

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION

BOARD OF BARBER AND COSMETOLOGY Instructions for Examination

These instructions are provided to assist you with completing the Examination Scheduling Form, on the reverse side, and sitting for the exam. Please type or print neatly in black ink, all the information requested.

- 1. You may obtain a licensing application packet from the internet at www.pearsonvue.com/dc/barbers cosmo.
- 2. Submit the application and examination scheduling form for a DC Cosmetology License, with all the required supporting documentation and payment (The total fee for licensure by examination is \$230 and for reexamination the fee is \$120) via check or money order to:

PEARSON VUE

Department DC-BC Metro-Plex I, Suite 250 8401 Corporate Drive Landover, MD 20785

The Board of Barber and Cosmetology will review your application and determine your eligibility to sit for the examination.

3. If you are approved by the Board to sit for the examination, you will receive your *Authorization To Test* notice directly from the Examination Unit. This notice will provide instructions on how to schedule your examination. You must schedule and sit for your examination within thirty (30) days of receipt of your **Authorization To Test**.

Special Accommodations

If a visual, physical, learning, or other disability prevents you from taking the examination under normal conditions you may request a special accommodation. Please submit request in writing along with your application and provide supporting documentation from your doctor.

Rescheduling

If you cannot appear on your scheduled examination date, you may reschedule, provided it is within the thirty (30) day examination window. You must reschedule via the website, www.psiexams.com, or by calling 1-800-733-9267.

References

The references for this examination may be found by visiting the National-Interstate Council of State Boards of Cosmetology (NIC) website at http://www.nictesting.org/



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BOARD OF BARBER AND COSMETOLOGY EXAM SCHEDULING FORM

Please complete this exam scheduling form and mail it to Pearson VUE with your check or money order, made payable to Pearson VUE, in the amount indicated below to the address noted below. Please contact the DC test administration unit, (202) 442-4363, if you do not receive an admission letter to take the exam. For further information, read the instructions on the reverse side of this form. Send this form, and exam fee to:

Pearson VUE, Department DC-BC, Metro-Plex I, 8401 Corporate Drive, Suite 250, Landover, MD 20785	
Please Type or Print Legibly FIRST NAME MI LAST NAME	SUFFIX
DATE OF BIRTH (MM-DD-YYYY) SSN NUMBER	
APARTMENT SUITE FLOOR PO BOX NUMBER	
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use the	his line to indicate STREET NUMBER and STREET NAME
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and	STREET NAME)
CITY	
STATE ZIP CODE + 4 HOME PHONE NUMBER	BUSINESS PHONE NUMBER
Please check the examination that you will take, whether this is your firs indicate the total fee paid.	t exam attempt or a re-exam and
□ Cosmetology Operator – □ English □ Spanish □ Vietnamese □ □ Cosmetology Esthetician – □ English □ Spanish □ Vietnamese □ □ Cosmetology Manicure – □ English □ Spanish □ Vietnamese □ □ Cosmetology Braider – □ English □ Spanish □ Vietnamese □ □ Cosmetology Instructor – □ English □ Spanish □ Vietnamese □ □ Cosmetology Manager – □ English □ Spanish □ Vietnamese □	Korean
	TOTAL FEE PAID¹\$
¹ The Total Fee for application by examination is \$230.00. The Total Fee for application by re-exa orders should be made payable to PEARSON VUE. Do not send cash.	amination is \$120.00. Checks or money
The examination will be scheduled on a first come, first served basis. You will be scheduled for an exam date based entirely on availability for the next examination seat. The Board will attempt to honor your scheduling preferences, but there is no guarantee your request can be honored.	
Please sign and date below:	
Sign of the	Data
Signature	Date

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.