

Examination Application

Written Examination Application

You must answer all questions.

If you have a disability and require accommodations, please contact Prov.

Please check ONLY one:

Student (Arkansas)

Reciprocity (Out of State)

Type of examination you are applying for:

Cosmetology

Manicure

Aesthetician

Instructor

Electrology

First Name		Middle Name		Last Name			Social Security Number		
Address			City		State		Zip Code		Phone Number
Date of Birth	Gender		Race						
	MALE	FEMALE	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native	
Beauty School Attended			Date training began		Date completed training		Total hours completed		
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Email Address (REQUIRED – all correspondence sent from the Cosmetology Section regarding your examination will be sent via email)									
What language do you prefer to take the written exam in?									
ENGLISH		SPANISH		VIETNAMESE		KOREAN			
Have you ever been licensed in any phase of Cosmetology?				YES		NO			
If yes, Is the license current?		YES	NO	If yes, what type of license? _____					
If yes, in what State(s) were you licensed? _____									

This application must be completed in proper form and submitted to the Section. By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Applicant's Signature	Today's Date
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- If you have not received notification from Prov please call Prov, at 1-877-228-2815 or email support@provexam.com
- The written examination fee is paid directly to Prov when you schedule.
- Examination scores are received within 10-14 business days after you have completed your examination.