

Early Testing Examination Form

Please submit this form for Early Testing of the Written Examination

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

Type of examination you are applying for:

Cosmetology (1200 hours)
 Manicure (480 Hours)
 Aesthetician (480 Hours)
 Instructor (480 Hours)

STUDENT INFORMATION						
First Name		Middle Name		Last Name		Social Security Number
Address			City	State	Zip Code	Phone Number
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native			
Email Address (REQUIRED – all correspondence sent from the Cosmetology Section regarding your examination will be sent via email)				What language do you prefer to take the exam in? <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> KOREAN		
TRAINING INFORMATION						
School ID Number		Name of Beauty School			Matriculation Date	
Current Months Hours/Days	Previous Months Hours/Days	Date Hours Completed	Previous/Transfer Hours	Total Hours	Theory Hours	

This application must be completed in proper form and submitted to the Cosmetology Section – written examination fee is paid directly to PSI.

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Instructor/School Owner's Printed Name		Signature of Instructor/School Owner		Today's Date	
Student's Printed Name		Student's Signature		Today's Date	