



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR INSTRUCTOR LICENSE BY RECIPROCITY INSTRUCTION SHEET

Complete this application if you hold a *current* license as a Cosmetologist Instructor, Barber Instructor, Aesthetician Instructor, Nail Technician Instructor or Electrology Instructor in another state and wish to apply for the same type of Instructor license in Delaware. If you do not hold a current license in another state, you must apply by examination.

### Requirements for All Applicants

You must hold a Delaware license in the field you wish to instruct before a Delaware Instructor license will be issued. If you do not already hold a license in your field, submit an *Application for Licensure by Reciprocity*. If you submit both applications at the same time, the Instructor license, if approved, will be issued after the license in your field is issued.

Submit all of the following:

- completed, signed, notarized *Application for Instructor License by Reciprocity*
- processing fee by check or money order made payable to State of Delaware. See Fee Schedule on [dpr.delaware.gov](http://dpr.delaware.gov) - click on *Cosmetology* and then on *Fee Schedule*.
- copy of all **current** licenses held in other states. At least one license in another state must be current when the Board reviews your application.
- license verification (also called letter of good standing) from **each** state, District of Columbia or US territory where you now hold, *or have ever held*, a license. The verification must be sent *directly* from the other state to the Board office. Use the *Verification of Licensure* form at the end of this application to request the verification from the other state. *If you are also applying for a license in your field*, send only one form to each state. The reply will cover both applications.
- proof that you have completed 12<sup>th</sup> grade education or equivalent

### Additional Requirement for Method 2 Applicants

The application asks you to select whether you are applying by Method 1 or Method 2. ***If you are applying by Method 2***, you must submit a notarized statement from a present or prior employer(s) in the state where you are licensed. The statement must certify that you worked in the field for which you are seeking a Delaware license ***for a period of one year before you applied in Delaware.***

**Both** Methods require you to have passed an examination which was professionally developed and used on a national basis. Whether your application is Method 1 or 2 depends on whether a state where you are currently licensed requires at least the same hours that Delaware requires. Delaware requires:

- Cosmetologist or Barber Instructor - 500 classroom hours in teacher training or two years' experience as an active, licensed, practicing cosmetologist or barber **plus** at least 250 hours of instruction in cosmetology or barbering
- Nail Technician Instructor - 45 classroom hours or two years' experience as an active, licensed, practicing nail technician **plus** at least 25 hours of instruction in nail technology
- Electrologist Instructor - 100 classroom hours or two years' experience as an active, licensed, practicing electrologist **plus** at least 50 hours of instruction in electrology
- Aesthetician Instructor - 600 classroom hours of advanced instruction in aesthetics

IF the state where you are currently licensed requires...	THEN select...
<b>at least</b> the hours that Delaware requires (see above)	Method 1
<b>less</b> than the hours that Delaware requires (see above)	Method 2

If you don't know how many hours the state where you're currently licensed requires, check with the state's licensing agency (see Directory at [www.nictesting.org/index-main](http://www.nictesting.org/index-main) or the State Board Directory at [www.pivot-point.com](http://www.pivot-point.com)).



**BACKGROUND QUESTIONS**

10. Have you been the recipient of any administrative penalties regarding your practice your profession such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a 'consent agreement' containing conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of a license? Yes  No   
**If yes, submit a detailed explanation. Include copies of all appropriate records.**

11. Are any unresolved complaints pending against you in any jurisdiction? Yes  No   
**If yes, submit a complete explanation. Include copies of all appropriate records.**

12. Do you have any impairment related to drugs or alcohol that would limit your ability to practice your profession? Yes  No   
**If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes  No   
**If yes, submit a certified copy of your criminal history record.**

**To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**Please note: When your application is complete, please allow 4-12 weeks to receive your license.**

**AFFIDAVIT**

I, \_\_\_\_\_, certify that the information given by me in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_  
County or City of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

My commission expires \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

SEAL

