



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

FELONY CONVICTION REPORTING INSTRUCTIONS

What types of convictions must be disclosed? You must report all felony convictions, even if they did not occur in Kansas or you were told they did not appear on a background check. You DO NOT have to report pending felony charges or convictions that have been expunged or pardoned.

Why do I have to report my felony conviction? By law, the Board of Cosmetology may consider your felony conviction in deciding whether to grant your application for a license.

REQUIRED DOCUMENTS

The Board requires you to submit the following:

- Application
- Felony Conviction Disclosure Form
- Felony Conviction Monitoring Form (If you are currently on probation, parole or post-release supervision)
- Court Documents for each case:
 - Complaint or Indictment (Charges filed against you)
 - Journal Entry of Sentencing (Shows convictions and sentencing by the Court)
 - Proof of Completion of Probation or Release from Supervision (if applicable)

The application, forms and court documents should be sent to the Board in the same envelope.

Incomplete submissions will be returned.

What is the Felony Conviction Disclosure Form? *This form is required.*This form provides the Board with information about your conviction in enough detail to permit the Board to make a decision regarding your application.

What is the Felony Conviction Monitoring Form? *This form is only required IF you are currently serving probation, parole, or are on post-release supervision.* This form provides the Board with information regarding your conviction from the monitoring agency. If you are currently serving probation, parole or are on post-release supervision, you must have your monitoring agency complete this form.

How do I obtain court documents? Court documents can be obtained at the Courthouse from the Clerk of Courts in the County conviction. If, for some reason, the documents are unavailable, you must provide a letter from the Court stating the documents are not available.

What if my conviction was in another state? It may take some time to obtain your court documents. Most states require that you submit your request in writing along with a payment in order to obtain records.

REVIEW PROCESS

What does the Board consider when determining whether to grant a license? In determining whether to grant your application for a license, the Board considers the following:

1. The nature of offense
2. Any aggravating or extenuating circumstances
3. The time since offense
4. Rehabilitation or restitution
5. Your present moral fitness
6. Your consciousness of wrongful conduct
7. Your age/maturity at time of offense
8. Your present competence/skill

What happens next? After the Board receives your application, forms and court documents, your file will be reviewed by the Board's Disciplinary Panel. If the Board approves your application, your license will be issued. If the Board does not approve your application, you will receive an Order stating the reasons for denial.



FELONY CONVICTION DISCLOSURE FORM

APPLICATION TYPE	
<p style="text-align: center;">COSMETOLOGY</p> <input type="checkbox"/> Apprentice <input type="checkbox"/> Practitioner <input type="checkbox"/> Renewal <input type="checkbox"/> Establishment <input type="checkbox"/> Instructor	<p style="text-align: center;">BODY ART</p> <input type="checkbox"/> Apprentice <input type="checkbox"/> Practitioner <input type="checkbox"/> Renewal <input type="checkbox"/> Establishment <input type="checkbox"/> Trainer

APPLICANT/LICENSEE INFORMATION			
NAME		EMAIL	
HOME ADDRESS	CITY	STATE	ZIP
PHONE	CELL PHONE	DATE OF BIRTH	LICENSE NO. (IF APPLICABLE)

CASE INFORMATION (Attach additional sheets if you need to list more cases)			
COURT NAME	CASE NO.	CRIME - CONVICTION(S)	ATTACH THE FOLLOWING:
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)
			<input type="checkbox"/> Complaint <input type="checkbox"/> Journal Entry of Sentencing <input type="checkbox"/> Proof of Completion of Probation/Supervision (if applicable)

CASE STATUS			
Are you currently on probation, parole or post-release supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
When did you complete probation, parole or post-release supervision?			<input type="checkbox"/> NA
Have you paid all court ordered restitution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have you completed all court ordered treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

If you have not paid all court ordered restitution and/or completed all court ordered treatment, explain why.



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EXPLANATION OF CRIME

For each of your convictions, explain why and how you committed the crime. Also, explain if there were any special circumstances that you would like the Board to know regarding the crime.

Do you take full responsibility for the crime or were there circumstances that were beyond your control that caused you to be charged with the crime?



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REHABILITATION

Explain what you have done to rehabilitate yourself since you were convicted. Examples include attending treatment and therapy, activities and employment, etc. You may also attach letters of recommendation, certificates of completion of treatment.

Explain why the Board should grant your request for a license.

CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that the information contained herein is true and correct. I understand providing false information may constitute grounds for denial of my application pursuant to K.S.A. 65-1908.

SIGNATURE

DATE SIGNED



FELONY CONVICTION MONITORING FORM

INSTRUCTIONS

You must submit this form if you are currently on probation, parole or post-release supervision. Complete the Authorization to Release Confidential Information portion of this form and give it to your monitoring agency to complete the rest.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize (Name of Monitoring Agency) to release confidential information in its records, possession or knowledge, regarding the status of my case(s), to the Kansas Board of Cosmetology. This information will be used to determine whether the Kansas Board of Cosmetology should grant my application for a license.

Table with 4 columns: COURT NAME, CASE NO., COURT NAME, CASE NO.

DEFENDANT'S SIGNATURE

DATE SIGNED

MONITORING AGENCY INFORMATION

Table with 4 columns: MONITORING AGENCY, NAME OF MONITORING OFFICER, EMAIL ADDRESS, PHONE, ADDRESS, CITY, STATE, ZIP

Case Information

Date monitoring began: Date monitoring scheduled to end:
Was the applicant the principal participant or an accessory?
Was the crime premeditated or spur of the moment?
Were there damages or injury to the victim?
Did the applicant make restitution to the victim?

Compliance Status

- Compliant as of this date with all terms and conditions of monitoring and no revocation is pending.
Non-compliant on this date with terms and conditions of monitoring as follows:

Empty rectangular box for compliance details.

Comments

Large empty rectangular box for comments.

REFUSAL TO COMPLETE FORM

I am unable to complete this form or to disclose any information regarding the defendant.

CERTIFICATION

MONITORING OFFICER'S SIGNATURE

DATE SIGNED