

STATE BOARD OF COSMETOLOGY

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

TEACHER LICENSURE BY RECIPROCITY APPLICATION

Instructions and Requirements

PLEASE NOTE: this application is active for six months 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.

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. If you meet the criteria in Section A above, you must also have at least two (2) years of licensed employment experience in that same State, for your specific licensure classification.

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 AND LICENSED WORK EXPERIENCE:

You must request the state licensing agency where you are currently licensed, to send a certification of your license directly to this office. The state seal must be affixed and the certification must be currently dated (within 30 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 30 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 *COSMETOLOGY TEACHER*:

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 TEACHER*:

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 TEACHER*:

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 TEACHER*:

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, know that the salon must have a facility license.

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

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PLEASE NOTE: This application is active for six months 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

Name of Applicant:

Last: _____ First: _____ Middle: _____

Home Address:

Street address: _____

City: _____ State: _____ Zip Code: _____

Email Address:

_____ @ _____

Telephone Number

(where you can be contacted during daytime hours):

— —
 (area code)

Social Security Number:

— —

Date of Birth:

— —
 (month) (day) (year)

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

COSMETOLOGY TEACHER

Refer to Section 4(A) on page 2 for a list of the states for which we do not 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.

NAIL TECHNICIAN TEACHER

Refer to Section 4(B) on page 2 for a list of the states for which we do not 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.

ESTHETICIAN TEACHER

Refer to Section 4(C) on page 2 for a list of the states for which we do not 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.

NATURAL HAIR BRAIDER TEACHER

Refer to Section 4(D) on page 2 for a list of the states for which we do not 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.

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 question below.

A. HAVE YOU EVER APPLIED TO TAKE THE PENNSYLVANIA STATE BOARD TEACHER EXAM ?

YES NO If yes, when: _____

B. HAVE YOU EVER BEEN ISSUED A PENNSYLVANIA COSMETOLOGY TEACHER LICENSE?

YES NO

If "YES", STOP. You must contact the Board office at 717-783-7130 or st-cosmetology@pa.gov to reactivate your license. NOTE: The reactivation application cannot be downloaded from the Board's website or obtained from any other place. You must contact the Board Office to obtain the next steps in reactivating your license.

C. DO YOU HOLD A CURRENT TEACHER LICENSE IN A STATE WITH WHICH PENNSYLVANIA HAS AN UNDERSTANDING OF RECIPROCITY (As defined under Section 4 [A, B, or C] 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 teacher license:

License Number:

D. DO YOU HAVE AT LEAST TWO (2) YEARS OF LICENSED COSMETOLOGY TEACHING EXPERIENCE IN A STATE WITH WHICH PENNSYLVANIA HAS AN UNDERSTANDING OF RECIPROCITY?

YES NO

If "YES", provide the dates of experience below. If "NO", do not complete this application. You do not qualify for licensure by reciprocity.

Two years of work experience were gained:

From: _____ To: _____
(month, day and year) (month, day and year)

E. DID YOU REQUEST A CERTIFICATION OF YOUR TEACHER LICENSE BE MAILED TO PENNSYLVANIA DIRECTLY FROM THE STATE OR LICENSING JURISDICTION IN SECTION 3C ABOVE?

YES NO

If "NO", your application cannot be processed.

NOTE: We will retain your application for six months 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. EMPLOYER'S CERTIFICATION

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

NAME OF APPLICANT:	
NAME OF SCHOOL SUPERVISOR:	
LICENSE NUMBER AND NAME OF SCHOOL:	
ADDRESS OF SCHOOL:	
TELEPHONE NUMBER OF SCHOOL:	
PERIOD OF EMPLOYMENT: (Example: January 5, 2010 to July 27, 2013)	

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

SUPERVISOR'S 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 or denial of my license, certificate, permit or registration.

Applicant's Signature

Date

6. SOCIAL SECURITY ACT CERTIFICATION

In order to comply with federal law, the State Board of Cosmetology is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this 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. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

Applicant's Signature

Date

7. 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 here:

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