North Carolina Board of Cosmetic Art Examiners



Teacher Examination Application

To qualify for the teacher's examinations, submit this application by email to <u>vbrumley@nccosmeticarts.com</u>, uploading it at <u>www.nccosmeticarts.com</u> or by sending through fax or mail.

• Applications are processed within 10 business days of being received. Application status and examination information will be sent by email.

Check one or more of the following:

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 one year of fulltime 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 one year 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 one year of fulltime 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 one year of full-time work immediately prior to the signing of this application and I hold a current natural hair care license.

Name of Applicant

Full Address (Address, City, State and Zip)

Signature of Applicant

Date

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

License Number

Email