



OHIO STATE COSMETOLOGY AND BARBER BOARD

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123

PHONE: (614) 466-3834 WWW.COS.OHIO.GOV

ADA Form: Request for Examination Accommodations

This form is required to be completed by a school administrator/representative or a physician.

Candidate Information

Last	First	Middle	
Street Address	City	Zip Code	County

Program of Study

School Information

Name of Cosmetology/Barber School	School License Number
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The following documentation is on file with the school listed above. Check which apply:

IEP MFE 504 Plan BVR Evaluation Other

This section must be completed by a physician if you are no longer a student at a school of cosmetology or barbering and require testing accommodations.

Physician Information:

Name of Physician	Contact Number
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Name of Office/Facility

Requested Accommodations - Theory examinations are computer based

Extended Time (30 additional minutes added to any theory examination.) Reader (Automated voice recording)

Sign Language Interpreter

Other Special Accommodations Explanation Required:

AFFIDAVIT SECTION MUST BE COMPLETED BY A SCHOOL ADMINISTRATOR OR PHYSICIAN

State _____

County _____

I swear or affirm that all information contained in this application are true and accurate to the best of my knowledge and belief.

Signature of school administrator/representative or Physician (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this _____ day of _____, Year _____

NOTARY SEAL

(Notary Public - Commission Expiration Date is Required)