2014
SCHOOL
POLICY &
PROCEDURE
REFERENCE
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ENROLLMENT OF STUDENTS

§311. Reporting student hours

A. Schools shall register students within 60 days after the student starts school. The maximum number of hours which will be accepted by the Board at the time of registration is the number of hours earned within 60 days preceding registration.

§315. Responsibilities of Schools

A. Upon enrollment of a student the school must provide the following to the Board:

1. the student enrollment application;
   a. A photocopy of this form is acceptable
   b. See A-1 for a properly completed form
2. a birth certificate, birth card or driver's license;
   a. A photocopy of the birth certificate or birth card together with a statement from the school representative verifying that they saw the original document and the date the copy was made.
   b. A photocopy of the student's government-issued drivers license is acceptable
3. proof of completion of education equal to the tenth grade; with a statement from the school representative verifying that they saw the original document.

The following is accepted as proof of education:

Option 1: In State High School diploma. The school is listed in the School Directory on the Louisiana Department of Education website. There are several different directories (public/non-public/charter) that you can print out and remember they need to be updated periodically.
http://www.doe.state.la.us/lsd/directory/1757.html

Option 2: Transcript or diploma from post-secondary school. School accreditation must be listed on the United States Department of Education website.
http://ope.ed.gov/accreditation/Agencies.aspx

Option 3: GED

Option 4: Home Schools. In accordance with the Louisiana Department of Education, unless a home school graduate has taken all the LEAP and EXIT exams through their local public school system, the graduate must pass a GED.
http://www.doe.state.la.us/lsd/uploads/14324.pdf

Option 5: Online or distance learning. Very few of these are acceptable. The school must be accredited by a US Department of Education approved accrediting body. We have a list of the ones that we have approved so far. (see attached)
http://ope.ed.gov/accreditation/Agencies.aspx

Option 6: Out of State high diplomas. School must be listed with the State Department of Education or have a state seal on it. If not the school accreditation must be listed on the DOE accreditation website
http://ope.ed.gov/accreditation/Agencies.aspx

Option 7: Louisiana Issued "Certificate of Completion" – must have passed the GED

4. a photograph of the student;
5. a copy of student's social security card and
6. the student enrollment fee of $10.00 due upon entering the course which includes one
   "in-state transfer"

J. All student registrations must be posted in a conspicuous place.

TRANSFER STUDENTS

§313. Transfer Students

A. The Board will accept student hours certified by out-of-state schools provided that the hours
   are transferred to a Louisiana school. The Louisiana school shall evaluate the student's
   transcript and determine how many hours of the curriculum have been completed by the
   student. The school shall submit to the Board a verification of the number of transferable
   hours which shall include supporting data, a certificate from the out-of-state school and a
   certificate from the state board which supervises the school.

B. When enrolling a transfer student from another school within the state of Louisiana
   the school owner must provide the Board with the following:
   1. Student Enrollment Application indicating on the application that it is a re-
      registration;
   2. Certification of payment of contractual fees owed to the former school, unless the former
      school is unable to certify payment of contractual fees owed due to temporary or
      permanent closure or loss of records; however, any student who transfers without
      certifying payment of contractual fees owed, shall provide certification of payment of
      contractual fees owed to the former school prior to applying for an examination,
      certificate of registration, license or renewal of the certificate of registration or license in
      accordance with §309.
   3. If the student has transferred schools more than once, a re-registration fee of $10
      Must accompany the application;

C. Any student transferring hours from one school to another is required to submit a
   Notice of Termination Form and Contractual Fee Form indicating balance paid, within 30
   days of student's dropout date (see form A-2).
Out of State Transfers

A. Upon enrollment of a student transferring hours earned in another state, the school must provide the following to the Board:

1. the student enrollment application;
   a. A photocopy of this form is acceptable
   b. See A-1 for a properly completed form

2. a birth certificate, birth card or driver’s license;
   a. A photocopy of the birth certificate or birth card together with a statement from the school representative verifying that they saw the original document and the date the copy was made.
   b. A photocopy of the student’s government-issued drivers license is acceptable

3. proof of completion of education equal to the tenth grade; with a statement from the school representative verifying that they saw the original document.

The following is accepted as proof of education:

Option 1: **In State High School diploma**. The school is listed in the School Directory on the Louisiana Department of Education website. There are several different directories (public/non-public/charter) that you can print out and remember they need to be updated periodically.
http://www.doe.state.la.us/ide/directory/1757.html

Option 2: **Transcript or diploma from post-secondary school**. School accreditation must be listed on the United States Department of Education website.
http://ope.ed.gov/accreditation/Agencies.aspx

Option 3: **GED**

Option 4: **Home Schools**. In accordance with the Louisiana Department of Education, unless a home school graduate has taken all the LEAP and EXIT exams through their local public school system, the graduate must pass a GED.

Option 5: **Online or distance learning**. Very few of these are acceptable.
The school must be accredited by a US Department of Education approved accrediting body. We have a list of the ones that we have approved so far. (see attached)
http://ope.ed.gov/accreditation/Agencies.aspx

Option 6: **Out of State high diplomas**. School must be listed with the State Department of Education or have a state seal on it. If not the school accreditation must be listed on the DOE accreditation website
http://ope.ed.gov/accreditation/Agencies.aspx

Option 7: **Louisiana Issued “Certificate of Completion”** – must have passed the GED
4. a photograph of the student;
5. a copy of student’s social security card and
6. the student enrollment fee of $10.00 due upon entering the course which includes one
   “in-state transfer”
7. an evaluation of the student’s transcript including the number of hours of the curriculum
   completed by the student which are transferable to Louisiana signed by the school
   owner; Certification must come from the state board, not the school. It must be the
   original with state seal.
8. a certification from the out-of-state school; and
9. a certification from the state board which supervises the out of state school. **If the student
   transferring from a state that the board does not track student hours until licensure, a certification letter from
   the state board must be submitted stating that the state board does not track student hours until licensure.**

In State Transfers

A. Upon enrollment of a student transferring hours earned in another state, the school must
   provide the following to the Board:
   
   1. the student enrollment application;
      c. A photocopy of this form is acceptable
      d. See A-1 for a properly completed form
   2. Certification of payment of contractual fees owed to former school (see A-3)
   3. If the student has transferred schools more than once, a re-registration fee of $10
      must accompany the application;

   When a students transfers from one school to another, the school is required to submit a
   Notice of Termination Form within 30 days of student’s drop date.

DROPPED STUDENTS

§311. Reporting student hours

E. Schools are required to provide to the board office the names of the students who drop
   from their rolls within 30 days and to provide the number of hours earned during the
   student’s attendance

   Once it has been determined that a student has dropped from your school (unless the student is
   on approved leave of absence), submit the following to the board office within 30 days of
   student’s last date of attendance:
   
   1. a pink notice of termination form (see A-2 for a properly completed form)
   2. a blue certification of contractual fees form (see A-3 for properly completed form)
   3. the original student license (both portions)

   A student on an approved leave of absence does not have to be dropped from your school for
   six months. If the leave of absence is longer than six months, the student must be dropped
   from your school in accordance with the above directions. If the dropped student is able to
return to school at some point in the future, please follow the directions for ENROLLMENT OF STUDENTS on Page 3.

REPORTING STUDENT HOURS

331. Reporting student hours

A. Schools shall register students within 60 days after the student starts school. The maximum number of hours which will be accepted by the Board at the time of registration is the number of hours earned within 60 days preceding registration.

B. Hours. Schools must register each student's hours with the board no later than on the tenth of the month for hours earned by each student in the prior month.

C. School owners must certify the student's attendance for hours reported to the Board. No overtime or double time shall be permitted. Only hours devoted to the prescribed curriculum shall be included. Students shall not earn more than forty-eight hours of training in any one calendar week.

D. The hour report submitted by the schools to the Board shall be signed by the senior teacher, or in the absence of the senior teacher, the report shall be signed by the person in charge, who shall designate his capacity as acting senior teacher. The report shall include a list of the current instructors.

Hours may be submitted to the board office on the Supplemental Hour Report Form or by a computer generated printout of the school's student tracking software:

1. Monthly Hour Report
   The monthly hour Report Form must be completed and submitted to the Board Office by the tenth day of the following month.

2. Quarterly Roster Instructors Report must be submitted March, June, September, and December.

3. Computer generated printout of the school's tracking software indicating the number of hours completed by the student. The printout include a history of the student's hours from the date of registration until the student reached the number of hours required to be reported.

   The print out must be signed by the senior instructor, or in the absence of the senior instructor, the report shall be signed by the person in charge, who shall designate his capacity as acting senior instructor.

   Additionally, a list of instructors must be attached to the hour report.

§315. Responsibilities of Schools

B. Schools must maintain hour reports for a minimum of three years;

M. Schools must post a monthly summary of hours earned by each student.
EXAMINATIONS

§309. Examination of Applicants

A. The following persons shall be eligible to take the written and practical examinations after receiving a clearance from the school last attended and a clearance from the Board:

1. Cosmetology students who have completed 1500 hours and 36 weeks of school; however, cosmetology students who have completed 1000 hours may take the written examination;
2. Esthetic students who have completed 750 hours of school;
3. Manicuring students who have completed 500 hours of school;
4. Instructor students who have completed 500 hours of school;
5. Persons holding a cosmetology, esthetics, manicuring or instructor license issued by another state; and
6. Persons holding a cosmetology, esthetics, manicuring or instructor license issued by another country who have received Board approval.

B. Applications for examinations must be accompanied by a student registration certificate, a recent color photograph of the student, and the $25 initial license fee.

C. Fees
1. All fees contractually owed by an applicant to a cosmetology school from which they graduated must be paid before applying for an examination, for a certificate of registration or for a license. If the school attended by the applicant is unable to issue a certification due to temporary or permanent closure or loss of records, the applicant shall not be required to provide the certification required by this section in order to apply for an examination, for a certificate of registration or for a license.
2. Any applicant who does not provide the certification required by this Section prior to applying for an examination must provide the certification prior to issuance of a certificate of registration or a license, if the cosmetology school from which they graduated is able to issue the certification prior to issuance of the certificate of registration or license.
3. Any applicant who does not provide the certification required by this section prior to issuance of a certificate of registration or a license, shall provide the certification required by this subsection prior to renewing the certificate of registration or license, if the cosmetology school from which they graduated is able to issue the certification prior to renewal of the certificate of registration or license.

D. Any student who fails to appear for their scheduled examination without proper notification will be required upon reapplication to submit a $25 administrative fee. Proper notification shall be made by contacting the Board office seven days prior to the scheduled examination or in the case of an emergency 24 hours prior to the scheduled examination.

E. Students must bring a mannequin with the head styled for a comb-out to the examination. Students will be required to perform further practical work on the mannequin during the examination.

Further practical work on the mannequin will include all of the following:
Phase 1 - Set/Comb Out Examination
Phase 2 - Wet Work Examination
   A. Finger waves:
   B. Brush waves:
   C. Skip Waves:
   D. Rollers: {on base, ½ base, off base and roller in shaping}
   E. Back Section on base, ½ base, off base and pincurl in a shaping.
   F. Pincurls: must be on base line

Phase 3 - Chemical Examination
   A. Permanent Wave Technique:
   B. Foil Hi-lites
   C. Virgin Bleach:
   D. Haircolor Retouch:
   E. Relaxer Retouch:

Phase 4 – Haircut Examination – basic 90°layered cut

Examination of students with Special Needs.
Requests for special accommodations for students with disabilities or special needs must be submitted on the proper forms (see A-9 & A-10). Only original signatures will be accepted, no faxed or photo copies will be allowed.

Applications for students who are eligible to take the examinations shall be submitted as follows:

1. Cosmetology Applicants
   A. The National/State Exams must be taken together. The National/State Exam must be taken before or the same day as the practical. Submit the following:
      i. an Application for National/State Exams (see A-5)
      ii. the bottom portion of the student registration license
      iii. a current color photograph of the student
      iv. the $25.00 examination fee per exam ($50.00 total)
      v. a supplemental hour or computer generated print out from the school's computer software tracking the specific student's hours
      vi. For special accommodations, see the section above regarding this topic and example A-9
   B. The Practical Exam – submit the following:
      i. an Application for Cosmetology Examination (green form see A-6)
         a. A photocopy of this form is acceptable, if on green paper
         b. The form submitted must have original signatures
         c. See A-6 for properly completed form
      ii. Contractual fee form (Blue form – A-3)
         All fees owed by an applicant to a cosmetology school must be paid before applying for a practical examination. This is in accordance with 3309.C - Examination of Applicants.
      iii. The top portion of the student registration license
      iv. a current color photograph of the student
      v. a payment of $50.00 which includes the $25.00 examination fee and the $25.00 initial license fee
      vi. a supplemental hour or computer generated print out from the school’s computer software tracking the specific student’s hours

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2. Manicurist Applicants
   A. The National/State Exams must be taken together. The National/State Exam must be taken before or the same day as the practical. Submit the following:
      vii. Notice of Termination Form
      viii. an Application for National/State Exams (see A-5)
      ix. the bottom portion of the student registration license
      x. a current color photograph of the student
      xi. the $25.00 examination fee per exam ($50.00 total)
      xii. a supplemental hour or computer generated print out from the school's computer software tracking the specific student's hours
      xiii. For special accommodations, see the section above regarding this topic and example A-9 & A-10
   B. The Practical Exam – submit the following:
      i. an Application for Cosmetology Examination (green form see A-6)
         a. A photocopy of this form is acceptable, if on green paper
         b. The form submitted must have original signatures
         c. See A-6 for properly completed form
      ii. Contractual fee form (Blue form – A-3)
         All fees owed by an applicant to a cosmetology school must be paid before applying for a practical examination. This is in accordance with 3309-C - Examination of Applicants.
      iii. The top portion of the student registration license
      iv. A current color photograph of the student
      v. a payment of $50.00 which includes the $25.00 examination fee and the $25.00 initial license fee
      vi. a supplemental hour or computer generated print out from the school's computer software tracking the specific student's hours
      vii. Notice of Termination Form (Pink)

   NOTE: One money order or school check for $100.00 can be submitted for the complete examination (National, State, and Practical) and initial license fee. One photograph may be sent if the student is taking all examinations on the same day.

3. Esthetician Applicants
   A. The National/State Exams must be taken together. The National/State Exam must be taken before or the same day as the practical. Submit the following:
      xiii. an Application for National/State Exams (see A-5)
      xiv. the bottom portion of the student registration license
      xv. a current color photograph of the student
      xvi. the $25.00 examination fee per exam ($50.00 total)
      xvii. a supplemental hour or computer generated print out from the school's computer software tracking the specific student's hours
      xviii. For special accommodations, see the section above regarding this topic and example A-9 & A-10
   B. The Practical Exam – submit the following:
      i. an Application for Cosmetology Examination (green form see A-6)
         a. A photocopy of this form is acceptable, if on green paper
         b. The form submitted must have original signatures
         c. See A-6 for properly completed form
ii. Contractual fee form (Blue form – A-3)  
   All fees owed by an applicant to a cosmetology school must be paid before applying  
   for a practical examination. This is in accordance with 3109.C - Examination of  
   Applicants.

iii. The top portion of the student registration license

iv. A current color photograph of the student

v. A payment of $50.00 which includes the $25.00 examination fee and the  
   $25.00 initial license fee

vi. A supplemental hour or computer generated print out from the school’s  
    computer software tracking the specific student’s hours

vii. Notice of Termination Form

NOTE: One money order or school check for $100.00 can be submitted for the complete examination (National,  
State, and Practical) and initial license fee. One photograph may be sent if the student is taking all  
examinations on the same day.

4. Instructor Applicants

   A. The National/Practical Exams must be taken together. If the student is already a  
      licensed applicant, Submit the following:

   i. an Application for Instructor Exams (see A-13)
      a. A photocopy of this form is acceptable, if on yellow paper
      b. The form submitted must have original signatures
      c. See A-13 for properly completed form

   ii. the bottom portion of the student registration license

   iii. a current color photograph of the student

   iv. the $25.00 examination fee per exam ($75.00 total)

   v. a supplemental hour or computer generated print out from the  
      school’s computer software tracking the specific student’s hours

   vi. For special accommodations, see the section above regarding this  
       topic and example A-9

   vii. Contractual fee form (Blue form – A-3)

NOTE: One money order or school check for $75.00 can be submitted for the complete examination (National,  
and Practical) and initial license fee. One photograph may be sent if the student is taking all examinations on  
the same day.

If student is not a licensed cosmetologist, they take the "Instructor’s Complete" exam. Follow same  
requirements as above but fee is $100.00 (national, state, practical exams, and initial license).

PERMIT EXAMINATION INSTRUCTIONS WILL FOLLOW AT A LATER DATE
EXAMINATION RETAKES

Submit the following for each examination retake:

a. A copy of the applicant's failure letter
b. See A-8 for properly completed form
c. $25.00 fee for each examination retake
d. A current color photograph of student

EXAMINATION CANCELLATIONS

Submit the following for each examination cancellation:

A. Notice must be received by the Board office at least seven days prior to the scheduled examination or in the case of an emergency 24 hours prior to the scheduled examination. Please fax notices of the examination cancellation to (225) 756-3410.

The following are the acceptable exceptions:
1. If a student's clearance was faxed to the school or mailed to a school that does not have a fax machine less than 7 days before the date of the examination, we will accept faxed notifications no later than the Friday before the exam. To eliminate any confusion, the testing department will date stamp the clearance papers with the date the clearance was faxed.
2. If an emergency occurs within 24 hours of the scheduled examination, every effort should be made to fax a notification to the Board Office prior to fax a notification to the Board Office prior to the exam. If this is not possible, the notification MUST be faxed within 24 hours following the scheduled exam.

NOTE: Because of the increased number of students requesting examinations and then rescheduling them and/or not showing up on the scheduled examination date, we will have to strictly enforce these regulations and grant only the acceptable exceptions listed above.

B. A completed application for Retake & no Show Exam Form (See A-8 & A-7 for properly completed form)

e. A fee of $25.00 for each examination (National/State or Practical Exam) is due if a student is scheduling to retake an examination.

For Example:

1. A Cosmetology Student who does not show up for a national and state Examination scheduled the same day would owe a $25.00 fee.
2. A Cosmetology Student who does not show up for a practical examination would owe a$25.00 fee.
3. A Cosmetology Student who does not show up for a complete (national/state and practical) examination scheduled the same day would owe a $25.00 fee.
4. A Manicuring Student who does not show up for a complete (national/state and practical) examination scheduled the same day would owe a $25.00 fee.
5. An Esthetician Student who does not show up for a complete (national/state and practical) examination scheduled the same day would owe a $25.00 fee.
6. An Instructor Student who does not show up for a complete (national/state and practical) examination scheduled the same day would owe a $25.00 fee.
REQUIRED EQUIPMENT

317. Equipment Required in Cosmetology Schools

A. Every cosmetology school must have a practical work room and working equipment including:
   1. Six shampoo bowls;
   2. Six hair dryers
   3. Three manicuring tables
   4. Cold wave equipment sufficient for six permanents
   5. Sufficient trays for supplies;
   6. Covered waste containers sufficient to maintain sanitation in the school
   7. One wet and dry sanitizer for each occupied station;
   8. Six mannequins;
   9. Twenty working stations;
   10. Covered containers for soiled towels; and
   11. Locker space for each student.

B. Every cosmetology school must have a classroom with a minimum of 400 square feet, entirely separate from the practical work room, equipped with the following:
   1. Modern anatomy charts;
   2. Marker or chalkboard, minimum 4 feet by 6 feet;
   3. Sufficient seating with facilities for classroom work, such as taking notes.

C. The area designated for classrooms or practical workrooms shall not be used for any other purpose.

RESPONSIBILITIES OF STUDENTS

321. Responsibilities of Students

A. Students, except for student instructors, shall not be allowed to perform any professional cosmetology work until they have completed training, taken the state Board examination, and received the initial license. Any student found to be in violation of this rule will forfeit all hours completed in beauty school and the school knowingly permitting the violation of this provision will place its license in jeopardy.

B. Students attending beauty schools shall not provide cosmetology services whether for a fee or not in any licensed beauty salon or anywhere. This regulation applies even though the student’s immediate family or the students themselves might be owner or have an interest in the beauty salon in question, or jeopardy of the student’s losing a portion of or all of their hours.

C. School Uniforms. Students attending schools shall maintain a professional image and shall wear clean uniforms.
   1. Female students may wear pants or skirts; however, skirt hemlines must not be shorter than just above the knee.
   2. Students may wear white lab coats with white shirt and black trousers.
   3. Students must wear clean, enclosed shoes with sock and/or hose.
4. Students shall wear a nametag with their name and the word student.
5. The following items may not be worn:
   a. leggings;  
   b. capri pants;  
   c. tube tops;  
   d. jeans;  
   e. shorts;  
   f. jogging suits;  
   g. undershirts;  
   h. sandals;  
   i. flip flops;  
   j. low waist pants;  
   k. tank tops;  
   l. shirts which expose the midriff;  
   m. tops with spaghetti straps;  
   n. clothing which is made of see through fabric.

D. Testing. Students taking examinations shall wear school uniforms as required by this Section except no nametag shall be worn while testing.

§1709. Picture Identification

A. All licensees shall have in their possession a picture identification at any time at which a service is being performed.

§1713. Cheating on Examinations

A. Any person who cheats on an examination administered by the Board shall be disqualified from taking the test for a period of at least three months. Any person who cheats on a subsequent examination shall be ineligible to register for any examination administered by the Board without Board approval.

RESPONSIBILITIES OF SCHOOLS

§315. Responsibilities of Schools

A. Upon enrollment of a student the school must provide the following to the Board:

1. the student enrollment application;
2. a birth certificate, birth card or driver’s license;
3. proof of completion of education equal to the tenth grade;
4. a photograph of the student; and
5. the student registration fee.

B. Schools must maintain hour reports for a minimum of three years;

C. Schools must furnish to each student, at a nominal fee, a mannequin upon which the student may practice and may use for the practical examination.

D. Schools shall not have professional departments within the school, nor shall any school owner own or operate a professional salon in connection with a school. School staff members shall not practice in an adjoining salon, while school is in session. There shall be no unsealed connecting doors between schools and salons under the same roof.

E. All schools must maintain a faculty of two instructors at all times. With at least one instructor per every 20 students enrolled. Each faculty shall include a senior instructor who shall have
at least 18 months teaching experience in an accredited school of cosmetology. The senior teacher shall supervise all other faculty members.

F. In the event that the senior instructor resigns or takes a leave of absence, the school shall advise the Board monthly of their efforts to employ a new senior instructor.

G. Any school owner which intends to close any school shall notify the Board in writing as soon as practicable. Copies of documents relative to closure must be provided to the Board office, including, but not limited to teach-out plans and teach-out agreements. The Board shall be the custodian of records for any school which closes.

H. Schools shall post a legible sign not smaller than 6" x 10", at the entrance of each school reading: "Student Work Only".

I. Schools shall not pay commission or any other compensation, discount or fee to a cosmetology, esthetics or manicuring student for work in training done by them.

J. All student registrations must be posted in a conspicuous place.

K. Schools must provide a textbook to each student upon registration.

L. Schools must maintain a library, which shall be available to all students.

M. Schools must post a monthly summary of hours earned by each student.

N. No employee or owner of a school shall knowingly permit students to perform any professional cosmetology work for which they do not possess a license.

A quarterly report listing all current instructors must be submitted by each school at the end of March, June, September and December of each year. See A-5 for a properly completed form.

SAFETY AND SANITATION REQUIREMENTS

701. Sanitation Requirements for Cosmetology Salons and Cosmetology Schools

A. Beauty salons and cosmetology schools are declared to be businesses affecting the public health, safety and welfare, therefore, sanitation procedures must be followed. Every salon and school shall be adequately lighted, well ventilated and kept in a clean and sanitary condition at all times.

B. Supplies. All beauty shops and salons and cosmetology schools shall have available sterilizers or sanitizers which shall be used in accordance with the manufacturer's instructions. All instruments, including disposable equipment shall be kept clean and sanitized.

C. Combs and brushes must be thoroughly cleaned with soap and water, after each patron has been served, and then immersed in one part water to 10 parts of sodium hypochlorite (bleach), EPA hospital grade disinfectant and or some equally efficient disinfectant according to the manufacturer's instructions.
D. Shampoo boards and bowls must be kept clean at all times.

E. Towels used for patrons shall be clean and freshly laundered and kept in a closed cabinet designated for clean towels only.

F. Soiled towels should be kept in a container.

G. Cosmetologists shall wash their hands with soap and fresh water immediately before serving each patron.

H. Fluids and powders shall be applied to a patron from a shaker type dispenser so as to prevent the bottle or shaker from contacting the client.

I. Floor, walls and fixtures must be kept in a clean and sanitary condition at all times.

J. Carpet or floor cloth shall not be used in any work area.

K. No facility licensed by the Board shall permit any live animal to be present on the premises except in the case of an animal certified to assist a disabled person.

L. All facilities shall have an adequate supply of both hot and cold running water and a sufficient number of wash basins on the facility premises.

M. Hair clipping on the floor must be swept up after each client and shall be disposed of in a covered container.

N. All tools and implements which come in direct contact with a client shall be sanitized or disposed of after each use.

O. New and/or sanitized and cleaned tools and implements shall be stored separately from all others.

P. Storage cabinets, workstations and vanities shall be cleaned after each client.

Q. Blood spill kits must be available in every salon and school.

SCHOOL LICENSING
Louisiana Revised Statute 37:594(A) prohibits the operation of a school of cosmetology without a certificate of registration.

503. School Licenses Issued to Legal Entities

A. Any corporation, association, partnership or other legal entity applying for a license to operate a school shall provide the following to the Board:

1. the name and address of each place of business maintained by the entity in the state;
2. a financial statement;
3. articles of incorporation, articles of organization, partnership agreement or other organizational documentation;
4. names, addresses and interests of partners, members or stockholders; for the purpose of this subsection a landlord or lessor of equipment paid a percentage exceeding 20 percent shall be considered an owner or partner;
5. name and address of individual managing officer or partner;

B. A change of ownership of thirty-five percent or greater shall require submission of all information required by this subsection A.

Louisiana Revised Statute 37:590. Renewal of certificates of registration
A.(1) Every beauty shop owner, booth renter, manager of a beauty shop, and school shall, on or before January thirty-first of each calendar year, renew his or its certificate of registration. Every certificate of registration which has not been timely renewed shall expire on the following first day of March, at which time the holder of such certificate of registration may have his certificate renewed only upon fulfilling the requirements provided for by this Chapter and paying the restoration fee provided in R.S. 37:599.

Violations:

Louisiana Revised Statutes 37:595(A) provides:

A. All schools registered by the board shall do the following:
(1) Possess apparatus and equipment sufficient for the ready and full teaching of its entire curriculum.
(2) Have a total floor space of not less than thirty-five hundred square feet with a minimum of four hundred square feet of floor space for each classroom.
(3) Be supervised by a registered teacher of cosmetology in active practice, with at least eighteen months of teaching experience in an accredited school of cosmetology approved by the board.
(4) Employ as instructors persons who are teachers registered by the board, at least one of whom shall have been a registered teacher and in active practice for at least eighteen months.
(5) Maintain a record of the attendance of each student and a record of the progress of each student in achieving the required proficiency.
(6) Establish a grading system and require passage of examinations for issuance of diplomas.
(7) Maintain facilities as required by the board.

The employment of an unlicensed instructor or an inactive instructor in a teaching position is in violation of Louisiana Revised Statute 37:595(A)(4). Any teacher holding an inactive certification must activate his certification by providing evidence of completion of the required continuing education courses in that same year, Louisiana Revised Statute 37:589.

GUIDELINES FOR A SCHOOL CLOSING

§315. Responsibilities of Schools

G. Any school owner which intends to close any school shall notify the Board in writing as soon as practicable. Copies of documents relative to closure must be provided to the Board office, including, but not limited to teach-out plans and teach-out agreements. The Board shall be the custodian of records for any school which closes.

GUIDELINES FOR A SCHOOL CHANGING LOCATION OR CHANGE OF OWNERSHIP AND DESTRUCTION OF PREMISES AND REMODELING

Change of Location
Louisiana Revised Statute 37:594(C) provides:

C. Any licensed school shall notify the board in writing of the intent to relocate the school and give the proposed location and a description of any proposed improvements to be made to the site, including the approximate square footage. Upon approval of the location, the school shall comply with the requirements set forth in Paragraphs (2) through (7) of Subsection B of this Section and submit a change of address notice fee in accordance with R.S. 37:599.

Louisiana Revised Statute 37:594 (B) (2) through (7) provide:
§594. Application for school certificate of registration; change of location; change of ownership
B. Any person desiring to operate a cosmetology school shall:
(1) Notify the board in writing of his intent to open a new school and identify the maximum number of students to be enrolled at any time and the proposed location of the school. The applicant shall provide a description of any proposed improvements to be made to the site, including the approximate square footage.
(2) Pay the fee for the initial school premises inspection set forth in R.S. 37:599.
(3) Receive an inspection report from the board indicating that the floor space is adequate.
(4) Receive approval of the location by the board.
(5) Submit a detailed floor plan drawn to scale, including the arrangement of classrooms, placement of equipment, electrical outlets, ventilation equipment, plumbing and lighting, the locations of all outside entrances and exits, and the square footage for each area.
(6) Submit a copy of the lease, if the space is to be leased.
(7) Submit approval from the local fire safety inspector indicating that fire safety requirements have been met.

§1705. Destruction of Premises

A. When any school or salon made unusable by virtue of storm, fire, flood or any other act of God or by virtue of expropriation proceedings and the premises selected to permanently replace such facility will be inspected without an inspection fee, provided that such facility is replaced within six months of its destruction.

B. Any school or salon which is repaired or replaced in its exact location will be Acceptable provided that it is reconstructed in no less size that existed prior to its Destruction.

C. When temporary premises are necessary for the continuance of operation during the repair, the board member for the area involved may approve such premises provided such premises are temporary with a specific termination date set forth for their use and further provided that such premises are sanitary and sufficient for use during the state time period.

§1707. Remodeling

A. When any school or salon desires to remodel its premises, application shall be made to the Board. If remodeling requires the use of temporary premises for the continuance of operation during remodeling, the Board member for the area may approve such premises as are adequate provided such premises are sanitary and sufficient for use during the stated time period.
INSTRUCTIONS

THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION. (REFER TO X'ED BOXES AT RIGHT)

1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
2. PROOF OF EDUCATION (MUST HAVE COMPLETED 10TH GRADE OR EQUIVALENT) PHOTOCOPY OF DIPLOMA(S) OR TRANSCRIPT(S).
3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" X 2".
4. $10.00 ENROLLMENT FEE. (FIRST "IN STATE" TRANSFER AT NO CHARGE)

TO BE COMPLETED BY APPLICANT

1. NAME (LAST, FIRST, MI, MAIDEN) Doe, Jane D
2. SOCIAL SECURITY NUMBER 999-99-9999
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE) 11622 Sun Belt Ct. Baton Rouge, LA 70809
4. DATE OF BIRTH 2/14/74
5. TELEPHONE NUMBER 225-756-3404
6. CIRCLE LAST GRADE COMPLETED 8
7. YEAR LAST GRADE WAS COMPLETED 9/11/92 6 GED
8. SCHOOL WHERE LAST GRADE WAS COMPLETED Pebbles High School
9. SCHOOL ADDRESS (CITY AND STATE) Pebbles, LA 71111

10. CHARACTER REFERENCES

a. NAME John Doe
b. Cookie Jar

ADDRESS (STREET, CITY, STATE, ZIP, PHONE NUMBER) 512 Orange St. Pebbles, LA 71111
111 Lemon Dr. Stones, LA 71122

11. IF ANSWERS TO QUESTIONS 1 OR 2 ARE YES, PLEASE EXPLAIN.

YES NO
1. EVER BEEN ENROLLED IN A LOUISIANA COSMETOLOGY SCHOOL? X
   IF YES, ATTACH CERTIFICATION OF CONTRACTUAL FEES.
2. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER OR MANICURIST IN LOUISIANA OR ELSEWHERE? X

12. EXPLANATION

I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL

13. COSMETOLOGY SCHOOL NAME Union Cosmetology School of Arts
14. SCHOOL LICENSE NUMBER 555666-0
15. SCHOOL ADDRESS 101 Mickey Mouse St. Mickey, LA 71113
16. TELEPHONE NUMBER 225-123-4567

17. FOR THE FOLLOWING COURSE

X COSMETOLOGY ☐ ESTHETICS ☐ FULL-TIME
☐ COSMETOLOGY INSTRUCTOR ☐ BRUSH UP ☐ PART-TIME
☐ MANICURIST ☐ ADVANCED ☐ EVENING

18. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY

SUNDAY MONDAY 8 WEDNESDAY 8 FRIDAY 8
TUESDAY 8 THURSDAY 8 SATURDAY 8

19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE LOUISIANA STATE BOARD OF COSMETOLOGY AND I WILL BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE IN ACCORDANCE WITH LOUISIANA ADMINISTRATIVE CODE 46:331.715.

APPLICANT SIGNATURE ____________________________ Doe, Jane

TO BE COMPLETED BY COSMETOLOGY SCHOOL

20. THE ABOVE NAMED APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING 8/11/2013

WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.

21. NAME OF SCHOOL Union Cosmetology School of Arts
22. SIGNATURE OF OWNER OR REGISTRAR ____________________________ Walt Disney World
NOTICE OF TERMINATION

INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED FOR EITHER STUDENT OR INSTRUCTORS WHO HAVE DISCONTINUED TRAINING.

2. MAIL COMPLETED FORM AND LICENSE TO: LOUISIANA STATE BOARD OF COSMETOLOGY, 11622 SUNBELT COURT, BATON ROUGE, LA 70809

LICENSE MUST BE ATTACHED OR TERMINATION WILL NOT BE ACCEPTED.

STUDENT PERSONAL DATA

NAME OF STUDENT: John Doe

STUDENT ADDRESS: 2421 Orange Blvd, Robuck, LA 70124

NAME OF SCHOOL: Cosmetology of Hair

TRAINING INFORMATION

LAST DATE OF PHYSICAL ATTENDANCE OF STUDENT: 2-1-13

TOTAL NUMBER OF MONTHS ATTENDED: 2

HOURS: 74

LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED STUDENT IN EACH OF THE SUBJECT AREAS:

<table>
<thead>
<tr>
<th>COSMETOLOGY COURSE</th>
<th>MAINTAINING COURSE</th>
<th>ETHICS COURSE</th>
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<tr>
<td>SUBJECT</td>
<td>MANICURING SUBJECT</td>
<td>ETHICS SUBJECT</td>
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<tr>
<td>HAIR CUTTING, FINGER WAVES, WIGGERY, PIN CURLS, HAIR DESIGN, COMBSOUTS</td>
<td>MANICURIST, THERAPY PREPARATION, BACTERIOLOGY, STERILIZATION, SANITATION</td>
<td>PROFESSIONAL PRACTICES</td>
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<td>BACTERIOLOGY, STERILIZATION, SANITATION, PERSONALITY, PEDICURING, BONES, MUSCLES</td>
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<td>SHAMPOO &amp; RINSES</td>
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<td>SCIENCES</td>
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<td>OIL &amp; LACTO MANICURE</td>
<td>HISTOLOGY OF SKIN, DERMATOLOGY</td>
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<td>FIRST AID, EQUIPMENT &amp; SUPPLIES, ADVERTISING, PROFESSIONAL ETHICS</td>
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<td>ACTUAL PRACTICE OF MANICURING</td>
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TOTAL HOURS

SCHOOL

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE.

SIGNATURE OF SCHOOL: Tammy Tipton

DATE: 2-1-13

STUDENT AGREEMENT

I AGREE THAT THE HOURS AND MONTHS CREDIT GIVEN ARE CORRECT AND I HAVE RECEIVED A COPY OF THIS TERMINATION.

SIGNATURE OF STUDENT: John Doe

DATE: 2-1-13
### SECTION I - CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES

**STUDENT NAME (LAST, FIRST, MI, MAIDEN, SS #)**

| Doe, John | 199-99-9991 |

This is to certify that the above named student has paid all contractual fees, pursuant to Louisiana R.S. 37:508.B to this school and is therefore eligible to be scheduled for examination or transfer by the Louisiana State Board of Cosmetology.

**SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL**

| Tammy Tiptoe |

**NAME OF SCHOOL**

| Cosmetology of Hair |

**STATE**

| LA |

**PARISH/CITY**

**NOTARY PUBLIC EMBOSSED SEAL**

**SUBSCRIBED AND SWORN BEFORE ME, THIS**

| 23rd DAY OF March 2013 |

**NOTARY PUBLIC SIGNATURE**

| Bobby Doe |

**MY COMMISSION EXPIRES**

| 2014 |

**NOTARY PUBLIC NAME (TYPED OR PRINTED)**

| Bobby Doe |

---

### SECTION II - CERTIFICATION OF NON-PAYMENT OF CONTRACTUAL FEES

**STUDENT NAME (LAST, FIRST, MI, MAIDEN)**

| Mary Doe | 199-99-9991 |

This is to certify that the above named student entered into a contract with this school on or after August 21, 1992 and has not paid all contractual fees, pursuant to Louisiana R.S. 37:508.B/37:542.C to this school. Upon payment of all said contractual fees I shall file a Certification of Payment of Contractual Fees with the Louisiana State Board of Cosmetology within 10 days of said payment. I understand that the above named individual will not be eligible for examination or transfer in the state of Louisiana until all contractual fees have been paid and I have submitted the required certification.

**SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL**

| Tammy Tiptoe |

**NAME OF SCHOOL**

| Cosmetology of Hair |

**STATE**

| LA |

**PARISH/CITY**

**NOTARY PUBLIC EMBOSSED SEAL**

**SUBSCRIBED AND SWORN BEFORE ME, THIS**

| 23rd DAY OF March 2013 |

**NOTARY PUBLIC SIGNATURE**

| Bobby Doe |

**MY COMMISSION EXPIRES**

| 2014 |

**NOTARY PUBLIC NAME (TYPED OR PRINTED)**

| Bobby Doe |
MONTHLY HOUR REPORT

MONTHLY HOUR REPORT FOR MONTH OF **July** YEAR **2013**

<table>
<thead>
<tr>
<th>LIST NAMES OF STUDENTS ALPHABETICALLY</th>
<th>STUDENT REGISTRATION NUMBER</th>
<th>HOURS THIS MONTH</th>
<th>HOURS TO DATE</th>
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<tr>
<td>Apple, Bobbie</td>
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<tr>
<td>Boots, Jenny</td>
<td>SS #</td>
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<tr>
<td>Cash, Jessica</td>
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DO NOT STRIKE OVER FIGURES – MAXIMUM HOURS ALLOWED PER WEEK – 48

NAME OF BEAUTY SCHOOL: Cosmetology of

CERTIFICATION NUMBER: 531764-1

ADDRESS: 3426 North St. BR.

School Administrator

SIGNATURE OF SCHOOL OWNER
<table>
<thead>
<tr>
<th>LIST NAMES OF STUDENTS ALPHABETICALLY</th>
<th>STUDENT REGISTRATION NUMBER</th>
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<th>HOURS TO DATE</th>
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<td>Cash, Jessica</td>
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DO NOT STRIKE OVER FIGURES – MAXIMUM HOURS ALLOWED PER WEEK – 48

NAME OF BEAUTY SCHOOL: Cosmetology of Hair
CERTIFICATION NUMBER: 531744-1
ADDRESS: 3426 North St. B.R. LA

School Administrator
SIGNATURE OF SCHOOL OWNER
Application for National & State Exams

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please Check One

- Cosmetology
- Manicurist
- Esthetician
- Instructor
- Alternative Hair

Language preference
- English
- Vietnamese
- Spanish

Full Name: Jane D. Doe
Address: 11622 Sunbelt Court
City: Baton Rouge
State: LA
Zip: 70809
Age: 29
Birthdate: 8-14-83
Social Security #: 999-99-9999

Name of Beauty School: Union Cosmetology School
School Address: 101 Mickey Lane, Minnie LA 71113
Hours of Attendance at School: 1010.5
Signature of Instructor: Disney World

Please make sure the following is included along with this application:

- Bottom portion of Student License
- Hourly Report
- $50.00 Exam fee
- Recent COLOR photo of applicant

A fee of ($50.00) must accompany this application. Fees are non-refundable. All remittances must be made in the form of a MONEY ORDER, CERTIFIED OR CASHIERS CHECK, payable to Louisiana State Board of Cosmetology.

** I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a $25.00 No show fee for each exam missed. (25.00 For National-No show & 25.00 for State- No show)

Applicant Signature: Jane Doe Date: 4-1-13

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the “Request for Accommodation” form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.
**APPLICATION FOR EXAMINATION AS REGISTERED COSMETOLOGIST, MANICURIST, ESTHETICIAN**

**INSTRUCTIONS**  
PLEASE TYPE OR PRINT LEGIBLY

1. INCLUDE INITIAL LICENSE FEE OF $25 FOR RESIDENT AND $50 NON RESIDENT.
2. STUDENT LICENSE AND A CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES (STUDENTS ONLY) MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED.
3. MAIL COMPLETED APPLICATION AND LICENSE TO: LOUISIANA STATE BOARD OF COSMETOLOGY, 11622 SUNBELT COURT, BATON ROUGE, LOUISIANA 70809.

**APPLICANT PERSONAL DATA**

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<tr>
<th>FULL NAME</th>
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<tr>
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<td>Doe</td>
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<td>(225) 756-3404</td>
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**FORMAL EDUCATION**

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<tr>
<td>8 9 10 11 ☑ GED</td>
<td>Pebbles High School</td>
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<table>
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<td>201 Bam Bam Lane, Pebbles LA</td>
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**COSMETOLOGY EDUCATION**

<table>
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<tr>
<th>NAME OF SCHOOL</th>
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<tr>
<td>Union Cosmetology School of Arts</td>
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<tr>
<td>101 Mickey Mouse St., Mickey, LA</td>
<td>71113</td>
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I UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATION WITHOUT PROPER NOTIFICATION, A SEVEN DAY NOTICE OR 24 HOUR EMERGENCY NOTICE, I WILL BE REQUIRED UPON REAPPLICATION TO SUBMIT A $25.00 ADMINISTRATIVE FEE.

Jane Doe  8/1/03

If you have a disability and may require some accommodation in taking this examination, be sure to fill out the “Request for Accommodation” form along with the application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodations on-site.
Application for **No Show Exam(s)**

Louisiana State Board of Cosmetology  
11622 Sunbelt Court  
Baton Rouge, LA 70809  
(225) 756-3404

Please check exam(s) student did not appear for:  
*NO SHOWS*  
*** Attach recent COLOR photo of applicant ***

X National  
___ State  
___ Practical

___ National Retake  
___ State Retake  
___ Practical Retake

Full Name: Jane Doe

Address: 11622 Sunbelt Ct.  
Phone #: (225) 756-3404

City: Baton Rouge  
State: LA  
Zip: 70809

Age: 29  
Birthdate: 8-14-83  
Social Security #: 999-99-9999

Name of Beauty School: Union Cosmetology School

School Address: 101 Mickey Lane, Minnie, LA 71113

Hours of Attendance at School: 10:16:35  
Signature of Instructor: Disney World

A fee of ($25.00) must accompany this application, **$25.00 for each exam scheduled for**. Fees are non-refundable.

All remittances must be made in the form of money order certified or cashier’s check, payable to Louisiana State Board of Cosmetology.

** I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a $25.00 No show fee per exam missed. **

Applicant: Jane Doe  
Date: 4-30-13

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the “Request for Accommodation” form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.
Application for **Retake Exam(s)**

Louisiana State Board of Cosmetology

11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Language preference

☐ English
□ Vietnamese
□ Spanish

Please Check One

☒ Cosmetology
○ Manicurist
○ Esthetician
○ Instructor
○ Alternative Hair

Please check exam(s) student has to retake: * Please attach "Failure Letter"

**This application is for retakes ONLY** NOT FOR NO SHOW EXAM(s) **

☒ National Retake

*** Attach recent COLOR photo of applicant **

___ State Retake

___ Practical Retake

Full Name: Jane D. Doe
Address: 11622 Sunbelt Court Phone #: (225) 756-3404
City: Baton Rouge State: LA Zip: 70809
Age: 29 Birthdate: 8-14-83 Social Security #: 997-99-9999

Name of Beauty School: Union Cosmetology School
School Address: 101 Mickey Lane, Minnie, LA 71143

Hours of Attendance at School: 1016.5 Signature of Instructor: Disney World

A fee of ($25.00) *per exam* must accompany this application. Fees are non-refundable. All remittances must be made in the form of a MONEY ORDER, CERTIFIED OR CASHIERS CHECK, payable to Louisiana State Board of Cosmetology.

** I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a $25.00 No show fee for each exam missed.

Applicant Signature: Jane Doe Date: 5-17-13

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.
Documentation for Disability Related Needs

If you have a learning disability, psychological disabilities, or other hidden disabilities that requires an accommodation in testing, please have this section completed by an appropriate professional (doctor, psychiatrist, or psychologist) to certify that your disability condition requires the requested test accommodations.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATIONS PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known (Test Applicant) Jane Doe since (Date) 7/12/2003 in my capacity as (Professional Title) Medical Doctor.

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant’s disability, he/she should be accommodated by providing the following: (Check all that apply)

- [ ] Large print test
- [X] Extended Time:
  - [ ] Time and a half
  - [X] Double Time
- [ ] Separate Testing area
- [ ] Other (please specify):

Signed: Daffy Duck, M.D. Date: 12/15/03

REV. 12/11
ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodations in testing will be considered strictly confidential and will not be shared with any outside source without your expressed written permission.

Name: Jane Doe

Address: 11622 Sunbelt Court, Baton Rouge, LA 70809

Phone #: 225-754-3404  SS#: 999-99-9999

Accommodations requested for the Cosmetology National State examination.

Please check all that apply:

_____ Accessible testing site

_____ Braille *request has to be placed ONE MONTH in advance.

_____ READER as accommodation for visual impairment.

X ___ READER as accommodation for learning disability.

_____ Sign language Interpreter

X _____ Extended Time

_____ Time and a half

X _____ Double Time

_____ Separate Testing area

_____ Other: __________________________________________

Comments: __________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Signed: Jane Doe  Date: 4/1/04

**Some accommodation requests may require additional documentation.

(REV. 12/11)
INSTRUCTOR QUARTERLY ROSTER

NAME: Disney World
ADDRESS: 335 Epcot Dr. Minnie, LA 71112
LICENSE#: 665-55-6565

NAME: Donnie Duck
ADDRESS: 371 Daffy Lane, Daisy LA 71115
LICENSE#: L7643972

NAME: Snow White
ADDRESS: 771 Dwarf St. Prince, LA 71117
LICENSE#: L6734621

SCHOOL NAME: Union Cosmetology of Arts
ADDRESS: 101 Mickey Mouse St., Mickey LA 71111

(Circle the appropriate month and indicate the proper year).
FOR: MARCH, JUNE, SEPTEMBER, DECEMBER
YEAR: 2003

AN EQUAL OPPORTUNITY EMPLOYER
Student Registration Transfer Hours

Date 2-23-13

Student Name John Doe

Student Social Security Number 999-99-9999

School Name Cosmetology of Hair

Number of Total Transfer Hours 400

Number of Hours Accepted by School 400

State and School Transferring From California The Hair School

Signature of School Representative [Signature]

- Please be advised that certification from the State Board of Cosmetology of the transferring state must already be in our office (preferred) or accompany this request. (unopened)
INSTRUCTIONS
1. Applicants must complete Sections A, B, C, and E and the reverse side.
2. Include initial license fee of $25 for resident, $50 for nonresident.
3. Student license and certification of payment of contractual fees must accompany this application.
4. Return this completed application, fee, certification of payment and your instructor trainee license to: LOUISIANA STATE BOARD OF COSMETOLOGY, 11622 SUNBELT COURT, BATON ROUGE, LA 70809.

A. APPLICANT PERSONAL DATA

FULL NAME
Jane D. Doe

MAIDEN NAME
Smith

PERMANENT ADDRESS
11622 Sunbelt Court, Baton Rouge, LA 70809

DATE OF BIRTH
8-17-79

SOCIAL SECURITY NUMBER
999-99-9999

TELEPHONE NUMBER
225-757-3404

B. COSMETOLOGY TRAINING

SCHOOL NAME
Cosmetology of Hair

DATES OF ATTENDANCE
1/10/11 to 1/10/12

TOTAL HOURS
1500

LOCATION
111 Mickey Lane, Minnie, LA 71113

C. INSTRUCTOR TRAINING

NAME OF SCHOOL
Cosmetology of Hair

DATES OF ATTENDANCE
1/10/13 to 7/30/13

TOTAL HOURS
500

LOCATION
111 Mickey Lane, Minnie, LA 71113

D. PERJURY

The law provides that any person who willfully makes a false statement under oath, or any person who encourages other persons to swear falsely, is subject to fine and imprisonment and revocation of license. Applicant should be sure that the above is true and correct.

E.

I UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATION WITHOUT PROPER NOTIFICATION, A SEVEN DAY NOTICE OR 24 HOUR EMERGENCY NOTICE, I WILL BE REQUIRED UPON APPLICATION TO SUBMIT A $25.00 ADMINISTRATIVE FEE.

Jane D. Doe

8-16-13

If you have a disability and may require some accommodations in taking this exam, be sure to fill out the "Request for Accommodations" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodations on site.
INSTRUCTIONS

THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION. (REFER TO X'ED BOXES AT RIGHT)

1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
2. PROOF OF EDUCATION (MUST HAVE COMPLETED 10TH GRADE OR EQUIVALENT) PHOTOCOPY OF DIPLOMA(S) OR TRANSCRIPT(S).
3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" X 2".
4. $10.00 ENROLLMENT FEE. (FIRST 'IN STATE' TRANSFER AT NO CHARGE)

TO BE COMPLETED BY APPLICANT

1. NAME (LAST, FIRST, M. MAIDEN) 2. SOCIAL SECURITY NUMBER

3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

4. DATE OF BIRTH 5. TELEPHONE NUMBER 6. EDUCATION 7. YEAR LAST GRADE WAS COMPLETED

MO. DAY YEAR CIRCLE LAST GRADE COMPLETED 8 9 10 11 12 GED ( )

8. SCHOOL WHERE LAST GRADE WAS COMPLETED 9. SCHOOL ADDRESS (CITY AND STATE)

10. CHARACTER REFERENCES

NAME ADDRESS (STREET, CITY, STATE, ZIP, PHONE NUMBER)

a.

b.

11. IF ANSWERS TO QUESTIONS, 1 OR 2 ARE YES, PLEASE EXPLAIN.

H ave you

1. EVER BEEN ENROLLED IN A LOUISIANA COSMETOLOGY SCHOOL?
   IF YES, ATTACH CERTIFICATION OF CONTRACTUAL FEES.
   YES NO

2. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER OR MANICURIST IN LOUISIANA OR ELSEWHERE?

12. EXPLANATION

I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL

13. COSMETOLOGY SCHOOL NAME 14. SCHOOL LICENSE NUMBER

15. SCHOOL ADDRESS 16. TELEPHONE NUMBER

17. FOR THE FOLLOWING COURSE

☐ COSMETOLOGY ☐ ESTHETICS ☐ FULL-TIME

☐ COSMETOLOGY INSTRUCTOR ☐ BRUSH UP ☐ PART-TIME

☐ MANICURIST ☐ ADVANCED ☐ EVENING

18. PLEASE INDICATE THE NUMBER OF HOURS AttENDING EACH DAY

SUNDAY MONDAY WEDNESDAY FRIDAY

TUESDAY THURSDAY SATURDAY

19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE LOUISIANA STATE BOARD OF COSMETOLOGY AND I WILL BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE IN ACCORDANCE WITH LOUISIANA ADMINISTRATIVE CODE 46:3XXX.715.

APPLICANT SIGNATURE

TO BE COMPLETED BY COSMETOLOGY SCHOOL

20. THE ABOVE NAMED APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING ____________________________

WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.

21. NAME OF SCHOOL

22. SIGNATURE OF OWNER OR REGISTRAR
NOTE: MAKE copia of this form, complete, sign and submit to the school within 30 days.

INSTRUCTIONS: PLEASE TYPE OR PRINT LEGIBLY

1. THIS FORM IS TO BE COMPLETED FOR EITHER STUDENT OR INSTRUCTORS WHO HAVE DISCONTINUED TRAINING.

2. MAIL COMPLETED FORM AND LICENSE TO: LOUISIANA STATE BOARD OF COSMETOLOGY,
   11622 SUNBELT COURT, BATON ROUGE, LA 70809
   LICENSE MUST BE ATTACHED OR TERMINATION WILL NOT BE ACCEPTED.

STUDENT PERSONAL DATA

NAME OF STUDENT:

STUDENT ADDRESS

STREET

CITY

ZIP CODE

STATE

NAME OF SCHOOL:

TRAINING INFORMATION

LAST DATE OF PHYSICAL ATTENDANCE OF STUDENT:

SCHOOL C/CHART #:

TOTAL NUMBER OF MONTHS ATTENDED:

TOTAL HOURS:

LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED STUDENT IN EACH OF THE SUBJECT AREAS:

<table>
<thead>
<tr>
<th>COSMETOLOGY COURSE</th>
<th>MAINCURING COURSE</th>
<th>ETHICS COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJECT</td>
<td>TOTAL HOURS</td>
<td>SUBJECT</td>
</tr>
<tr>
<td>HAIRCUTTING, FINGER WAVES, WIGGERY, PIN CURLS, HAIR DESIGN, COMBOUTS</td>
<td>MANICURIST, THERAPY PREPARATION, BACTERIOLOGY, STERILIZATION, SANITATION</td>
<td>PROFESSIONAL PRACTICES BACTERIOLOGY, STERILIZATION, SANITATION, PROFESSIONAL ETHICS, BUSINESS PRACTICE</td>
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<tr>
<td>HAIRSTYLING</td>
<td>HYGIENE</td>
<td></td>
</tr>
<tr>
<td>SHAMPOO &amp; RINSES</td>
<td>PERSONALITY</td>
<td></td>
</tr>
<tr>
<td>DYING, COLORING, TINTING, BLEACHING</td>
<td>PEDICURING, BONES, MUSCLES OF ARM/HAND</td>
<td>PHYSIOLOGY, CHARACTERISTICS OF THE SKIN, NUTRITION &amp; FUNCTIONS</td>
</tr>
<tr>
<td>PERMANENT WAVES, HAIR RELAXING</td>
<td>OIL &amp; LACTOL MANICURE</td>
<td>OF HUMAN SYSTEMS, COSMETIC CHEMISTRY, ANATOMY</td>
</tr>
<tr>
<td>STATE BOARD RULES</td>
<td>FIRST AID, EQUIPMENT &amp; SUPPLIES, ADVERTISING, PROFESSIONAL ETHICS</td>
<td>FACIAL TREATMENTS</td>
</tr>
<tr>
<td>SAFETY MEASURES, SHOP MANAGEMENT, RETAILING, PEOPLE SKILLS, CLIENT CONSULTATION</td>
<td>SALESMAINSHIP</td>
<td>FACIAL MASSAGE, ELECTRICAL</td>
</tr>
<tr>
<td>ANATOMY PHYSIOLOGY, BACTERIOLOGY, SANITATION</td>
<td>ACHUAL PRACTICE OF MANICURING</td>
<td>CURRENT FACIAL TREATMENTS, OTHER FACIAL TREATMENTS</td>
</tr>
<tr>
<td>SKIN CARE, HAIR CARE, FACIAL MASSAGE &amp; TREATMENT</td>
<td></td>
<td>HAIR REMOVAL</td>
</tr>
<tr>
<td>BASIC MANICURING</td>
<td></td>
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</table>

TOTAL HOURS: TOTAL HOURS: TOTAL HOURS:

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE

SIGNATURE OF SCHOOL:

DATE:

STUDENT AGREEMENT

I AGREE THAT THE HOURS AND MONTHS CREDIT GIVEN ARE CORRECT AND I HAVE RECEIVED A COPY OF THIS TERMINATION.

SIGNATURE OF STUDENT:

DATE:
### SECTION I – CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES

**STUDENT NAME (LAST, FIRST, MI, MAIDEN, SS #):**

This is to certify that the above named student has paid all contractual fees, pursuant to Louisiana R.S. 37:508.B to this school and is therefore eligible to be scheduled for examination or transfer by the Louisiana State Board of Cosmetology.

**SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL:**

**NAME OF SCHOOL:**

**NOTARY PUBLIC EMBOSSER SEAL**

**STATE**

**SUBSCRIBED AND SWORN BEFORE ME, THIS**

**DAY OF** 19

**NOTARY PUBLIC SIGNATURE**

**MY COMMISSION EXPIRES**

**NOTARY PUBLIC NAME (TYPED OR PRINTED)**

This form must be signed and notarized.

**DO NOT CUT THIS FORM IN HALF**

### SECTION II – CERTIFICATION OF NON-PAYMENT OF CONTRACTUAL FEES

**STUDENT NAME (LAST, FIRST, MI, MAIDEN):**

This is to certify that the above named student entered into a contract with this school on or after August 21, 1992 and has not paid all contractual fees, pursuant to Louisiana R.S. 37:508.B/37:542.C to this school. Upon payment of all said contractual fees I shall file a Certification of Payment of Contractual Fees with the Louisiana State Board of Cosmetology within 10 days of said payment. I understand that the above named individual will not be eligible for examination or transfer in the state of Louisiana until all contractual fees have been paid and I have submitted the required certification.

**SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL**

**NAME OF SCHOOL**

**NOTARY PUBLIC EMBOSSER SEAL**

**STATE**

**SUBSCRIBED AND SWORN BEFORE ME, THIS**

**DAY OF** 19

**NOTARY PUBLIC SIGNATURE**

**MY COMMISSION EXPIRES**

**NOTARY PUBLIC NAME (TYPED OR PRINTED)**

This form must be signed and notarized.
MONTHLY HOUR REPORT

MONTHLY HOUR REPORT FOR MONTH OF ___________ YEAR ___________

<table>
<thead>
<tr>
<th>LIST NAMES OF STUDENTS ALPHABETICALLY</th>
<th>STUDENT REGISTRATION NUMBER</th>
<th>HOURS THIS MONTH</th>
<th>HOURS TO DATE</th>
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</tbody>
</table>

DO NOT STRIKE OVER FIGURES – MAXIMUM HOURS ALLOWED PER WEEK – 48

NAME OF BEAUTY SCHOOL ___________________________  CERTIFICATION NUMBER _______

ADDRESS ___________________________  SIGNATURE OF SCHOOL OWNER
Application for National & State Exams

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Language preference

☐ English
☐ Vietnamese
☐ Spanish

Please Check One

☐ Cosmetology
☐ Manicurist
☐ Esthetician
☐ Instructor
☐ Alternative Hair

Full Name: ________________________________________________________________

Address: ________________________________________________________________ Phone #: (_____) __________

City: ______________________________ State: __________ Zip: ________________

Age: _______ Birthdate: ___________________________ Social Security #: ___________

Name of Beauty School: __________________________________________________________

School Address: _____________________________________________________________

Hours of Attendance at School: __________ Signature of Instructor: __________________

Please make sure the following is included along with this application:

☐ Bottom portion of Student License
☐ Hourly Report
☐ $50.00 Exam fee
☐ Recent COLOR photo of applicant

A fee of ($50.00) must accompany this application. Fees are non-refundable. All remittances must be made in the form of a MONEY ORDER, CERTIFIED OR CASHIERS CHECK, payable to Louisiana State Board of Cosmetology.

** I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a $25.00 No show fee for each exam missed. (25.00 For National-No show & 25.00 for State- No show)

Applicant Signature: ____________________________ Date: ______________________

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the “Request for Accommodation” form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.
LOUISIANA STATE BOARD OF COSMETOLOGY
APPLICATION FOR EXAMINATION AS
REGISTERED COSMETOLOGIST, MANICURIST, ESTHETICIAN

INSTRUCTIONS

1. INCLUDE INITIAL LICENSE FEE OF $25 FOR RESIDENT AND $50 FOR NON RESIDENT.
2. STUDENT LICENSE AND A CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES (STUDENTS ONLY) MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED.
3. MAIL COMPLETED APPLICATION AND LICENSE TO: LOUISIANA STATE BOARD OF COSMETOLOGY, 11622 SUNBELT COURT, BATON ROUGE, LOUISIANA 70809.

APPLICANT PERSONAL DATA

I HEREBY MAKE APPLICATION FOR LICENSE BY EXAMINATION TO PRACTICE:

☐ COSMETOLOGY
☐ ESTHETICS
☐ MANICURING

STUDENT NUMBER

☐ MR.
☐ MS.
☐ MRS.

FULL NAME
FIRST
MIDDLE
LAST

PERMANENT ADDRESS
STREET AND NUMBER
CITY
STATE
ZIP CODE
PARISH

TELEPHONE NUMBER

DATE OF BIRTH
MONTH
DAY
YEAR

AGE
SOCIAL SECURITY NO.

FORMAL EDUCATION

EDUCATION
CIRCLE LAST GRADE COMPLETED

NAME OF SCHOOL WHERE LAST GRADE COMPLETED

8 9 10 11 12 GEO

SCHOOL ADDRESS
STREET AND NUMBER
CITY
STATE
ZIP CODE
PARISH

COSMETOLOGY EDUCATION

NAME OF SCHOOL

LOCATION
STREET AND NUMBER
CITY
STATE
ZIP CODE
PARISH

SCHOOL LICENSE NUMBER

DATE ENROLLED
MONTH
DAY
YEAR

DATE COMPLETED TRAINING
MONTH
DAY
YEAR

TOTAL NUMBER OF HOURS COMPLETED

I UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATION WITHOUT PROPER NOTIFICATION, A SEVEN DAY NOTICE OR 24 HOUR EMERGENCY NOTICE, I WILL BE REQUIRED UPON REAPPLICATION TO SUBMIT A $25.00 ADMINISTRATIVE FEE.

Applicant __________________________ Date __________________

If you have a disability and may require some accommodation in taking this examination, be sure to fill out the “Request for Accommodation” form along with the application. We cannot guarantee the availability of accommodations on-site.
Application for **No Show Exam(s)**

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check exam(s) student did not appear for:
*NO SHOWS* *** Attach recent COLOR photo of applicant **

- National
- State
- Practical

- National Retake
- State Retake
- Practical Retake

Full Name: ___________________________________________________________
Address: ___________________________________________________________
City: ___________________________ State: ___________ Zip: ______________
Age: ___________ Birthdate: ___________________________ Social Security #: __________________
Name of Beauty School: ______________________________________________
School Address: _____________________________________________________
Hours of Attendance at School: ______________ Signature of Instructor: ___________

A fee of ($25.00) must accompany this application, **$25.00 for each exam scheduled for**. Fees are non-refundable.

All remittances must be made in the form of money order certified or cashier's check, payable to Louisiana State Board of Cosmetology.

** I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a $25.00 No show fee per exam missed. **

Applicant: ___________________________ Date: __________________________

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.
Application for **Retake Exam(s)**

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check exam(s) student has to retake: * Please attach "Failure Letter"

**This application is for retakes ONLY** NOT FOR NO SHOW EXAM(s) **

_____ National Retake

*** Attach recent COLOR photo of applicant **

_____ State Retake

_____ Practical Retake

Full Name: ____________________________________________

Address: ___________________________________________ Phone #: (____) ________

City: ___________________________ State: ___________ Zip: ______________

Age: _______ Birthdate: __________________________ Social Security #: ____________

Name of Beauty School: __________________________________________

School Address: ________________________________________________

Hours of Attendance at School: ___________ Signature of Instructor: ___________________

A fee of ($25.00) *per exam* must accompany this application. Fees are non-refundable. All remittances must be made in the form of a MONEY ORDER, CERTIFIED OR CASHIERS CHECK, payable to Louisiana State Board of Cosmetology.

** I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a $25.00 No show fee for each exam missed.

Applicant Signature: __________________________________________ Date: _______________

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.
Documentation for Disability Related Needs

If you have a learning disability, psychological disabilities, or other hidden disabilities that requires an accommodation in testing, please have this section completed by an appropriate professional (doctor, psychiatrist, or psychologist) to certify that your disability condition requires the requested test accommodations.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATIONS PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known (Test Applicant) ___________________________ since (Date) ______________ in my capacity as (Professional Title) ___________________________.

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant’s disability, he/she should be accommodated by providing the following: (Check all that apply)

_____ Large print test

_____ Extended Time:

_____ Time and a half

_____ Double Time

_____ Separate Testing area

_____ Other (please specify):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signed: ___________________________ Date: ______________

REV. 12/11
ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodations in testing will be considered strictly confidential and will not be shared with any outside source without your expressed written permission.

Name: ________________________________________________________________

Address: _______________________________________________________________________________________________________

Phone #: ___________________________ SS#: __________________________________________

Accommodations requested for the ___________________________________________ examination.

Please check all that apply:

____ Accessible testing site

____ Braille *request has to be placed ONE MONTH in advance.

____ READER as accommodation for visual impairment.

____ READER as accommodation for learning disability.

____ Sign language Interpreter

____ Extended Time

____ Time and a half

____ Double Time

____ Separate Testing area

____ Other: ____________________________________________________________

Comments: ______________________________________________________________________________________________________

________________________________________________________________________

Signed: ___________________________________________ Date: ________________

**Some accommodation requests may require additional documentation.**

(REV. 12/11)
INSTRUCTOR QUARTERLY ROSTER

NAME: ____________________________

ADDRESS: ____________________________

LICENSE#: ____________________________

NAME: ____________________________

ADDRESS: ____________________________

LICENSE#: ____________________________

NAME: ____________________________

ADDRESS: ____________________________

LICENSE#: ____________________________

SCHOOL NAME: ____________________________

ADDRESS: ____________________________

(Circle the appropriate month and indicate the proper year)

FOR: MARCH, JUNE, SEPTEMBER, DECEMBER YEAR: ____________________________

AN EQUAL OPPORTUNITY EMPLOYER
State of Louisiana
Louisiana State Board of Cosmetology
11622 Sunbell Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbcc.louisiana.gov

Bobby Jindal
Governor

Frances K. Hard, Chairman
Denham Springs, LA

Sarah Kennison
Lake Charles, LA

Taqulla F. Hamilton
Harvey, LA

Carolyn L. Robicheaux
Baldwin LA

Stephen Young
Executive Director

Vivien L. Glaze, Vice Chairman
Baton Rouge, LA

Geneva L. Jones
Benton, LA

Michael Horning
Franklinton, LA

Student Registration Transfer Hours

Date _____________________________

Student Name ____________________________

Student Social Security Number ____________________________

School Name ____________________________

Number of Total Transfer Hours ____________________________

Number of Hours Accepted by School ____________________________

State and School Transferring From ____________________________

______________________________________

Signature of School Representative

- Please be advised that certification from the State Board of Cosmetology of the transferring state must already be in our office (preferred) or accompany this request. (unopened)
INSTRUCTIONS
1. Applicants must complete Sections A, B, C, and E and the reverse side.
2. Include initial license fee of $25 for resident, $50 for nonresident.
3. Student license and certification of payment of contractual fees must accompany this application.
4. Return this completed application, fee, certification of payment and your instructor trainee license to: LOUISIANA STATE BOARD OF COSMETOLOGY, 11822 SUNBELT COURT, BATON ROUGE, LA 70809.

A. APPLICANT PERSONAL DATA

FULL NAME

MAIDEN NAME

PERMANENT ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

B. COSMETOLOGY TRAINING

SCHOOL NAME

DATES OF ATTENDANCE

TOTAL HOURS

FROM

MONTH

TO

MONTH

DAY

YEAR

MONTH

DAY

YEAR

LOCATION

C. INSTRUCTOR TRAINING

NAME OF SCHOOL

DATES OF ATTENDANCE

TOTAL HOURS

FROM

MONTH

TO

MONTH

DAY

YEAR

MONTH

DAY

YEAR

LOCATION

D. PERJURY

The law provides that any person who willfully makes a false statement under oath, or any person who encourages other persons to swear falsely, is subject to fine and imprisonment and revocation of license. Applicant should be sure that the above is true and correct.

E.

I UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATION WITHOUT PROPER NOTIFICATION, A SEVEN DAY NOTICE OR 24 HOUR EMERGENCY NOTICE, I WILL BE REQUIRED UPON APPLICATION TO SUBMIT A $25.00 ADMINISTRATIVE FEE.

Applicant

Date

If you have a disability and may require some accommodations in taking this exam, be sure to fill out the "Request for Accommodations" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodations on site.