

Secretary of State

Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
478.207.2440

GEORGIA STATE BOARD OF COSMETOLOGY Continuing Education Exemption Request Form

NAME OF LICENSEE: _____

NAME ON LICENSE (If different from above): _____

LICENSE NUMBER _____ ORIGINAL DATE LICENSE ISSUED: _____

I am requesting an exemption from the continuing education requirements required for license renewal by O.C.G.A. § 43-10-10(j) and Rule 130-2-.12 based on the following:

Please check one:

_____ 1. I have held a license for **25 years or more** and have enclosed documentation of this fact (if 25 years is based on years licensed in another state/country, please attach documentation of years of licensure from that state/country).

I am experiencing a **hardship** based on the following: *

_____ 2. **Age** -- *(Please attach documentation of your age such as a copy of your driver's license, birth certificate, passport, etc.);

_____ 3. **Permanent Disability (medical or otherwise)** -- *(Please provide documented proof of permanent disability such as a copy of the SSI and/or SSDI, DD214 award letters.);

_____ 4. **Illness or Temporary Disability (medical or otherwise)** -- *(Please provide a letter from your physician specialist stating the disability or illness, anticipated duration and physical or mental limitation(s));

_____ 5. **Other circumstances**-- *(Please include a description of your hardship and attach any supporting documentation.)

* In compliance with O.C.G.A. § 43-10-10(j) and Rule 130-2-.12, I hereby swear or affirm that the facts supporting my request for an exemption indicated above, and any supporting documentation, is true and accurate. I also acknowledge that granting of this exemption is determined by the Board on a case-by-case basis in accordance with any applicable laws and rules.

NAME OF LICENSEE (sign and date)

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires _____, 20____.