

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

PETITION FOR ADVISORY OPINION OF FELONY CONVICTION(S)

This form is provided for individuals to obtain a felony advisory opinion from the Board prior to seeking licensure. If you have already obtained licensure with the Board and are reporting a new felony conviction, please complete the felony disclosure section on your application instead.

The individual must submit the following with this form:

- Complete and submit the Felony Reporting Packet for all felony convictions.
- Submit court documentation for each disclosed felony conviction.
- Pay the \$50 one-time felony advisory opinion fee.

Cred	lit	Card	Pay	vment	\$50

- 1). www.kansas.gov/kboc
- 2). Select Payment Portal from the Top Menu Bar
- 3). Transaction Item = Felony Advisory Opinion
- 4). Record your Order ID # from your emailed receipt here:

Check or Money Order Payment \$50

- 1). Complete this form
- 2). Make Check or Money Order Payable to the Kansas Board of Cosmetology
- 3). Mail form and payment to the Board office at the address provided above.

Please complete the following:

1)	NAME:							
		Last	First		Middle			
2)	ADDRESS:							
	Street		City	State	Zip			
	PHONE:		Email:					
3)	DATE OF BIRTH	s	OCIAL SECURITY #					
	(Pursuant to K.S.A. 1990 Supp. 74-139, the applicant shall provide his/her social security number. 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. Disclosure is mandatory for licensure and authorized by K.S.A. 74-148. It is used to verify identity and license individuals lawfully residing in the U.S.)							
4)	PROVIDE CASE NUM	BER(S):						
	tition for Advisory Opinion on(s) would disqualify you t	of Felony Conviction(s) only requirement of staining licensure.	res the Board to issue an inf	formal, written opinion	as whether your felony			
review y		ne Board an application for licensur if you are able to demonstrate to the ting licensure.						
I declare	under penalty of perjury	under the laws of the State of Ka	nsas that the information p	provided above is tru	e and correct.			
Date	<u> </u>	Signature of Applicant:						



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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.



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FELONY CONVICTION DISCLOSURE FORM

APPLICATION TYPE					
Cosmetolog Apprentice Practitioner Renewal Establishment Instructor	ЭY	Apprentice Practitioner Renewal Establishment Trainer	ODY A RT		
APPLICANT/LICENSEE INFORMAT	TON				
NAME NAME	ION	EMAIL			
HOME ADDRESS	CITY	STATE	ZIP		
PHONE	CELL PHONE	DATE OF BIRTH	LICENSE N	NO. (IF APPLI	CABLE)
CASE INFORMATION (Attach additiona	I shoots if you pood to list more	20000)			
COURT NAME	CASE NO.	CRIME - CONVICTION(S)		THE FOLLOV	VING:
					bation/
			☐ Complaint☐ Journal Entry☐ Proof of Con	y of Sentencin npletion of Pro n (if applicable)	bation/
			☐ Complaint☐ Journal Entry☐ Proof of Con	y of Sentencin	g
		☐ Complaint ☐ Journal Entry of Sentencing ☐ Proof of Completion of Probation/ Supervision (if applicable)			
CASE STATUS					
Are you currently on probation, parole			□Yes	□No	□NA
When did you complete probation, pa	role or post-release super	vision?			□NA
Have you paid all court ordered restitution Have you completed all court ordered			□Yes □Yes	□No □No	□NA □NA
					
lf you have not paid all court ordered re	estitution and/or completed	all court ordered treatment, expla	in why.		



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FELONY CONVICTION DISCLOSURE FORM

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 reasonability for the crime or were there aircumstances that were beyond your control that equaed you to be charged
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?
with the chille:

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FELONY CONVICTION DISCLOSURE FORM

	ABILITA											
Explain	what	you have	e done t	o rehabilitate	yourself si	nce you we	re convicted.	. Examples	include att	ending tre	eatment a	nd therapy,
activitie	es and e	empioym	ient, etc.	You may als	o attach iet	iers of recon	imendation,	certificates of	completio	n of treatr	nent.	
Explain	why th	ne Board	should o	grant your req	uest for a li	cense.						
•	1		·	,,								
	TIFICAT											
				inder the laws ounds for deni					rein is true a	and correct	. I understa	nd providing
SIGNATU	IRE							DATE SIGNED				



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FELONY CONVICTION MONITORING FORM

INSTRUCTIONS						
You must submit this form if you are Release Confidential Information portion					ete the Authorization	on to
AUTHORIZATION TO RELEASE CON	IFIDENTIAL INFORM	MATION				
I hereby authorize		my case(s), to the Kansa	s Board of C	osmetology.	nfidential informatio This information w	
COURT NAME	CASE NO.	COURT NAME			CASE No.	
DEFENDANT'S SIGNATURE			DATE SIGNE	ED		
MONITORING AGENCY INFORMATION	ON					
MONITORING AGENCY		NAME OF MONITORIN	NG OFFICER			
EMAIL ADDRESS		PHONE				
ADDRESS		CITY		STATE	ZIP	
Case Information Date monitoring began: Was the applicant the principal participar Was the crime premeditated or spur of the Were there damages or injury to the viction Compliance Status ☐ Compliant as of this date with all ☐ Non-compliant on this date with the Compliant of	ne moment? im? ☐ Yes ☐ No terms and conditions		☐ Acces ☐ Spur corestitution to	of the momer the victim? [
REFUSAL TO COMPLETE FORM I am unable to complete this form or t CERTIFICATION	o disclose any inform	nation regarding the defend	dant.			
MONITORING OFFICER'S SIGNATURE		DATE S	SIGNED			