



Cosmetic Art School Application

Before any student can be accepted for examination by the North Carolina State Board of Cosmetic Art Examiners, the school must be approved by the Board. The following application must be completed, in full, by the school owner and mailed to the Board office. Make payments payable to NC Board of Cosmetic Art Examiners. **Final inspection by the Board will be made before the school is approved.**

Please attach the following to this application:

- \$60.00 application fee;
- Proof of bond as required by GS 88B-17;
- Diagram with location of equipment placement and marking square footage of all areas including classrooms, dispensary, water supplies, stations, locker room/dressing room, office areas, reception areas and restroom facilities;
- Course curriculum for each cosmetic art discipline and teacher trainee program to be taught in the school;
- Plans for record keeping of student hours, minimum course requirement qualifications, and student performances;
- Evaluation plans for the assignment of performance services, the qualifications for passing a performance requirement and techniques for grading of performances;
- Handbook for students containing student policies on attendance, leave of absence policy, performance assignment, and a plan to assist students to achieve the required minimum hours and performances;
- School uniform/identification definition;
- A raised seal identifying the school name and physical location to be used on all Board forms, reports, and other official papers; (please seal this application with the school's seal for verification purposes)
- Documentation of local municipality electrical and plumbing approval; and
- School operation schedule including days, hours and observed holidays.

Failure to supply any item on this list will result in denial of the application.

Please check all disciplines to be taught at the school:

- Cosmetology/Cosmetology Apprentice Esthetics Manicuring
 Natural Hair Care Teacher Trainees

School Name _____

Physical Address _____
Street City State Zip

Phone Number _____ Email _____

Mailing Address _____
Street City State Zip
(If different from location)

Please check one: High School Private School Community/Technical College

Please check one: New School/Location Change in Ownership Additional Space

Owner Name _____

If there are more owners, please list on a separate sheet of paper including percentage of ownership and attach it to this application.

I certify that I have read and acknowledge the requirements of 21 NCAC 14T

Owner Signature _____

School Contact _____ Phone Number _____

Email _____

List of name(s), teacher certificate number, and Social Security number, of each instructor who will teach in the cosmetic art school.

Name _____ Teacher Lic# _____

Name _____ Teacher Lic# _____

Name _____ Teacher Lic# _____

Name _____ Teacher Lic# _____

Name _____ Teacher Lic# _____

If there are more instructors, please list on a separate sheet of paper and attach it to this application.