



Teacher Examination Application

To qualify for the teacher's examinations, submit this application along with a copy of your high school diploma or high school graduation equivalency certificate (GED).

- Applications are processed within 10 business days of being received. Application status and examination information will be sent by email.
- All information on examination subjects as well as reference materials are available in the Candidate Information Bulletins located at www.dlroope.com
- All examinations are scheduled and administered by DL Roope. Applicants are not eligible to schedule an exam until approval has been granted by the Board office.

Cosmetologist (check the appropriate statement)

_____ I certify that I have been in active practice of cosmetic art in a cosmetic art shop for a period equivalent to five years of full-time work immediately prior to the signing of this application.

Esthetician (check the appropriate statement)

_____ I certify that I have been in active practice of esthetics in a cosmetic art shop for a period equivalent to three years of full-time work immediately prior to the signing of this application.

Manicurist (check the appropriate statement)

_____ I certify that I have been in active practice of manicuring in a cosmetic art shop for a period equivalent to two years of full-time work immediately prior to the signing of this application.

Natural Hair Care Specialist (check the appropriate statement)

_____ I certify that I have been in active practice of natural hair care for a period equivalent to two years of full-time work immediately prior to the signing of this application and I hold a current natural hair care license.

Name of Applicant

Social Security Number

License Number

Full Address (Address, City, State and Zip)

Email

Signature of Applicant

I affirm by my signature that I am challenging the Board for the opportunity to examine **based on my work experience** rather than the completion of a teacher training program at a licensed cosmetic art school.

Subscribed and sworn to before me this _____ day of _____, **20**_____.

County _____

State _____

My commission expires _____.

Notary Signature: _____

(NOTARY SEAL)