



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Cosmetology
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484
llr.sc.gov/cosmo

REQUIREMENTS AND INSTRUCTIONS FOR THE COSMETOLOGY BOARD EXAM APPLICATION

REQUIRMENTS

- Must be at least 16 years old.
- Must possess at least a 10th grade education or equivalency by tests used in the school system or approved by the Board.
- Pass the NIC written and Practical Exams.
- Must successfully complete the required number of hours for the profession in which you are applying or meet other approved training as approved by the Board.

Cosmetologist: 1,500 hours in a cosmetology school approved by the Board or be licensed as a master hair care specialist who graduated from a board-approved barber school and have practiced for a period of five years. On-the-job training (OJT) barbering education is not equivalent to cosmetology education.

Nail Technician: 300 hours in a nail technology program or school approved by the Board or comparable training approved by the Board.

Esthetician: 450 hours in an esthetics program or school approved by the Board or comparable training approved by the Board.

A Training Affidavit completed by the School/Institution may be submitted with the exam application.

Candidates may apply to sit for the exam but must have the **Cosmetology Board Affidavit of Completion Form** completed and sent to the Board directly from the School/Institution once your hours are completed and before a license will be issued.

EXAM INFORMATION

Examinations are administered by PSI. You may visit their site to obtain the [Candidate Bulletin](#) and learn about test dates and times. <https://test-takers.psiexams.com/sccos>

The Candidate Bulletin also provides the information for Exam Accommodations (ADA) and how to apply.



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COSMETOLOGY EXAM APPLICATION

Include with your application:

- Check or money order in the amount of \$45 made payable to SC Board of Cosmetology. A returned check fee of up to \$30, or an amount specified by law, may be accessed on all returned funds. (All fees are non-refundable)
• Copy of your social security card
• Copy of your valid driver's license, state issued ID, passport or military ID
• Copy of name change document (marriage license, decree of a judge), if applicable
• Proof of 10th grade education
• Signed and notarized Verification of Lawful Presence (Attached)
• Recent 2 x 2 passport-type photo
• Training Affidavit

Have sent directly to the Board by the issuing institution:

- Cosmetology Board Affidavit of Completion (If applicable)

Select Exam Credential: RC NT ES

Type of Exam: Theory Only Practical Only Theory and Practical

Name: _____

Have you ever legally changed your name? [] Yes [] No Maiden Name/Alias: _____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Gender: Male Female

1. Have you read the Candidate Handbook for the profession to which you are applying? Yes No

EDUCATION

Name of the establishment where you completed your professional training: _____

Student Enrollment Date: _____ Student Completion Date: _____

1. Have you completed the required number of in-state or out-of-state training for your profession from an accredited cosmetology school or public vocational school (You do not have to have a license in SC or another state)? Yes No

- | | | |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2. Are you applying PRIOR to completing your training courses? | Yes | No |
| If yes, a Cosmetology Board Affidavit of Completion Form is required after graduation from the approved cosmetology program. | | |
| 3. Are you seeking a cosmetology license and you currently hold a Master Hair Care Specialist license? | Yes | No |

PERSONAL HISTORY QUESTIONS

If you answer yes to either of the below questions, provide a full written explanation.

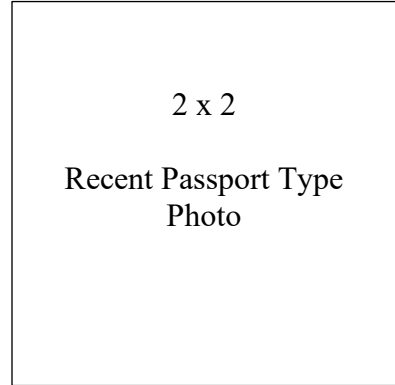
- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever been convicted of, or pled guilty or nolo contendere to a felony of any kind or to a non-felony crime? | Yes | No |
| If yes, submit a statewide criminal background check from the state’s law enforcement agency where the crime took place (SLED for SC, third party criminal background checks will not be accepted.) and court documents/disposition. | | |
| 2. Have you ever had a license to practice cosmetology denied, suspended, restricted, revoked or surrendered, or have you ever been disciplined by an occupational licensing authority in this state or any other state or jurisdiction? If yes, submit a letter of explanation. | Yes | No |

ATTESTATION:

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application.

Signature: _____

Date: _____



PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____,
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
 being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)