



OHIO STATE COSMETOLOGY AND BARBER BOARD

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123

PHONE: (614) 466-3834 WWW.COS.OHIO.GOV

Assistant Barber Teacher Application

Application must be typed

FEE: \$185.00 (Non-Refundable/Non –Transferable)

MAKE CHECK or MONEY ORDER PAYABLE TO: TREASURER STATE OF OHIO

An applicant for a **Assistant Barber Teacher license** must hold a current, valid Barber license. Any person who meets the qualifications of an assistant teacher pursuant ORC 4709.10 (C), may be employed as an assistant teacher, provided that within five days after the commencement of the employment the barber school submits to the board, on forms provided by the board, the applicant's qualifications.

LAST NAME	FIRST	MIDDLE	MAIDEN
STREET ADDRESS		CITY	STATE ZIP
TELEPHONE NUMBER AND AREA CODE		COUNTY	DATE OF BIRTH: MONTH DAY YEAR
EMAIL ADDRESS	GENDER: FEMALE	MALE	OHIO BARBER LICENSE NUMBER:

Barber School Information

BARBER SCHOOL NAME

BARBER SCHOOL ADDRESS:

DATE ASSISTANT TEACHER WAS EMPLOYED:

Compliance Question

Are you a registered sex offender? No Yes If yes, a certified copy of conviction record must be submitted with this application.

Note: A requirement to register as a sexual offender does not impact an individual's ability to take the barber examination, but may have an impact on an individual's ability to obtain a license to practice barbering. Please see rule 4709-5-08 of the Ohio Administrative Code for further information.

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

An Assistant Barber Teacher license permits you to work under the supervision of a licensed Barber teacher ONLY in an OHIO BARBER SCHOOL.

AFFIDAVIT/ACKNOWLEDGMENT~ Applicant

STATE OF _____

COUNTY _____

I hereby swear, or affirm, that the statements on page one (1) of this application are true and accurate to the best of my knowledge and belief.

I **acknowledge** that my personal confidential information will be forwarded to the Ohio State Cosmetology and Barber Board. I understand this information is required for the purposes outlined below.

Notice on Collection of Personal Information

The Ohio State Cosmetology and Barber Board 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 and 4709 of the Ohio Revised Codes. 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 Cosmetology and Barber Board. Questions should be directed to the Board office.

The Ohio State Cosmetology and Barber Board 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) and 4709-11-01 (D), (J) and (K).

SIGNATURE OF APPLICANT (Must be signed in presence of Notary)

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

**NOTARY
SEAL**

NOTARY PUBLIC (Commission expiration date required)