



OSBCB 199 (01/19)

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DO NOT WRITE ABOVE THIS LINE



**OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING**  
**ADVISORY BOARD ON MASSAGE THERAPY**  
 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453  
 Student Department 405.522.7621 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt  
 Governor  
 Sherry G. Lewelling  
 Executive Director

**AFFIDAVIT OF COMPLETION OF COSMETOLOGY/BARBER SCHOOL COURSE OF STUDY**

CHECK THIS BOX IF STUDENT HAS AN UNPAID BALANCE

This is to certify that \_\_\_\_\_, Registration Number \_\_\_\_\_,  
STUDENT NAME  
 was in regular attendance at \_\_\_\_\_,  
SCHOOL NAME AND ADDRESS  
 from \_\_\_\_\_, \_\_\_\_\_ up to and including \_\_\_\_\_, \_\_\_\_\_. Clock Hours Earned: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

**Please check the Student's registered course:**

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Hairbraiding Technician	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Additional Hours
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Master Barber Instructor	<input type="checkbox"/> Review Hours

(NOTARY SEAL)

\_\_\_\_\_  
*Signature of Instructor*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 Commission # \_\_\_\_\_  
 My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_