



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 LICENSE BY RECIPROCITY

INSTRUCTION SHEET

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

If you are applying for an Instructor license, you must *also* complete the *Application for Instructor License by Reciprocity*.

Requirements for All Applicants

Submit all of the following:

- completed, signed, notarized application form
- processing fee by check or money order made payable to State of Delaware. See Fee Schedule on 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.

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 completed 10th grade education (or equivalent)
- have passed a written and practical 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 - 1500 classroom/3000 apprenticeship hours
- Nail Technician - 125 classroom hours/250 apprenticeship hours
- Electrologist - 300 classroom hours/600 apprenticeship hours
- Aesthetician - 300 classroom hours/300 apprenticeship hours

IF the state where you are currently licensed requires...	THEN select...
at least the hours that Delaware requires (see above)	Method 1
less 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 or the State Board Directory at www.pivot-point.com).



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APPLICATION FOR LICENSE BY RECIPROCITY

TYPE OF APPLICATION

1. I am applying for licensure by reciprocity as a (check one):

- Cosmetologist Barber Nail Technician Aesthetician Electrologist

If you are also applying for an Instructor license, you must also submit an *Application for Instructor License by Reciprocity*.

2. I am applying for reciprocity by (check one): Method #1 Method #2

See Instruction Sheet for explanation of Method 1 and Method 2.

IDENTIFYING AND CONTACT INFORMATION

3. Full Name: _____
First Middle Family (Last)

4. Mailing Address: _____
Street

_____ City State Zip

5. Have you been issued a U.S. Social Security Number? Yes No

- If Yes, enter your SSN: _____
- If No, you must file a *Request for Exemption from Social Security Number Requirement*.

6. Home Phone: _____ 7. Work Phone: _____ 8. Email: _____

LICENSURE INFORMATION

9. List each state, District of Columbia or territory of the United States where you now hold, or have ever held, a license:

ENTER STATE	IS THIS LICENSE CURRENT?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Send each state listed, regardless whether the license is current, a *Verification of Licensure* form.

DISCLOSURES

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

