



BOARD OF COSMETOLOGY



APPLICATION FOR
EXAMINATION & LICENSURE

Please complete this application form (**we have included a checklist to help you verify completion -- see #1**) and mail to **Professional Credential Services (PCS) at the address on the Payment Form**. For the practical examination, your application and ALL documentation must be RECEIVED no later than 15 business days prior to the practical examination date you wish to take. Applications are processed daily for theory examinations administered at PSI Testing Centers. Late or incomplete applications will be processed for the next scheduled practical examination. If you have not received an admission notice within seven (7) business days prior to the examination date, call PCS toll-free at 888-822-3272 to make an inquiry. For more information, please read the *Candidate Information Bulletin*.

1. APPLICATION CHECKLIST

Please check that the following is complete and enclosed prior to mailing (**Note: Incomplete applications will be returned to candidate.**)

- Section 2 (Personal information – Social security number and date of birth must be entered in this section)
- Section 3 (Examination(s) must be selected)
- Section 4 (Correct fees must be attached or credit card information provided) (**Note: Personal checks are not accepted**)
- Section 5 (Please select a test month)
- Section 6 (If requesting accommodations, box must be checked and all documentation must be attached to application)
- Section 7 (Indicate the method for which you are qualified).
- Section 8 (Carefully read and answer all conviction and disciplinary questions).
- Section 9 (Must read, sign, have signature notarized and attach 2x2 photo where indicated).

In addition to a completed application, you will also need to submit the following documents to PCS:

A - Proof of Identification – Provide PCS with a copy of **two** of the following: driver license, birth certificate, passport, social security card.

*One form of identification must include a photo (driver's license or passport)

B - Proof of passing 10th Grade Education – Provide PCS with a copy of one of the following: HS Diploma, HS Transcript, GED.

C – Provide a notarized copy of Cosmetology School **Training Affidavit**. This form can be downloaded at www.pcsHQ.com.

D – Affidavit of Eligibility – All areas of the form must be completed. This form can be downloaded at www.pcsHQ.com.

EFFECTIVE SEPTEMBER 14, 2010: A Health Form (TB test/Chest X-Ray) is no longer required in order for a candidate to be eligible to test.

***NOTE: Candidates must register with the full legal name as it appears on their government issued identification. The name on the identification must be the same as the name used to register for the examination (s).**

2. TYPE OR PRINT LEGIBLY IN INK

__Mr. __Mrs. __Ms. __Miss

Name (Last, First, MI)

Social Security Number
()

Street Address or Box Number

Daytime Telephone Number
()

City, State, ZIP Code

Home Phone Number

____/____/____
Date of Birth

E-Mail Address

Mother's Maiden Name

3. PLEASE CHECK EXAMINATION TYPE[S] YOU ARE APPLYING FOR

- | | | |
|--|--|--|
| <input type="checkbox"/> Cosmetology Theory | <input type="checkbox"/> Nail Technician Theory | <input type="checkbox"/> Esthetician Theory |
| <input type="checkbox"/> Cosmetology Practical | <input type="checkbox"/> Nail Technician Practical | <input type="checkbox"/> Esthetician Practical |
| <input type="checkbox"/> Theory AND Practical | <input type="checkbox"/> Theory AND Practical | <input type="checkbox"/> Theory AND Practical |

***Instructors – Refer to your Candidate Information Bulletin for additional eligibility requirements (www.PCSHQ.com)**

- | | | |
|---|---|---|
| <input type="checkbox"/> Cosmetology Instructor Theory | <input type="checkbox"/> Esthetician Instructor Theory | <input type="checkbox"/> Nail Technician Instructor Theory |
| <input type="checkbox"/> Cosmetology Instructor Practical | <input type="checkbox"/> Esthetician Instructor Practical | <input type="checkbox"/> Nail Technician Instructor Practical |
| <input type="checkbox"/> Theory AND Practical | <input type="checkbox"/> Theory AND Practical | <input type="checkbox"/> Theory AND Practical |

IF YOU HAVE TAKEN THE PRACTICAL EXAMINATION PREVIOUSLY,
PLEASE STATE HOW MANY TIMES YOU HAVE TAKEN IT: _____

- REINSTATEMENT:** Anyone whose license expired for up to four (4) years please contact the board at (803) 896-4494. Anyone whose license expired after four (4) years must complete this application and take both the theory and practical examinations. License # _____. Please indicate on the previous page which practical examination you are required to take. Reinstatement candidates must pay fees as defined for First-Time Candidates below. You must also submit a 2x2 photo, affidavit of eligibility, and 2 forms of identification (driver's license, birth certificate, US passport, or social security card). One form of identification must include a photo.

4. FEES: (includes State Licensure):

First-time applicant fees listed below include LLR processing and 2-year license fee of \$45. PCS collects LLR fees and submits to LLR on a routine basis. Re-examination candidate should call PCS to re-apply.

****Reinstatement candidates must submit First-Time Candidate Fees as defined below.**

- First-Time Candidate Fee for **both** Theory & Practical Examinations (includes LLR fees): **\$165**
- First-Time Candidate Fee for ALL Theory Only Examination (includes LLR fees): **\$110**
- First-Time Candidate Fee for Practical Only Examination (includes LLR fees): **\$100**
- First-Time Candidate Fee for Instructor Practical Only (includes LLR fees): **\$130**
- First-Time Candidate Fee for both Theory & Practical **Instructor** Examinations (includes LLR fees): **\$195**

5. PRACTICAL EXAMINATION SITE

Complete applications must be received 15 business days prior to the examination date of the practical examination date you select. Practical examinations will be administered on the 3rd Monday of every month (unless said Monday falls on a National Holiday) in Columbia, South Carolina. Please see the PCS web site (www.pcsdq.com) for a detailed list of examination dates and deadlines. **The exact location of the practical examination site will be identified on your admission card, which you will receive approximately 7-10 business days prior to the examination date): Please select a test month. In order to test in the month selected, PCS must receive your COMPLETE application 15 business days prior to the practical examination date selected.**

- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

6. SPECIAL ACCOMMODATIONS FOR CANDIDATES WITH DISABILITIES

- Check **ONLY** if you are requesting special accommodations. You may obtain an ADA Accommodations Form online at www.pcsdq.com or from your school. All required documentation **MUST** be included with this application.

7. QUALIFICATIONS / Education and Training

Please carefully review the *Candidate Information Bulletin* for the license type you are seeking to understand the requirements for eligibility. Please indicate below the basis for which you are qualified:

- Age/Education - I meet the age requirement as well as the high school requirement

AND

- Training - I have successfully completed the number of hours required as stated in the *Candidate Information Bulletin* and as reflected in the enclosed and completed *Training Affidavit*.

PLEASE COMPLETE THE FOLLOWING AS IT APPLIES TO YOU. (NOTE: Applicants who graduated from an Out-of-State School must attach proof of 10th grade education or equivalency, together with a notarized cosmetology/nail technology or esthetic school Training Affidavit.

Name of Cosmetology/Manicure/Esthetic School Attended _____

Street Address of School: _____

City: _____ State: _____ Country: _____ Zip: _____

Email of School: _____ Enrolled from _____ to _____ Graduation Date: _____

Phone No.: _____ Contact Name: _____

8. DISCIPLINARY QUESTIONS / LAWS

Have you been found guilty or entered a plea of nolo contendere for any crime in this or any other state? **THIS APPLICATION WILL BE RETURNED IF YOU DO NOT ANSWER THIS QUESTION.**

- YES**
- NO**

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any board or agency in this or any other state? **THIS APPLICATION WILL BE RETURNED IF YOU DO NOT ANSWER THIS QUESTION.**

- YES**
- NO**

❖ If you answered "Yes" to the question regarding court convictions, you must submit to PCS one of the following:

- a) Candidates with convictions that occurred **in the state of South Carolina** must obtain a SLED report.
*Contact South Carolina Law Enforcement Division. Phone: 803-737-9000 Address: P.O. Box 21398 Columbia, SC 29221
Web site: www.sled.sc.gov
- b) Candidates with convictions that occurred **outside of the state of South Carolina** must obtain a criminal history report from the local law enforcement office.

Your license will not be issued until this information is received by PCS and reviewed by the Board.

❖ If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to PCS.
Your license will not be issued until this information is received by PCS and reviewed by the Board.

_____ **Please check here if you answered "Yes" to the questions above and have already submitted the documentation to the Board within the past two years. If you have, it is not necessary to resubmit this information, BUT NEW CONVICTIONS MUST BE SUBMITTED.**

Do you recognize your duty to comply with South Carolina's Cosmetology/Nail Technology/Esthetic/Instructor Laws?

- YES**
- NO**

9. INFORMATION CONSENT AND WAIVER AGREEMENT

I understand that all information in this document is a public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except any item designated with this symbol (*).

I understand that any omission, inaccuracy or failure to make full disclosure in this application may be deemed sufficient reason to withhold license or renewal, suspend or revoke a license if issued by the Board. I understand that the Board may make such inquiry and investigation concerning my record or background as the Board in its judgment deems proper, and further agree to furnish any additional information that may be requested by the Board.

I understand that various cosmetology and/or nail products are to be used during the practical section of the examination for licensure.

I agree that in the event of an illness and/or injury that precludes my completion of the examination, any claim I may have will be limited to a refund of the examination fee paid. I agree that I shall hold harmless the State of South Carolina, its employees, agents and independent contractors (state) from any and all claims, injury, loss, damage, suits, actions, liabilities, and costs of any kind for any and all claims by any party arising directly or indirectly from any acts or omissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the State with regard to any use or misuse of said Products during this examination and I release, with informed consent, the State from any liability with respect to the same. I also agree that I have read the full text of this informed Consent and Waiver of Agreement, as well as the most current *Candidate Information Bulletin (www.pcshq.com)*.

I verify that the information contained on this application form and all supporting documentation is true and correct. I am aware of the criminal penalties for tampering with public records or information pursuant to South Carolina law.

I understand that I must meet the application deadline and that the application must be complete by the application deadline in order to take the practical examination at the location and date desired. I also understand that if I do not appear with proper identification at the scheduled time and date for either the theory or the practical examination(s), all fees will be forfeited. I agree that any claim is limited to the examination fee paid in the event that the theory or practical examination(s) are cancelled. I ascertain by my signature below that I agree with the conditions noted on this application and in the most current *Candidate Information Bulletin (www.pcshq.com)*. I also ascertain that my signature below releases my score and personal information to my school and to the State Board.

I understand my signature below serves as acknowledgement that my social security number will be used as my unique identifier for the purpose of reporting results to the state licensing agency and my school of graduation for licensing purposes. I further agree to release Professional Credential Services, Inc. (PCS) and its subcontractors from any liability arising from the use of my social security number as my unique identifier as required by the state with which I am applying for licensure.

I further understand that it is my responsibility to be aware and knowledgeable of the laws and rules that govern my profession. If I need a copy of the laws and regulations, I will contact Professional Credential Services.

Candidate Signature [date]

Parent's Signature (if candidate is a minor) [date]

Sworn to and subscribed before me this ____ day of _____, 200__.

Notary Public

Expiration Date: _____

A 2 x 2
front face/shoulders
colored photograph
MUST be attached
[no photocopies]

[NOTARY STAMP]



PAYMENT FORM

Applicant Name: _____

Social Security Number (Mandatory): _____ - _____ - _____

**Fees are non-refundable and non-transferable
Personal checks are not accepted**

Payment must be by certified check or money order (payable to PCS) or credit card (MasterCard/VISA Only). Please record your social security number on the check. Place a check mark in the appropriate box indicating the type of payment.

Payment Type: Cashier's Check/Money Order Credit Card (complete information below)

If paying by credit card: MasterCard VISA Authorized payment amount: \$ _____

Credit Card # _____ - _____ - _____ - _____ Expiration Date ____/____

Print Cardholder's Name _____

Authorized Signature _____

***If your credit card is declined, you will be required to submit a cashier's check or money order.**

**Return this Payment Form with Examination Application.
DO NOT staple your payment to this form.**

Note: This document will be shredded after it has been processed.

Mail Examination Application and Payment Form to:
Professional Credential Services / South Carolina Cosmetology
P.O. Box 198768 (U.S. Postal Service)
Nashville, Tennessee 37219-8689
150 Fourth Avenue North, Suite 800 (Courier Delivery)
Nashville, Tennessee 37219-2496
Toll free: (888) 822-3272 (615) 312-3782
Fax: (615) 846-0153
Web Site: <http://www.pcsdq.com>