

STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS

500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
(615) 741-2515

Website: <https://www.tn.gov/commerce/regboards/cosmo/>

INSTRUCTIONS: PLEASE READ PRIOR TO COMPLETION OF APPLICATION

This application should be completed ONLY by the following applicants:

- Reinstatement of Tennessee Cosmetology Licensure expired for three (3) or more years; or
- Students who completed education in or out of state but have never tested and/or have never been issued licensure.

1. Applicant Information:

- Check the type of licensure: Original or Reinstatement
- Check the Applicable Category of Licensure being sought
- Complete all information requested under Applicant Information

NOTICE: If you do not provide an email address:

- The Board office will only correspond with you via regular mail.
- PSI, the testing vendor for Tennessee, will also only communicate with you via regular mail.
- Please allow additional mail time for documents to reach you and to schedule your test.
- **Please Note:** Email improves licensing time and allows you to test 7 to 14 days faster.

- Provide the following required documentation:

1. Copy of certified High School transcript, or GED;
2. Copy of Driver's License; and
3. Copy of Social Security card.

2. Educational Information:

- Complete all boxes listed under Educational Information

NOTICE: If Cosmetology or Barber hours were completed in another State:

- Certification from that State must be sent directly to the Tennessee Board office at the address listed above; or
- Certified Transcript of education from the school is acceptable as a substitute if State Board or Country does not offer certification.
- **For international applicants, documents must be certified and translated to English.** If English is not your primary language, please let the board know as there are some Cosmetology exams available in Spanish and Vietnamese.

3. Questions:

- Answer 'Yes' or 'No' to Questions 1-6 and provide additional information if necessary

NOTICE: If answering 'Yes' to Questions 3 or 4, include the following documents with your application:

- Letter of recommendation from school administrator or instructor.
- Cover sheet explaining each offense, date of offense, place, charge, and action taken.
- If disciplinary action was previously taken, submit a letter explaining relevant details.

4. Sign and Date the Application

- 5. Email the completed application and ALL required supporting documentation to the board at: cosmetology.board@tn.gov

IMPORTANT NOTICE: Please look for an email or correspondence from PSI letting you know your application has been approved and you can schedule your exam at: <https://test-takers.psiexams.com/>

KEEP THIS INSTRUCTION SHEET FOR FUTURE REFERENCE – DO NOT SEND WITH APPLICATION



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APPLICATION TO TEST

Type of License: Original Tennessee License Reinstatement of Tennessee License

(Check Applicable Category of Licensure)

<input type="checkbox"/> COSMETOLOGIST	<input type="checkbox"/> AESTHETICIAN	<input type="checkbox"/> MANICURIST
<input type="checkbox"/> NATURAL HAIR STYLIST	<input type="checkbox"/> MASTER BARBER	<input type="checkbox"/> INSTRUCTOR, BARBERING
<input type="checkbox"/> BARBER TECHNICIAN	<input type="checkbox"/> INSTRUCTOR, COSMETOLOGY	<input type="checkbox"/> EYELASH SPECIALIST

1. Applicant Information:

Social Security Number:

Name: _____
Last (Maiden/Other) First Middle

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: ____ / ____ / ____ Age: _____ (attach proof of age)

2. Educational Information:

Name of High School Attended: _____ Highest Grade Completed: _____

High School Address: _____ Check if passed G.E.D. _____

Name of Cosmetology or Barber School Attended: _____

Address: _____ Phone: _____

Total number of hours completed in Cosmetology or Barber school: _____

3. Questions:

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER TAKEN OR APPLIED FOR THIS EXAMINATION IN TENNESSEE BEFORE? If yes, when? _____
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER HELD A COSMETOLOGIST, AESTHETICIAN, MANICURIST, NATURAL HAIR STYLIST, BARBER, OR INSTRUCTOR LICENSE IN TENNESSEE OR IN ANY OTHER STATE? If yes, list the State and License Number? State: _____ License Number: _____
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST YOU BY ANY STATE BOARD OF COSMETOLOGY AND/OR BARBERING? (If yes, see instructions)
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST THREE (3) YEARS OR ANY MISDEMEANOR INVOLVING MORAL TURPITUDE WITHIN ONE (1) YEAR? (If yes, see instructions)
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU A UNITED STATES CITIZEN?
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE QUALIFIED ALIEN DOCUMENTATION? (Refer to Eligibility Verification for Entitlement Act).

I hereby submit my application for testing to the State Board Cosmetology and Barber Examiners under the Laws outlined in Tennessee Code Annotated Title 62, Chapter 4 and Chapter 3 and certify that the information and documentation provided as a part of this application is true and correct. I am aware it is unlawful for me to practice cosmetology or barber services until I take and pass the required examination.

Applicant Signature: _____ Date: _____