

Kansas Board of Cosmetology

714 SW Jackson Suite 100 Topeka, KS 66603 Telephone: (785) 296-3155 Fax: (785) 296-3002 Email: Kboc@ks.gov Website: www.kansas.gov/kboc

Dear School Administrators,

Your school license expires every year on June 30th.

- 1) Please submit your current enrollment agreement, the current rules and regulations of the school, and the refund policy along with your school renewal application.
- 2) The Board issues approval letters for the programs offered at your school during renewal. Please submit the following information for each program for which you would like to receive approval from the Board:
 - Program curriculum
 - Program class schedule for full and part-time students.
 - Program specific enrollment agreement and rules if applicable.

If your school is regionally or nationally accredited, you may send a copy of your current school catalog in lieu of the above requested documents for renewal and program approval. All documents requested must be included in the school catalog or must be provided in addition to the catalog.

KBOC program approval letters will be issued upon receipt of the requested program information. Submissions should be organized, compiled electronically and emailed directly from the school to Kboc@ks.gov.

Authorized by KSA 65-1903(a)(6)(i); KSA 69-3-28; KSA 65-1903(a)(2)(A)



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School License Renewal

| The lawbook is available on the KBOC website and the | rough the | KBOC app found on Google Play and the App Store |
|---|--|--|
| SCHOOL NAME | | LICENSE NO. |
| | | LICENSE EXIPIRES 06/30 |
| ADDRESS | | |
| Operating a school with an expired license subjects the school | owner (s) ar | d students (s) to disciplinary action and a monetary fine. |
| You must notify the Board office if you have not received your license within 30 day | NOTICE** ys of the date cate license f | * |
| ONLINE RENEWAL | | |
| Go to the Board website: www.kansas.gov/kboc | | |
| 1). Click the "Renew My License" button from the menu bar 2). Follow the Online Renewal instructions under Option One | | |
| RENEW BY MAIL | | |
| Credit Card Payment \$75/\$105(See Below) 1). Go to the Board website: www.kansas.gov/kboc 2). Select Payment Portal from the Top Menu Bar 3). Transaction Item = Facility Renewal Fee 4). Record your Order ID # from your emailed receipt here: | 1). C 2). N | ck or Money Order Payment \$75/\$105 (See Below) omplete this form Make Check or Money Order Payable to the Kansas Board of Cosmetology Mail form and payment to the Board office at the address provided above. |
| FEES (No license fee shall be charge to a school under Board of Regents. KSA 65- | 1903 (F)) | |
| DO NOT SUBMIT A RENEWAL FEE IF THIS SCHOO \$75 – renewals postmarked or submitted online before midnight on 06/30 \$105 – renewals postmarked or submitted online after 06/30 up to 30 days. * *School licenses expired for more than 30 days cannot be renewed. | L IS CERT | TIFIED BY THE KANSAS BOARD REGENTS (KBOR) Kansas schools certified by KBOR can be verified on the KBOR website: www.kansasregents.org |
| FELONY CONVICTION | | |
| Has any owner been convicted of a felony? Yes No | If y | es, you must provide your case number(s): |
| f this is the first time you have notified the Board of this conviction, you report the Forms and Applications page. Pursuant to K.S.A. 65-1908, failure to | | · · · |
| BOARD CONTACT (list at least two school staff persons responsible for Board of | ommunicatio | ons) |
| PRIMARY BOARD CONTACT #1 | | SECONDARY BOARD CONTACT #1 |
| Name Title | Name Title | |
| Phone | Phone | |
| Email | Email | |
| ATTESTATION | | |
| By signing this form, I certify that I am the owner OR authorized agent of the owner o under the laws of the State of Kansas that | | |
| Email Address: | | Phone: |

The Board is unable to accept incomplete applications. Failure to answer the felony question, sign the attestation and/or submit the appropriate fee is an incomplete application. This will require the form to be returned for your completion. Thereafter should you return the form with a postmark after the expiration date of your license, the appropriate delinquent fee must be enclosed.

Signature: _

Printed Name: