



LOUISIANA STATE BOARD OF COSMETOLOGY

STUDENT ENROLLMENT APPLICATION

INSTRUCTIONS	PLEASE PRINT LEGIBLY		
THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION. (REFER TO X'ED BOXES AT RIGHT)	NEW	TRANSFER	ADD'L ADVANCED TRAINING
1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE	<input checked="" type="checkbox"/>		
2. COPY OF SOCIAL SECURITY CARD	<input checked="" type="checkbox"/>		
3. PROOF OF EDUCATION (MUST HAVE COMPLETED 10 TH GRADE OR EQUIVALENT) PHOTOCOPY OF DIPLOMA(S) OR TRANSCRIPT(S).	<input checked="" type="checkbox"/>		
4. TWO PHOTOGRAPHS MEASURING APPROXIMATELY "2X2"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. \$10.00 ENROLLMENT FEE (FIRST "IN STATE TRANSFER NO CHARGE)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

TO BE COMPLETED BY APPLICANT-Applicant must read, speak, and understand English.

1. NAME (LAST FIRST, MI, MAIDEN)			2. SOCIAL SECURITY NUMBER		
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)					
4. DATE OF BIRTH		5. TELEPHONE NUMBER		6. EDUCATION	
MO	DAY	YEAR	CIRCLE LAST GRADE COMPLETED		7. YEAR LAST GRADE WAS COMPLETED
			8 9 10 11 12 GED		
8. SCHOOL WHERE LAST GRADE WAS COMPLETED			9. SCHOOL ADDRESS (CITY AND STATE)		

10. IF ANSWERS TO QUESTIONS 1 OR 2 ARE YES, PLEASE EXPLAIN.

	YES	NO
1. HAVE YOU EVER BEEN ENROLLED IN A LOUISIANA COSMETOLOGY SCHOOL? IF YES ATTACH CERTIFICATION OF CONTRACTUAL FEES	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER, OR MANICURIST IN LOUISIANA OR ELSEWHERE?	<input type="checkbox"/>	<input type="checkbox"/>

11. EXPLANATION

I HEAR BY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL

12. COSMETOLOGY SCHOOL NAME		13. SCHOOL LICENSE NUMBER	
14. SCHOOL ADDRESS		15. TELEPHONE NUMBER	

16. FOR THE FOLLOWING COURSE			17. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY			
<input type="checkbox"/> COSMETOLOGY	<input type="checkbox"/> SHAMPOO	<input type="checkbox"/> FULL TIME	SUNDAY		WEDNESDAY	
<input type="checkbox"/> ESTHETICS	<input type="checkbox"/> ALTERNATIVE HAIR DESIGN	<input type="checkbox"/> PART-TIME	MONDAY		FRIDAY	
<input type="checkbox"/> MANICURIST	<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> EVENING	TUESDAY		THURSDAY	
			SATURDAY			

18. I HEAR BY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE SET FORTH ABOVE ANSWERS ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE LOUISIANA STATE BOARD OF COSMETOLOGY AND I WILL BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE IN ACCORDANCE WITH LOUISIANA ADMINISTRATIVE CODE 46:XXXI.715. I UNDERSTAND THAT AT THE SAME TIME OF STATE BOARD EXAMINATION, IF THE EXAM TEAM DETERMINES THAT I CANNOT UNDERSTAND, READ, AND SPEAK ENGLISH, I WILL NOT BE ALLOWED TO TAKE THE EXAM.

APPLICANT SIGNATURE ⇨ _____

TO BE COMPLETED BY COSMETOLOGY SCHOOL

19. THE ABOVE NAME APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING _____ WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.	
20. NAME OF SCHOOL	
21. SIGNATURE OF OWNER REGISTRAR ⇨ _____	



LOUISIANA STATE BOARD OF COSMETOLOGY

CERTIFICATION OF CONTRACTUAL FEES

SECTION I OR II MUST BE COMPLETED BY SCHOOL OWNER OR AUTHORIZED SCHOOL PERSONNEL.
 OFFICIAL SIGNATURE MUST BE NOTARIZED

SECTION I - CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES

STUDENT NAME (LAST, FIRST, MI, MAIDEN, SS#)



This is to certify that the above name student has paid all contractual fees, pursuant to Louisiana R.S.37:508.B to this school and is therefore eligible to be scheduled for examination or transfer by Louisiana State Board of Cosmetology.

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL	NAME OF SCHOOL	
NOTARY OR PUBLIC EMBOSSEER SEAL	STATE	PARISH, CITY
	SUBSCRIBED AND SWORN BERFOREM ME THIS	USE RUBBER STAMP IN CLEAR AREA BELOW
	DAY OF 20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

DO NOT CUT THIS FORM IN HALF

SECTION II - CERTIFICATION OF NON-PAYMENT OF CONTRACTUAL FEES

STUDENT NAME (LAST, FIRST, MI, MAIDEN, SS#)



This is to certify that the above-named student entered a contract with this school on or after August 21, 1992 and has not paid all contractual fees, pursuant to Louisiana R.S. 37:508.B/37:542.C to this school. Upon payment of all said contractual fees I shall file a Certificate of Payment of Contractual Fees with the Louisiana State Board of Cosmetology within 10 days of said payment. I understand that the above-named individual will not be eligible for examination or transfer in the state of Louisiana until all contractual fees have been paid and I have submitted the required certification.

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL	NAME OF SCHOOL	
NOTARY OR PUBLIC EMBOSSEER SEAL	STATE	PARISH, CITY
	SUBSCRIBED AND SWORN BERFOREM ME THIS	USE RUBBER STAMP IN CLEAR AREA BELOW
	DAY OF 20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	



LOUISIANA STATE BOARD OF COSMETOLOGY NOTICE OF TERMINATION

INSTRUCTIONS

PLEASE TYPE OR PRINT LEGIBLY

1. THIS FORM IS TO BE COMPLETED FOR EITHER STUDENT OR INSTRUCTORS WHO HAVE DISCONTINUED TRAINING.
2. MAIL COMPLETED FORM AND LICENSE TO: LOUISIANA STATE BOARD OF COSMETOLOGY, 11622 SUNBELT COURT, BATON ROUGE, LA 70809
LICENSE MUST BE ATTACHED OR TERMINATION WILL NOT BE ACCEPTED.

STUDENT PERSONAL DATA

NAME OF STUDENT			
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF SCHOOL			

TRAINING INFORMATION

LAST DATE OF PHYSICAL STUDENT ATTENDANCE	NUMBER OF MONTHS ATTENDED	TOTAL HOURS

RECORD THE ACCUMULATED HOURS FOR THE ABOVE-NAMED STUDENT

COSMETOLOGY COURSE TOTAL HOURS	MANICURING COURSE TOTAL HOURS	ESTHETICS COURSE TOTAL HOURS	MASTER EDUCATOR TOTAL HOURS

SCHOOL

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE.

--

SIGNATURE OF SCHOOL

DATE



Louisiana State Board of Cosmetology
11622 Sunbelt Court Baton Rouge, LA 70809
(225) 756-3404 Telephone – (225) 756-3410 Fax
Web Address: www.lsbcb.louisiana.gov

STUDENT REGISTRATION TRANSFER HOURS

DATE _____

STUDENT NAME _____

STUDENT SOCIAL SECURITY NUMBER _____

SCHOOL NAME _____

NUMBER OF TOTAL TRANSFER HOURS _____

NUMBER OF HOURS ACCEPTED BY SCHOOL _____

STATE AND SCHOOL TRANSFERRING FROM _____

SIGNATURE OF SCHOOL REPRESENTATIVE _____

- Please be advised that certification from the State Board of Cosmetology of the transferring state must already be in our office (preferred) or accompany this request. (unopened)



Louisiana State Board of Cosmetology
11622 Sunbelt Court Baton Rouge, LA 70809
(225) 756-3404 Telephone – (225) 756-3410 Fax
Web Address: www.lsbclouisiana.gov

NOTARIZED LETTER TO RELINQUISH HOURS

I, _____ am relinquishing a total of _____
hours in the Course Curriculum _____ (cosmetology, manicurist,
esthetician, etc.).

These hours were obtained at _____ Beauty School, an
approved school of the State Board of Cosmetology.

Student Signature: _____

Notary of Public

ID# _____

Signature of Notary

Date _____

APPLICATION FOR NATIONAL EXAM

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

****Select language****

- English
- Vietnamese
- Spanish

Please check one

- Cosmetology
- Manicurist
- Esthetician
- Instructor
- Alternative Hair

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Social Security #: _____

Student License (L) #: _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Name of Beauty School: _____

Hours of Attendance at School: _____ Signature of Instructor: _____

Please make sure the following is included along with this application:

- Recent COLOR photo of applicant
- Top portion of Student license
- Hourly report

Applicant Signature: _____ Date: _____

NO MONEY REQUIRED WITH THIS APPLICATION

APPLICATION FOR NATIONAL RETAKE EXAM

Louisiana Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225)756-3404

Please check one:

- Cosmetology
- Manicurist
- Esthetician
- Instructor
- Alternative Hair

Choose language:

- English
- Vietnamese
- Spanish

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: ____/____/____ Soc. Sec. No: ____-____-____

School Attended: _____

Applicants Individual E-Mail Address: _____@_____

****Please Print****

Applicants Telephone Number: (____) _____

Applicant Signature: _____ Date: ____/____/____

NO MONEY REQUIRED WITH THIS APPLICATION

Louisiana State Board of Cosmetology

APPLICATION FOR ALTERNATIVE HAIR DESIGN PRACTICAL AND STATE EXAM

INSTRUCTIONS/PLEASE TYPE OR PRINT LEGIBLY

1. INCLUDE INITIAL PERMIT FEE OF \$50
2. INCLUDE TESTING FEES OF \$50 (\$25 FOR PRACTICAL EXAM & \$25 FOR STATE EXAM)
3. INCLUDE STUDENT LICENSE, CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES, A RECENT COLOR PHOTO AND HOURLY REPORT. THERE MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED.
4. MAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO: LOUISIANA STATE BOARD OF COSMETOLOGY, 11622 SUNBELT COURT, BATON ROUGE, LOUISIANA 70809.

APPLICANT PERSONAL DATA

I hereby make application for license by examination to practice:

ALTERNATIVE HAIR DESIGN PERMIT

STUDENT LICENSE (L)#: _____

SOCIAL SECURITY #: _____

FULL NAME: _____

TELEPHONE NUMBER: _____ DATE OF BIRTH _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT'S INDIVIDUAL EMAIL ADDRESS: _____

NAME OF BEAUTY SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL LICENSE NUMBER: _____ TOTAL NUMBER OF HOURS COMPLETED: _____

DATE ENROLLED: _____ DATE COMPELTED TRAINING: _____

I UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATION WITHOUR PROPER NOTIFICATION, A SEVEN DAY NOTICE OR 24 HOURS EMERGENCY NOTICE, I WILL BE REQUIRED UPON REAPPLICATION TO SUBMIT A \$25.00 AMINISTRAIVE FEE.

APPLICANT

DATE

**If you have a disability and may require some accommodation in taking this examination, be sure to fill out the "Request for Accommodations" form along with the application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodations onsite.

Louisiana State Board of Cosmetology

APPLICATION FOR PRACTICAL AND STATE EXAM

INSTRUCTIONS/PLEASE TYPE OR PRINT LEGIBLY

1. INCLUDE INITIAL LICNESE FEE OF \$35
2. INCLUDE TESTING FEES OF \$50 (\$25 FOR PRACTICAL EXAM & \$25 FOR STATE EXAM)
3. INCLUDE STUDENT LICENSE, CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES, A RECENT COLOR PHOTO AND HOURLY REPORT. THERE MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED.
4. MAIL COMPLETED APPLICATION AND REQUIRED DOUCMENTS TO : LOUISIANA STATE BOARD OF COSMETOLOGY, 11622 SUNBELT COURT, BATON ROUGE, LOUISIANA 70809.

APPLICANT PERSONAL DATA

I hearby make application for license by examination to practice:

- COSMETOLOGY
- MANICURIST
- ESTHETICAN
- INSTRUCTOR

STUDENT LICENSE (L)#: _____

SOCIAL SECURITY #: _____

FULL NAME: _____

TELEPHONE NUMBER: _____ DATE OF BIRTH _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT'S INDIVIDUAL EMAIL ADDRESS: _____

NAME OF BEAUTY SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL LICENSE NUMBER: _____ TOTAL NUMBER OF HOURS COMPLETED: _____

DATE ENROLLED: _____ DATE COMPELTED TRAINING: _____

I UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATION WITHOUR PROPER NOTIFICATION, A SEVEN DAY NOTICE OR 24 HOURS EMERGENCY NOTICE, I WILL BE REQUIRID UPON REAPPLICATION TO SUBMIT A \$25.00 AMINISTRAIVE FEE.

APPLICANT

DATE

If you have a disability and may require some accommodation in taking this examination, be sure to fill out the "Request for Accommodations" form along with the application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodations onsite.



Louisiana State Board of Cosmetology
11622 Sunbelt Court Baton Rouge, LA 70809
(225) 756-3404 Telephone – (225) 756-3410 Fax
Web Address: www.lsbclouisiana.gov

July 12, 2024

Dear School owners, and representatives,

Recently, the board approved a 1400-hour testing process in an effort to expedite licensure. The approval has been promulgated and is now contained in our administrative rules. (L.A.C. 46:XXXI.309(A)(1) Effective immediately, students are allowed to take their state/practical examinations once they have accumulated 1400 hours. Below you will find some things that you should know and keep in mind when making the decision for your school's submission process. You will also find the 1400 hour procedure and forms enclosed as well. Please contact Ashley Cade at Ashley.cade@la.gov if you have questions beyond the information provided below.

Facts and things you should keep in mind:

- **YOU ARE NOT REQUIRED TO USE THIS PROCESS**
 - You will be submitting paperwork twice if you choose to submit students at the 1400 hour point;
 - You will be submitting paperwork three times if you choose to submit the student for the national at 1000 hours and practical and state at the 1400 hour point;
 - Submission of 1400 hour paperwork indicates that the student is financially cleared;
 - The process and/or paperwork for national examination has not changed;
 - You are responsible for submitting the completion form once final hours have been clocked;
 - You are still allowed to submit at the 1000/1500 hour points in lieu of the 1400 hour point;
 - **NO SHOWS WILL BE CHARGED AN ADDITIONAL \$25.00 ADMINISTRATIVE FEE PER EXAMINATION IN ADDITION TO THE FEE FOR EACH EXAMINATION. (L.A.C. 46:XXXI.309(D)**
- *PLEASE NOTE: THIS WILL SOON BE IN EFFECT FOR ALL NO SHOWS* YOU WILL RECEIVE NOTICE PRIOR TO ENFORCEMENT**

1400 HOUR SUBMISSION PROTOCOL



Louisiana State Board of Cosmetology
11622 Sunbelt Court Baton Rouge, LA 70809
(225) 756-3404 Telephone – (225) 756-3410 Fax
Web Address: www.lsbcc.louisiana.gov

1. There are two forms associated with the 1400 hour process. The 1400 hour practical/state application and the 1500 hour completion form.
2. The 1400 hour paperwork needs to be flagged once we receive it because it will be processed differently. Therefore, **both 1400 hour forms MUST be submitted on pastel yellow paper.** Submitting on white or any other color paper will result in paperwork being processed as a "regular" 1500 hour application and returned for insufficient hours.
3. You will need to complete the 1400 hour application and include all of the normally required documents (payment of contractual fee form, student license, color photo and cumulative hour sheet) and fees minus the \$35.00 initial license fee.
4. You will also submit the national examination application if you did not do so at the 1000 hour point. (This does not need to be on yellow paper)
5. The student will then be scheduled .
6. Once the student has completed the final hours, you will submit the completion form, cumulative hour report reflecting 1500 hours and the initial license fee.
7. The student's license will be mailed to your school upon passage of all examinations.
8. Retaking the exam will require the normal process as far as the paperwork and fees go.



Louisiana State Board of Cosmetology
 11622 Sunbelt Court Baton Rouge, LA 70809
 (225) 756-3404 Telephone – (225) 756-3410 Fax
 Web Address: www.lsbcb.louisiana.gov

1400 HOUR APPLICATION FOR PRACTICAL & STATE EXAMINATIONS

INSTRUCTIONS:

1. INCLUDE TESTING FEE OF \$50.00 FOR PRACTICAL AND STATE EXAM
2. INCLUDE STUDENT LICENSE, CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES, A RECENT COLOR PHOTO AND A CUMMULATIVE HOURS REPORT. **APPLICATION WILL NOT BE PROCESSED WITHOUT ALL OF THE ABOVE.**
3. MAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO: LOUISIANA STATE BOARD OF COSMETOLOGY
 11622 SUNBELT COURT, BATON ROUGE, LA 70809

APPLICANT INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

I HEREBY SUBMIT MY APPLICATION FOR LICENSE BY EXAMINATION TO PRACTICE:

COSMETOLOGY MANICURIST ESTHETICIAN INSTRUCTOR ALTERNATIVE HAIR DESIGN

Student License (L) #: _____ Social Security Number: _____

Applicant's Full Name: _____
First Name Middle Initial Maiden Name Last Name

Date of Birth _____ Telephone Number: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____ Gender: Male Female

Applicant's Individual Email Address: _____

Name of Cosmetology School: _____

Total # of Completed Hours: _____

I UNDERSTAND THAT I MUST COMPLETE 1500 PRIOR TO RECEIVING MY LICENSE. I ALSO UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATIONS WITHOUT PROPER NOTIFICATION, AT LEAST A SEVEN DAY NOTICE OR 24 HOURS EMERGENCY NOTICE, I WILL BE REQUIRED UPON REAPPLICATION TO SUBMIT AN ADDITIONAL \$25.00 ADMINISTRATIVE FEE.

 APPLICANT SIGNATURE

 DATE

**Louisiana State Board of Cosmetology
APPLICATION FOR RETAKE EXAM(S)**

INSTRUCTIONS/PLEASE TYPE OR PRINT LEGIBLY

1. INCLUDE TESTING FEE OF \$25 (\$25 FOR EXAM)

APPLICANT PERSONAL DATA

I hereby make application for license by examination to practice:

- State Retake
 Practical Retake COSMETOLOGIST MANICURIIST ESTHETICAN
 INSTRUCTOR ALTERNATIVE HAIR

Social Security #: _____

Full Name: _____

Telephone Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Beauty School: _____

Please include the following with this application:

- 25.00 check or money order payable to **LSBC**
 Recent colored photo

I UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATION WITHOUT PROPER NOTIFICATION, A SEVEN DAY NOTICE OR 24 HOURS EMERGENCY NOTICES, I WILL BE REQUIRED UPON REAPPLICATION TO SUBMIT A \$25.00 ADMINISTRATIVE FEE.

Applicant

Date

If you have a disability and may require some accommodation in taking this examination, be sure to fill out the "Request for Accommodation" form along with the application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodations on-site.

APPLICATION FOR NO SHOW EXAM(S)

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check one:

- State
- Practical
- State Retake
- Practical Retake

Please check one

- Cosmetology
- Manicurist
- Esthetician
- Instructor
- Alternative Hair

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Age: _____ **Birthdate:** _____ **Social Security #:** _____

Student License (L) #: _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Name of Beauty School: _____

School Address: _____

Hours of Attendance at School: _____ **Signature of Instructor:** _____

Please make sure the following is included along with this application:

- Bottom portion of Student License
- Hourly Report
- Recent COLOR photo of applicant
- \$25.00 fee per exam

A fee of \$25.00 per exam must accompany this application. Fees are non-refundable. All remittances must be made in the form of a Money Order, Certified or cashier's check, payable to Louisiana State Board of Cosmetology. I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a \$25.00 no show fee for each exam missed.

Applicant Signature: _____ **Date:** _____

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of _____



Louisiana State Board of Cosmetology
 11622 Sunbelt Court Baton Rouge, LA 70809
 (225) 756-3404 Telephone – (225) 756-3410 Fax
 Web Address: www.lsbcb.louisiana.gov

DOCUMENTATION FOR DISABILITY RELATED NEEDS

If you have a learning disability, psychological disabilities, or other hidden disabilities that requires an accommodation in testing, please have this section completed by an appropriate professional (doctor, psychiatrist, or psychologist) to certify that your disability condition requires the requested test accommodations.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATIONS PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known (Test Applicant) _____ since (Date) _____ in my capacity as (Professional Title) _____.

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following:
 (check all that apply)

____ Large Print Test

____ Extended Time

____ Time and a half

____ Double Time

____ Separate Testing Area

____ Other (please specify):

Signed: _____ Date: _____

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodations in testing will be considered strictly confidential and will not be shared with any outside source without your expressed written permission.

Name: _____

Address: _____

Phone #: _____ SS# _____

Accommodations requested for the _____ examination.

Please check all that apply:

____ Accessible testing site

____ Braille **request has to be placed ONE MONTH in advance.*

____ READER as accommodation for visual impairment

____ READER as accommodation for learning disability

____ Sign language interpreter

____ Extended Time

____ Time and a half

____ Double Time

____ Separate Testing area

____ Other: _____

Comments: _____

Signed: _____ Date: _____

****Some accommodation requests may require additional documentation**



Louisiana State Board of Cosmetology
 11622 Sunbelt Court Baton Rouge, LA 70809
 (225) 756-3404 Telephone – (225) 756-3410 Fax
 Web Address: www.lsbc.louisiana.gov

STUDENT FIELD TRIPS, WORKSHOPS, SHOWS AND COMMUNITY SERVICE REPORTING FORM

STUDENT NAME _____

SSN OR L# _____

NAME OF SCHOOL _____

Please select the proper type and use the two-letter code:

Field Trip – FT

Workshop- WS

Show- SH

Community Service- CS

Type of Trip Taken	Date of Trip	Location	Number of Hours Credited	Name/SSN or L# of Instructor accompanying students

Signature of Student _____

Date _____

Signature of Senior Instructor _____

Date _____



State of Louisiana
Louisiana State Board of Cosmetology
11622 Sunbelt Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbcc.louisiana.gov

INSTRUCTOR QUARTERLY ROSTER

NAME _____

ADDRESS _____

LICENSE # _____

NAME _____

ADDRESS _____

LICENSE # _____

NAME _____

ADDRESS _____

LICENSE # _____

SCHOOL NAME _____

ADDRESS _____

Circle the appropriate month and indicate the proper year:

March _____

June _____

September _____

December _____