

Manager Examination Based on Work Experience

Qualifications for an Manager's Examination

You must document 1(one) year of full time work experience (2000) hours and hold a current active license.

Once the application is completed, print the application, it must be signed in the presence of a notary. Mail the completed application and fee to the address listed on the top of the application.

The following must be submitted with this application:

- **\$31.50 Examination fee in the form of a Check or Money Order made payable to: Treasurer State of Ohio.**
- **One recent full face view wallet size (2.5" x 3.5") photo of yourself.**
- **A copy of your current driver's license or State ID with picture**

Examination fees are non-refundable and cannot be transferred to another date.

EXAMINATION "NO SHOW" FEE

Applicants that fail to attend the scheduled examination date, must contact the Board office a minimum of 48 hours prior to the scheduled examination date by calling/voicemail 614-644-9217 or emailing examcancellation@cos.state.oh.us Emails or voice messages not left at the designated email address or voicemail number will not be accepted. Failure to provide 48 hour notice of cancellation will increase the reschedule fee(s) as follows: Practical/Written/Managers \$80.00 Practical/Written \$40.00 Managers Only \$40.00

ADA Requirements

If ADA accommodations are necessary, you must submit a notarized statement from your physician indicating your necessary accommodations. This statement MUST be submitted with this application.

Specific Dates

Most generally Managers Examinations are scheduled on Mondays, if you are unavailable for specific dates or a period of time, written notification must be submitted with this application.

Preparing for the Manager's Examination

The Manager's examination consist of fifty (50) multiple choice questions. To better enable you to prepare for the Manager's examination, we suggest you refer to the Manager's Testing Information Packet (TIP) located on our website under examinations. Also study the Ohio Administrative Code and Ohio Revised Code located under the Laws and Rules tab on our website.

Examination Results

You will receive same day examination results. Should you pass, you will need to surrender your current basic license and submit a required fee of \$45.00 for your Manager's license.

Admittance to the Examination

You must provide a current valid photo identification to be admitted to the examination.

- Current Drivers License
- Current Valid State Issued Identification with photo
- Current School Year Identification with photo
- Current Valid Passport
- Current Valid Alien Resident Card



THE OHIO STATE BOARD OF COSMETOLOGY

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

MANAGER'S EXAMINATION APPLICATION ~ BASED ON WORK EXPERIENCE

EXAM: \$ 31.50
PLEASE MAKE CHECK or MONEY ORDER
MADE PAYABLE TO: TREASURER, STATE OF OHIO
CASH WILL BE RETURNED.

FULL NAME	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>MAIDEN</i>	
ADDRESS	<i>STREET</i>	<i>CITY</i>	<i>COUNTY</i>	<i>STATE</i>	<i>ZIP</i>
CONTACT NUMBER AND AREA CODE			EMAIL ADDRESS		
DATE OF BIRTH	<i>MONTH</i>	<i>DAY</i>	<i>YEAR</i>	SEX	SOCIAL SECURITY NUMBER
COSMETOLOGY SCHOOL ATTENDED					
ADDRESS	<i>STREET</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	

Affidavit - This Section Must be Notarized	
State of Ohio _____	<p>Must submit one recent photo of applicant with this application. Photo should be approximately 2.5" x 3.5", with a full-face view. The photo will be stamped/sealed and returned for identification purposes and must be displayed with license.</p> <p>Please print your name and Board ID# on back of photo.</p>
County _____	
I hereby swear, or affirm, that the statements on this record are true and accurate to the best of my knowledge and belief .	

SIGNATURE OF APPLICANT (Must be signed in front of Notary)	
Subscribed in my presence and sworn to before me this _____ day of _____, 20_____	
NOTARY	
SEAL	

NOTARY PUBLIC (Commission expiration date required)	

Current Ohio Cosmetology ID number: _____

A copy of driver's license or State ID with picture is required.

Amount Received \$ _____

Certification of One Year's Work Experience

Documentation of one year's work experience **must** be verified by your employer (s). If you have worked for two or more employers, please have each employer complete the form below to substantiate one year's work experience (equal to 2000 hours). Part time can be counted for only those hours **actually worked**. **Each signature must be notarized to verify one year's work experience. Time accumulated on a work permit does not count toward the one year's work experience.** If your previous employer is no longer in business, you **must** obtain notarized statements from two patrons on whom you performed cosmetology services to substantiate your full year's work experience. **The patron may use this form; salon ID # and address are not required.**

I, (Salon Owner/Manager/Patron) _____ hereby swear or affirm (name of employee and Ohio ID#) _____ has been in my employ from _____ / _____ / _____ to _____ / _____ / _____ "Present is not acceptable: Name of Salon _____ Salon Identification Number _____ Address, City, State and Zip Code _____

Affidavit - This Section Must be Notarized

State of Ohio _____ County _____ SS: _____

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

Signature of Owner/Manager/Patron (Must be signed in front of the notary)

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

Notary Seal

(Notary Public—Commission Expiration Date is Required)

I, (Salon Owner/Manager/Patron) _____ hereby swear or affirm (name of employee and Ohio ID#) _____ has been in my employ from _____ / _____ / _____ to _____ / _____ / _____ "Present is not acceptable: Name of Salon _____ Salon Identification Number _____ Address, City, State and Zip Code _____

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

Notary Seal

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