OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Exam Department 405.522.7618 • Fax 405.521.2440
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

To: Cosmetology Instructors/School Owners/Administrators

Re: Instructions for Observers of Examinations

Licensed school instructors or school owners/administrators who wish to observe the Oklahoma State Board Examination MUST follow these procedures:

1. The Board requires a written request from an Oklahoma licensed instructor or the owner/administrator of a licensed Oklahoma school. Requests must be made to the Board office in writing. Requests must specify the name of the person who wishes to observe, and the specific examination. Please use the attached request form.

2. Licensed instructor or school owners may be scheduled on a first request-first serve basis to observe a cosmetology, barber, manicuring/nail technology or a facialist/esthetic examination. The observer will be permitted to observe ONLY the examination session for whish he/she is scheduled. (No more than four (4) observers will be allowed at any one examination.)

3. Only the observers with prior Board approval are allowed to visit on their scheduled date. Observers MUST present their notification letter and photo I.D. (drivers license, etc.) to the Board examiners upon entering the examination room. If the observer is unable to attend and wishes to send a substitute in his/her place the observer MUST notify the board office at least (3) days prior to the exam date.

4. Observers may not talk to, disturb or otherwise distract the exam candidates or the examiners administering the examination. Observers are to remain in designated area for the duration of the examination.

5. Any criticism or comment by the observer regarding the examination should be sent in writing to the Executive Director of the Oklahoma State Board of Cosmetology and Barbering, 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453.

Thank you,

Sherry G Lewelling
Executive Director

EXAMINATION OBSERVATION REQUEST FORM

I would appreciate the opportunity to observe the _____examination
(Cosmetology/Barber/Manicurist/Facialist)

on _____ _____.
(day) (mmdddyy)

Please notify me of my acceptance or the next available time to observe the specified examination.

Thank you.

Name: _____ Title: _____

School represented _____

E mail address _____

(For office use only)

Your request to observe _____

is approved _____ disapproved _____by _____

Comments:

_____

_____

_____