

Examination Application

Written Examination Application

Please PRINT using blue or black ink. You must answer all questions.
 If you have a disability and require accommodations, please contact Prov.

Type of examination you are applying for:

Cosmetology	Manicure	Aesthetician	Instructor	Electrology	
First Name			Middle Name	Last Name	Social Security Number
Address		City	State	Zip Code	Phone Number
Date of Birth	Gender MALE FEMALE		Race Black White Am. Indian Hispanic Asian Alaskan Native		
Beauty School Attended		Date training began	Date completed training	Total hours completed	
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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 written exam in?					
ENGLISH		SPANISH	VIETNAMESE	KOREAN	
Have you ever been licensed in any phase of Cosmetology?			YES	NO	
If yes, Is the license current?		YES	NO	If yes, what type of license? _____	
If yes, in what State(s) were you licensed? _____					

This application must be completed in proper form and submitted to the Section. 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.

Applicant's Signature	Today's Date
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- If you have not received notification from Prov please call Prov, at 1-877-228-2815 or email support@provexam.com
- The written examination fee is paid directly to Prov when you schedule.
- Examination scores are received within 10-14 business days after you have completed your examination.