Arkansas Department of Health Cosmetology Section 4815 West Markham, Slot 8 Little Rock, AR 72205 501-682-2168

Examination Application

Examination Fee \$65.00 for practical - Must be submitted with this application

Please PRINT using blue or black ink. You must answer all questions.

If you have a disability and require accommodations please contact the Cosmetology Section's office.

□ Cosmetolog	v □ M	Type of exa lanicure	amination yo □ Aesthe			uctor	□ Electrology	
First Name	3	Middle Name		ast Name	□ Instructor Social Secu		urity Number	
Address		City	State		Zip Code	Phone Number		
						()		
Date of Birth	Gender				Race			
	□ MALE □ FEMALE	□ Black	□ White □	□ Am. Indian	□ Hispanic	□ Asian	☐ Alaskan Native	
Beauty School Attended	1		Date traini	ing began	Date complet	ed training	Total hours completed	
·								
Beauty School Attended	1		Date traini	ing began	Date complet	ed training	Total hours completed	
l								
Have you ever been lice If yes, Is the license cur			☐ YES ☐ NO hat type of license					
		•	· ·					
If yes, in what State(s)		ı						
Are you a first time app	□ NO If NO to 1	first time applicar		Examination Rexamination.	lequest:			
□ practical only			1100 tall 2 pg	11, 1101 2.	<i>7</i> /4			
□ written only (core	e law bot circle one		What language do you prefer to take the written exam in? (circle one)					
☐ all parts of the written and practical		al	ENGLISH	SPANISH	H VIETNAMESE		KOREAN	
This application must b	oe completed in	proper form and	submitted with	n the \$65.00 r	practical exami	nation fee.		
By signing this applica								
statements will be suff Applicant's Signature	or the Cosmetolo	Cosmetology Technical Advisory Committee to take disciplinary Today's Date				action.		
прризание 2.3					uu, o z z z z			
	DO	NOT WRITE BE	LOW THIS LI	NE – FOR O	FFICE USE OF	VLY		
Date		D .						
Written Score		Date Practical Score	- e		License	#		