

# STATE BOARD OF COSMETOLOGY LICENSURE BY RECIPROCITY APPLICATION

## CHECKLIST

You must review and complete this Checklist to determine whether you are eligible for a license by reciprocity.

### REVIEW YOUR ELIGIBILITY:

1. Please review the list of states in page 2 of the application for the type of license you wish to obtain. <b>Is your state listed on page 3?</b> (Circle one) If you answered "Yes", <b>STOP</b> ; you do not qualify for a license by reciprocity.	<b>Yes</b> <b>No</b>
2. While you were licensed, <b>did you work for at least two [2] years in a licensed cosmetology salon?</b> (Circle one) If you answered "No", <b>STOP</b> ; you do not qualify for a license by reciprocity.	<b>Yes</b> <b>No</b>
3. <b>Is your cosmetology license current [NOT expired, must be "Active"]?</b> (Circle one) If you answered "No", <b>STOP</b> ; you do not qualify for a license by reciprocity.	<b>Yes</b> <b>No</b>

**If you do NOT qualify for a license by reciprocity, you MUST take the state licensing exam. To obtain the application for examination, and to be scheduled, you must call Pearson Vue at 888-474-1148, toll-free. Do NOT call the Board Office with regard to the testing, as staff cannot answer exam questions and does not have exam applications.**

### REVIEW YOUR RECIPROCITY APPLICATION:

This section must be completed **ONLY** if you qualify for licensure by reciprocity.

1. <b>Did you contact the state where you hold an "Active" license to request a certification of licensure to be sent directly to the Pennsylvania Board of Cosmetology?</b> Certifications may be electronic or paper, but must be sent directly to the Board [i.e. not opened or handled by you, the applicant]. If you answered "No", you must do this to qualify for licensure by reciprocity.	<b>Yes</b> <b>No</b>
2. <b>Did you complete Section 4 of the application?</b> If you answered "No", your application will not be completed until this Section is completed. A license cannot be issued without submission of this completed section.	<b>Yes</b> <b>No</b>
3. <b>Did you answer all legal questions on the last page of the application?</b> If you answered "No", you <b>must</b> answer all legal questions and provide legal documents, if required. Refusal to answer the legal questions is an automatic denial of licensure request.	<b>Yes</b> <b>No</b>
4. <b>Have you requested an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years?</b> The report(s) must be dated within 6 months of the date of your application for reciprocity. This report can be sent to you and forwarded to the Board with your application. For a Pennsylvania CHRC, this can be done online at <a href="http://epatch.state.pa.us">http://epatch.state.pa.us</a> .	<b>Yes</b> <b>No</b>
5. <b>Are all sections of the application completed?</b> If you answered "No", you must complete all sections of the application. Failure to do so will result in a delay to the processing of your application.	<b>Yes</b> <b>No</b>
6. <b>Did you sign and date the application?</b> If you answered "No", you <b>must</b> sign and date Section 5. Failure to do so will result in a delay to the processing of your application.	<b>Yes</b> <b>No</b>

**Complete and submit this review form with your reciprocity application and the required processing fee of \$60.00 made payable to the "Commonwealth of Pennsylvania". Payment may be made by personal check or money order. This required fee is a processing fee and is non-refundable.**

# STATE BOARD OF COSMETOLOGY

Telephone: 717-783-7130  
Fax: 717-705-5540  
E-mail: [st-cosmetology@pa.gov](mailto:st-cosmetology@pa.gov)  
Website: [www.dos.pa.gov/cosmet](http://www.dos.pa.gov/cosmet)

Mailing Address:  
State Board of Cosmetology  
PO Box 2649  
Harrisburg, PA 17105-2649

Courier Address:  
State Board of Cosmetology  
2601 North Third Street  
Harrisburg, PA 17110

## LICENSURE BY RECIPROCITY APPLICATION

### Instructions and Requirements

**PLEASE NOTE:** this application is active for one year from the date of receipt in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

**PLEASE READ ALL INSTRUCTIONS CAREFULLY TO DETERMINE IF YOU QUALIFY FOR LICENSURE BY RECIPROCITY AS THE APPLICATION FEE IS NON-REFUNDABLE.**

To obtain a license by reciprocity, you must submit this application and all required documents. If you are not currently licensed in a State with which Pennsylvania has an understanding of reciprocity, or if you do not have the required working experience, you must qualify for and successfully complete the appropriate licensing examination (theory and practical portions) to obtain a Pennsylvania license. If you do not qualify for licensure by reciprocity, contact the Exam Administrator, PearsonVUE for an examination application at 1-866-474-1148 or [www.pearsonvue.com/pa/cosmetology](http://www.pearsonvue.com/pa/cosmetology).

### 1. REQUIREMENTS FOR RECIPROCAL LICENSURE:

To qualify for licensure by reciprocity, you must meet the following requirements:

- A. You must have a current (not expired and not inactive) license in a State with which Pennsylvania has an understanding of reciprocity for your specific licensure classification. PLEASE REFER TO PAGE 2 FOR A LIST OF STATES FOR WHICH AN UNDERSTANDING OF RECIPROCITY DOES NOT EXIST.
- B. You must have at least two (2) years of licensed employment experience.

### 2. FEE:

Attach a check or money order, payable to "Commonwealth of PA", in the amount of \$60.00. DO NOT SEND CASH.

*The required fee is a processing fee and is non-refundable. This fee is required regardless of issuance of a license. A processing fee of \$20.00 will be assessed for any check or money order returned unpaid by your bank, regardless of the reason for non-payment*

### 3. PROOF OF LICENSURE:

**You must request the state licensing agency where you are currently licensed, to send a certification of your license direct to this office.** The state seal must be affixed and the certification must be currently dated (within 60 days of the receipt of your application). The certification must include license type, date of licensure, licensure expiration date and disciplinary actions taken against your license. Certifications will not be maintained in the board office beyond the allowable 60 days. Certifications received from any source other than the state's licensing agency will not be accepted. The certification from your state's licensing authority is the only acceptable proof of licensure document -- your license, a copy of your license or any other document will not be accepted.

#### 4. **INFORMATION ON RECIPROCAL STATES**

The following is a list of the States with which Pennsylvania does NOT have an understanding of reciprocity for the applicable licensure classifications. Before you submit your application for licensure by reciprocity, be sure that the State where you are now currently licensed is not listed below. Because this list is subject to change at any time, it is advisable to contact the Pennsylvania State Board prior to submission to ensure that the information is currently accurate.

**A. FOR LICENSURE AS A COSMETOLOGIST:**  
( For licensure as a cosmetology teacher by reciprocity  
please see Application 45-CR200 available on the Boards website)

Pennsylvania does **NOT** have an understanding of reciprocity with **Connecticut, Colorado, Florida, Hawaii, New Jersey, New Mexico, Rhode Island or Utah.** You cannot obtain a cosmetologist license by reciprocity based upon a license in any of these states. You would be required to take and pass the entire state board examination (theory and practical) to obtain a Pennsylvania license. Contact PearsonVUE for the appropriate examination application at **1-866-474-1148 or www.pearsonvue.com**

**B. FOR LICENSURE AS A NAIL TECHNICIAN:**

Pennsylvania does **NOT** have an understanding of reciprocity with **Alabama, Connecticut, Colorado, Florida, Georgia, Hawaii, Mississippi, New Jersey, New Mexico, Rhode Island, South Carolina, Tennessee, Utah and West Virginia.** You cannot obtain a nail technician license by reciprocity based upon a license in any of these states. You would be required to take and pass the entire state board examination (theory and practical) to obtain a Pennsylvania license. Contact PearsonVue for the appropriate examination application at **1-866-474-1148 or www.pearsonvue.com.**

**C. FOR LICENSURE AS AN ESTHETICIAN:**

Pennsylvania does **NOT** have an understanding of reciprocity with **Connecticut, Colorado, Florida, Hawaii, New Jersey, New Mexico, Rhode Island or Utah.** You cannot obtain an esthetician license by reciprocity based upon licensure in any of these states. You would be required to take and pass the entire state board examination (theory and practical) to obtain a Pennsylvania license. Contact PearsonVUE for the appropriate examination application at **1-866-474-1148 or www.pearsonvue.com**

**D. FOR LICENSURE AS A NATURAL HAIR BRAIDER:**

Pennsylvania does **NOT** have an understanding of reciprocity with any state **OTHER THAN NEW YORK** at this time. You cannot obtain a Natural Hair Braider license by reciprocity based upon licensure in any other state with the exception of New York. You are required to take and pass the entire state board examination (theory and practical) to obtain a Pennsylvania license. Contact PearsonVUE for the appropriate examination application at **1-866-474-1148 or www.pearsonvue.com**

If you plan to operate a salon in Pennsylvania, it must have a salon license issued by the Board of Cosmetology.

**PLEASE ALLOW AT LEAST FOUR WEEKS FOR THE PROCESSING OF THIS APPLICATION.**

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# STATE BOARD OF COSMETOLOGY

**Telephone:** 717-783-7130  
**Fax:** 717-705-5540  
**E-mail:** [st-cosmetology@pa.gov](mailto:st-cosmetology@pa.gov)  
**Website:** [www.dos.pa.gov/cosmet](http://www.dos.pa.gov/cosmet)

**Mailing Address:**  
 State Board of Cosmetology  
 PO Box 2649  
 Harrisburg, PA 17105-2649

**Courier Address:**  
 State Board of Cosmetology  
 2601 North Third Street  
 Harrisburg, PA 17110

## LICENSURE BY RECIPROCITY APPLICATION

**PLEASE NOTE:** This application is active for one year from the date of receipt in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

### 1. APPLICANT INFORMATION

<b>Name of Applicant:</b>	Last: _____ First: _____ Middle: _____																					
<b>Home Address:</b>	Street address: _____ City: _____ State: _____ Zip Code: _____																					
<b>Email Address:</b>	_____ @ _____																					
<b>Telephone Number</b> (where you can be contacted during daytime hours):	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="3" style="font-size: small;">(area code)</td> <td colspan="4"></td> <td colspan="4"></td> </tr> </table>											(area code)										
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<b>Social Security Number:</b>	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>																					
<b>Date of Birth:</b>	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="2" style="font-size: small;">(month)</td> <td colspan="2" style="font-size: small;">(day)</td> <td colspan="6" style="font-size: small;">(year)</td> </tr> </table>											(month)		(day)		(year)						
(month)		(day)		(year)																		

### 2. TYPE OF LICENSE FOR WHICH YOU ARE APPLYING (Check one)

<input type="checkbox"/> <b>COSMETOLOGIST</b> Refer to Section 4(A) on page 2 for a list of the states for which we do <u>not</u> have an understanding of reciprocity. If you are licensed in any of the states listed under 4(A), you cannot apply for licensure in Pennsylvania by reciprocity on the basis of that license.	<input type="checkbox"/> <b>NAIL TECHNICIAN</b> Refer to Section 4(B) on page 2 for a list of the states for which we do <u>not</u> have an understanding of reciprocity. If you are licensed in any of the states listed under 4(B), you cannot apply for licensure in Pennsylvania by reciprocity on the basis of that license.
<input type="checkbox"/> <b>ESTHETICIAN</b> Refer to Section 4(C) on page 2 for a list of the states for which we do <u>not</u> have an understanding of reciprocity. If you are licensed in any of the states listed under 4(C), you cannot apply for licensure in Pennsylvania by reciprocity on the basis of that license.	<input type="checkbox"/> <b>NATURAL HAIR BRAIDER</b> Refer to Section 4(D) on page 2 for a list of the states for which we do <u>not</u> have an understanding of reciprocity. If you are licensed in any of the states listed under 4(D), you cannot apply for licensure in Pennsylvania by reciprocity on the basis of that license.

**For licensure as a TEACHER by reciprocity please see Application 45-CR200.**

If you plan to operate a salon in Pennsylvania, know that the salon must have a facility license.

### 3. LICENSURE AND ELIGIBILITY INFORMATION

Please circle YES or NO for each numbered response.

A. HAVE YOU EVER APPLIED TO TAKE THE PENNSYLVANIA STATE BOARD EXAM? Yes No

If yes, when: \_\_\_\_\_

B. HAVE YOU EVER BEEN ISSUED A PENNSYLVANIA COSMETOLOGY LICENSE? Yes No

If yes, **STOP**. You must reactivate your PA existing license. Contact the Board office at 717-783-7130 or [st-cosmetology@state.pa.us](mailto:st-cosmetology@state.pa.us) for instruction on reactivating your license. The reactivation form cannot be downloaded from the website. It is issued only upon request.

C. DO YOU HOLD A CURRENT LICENSE IN A STATE WITH WHICH PENNSYLVANIA HAS AN UNDERSTANDING OF RECIPROCITY (As defined under Section 4 [A, B, C or D] on page 2)? Yes No

If "No", do not complete this application; you do not qualify for licensure by reciprocity.

Identify the state where you now hold a current non-expired license:

License Number:

D. DO YOU HAVE AT LEAST TWO (2) YEARS OF LICENSED COSMETOLOGY EXPERIENCE? Yes No

If yes, provide the dates of experience below. If no, **STOP**. Do not complete this application. You do not qualify for licensure by reciprocity. To verify experience, you must submit a certification of licensure from the state or licensing jurisdiction identified above where you claim work experience:

Two years of work experience were gained:

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month, day and year) (month, day and year)

E. HAVE YOU REQUESTED THAT LICENSURE CERTIFICATION BE MAILED TO PENNSYLVANIA DIRECT FROM THE STATE OR LICENSING JURISDICTION IDENTIFIED IN PART C ABOVE? Yes No  
 If "No", your application cannot be processed.

Note: We will retain your application for one year from the date of receipt. If we have not received the certification from the other state or jurisdiction within that timeframe, you will need to reapply.

### 4. CERTIFICATION OF EMPLOYMENT

If you have more than one employer you must submit a separate EMPLOYER CERTIFICATION for each one.

NAME OF APPLICANT:	
NAME OF SUPERVISOR:	
LICENSE NUMBER AND NAME OF SALON:	
ADDRESS OF SALON:	
TELEPHONE NUMBER OF SALON:	
PERIOD OF EMPLOYMENT: (example: January 2, 2006 - October 12, 2009)	

BY SIGNING BELOW, I VERIFY THAT I WAS EMPLOYED AT THE COSMETOLOGY SALON NAMED ABOVE, DURING THE PERIOD OF EMPLOYMENT LISTED ABOVE.

BY SIGNING BELOW, I VERIFY THAT THIS SECTION IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. § 49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS SECTION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**5. APPLICANT'S OATH**

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. § 4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Applicant's Signature

**6. SOCIAL SECURITY ACT CERTIFICATION**

**This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security Number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 PA C.S.A. §4304.1. In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), this licensing board must provide to DHS information prescribed by DHS about the licensee, including the Social Security Number.**

**In the event that this licensing board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security Number if the applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security Number for this purpose, information about you will still be transmitted to this organization should you be disciplined by this licensing board, but that information will not include your Social Security Number.**

**I certify that I have read the above statement, understand the full intent and give this licensing board permission to report my Social Security Number to the appropriate professional association or licensing board.**

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

**◀ YOU MUST ANSWER ALL LEGAL QUESTIONS ON THE NEXT PAGE. ▶**

## 7. CRIMINAL HISTORY RECORD CHECK (mandatory)

You **MUST** request an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) must be dated within 6 months of the date of your application for reciprocity. This report can be sent to you and forwarded to the Board with your application. For a Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>.

## 8. LEGAL QUESTIONS

You must answer all questions below. Your application will not be processed without answers to these questions.

1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state of jurisdiction?

YES       NO

If you answered "yes" to the above question, please provide the profession and state or jurisdiction.

Profession: \_\_\_\_\_ State: \_\_\_\_\_

2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntarily surrender in lieu of discipline?

YES       NO

3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

YES       NO

4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state?

YES       NO

5. Have you been convicted (found guilty, pled guilty or pled nolo contendere) received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.

YES       NO

6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

YES       NO

If you answered "YES" to any of these questions, provide complete details as well as certified copies of relevant documents.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date