



# THE OHIO STATE BOARD OF COSMETOLOGY

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1929 Gateway Circle Grove City, Ohio 43123  
Phone: (614) 466-3834 Fax: (614) 644-6880 [www.cos.ohio.gov](http://www.cos.ohio.gov)

## How to obtain an Ohio License

You may obtain an Ohio license based on a current active license from another state. This is a two (2) part process. It is important that you read the information below and provide all necessary information in order for the board to properly process your request.

All applicants are required to take and pass the practical and theory examinations regardless of previous licensure or examinations taken. A minimum passing score of a seventy-five (75) is required on both the practical and theory examinations.

You have the option to obtain either a basic license or an advanced license. The advanced license does require you to provide documentation of a minimum of 1800 hours of work experience and successfully complete an additional theory examination. Below is a description of each.

**Basic License** - A licensee holding a basic license may work alone in a salon and is eligible to obtain an Independent Contractor's (IC) license. A person holding a basic license may obtain an Advanced License based on a minimum of 1800 hours of work experience.

**Advanced License**— A licensee holding an advanced license may work alone in a salon. A person holding an advanced license is eligible to obtain an Independent Contractor (IC) and/or Instructors license.

Once an Ohio license has been obtained, the license cannot be transferred to any other state in less than twelve (12) months from the time the license was obtained. The Ohio State Board of Cosmetology will not send a Board Certification or complete a license transfer unless the license has been active in Ohio for more than one (1) year.

**Human Trafficking Training** – All Ohio licensees are required to complete a one (1) hour course on Human Trafficking. This training is provided free of charge and is available on the Board's website. You will receive the required login information and instructions in the mail along with your examination date. This training must be completed **prior** to the assigned date of the required examination(s).

### To start the process:

**1.** Contact the state Board where you are currently licensed and request a Board Certification to be sent **directly** to the Ohio State Board of Cosmetology. All Board Certifications must be received directly from a state board; certifications will not be accepted directly from an applicant. The license must be active and in good standing to be accepted by the Ohio State Board of Cosmetology and remain active and in good standing until an Ohio license is obtained. Only certifications received within six (6) months of preparation date will be accepted.

**2.** Complete and submit the following application to the Ohio State Board of Cosmetology. Once the application and the required Board certification have been received and verified, you will be mailed an examination application. The examination application will need to be completed and submitted along with the required fee. Upon receipt of the examination application an examination date will be mailed to you. On the date of your examination you will need to provide the confirmation that you have completed the required one (1) hour training on Human Trafficking.



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**FEE: \$ 0.00**

## OUT OF STATE LICENSE APPLICATION

|   |  |        |   |                |
|---|--|--------|---|----------------|
|   |  |        |   |                |
| Name Last   | First  | Middle | Maiden  |                |
| Street Address  | City   | State  | Zip   |                |
| Ohio County of Residence  | Birth date (MM/DD/YYYY)                          |        | Social Security Number  |                |
| Contact Number (Include Area Code)                                      |  |        | Email Address (Required)  |                |
| Do you wish to take the Advanced exam:                                  | No   | Yes    | <b>If yes, you must complete and submit the 1800 hours of work experience form.</b> |                |
| Have you ever been licensed in Ohio                                     | No   | Yes    | _____ If yes, when  | Ohio License # |
| List only the state in which you currently hold an active license _____ |  |        |   |                |
| Select the option which best describes your situation:                  |  |        |   |                |
| I am a Veteran  | I am the Spouse or Surviving Spouse of a Veteran |        | Non—applicable  |                |

The following information is required to be submitted along with this application. Failure to provide the required information will cause a delay in the processing of your application.

A copy of your current, valid Cosmetology, Esthetician, Natural Hair Stylist (Braiding), Hair Designer, or Manicuring license.

All applicants for an Ohio Cosmetology or branch of cosmetology license must submit documentation of at minimum a tenth (10) grade education. An education record/transcript or a copy of a diploma or GED certificate must accompany this application.

A copy of the applicants's current, valid driver's licesense or State ID with picture must be submitted with this application.

**Notice on Collection of Personal Information**

The Ohio State Board of Cosmetology collects personal information on this form principally to identify and evaluate an applicant's qualifications for licensure, issue and renew licensure and enforce the provisions of Section 4713 of the Ohio Revised Code. Submission of this information is mandatory and the Board cannot process your application without a complete and accurate profile that includes the information requested. Information submitted to the Board, **excluding** confidential personal information as listed under Section 149.43 of the Ohio Revised Code, may be disclosed in response to a request for public records, to another state or government agency as required by law, or pursuant to a court order. Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666). Licensees may request to review the information maintained by the Ohio State Board of Cosmetology. Questions should be directed to the Board office. The Ohio State Board of Cosmetology maintains personal information data in an interconnected enterprise licensing data system that is accessed by other agencies authorized to engage in occupational and professional licensing in the state of Ohio. Access to personal information data maintained in the interconnected enterprise licensing system by participating agencies is strictly limited to purposes identified by each participant, in accordance with Section 1347.15 of the Revised Code.

I hereby request that in order to process my application, act upon renewal requests, and to respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4713-1-13(E) and (G).

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Signature

Date

**Certification of Work Experience**

Applicant must have the owner in which they have been employed or Advanced licensee certify to the board that the applicant has engaged in the practice of cosmetology or branch of cosmetology in a licensed salon for at least one thousand eight hundred hours (1800).

**Affidavit - This Section Must be Notarized**

Salon Owner: \_\_\_\_\_ Salon License Number \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Number of hours worked: \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)



**For use if more than one employer needed to verify the required 1800 hours of work experience.**



Salon Owner: \_\_\_\_\_ Salon License Number \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Number of hours worked: \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

**Affidavit - This Section Must be Notarized**

Advanced Licensee: \_\_\_\_\_ License Number \_\_\_\_\_  
Name of Salon \_\_\_\_\_  
Address, City, State and Zip Code: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Number of hours Advanced licensee is verifying the applicant has worked: \_\_\_\_\_  
State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Advanced Licensee (**Must be signed in presence of notary**)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

↓ **For use if more than one Advanced Licensee needed to verify the required 1800 hours of work experience.** ↓

Advanced Licensee: \_\_\_\_\_ License Number \_\_\_\_\_  
Name of Salon \_\_\_\_\_  
Address, City, State and Zip Code: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Number of hours Advanced licensee is verifying the applicant has worked: \_\_\_\_\_  
State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Advanced Licensee (**Must be signed in presence of notary**)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)