

## Qualifications for an Ohio Instructor's License

Ohio law requires completion of a 12th grade education to obtain an instructor's license. Include a copy of your high school diploma or high school transcript indicating completion and graduation dates, GED certificate or college transcript.

You are required to provide your full manager's identification number (ID#) on page two (2) of this application. The manager's ID# including the letters preceding the number is located on the front of your current, active manager's license.

The applicant must complete all sections of page 2. Enclose one, recent photograph, approximately 2 1/2" by 3 1/2" and submit a \$45 check or money order made payable to: Treasurer, State. The applicant is responsible for having this part of the application notarized and your signature must be signed in front of the notary public.

The salon owner or salon manager must complete all sections of page 3. The owner or manager is responsible for having this part of the application notarized and the signature must be signed in front of the notary public.

An instructor's license allows you to work in an **OHIO COSMETOLOGY SCHOOL ONLY**.

1. An applicant for a *cosmetology instructor's license* must hold a current, active Ohio managing cosmetology license and have worked as a cosmetologist in a licensed beauty salon for one full year, equal to 2000 hours or have completed a 1000 hour cosmetology instructor's course in an Ohio cosmetology school.
2. An applicant for a *manicurist instructor's license* must hold a current, active Ohio managing manicurist's license and have worked as a manicurist in a licensed nail salon or beauty salon for one full year, equal to 2000 hours or have completed a 300 hour manicurist instructor's course in an Ohio cosmetology school.
3. An applicant for an *esthetic instructor's license* must hold a current, active Ohio managing esthetician's license and have worked as an esthetician in a licensed esthetic or beauty salon for one full year, equal to 2000 hours or have completed a 500 hour esthetic instructor's course in an Ohio cosmetology school.
4. An applicant for a *natural hair stylist instructor's license (hair braider)* must hold a current, active Ohio managing natural hair stylist's license and have worked as a natural hair stylist in a licensed natural hair stylist salon, a licensed hair design salon or a licensed beauty salon for one full year, equal to 2000 hours or have completed a 400 hour natural hair stylist instructor's course in an Ohio cosmetology school.
5. An applicant for a *hair designer instructor's license (hair only)* must hold a current, active Ohio managing hair designer's license and have worked as a hair designer in a licensed hair designer salon or a licensed beauty salon for one full year, equal to 2000 hours or have completed an 800 hour hair designer instructor's course in an Ohio cosmetology school.

Please check **only one** of the following types of instructor's license application for which you are applying (**a separate application must be completed for each type of instructor's license**).

Cosmetology Instructor       Manicurist Instructor       Esthetic Instructor  
 Natural Hair Stylist Instructor       Hair Designer Instructor



# THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123  
Phone: (614) 466-3834 Fax: (614) 644-6880 [www.cos.ohio.gov](http://www.cos.ohio.gov)

**EXAM: \$ 45.00**  
**PLEASE MAKE CHECK or MONEY ORDER**  
**MADE PAYABLE TO: TREASURER, STATE OF OHIO**  
**CASH WILL BE RETURNED.**

## INSTRUCTOR LICENSE APPLICATION BASED ON WORK EXPERIENCE

FULL NAME	LAST	FIRST	MIDDLE	MAIDEN	
ADDRESS	STREET	CITY	STATE	ZIP	COUNTY
HOME TELEPHONE NUMBER	(AREA CODE)	SOCIAL SECURITY NUMBER			
DATE OF BIRTH	MONTH	DAY	YEAR	SEX	
COSMETOLOGY SCHOOL ATTENDED			OHIO MANAGAING LICENSE ID# (Required)		
ADDRESS	STREET	CITY	STATE	ZIP	

### Affidavit - This Section Must be Notarized

STATE OF \_\_\_\_\_  
COUNTY \_\_\_\_\_ SS:  
I hereby swear, or affirm, that the statements on this record are true and accurate to the best of my knowledge and belief .

\_\_\_\_\_  
SIGNATURE OF APPLICANT (Must be signed in front of Notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY

SEAL

\_\_\_\_\_  
NOTARY PUBLIC (Commission expiration date required)

Must submit one recent photo of applicant with this application. Photo should be approximately 2.5" x 3.5", with a full-face view. The photo will be stamped/sealed and returned for identification purposes and must be displayed with license.

**Please print your name and Board ID# on back of photo.**

**A copy of driver's license or State ID with picture is required.**

Amount Received \$ \_\_\_\_\_

**Certification of One Year's Work Experience for Instructor's License**

Documentation of one year's work experience **must** be verified by your employer (s). If you have worked for two or more employers, please have each employer complete the form below to substantiate one year's work experience (equal to 2000 hours). Part time can be counted for only those hours **actually worked**. **Each signature must be notarized to verify one year's work experience. Time accumulated on a work permit does not count toward the one year's work experience.** If you were self-employed **or** if your previous employer is no longer in business, you **must** obtain notarized statements from two patrons on whom you performed cosmetology services to substantiate your full year's work experience. **(The patron may use this form; salon ID # and address are not required.)**

I, (Salon Owner/Manager/Patron)\_\_\_\_\_ hereby swear or affirm  
**(name and Ohio ID# of employee)**\_\_\_\_\_ has been in my employ from  
Month/Date/Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to Month/Date/Year ("Present" is not acceptable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Salon \_\_\_\_\_ Salon Identification Number \_\_\_\_\_  
Address, City, State and Zip Code \_\_\_\_\_

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**Affidavit - This Section Must be Notarized**

State of Ohio \_\_\_\_\_

County \_\_\_\_\_ SS:

I swear or affirm that all information contained in this application and the documents attached are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Manager/Patron **(Must be signed in front of the notary)**

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
(Notary Public—Commission Expiration Date is Required)

I, (Salon Owner/Manager/Patron)\_\_\_\_\_ hereby swear or affirm  
**(Name and Ohio ID# of employee)**\_\_\_\_\_ has been in my employ from  
Month/Date/Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to Month/Date/Year ("Present" is not acceptable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Salon \_\_\_\_\_ Salon Identification Number \_\_\_\_\_  
Address, City, State and Zip Code \_\_\_\_\_

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**Affidavit - This Section Must be Notarized**

State of Ohio \_\_\_\_\_

County \_\_\_\_\_ SS:

I swear or affirm that all information contained in this application and the documents attached are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Manager /Patron **(Must be signed in front of the notary)**

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
(Notary Public—Commission Expiration Date is Required)