

**MISSISSIPPI STATE BOARD
OF COSMETOLOGY
P. O. BOX 55689
JACKSON, MS 39296-5689
601-359-1820 FAX: 601-354-6639**

APPROVAL FOR INSTRUCTOR EXAMINATION

This application must be completed and accompanied by the following:

- 1) Two (2) Passport Photographs, taken within 90 days prior to application
 - 2) Proof of completion of high school education or its equivalent
 - 3) Certified transcript of training related to the license for which application is made:

Cosmetology Instructor	750 hours, with two years' experience as a licensed cosmetologist OR 2,000 hours
Esthetics or Manicure Instructor	600 hours, with two years' experience as a licensed esthetician or manicurist OR 1,000 hours
 - 4) Certified original transcript evidencing successful completion of twelve semester hours in college courses approved by the board.
 - 5) Proof of attendance of a Board Sanction Methods of Teaching Seminar
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NOTE: If over one year has lapsed since completion of your training and you did not acquired an instructor's license, you may not be eligible for examination at this time. Please contact Board office for information.

AMERICAN'S WITH DISABILITIES ACT:

If you have a disability and may require some accommodation in taking this examination, be sure to complete and submit a "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on-site.

IF INCOMPLETE, THIS APPLICATION CANNOT BE PROCESSED, AND YOU WILL BE SO NOTIFIED

Any false statement knowingly made or contrived by the applicant is good cause for rejection or revocation of license after license has been granted." [Section 73-7-27, Laws of the State of Mississippi, Code of 1972, Annotated, Amended.

I hereby make application for examination and licensure as (check one):

Cosmetology Instructor _____ **Esthetics Instructors** _____ **Manicure Instructor** _____

Name _____
Last First Middle Initial

Address _____
Street City County Zip

Social Security Number _____ Telephone Number _____

Date of Birth _____ Place of Birth _____

Instructor Training Acquired at _____
Name of School City State

Date of Graduation _____

Mississippi Practitioner Registration Number _____ Date of Expiration _____

Have you ever been convicted of a felony? _____ If yes, please explain _____

Can you read, write and speak the English language? _____

I certify that the foregoing is true and correct to the best of my knowledge. I fully understand that this application expired ninety (90) days from the date this application is received in the board office.

Signature: _____ **Date:** _____

IMPORTANT: The Board of Cosmetology reserves the right to require further evidence from the applicant, the school, or other regarding any information contained within this application.

Mississippi State Board of Cosmetology

AFFIDAVIT OF COSMETOLOGY WORK EXPERIENCE

I, _____ Salon Registration Number, _____
(Name)

State of _____, do hereby certify that _____

was employed as a licensed _____ in my salon _____
(Type of license/practice) (Name of Salon)

located at _____, The above named
(Street/City/State/Zip)

individual was in my employ from _____ to _____
(Date) (Date)

Signature of Affiant:

Date of Execution:

State of _____

County Of _____

Before me, a Notary Public, in and for the County and state aforesaid, came

_____ a resident of _____
(Name) (City/County/State)

who being duly sworn says that the statements contained in the above affidavit are true.

Subscribed and sworn to, before me this the _____ day of _____ 20__

NOTARY PUBLIC

Seal

My Commission expires: _____