



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
 (614) 466-3834 & Fax: (614) 644-6880 www.cos.ohio.gov

RESCHEDULE APPLICATION

_____ ID# _____
 Full name

_____ PREVIOUS EXAM DATE:
 Street address

_____ City, State & Zip Code

In order to be rescheduled for an examination, you must return this application along with the appropriate reschedule fee. **Please see fee list below.**

Payment must be submitted to: 1929 Gateway Circle - Grove City, Ohio 43123.
 Money order, personal or corporate checks only, made payable to: **Treasurer, State of Ohio**
Cash will be returned.

Board Use Only:

| Type of Exam | Practical Only | Written Only | Practical & Written |
|----------------------|----------------|--------------|---------------------|
| Cosmetology | | | |
| Manicuring | | | |
| Esthetics | | | |
| Hair Designer | | | |
| Natural Hair Stylist | | | |

| | |
|---------|--|
| Manager | |
|---------|--|

| | | |
|-----------------------------------|----------|--|
| Practical and/or Written Exam(s) | \$ 31.50 | |
| Manager Only Exam | \$ 31.50 | |
| Practical/Written/Manager Exam(s) | \$ 63.00 | |

*NO SHOW RESCHEDULE FEE(S)

| | | |
|-----------------------------------|----------|--|
| Practical and/or Written Exam(s) | \$ 40.00 | |
| Manager Only Exam | \$ 40.00 | |
| Practical/Written/Manager Exam(s) | \$ 80.00 | |

AMOUNT RECEIVED: \$ _____

* EXAMINATION "NO SHOW" FEE

Applicants that fail to attend the scheduled examination date, must contact the Board office a minimum of **24 hours prior** to the scheduled examination date by calling/voicemail 614-644-9217 or emailing examcancellation@cos.state.oh.us Emails or voice messages not left at the designated email address or voicemail number will not be accepted. Failure to provide **24 hour** notice of cancellation will increase the reschedule fee(s) as follows: Practical/Written/Managers \$80.00 Practical/Written \$40.00 Managers Only \$40.00