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

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WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR LICENSE BY RECIPROCITY INSTRUCTION SHEET

When to File Application

Complete this application if you hold a current license as a Cosmetologist, Barber, Aesthetician, Nail Technician or Electrologist in another state, US territory or jurisdiction and wish to apply for the same type of license in Delaware.

- If you do not hold a *current* license in another state, US territory or jurisdiction, you must [apply by examination](#).
- If you previously held a Delaware Cosmetologist, Barber, Aesthetician, Nail Technician or Electrologist license that has been lapsed over one year but less than four years, you must apply to [reinstate](#) that license.

If you hold a current Instructor license in another state, US territory or jurisdiction and wish to apply for the same Instructor license in Delaware, 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 Delaware license in your field, you must apply for it. 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.

Selecting the *Method of Application*

The application asks you to select whether you are applying by Method 1 or Method 2.

- Method 1 means that a state where you hold a current license has licensure requirements that are substantially the same as those of Delaware.
- Method 2 means that none of the states where you are currently licensed has licensure requirements that are substantially the same as Delaware's requirements.

Both Methods require you to 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 any state where you are currently licensed requires a minimum 10th grade education (or equivalent) and whether it also requires at least the classroom or apprenticeship hours that Delaware requires. Delaware requires these hours:

- Cosmetologist or Barber - 1500 classroom/3000 apprenticeship hours
- Nail Technician - 300 classroom hours/600 apprenticeship hours
- Electrologist - 300 classroom hours/600 apprenticeship hours
- Aesthetician - 600 classroom hours/1200 apprenticeship hours

IF any state where you are <i>currently licensed</i> ...	AND IF it <u>also</u> requires...	THEN select...
Requires a minimum 10 th grade education	at least the hours that Delaware requires (see above)	Method 1.
	less than the hours that Delaware requires (see above)	Method 2.
Does <u>not</u> require a minimum 10 th grade education	--	Method 2.

If you don't know how much education or how many hours any state where you're currently licensed requires, check with the state's licensing agency. See Directory at www.nictesting.org or the State Board Directory at www.pivot-point.com.

Requirements for *All* Applicants

Read these instructions carefully. Failing to follow instructions will delay processing of your application. All auxiliary forms you may need are included with the application form.

- Submit completed, signed, and notarized [Application for License by Reciprocity](#).
 - If you are applying for an Instructor license, you must *also* complete the [Application for Instructor License by Reciprocity](#).
- Enclose [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*.
- Enclose a 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.
- Arrange for the Board office to receive a 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.
 - ***This requirement applies regardless of whether or not the license is current.***
 - The verification must be sent *directly* from the other state to the Board office.
 - Use the *Verification of Licensure for Reciprocity Applications* form at the end of this application to request the verification from the other state.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirement for Method 2 Applicants

The following requirement applies only if you are applying by Method 2.

- 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 five years before you applied in Delaware.***

LICENSURE INFORMATION

11. List **each** state, District of Columbia or territory of the United States where you have ever held a license. (If you need more room, attach a separate sheet.)

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"/>

Arrange for the Board office to receive a verification of licensure directly from **each** state listed. Use the **Verification of Licensure for Reciprocity Applications** form to request the verification.

DISCLOSURES

12. 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.

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

14. 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.**

15. 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, including any offense for which you have received a pardon? Yes No **If yes, submit a certified copy of your criminal history record.**

If your application requires Board review, 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.

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 _____ 2 _____

Signature of Notary Public: _____

SEAL

My commission expires _____

APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.

