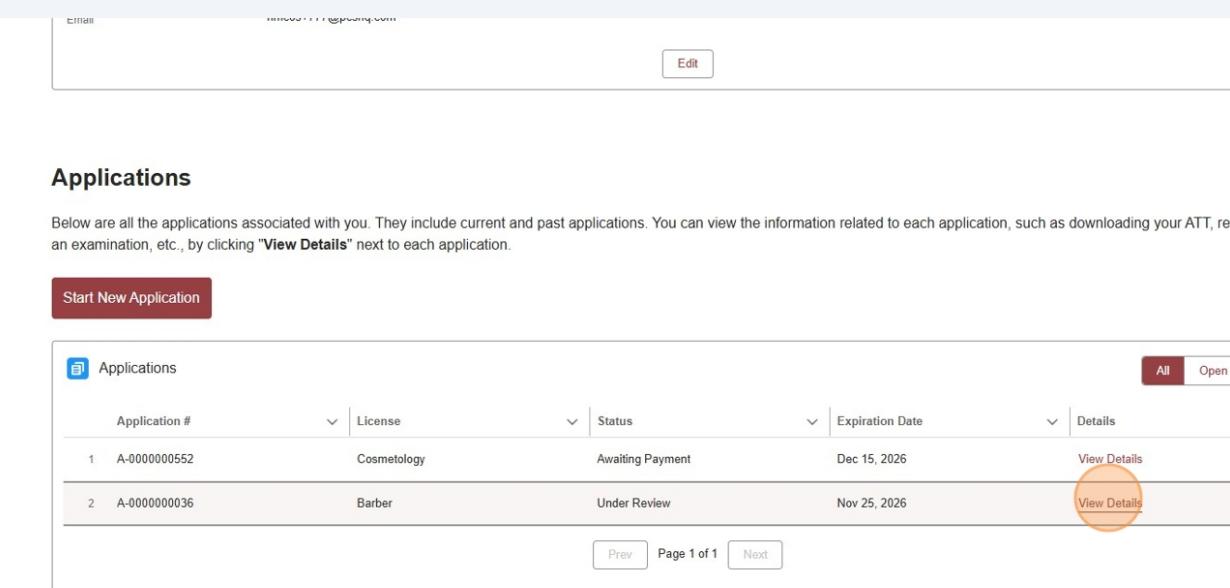
Applicant Information			
First Name	Park	Street	654 Utopia Lane
Middle Name		City	Wonderland
Last Name	Seonghwa	State	TX
Suffix		Zip Code	55555
Maiden Name		Country	United States
Phone	6153100000	Birthdate	04/03/1998
Email	nmcos+777@pcshq.com		

Edit

Applications

Below are all the applications associated with you. They include current and past applications. You can view the information related to each application, such as dow an examination, etc., by clicking "View Details" next to each application.

32 Click "View Details" under the applications box at the bottom of the page.



Start New Application

Applications					All	Open
Application #	License	Status	Expiration Date	Details		
1 A-0000000552	Cosmetology	Awaiting Payment	Dec 15, 2026	View Details		
2 A-0000000036	Barber	Under Review	Nov 25, 2026	View Details		

Prev Page 1 of 1 Next