Arkansas Department of Health Cosmetology and Massage Therapy Section 4815 West Markham, Slot 8 Little Rock, AR 72205 501-682-2168 or 501-683-1448

RE-EXAMINATION INSTRUCTIONS AND APPLICATION

How to retake the State Law examination

Please complete the application below and return, along with \$25.00 examination fee, on or before the deadline date of the examination. Make check or money order payable to: ADH Cosmetology and Massage Therapy Section Mail to: 4815 West Markham, Slot 8, Little Rock, AR 72205

It is not necessary to contact the Cosmetology and Massage Therapy Section's office to schedule your examination. Once the application and fee are received, the Section's office will automatically schedule you for the next examination and you will receive an admittance notice within a week before the scheduled examination.

The Examination Fee \$25.00 (<u>non-refundable</u>) for the State <u>Law</u> Test must be submitted with this form

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

If you have a disal	oility and requi	re accommoda	tions please	contact t	he Cosm	ietology and M	lassage Thera	apy Section's office.	
First Name	Mido	dle Name	Last Name				Social Se	Social Security Number	
Address	City		State			Zip Code	Phone Number ()		
Date of Birth	Gender					Race			
	□ MALE □ FEMALE	□ Black	□ White	□ Am	. Indian	☐ Hispanic	□ Asian	☐ Alaskan Native	
Email Address (REQUI Cosmetology and Mas examination will be se	sage Therapy S	•			Date Lav	w examinations a	attempts:		
This application must be By signing this applicati	on, I certify tha	 at the informati	on provided	above is	true and	l accurate. Fur	ther, I under		
statements will be suffic	cient grounds fo	or the Massage	Therapy Ted	chnical A	dvisory (Committee to ta	ake disciplina	2	
Student's Printed Name			Student's Sign	ature				Today's Date	