

Dear Applicant,

An individual who enrolls in a Kansas cosmetology, nail technology or esthetics school must obtain an apprentice license. Pursuant to K.S.A 65-1912, application for an apprentice license allowing a person to practice in a licensed school shall be submitted to the Board not more than 15 days after the person's enrollment in the school. Failure to do so may result in legal action and instructional hours may not be credited toward training.

The Board provides the law book in several electronic formats, please refer to the Law Book Resources document to find the one of preference. The school will post the license and inform the student about this resource pertaining to the laws and regulations that govern Kansas licensees and establishments. It is important to be knowledgeable of Kansas laws and regulations.

A licensed apprentice may only provide consumer services in the school in which they are enrolled. It is a violation of law for an apprentice to provide consumer services in any other location. Failure to comply with these rules and regulations subjects the apprentice to legal action which may include assessment of a civil fine and/or licensure restrictions. Any establishment that allows an apprentice or an unlicensed individual to provide consumer services is also subject to legal action as outlined in K.S.A 65-1909.

Complete the apprentice application online, print, and provide to the school in which you are enrolled. Include the following with this application in the order listed:

- 1. Non-refundable \$15 application fee
- 2. This fully completed form; and
- 3. Legible photocopy of your current U.S. government issued photo identification (i.e. drivers license, state or military identification card)
- 4. *Legible photocopy of your social security (SS) card

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

If you completed any professional training outside of the United States it must be verified and evaluated for training equivalence. The verification must include information regarding the duration of training, the number of instructional hours, and the subject matter of the training. 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 educational credential service providers here:

https://www.naces.org/

https://aice-eval.org/

High School Education is required for initial licensure. You must be a graduate of an accredited high school, have a general education diploma (GED), or a foreign diploma that has been verified by an educational credential evaluator.

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. https://www.naces.org/

https://aice-eval.org/

Should your high school verification or any other documents be submitted with a name other than the name listed on your licensure application. It is necessary for you to submit a copy of the court document that changed your name. This document may be mailed to the address below or faxed to 785-296-3002.

Pursuant to federal law, a person who is not a U.S. citizen is not eligible for licensure unless the person is a qualified alien or a non immigrant. You must be either a U.S. Citizen, permanent resident/resident alien, non-immigrant with a visa and be able to provide the visa type (not all visa types are eligible), or a non-immigrant whose visa for entry is related to employment in the United States.

*Social Security number disclosure is mandatory for licensure and authorized by KSA 74-148 and 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. Individual Taxpayer Identification Numbers (ITIN) cannot be accepted in lieu of a social security number.

Sincerely,

Kansas Board of Cosmetology



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

APPLICATION FOR APPRENTICE LICENSURE

COSMETOLOGY, ESTHETICS, NAIL TECHNOLOGY

Applicant Information		e submitted no more than 1	5 days afte	er the start date of training.				
		<u>· · ·</u>	ernnen	. issued Filoto ID and So	Jerai Secu		_ .	
Full Legal Name:		, First		Middle		Male	Female	
Address:				City/State			Zip	
Phone: ()	Date of Birth:			al Security Number:				
Applicant Email Address:			* 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.					
Previously used name(s) If you have had a legal name) that might appear on support e change, please include a copy of th	ing documentation: e legal documents verifying	the chang	e of name (marriage licens	e, divorce	decree, US gove	rnment issued ID, o	etc.).
Fee Payment \$15	he KBOC payment portal can be accessed by na	vigating to the Board website www.ka	insas.gov/kbo	oc and selecting the PAYMENT POF	RTAL tab from	the Top Menu Bar		
Credit Card Payment \$15			Check or Money Order Payment\$15 1). Complete this form and print it					
 Go to Board website: www 2). Select PAYMENT PORT/ 		2). Make check or Money Order Payable to th			he Kansas Board	l of Cosmetology		
 Select Transaction Item : Record your Order ID # fr 		3). Mail form and payment to the Board office at the address provided above.						
Enrollment Information								
TRAINING PROGRAM:	Cosmetology:	Nail Technology:		Esthetics:		Electrolog	y:]
Name of school in which you are enrolled:City :								
Start date for this enrollment period: Full time Part time								
		Auditional training of	extensio	n or uaining				
(Should it be necessary completed ar	y that an apprentice attain an addition and submitted with the nonrefundable	onal apprentice license bey \$15 fee. This additional ap	ond the e prentice li	xpiration date of the initial cense will be sent to the sc	apprentice hool you a	e license, it is ne re attending. K.A	cessary this sectio .R. 69-4-12)	n be
	ined training in any of the above				complete	e the portion be	elow:	
School Name: School City :								
Dates of attendance at this school: From:To:To:Hours earned:								
Provide the first date for t	this enrollment period for this add	ditional/extension of traini	ng:	Current appre	entice lice	ense number: _		
Has the school in which you are currently enrolling requested the training hours from the school(s) you previously attended? Yes No								
Felony Conviction and D	Disciplinary Actions							
Have you been convicted	l of a felony? Yes No	lf yes, you must provide	your ca	se number(s):				
If this is the first time you have notified the Board of this conviction, you must submit form #77 Felony Reporting Packet, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1908, failure to disclose all felony conviction(s) may result in disciplinary action.								
any professional or occur	pertificate or permit revoked, susp pational license, certificate or per e of Kansas or proper regulatory a	mit held by you; or has a	n applica	tion for any professional	or occup	ational license,	, certificate or pe	
If yes, you must submit fo 65-1908, failure to disclos	or #82 Disciplinary Action Disclos se all disciplinary actions may rea	sure Form, which can be sult in disciplinary action.	found on	our website on the Forn	ns and Ap	oplications page	e. Pursuant to K	.S.A
Attestation								
	(Please include a legible	photo copy of your U.S. Gov	/ernment	ssued Photo ID and Social	Security C	Card)		
I declare under penalty o and correct.	f perjury under the laws of the Si	tate of Kansas that I have	e read an	d understand the applica	ation, and	l that the inform	ation provided is	s true
Signature Required:				Date:				
The Kansas Board of Cos	metology will not process an incomp	lete or illegible application.	he Board	will return the application to	o you, thus	delaying your lic	ensure as an appr	entice.
Office Use Only: No	Exp							