

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

Body Art Practitioner Application Checklist

With your Practitioner Application Include the Following:

- Completed Body Art Apprentice Client Record Logs to verify completion of the 50 required procedures.
- Verification of eight (8) hours Board approved infection control and bloodborne pathogens training, (Body Piercers must include copy of CPR certification.)

A list of pre-approved Continuing Education for Body Art Practitioners can be found here: https://www.kansas.gov/kboc/Docs/Pre-Approved Continuing Education for Body Art Practitioners.pdf

- o Required Fee \$100. (\$50 application fee and \$50 initial license fee).
- Legible photocopy of your *social security card and your current U.S. government issued photo identification. The name on the ID and social security card must match.
 - * Disclosure is mandatory for licensure and authorized by K.S.A. 74-148 and K.S.A. 74-139. It is used to verify identity and license individuals lawfully residing in the U.S. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicant's social security number and address.

PLEASE NOTE

The name on the application and the identification documents must match exactly.

You must submit a high school transcript along with your application in order for it to be processed. High school transcripts may be held by the high school or they may be held by the school district office. To request your high school transcript, contact the high school office that maintains your graduation records and request a copy of your transcript.

General Equivalency Diploma (GED) records may be held at the location where you took your GED or they may be held in a central office within the State Board of Education. You will need to contact the office where GED records are held and request a copy of your GED transcript.

If you completed high school outside of the U.S., your high school transcript must be verified and evaluated for educational equivalency. Contact an educational credential evaluation company and request verification be sent directly to our office. We cannot accept this documentation from applicants. The Board will consider approval of credential evaluations on a case by case basis and does not guarantee acceptance. You can find lists of accredited education credential service providers here: https://www.naces.org/

https://aice-eval.org/

The Board asks that you allow 7-10 business days to process information received.

Work is processed in the order it is received. Application confirmation and updates will be sent to the email address provided on the application.



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BODY ART PRACTITIONER APPLICATION

APPLICANTS MUST ENCLOSE THE FOLLOWING:

- Completed Body Art Apprentice Client Record Logs to verify completion of the 50 required procedures. (Body Piercers must have 5 services in each of the basic piercings).
- Verification of eight (8) hours Board approved infection control and bloodborne pathogens training. (Body Piercers must include copy of CPR certification).
- o Required Fee \$100. (\$50 application fee and \$50 initial license fee). Credit card, check, or money order will be accepted.
- Legible photocopy of your social security card and your current U.S. government issued photo identification. The name on the ID and social security card must match.

*Your application is not complete if you have not had verification of your High School diploma or GED sent to the Board office directly from the issuing party. Please DO NOT send copies of your diploma or transcripts with this application. Verification must be official coming directly from the issuing party.

LTATIOO ARTIST	□COSMETIC TATTOO ARTIST	⊔BODY PIERCI	ING TECHNICIAN
(Last Name)	(First Name)	(Mi	(iddle Initial)
Address	(City)	(State)	(Zip)
(Phone)	(Email):		
(Date of Birth)	(Age) (*Social Security #)		
Training Received from: *Disclosure Upon requer social securi	e is mandatory for licensure and authorized by KSA 74-148 and 74-139. It est of the director of taxation, each such authority shall provide to the directity number and address.)	t is used to verify identity and license individua ector of taxation a listing of all such applicants,	als lawfully residing in the U. along with such applicant's
(Name of facility and trainer)			
(Address)	(City)	(State)	(Zip)
Training Start Date: $\frac{\text{(MM/DD/YY)}}{\text{(MM/DD/YY)}}$	Training End Date:	<u>, , , , , , , , , , , , , , , , , , , </u>	
Hours Completed:			
Hilitary Service (Complete if Applete	<u>licable):</u>		
Military Service (Provide a copy of y		ervice Member (Provide your DD-214	and separation date belo
Military Spouse (Provide a copy of yo	our CAC card or your Military ID) Separation Date	e:	
lave you been convicted of a felon	ny? Yes No If yes, you must provi	ide your case number(s):	
Sthis is the first time you have notified to bound on our website on the Forms and A esult in disciplinary action.	the Board of this conviction, you must submit for Applications page. Pursuant to K.S.A. 65-1947, for	rm #77 Felony Reporting Packs failure to disclose all felony con	et, which can be iviction(s) may
declare under penalty of perjury nd correct.	under the laws of the State of Kansas tha	at the information provided	d above is true
gnature Required:		Date:	
Credit Card Payment \$100		y Order Payment \$100	
 Go to the Board website: www Select Payment Portal from the 		s form or Money Order Payable to the l	Vancos Roard
3). Transaction Item = Practitioner		of Money Order Fayable to the i	Kansas doard
4) Record your Order ID# from your		d navment of the Board office at	t the address

provided above.

Order ID#