STATE BOARD OF COSMETOLOGY

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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 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 PCS for an examination application at 1-888-822-3272 or www.pcshq.com.

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 $20.00. 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 direct 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 COSMETOLOGIST

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 PCS for the appropriate examination application at* **1-888-822-3272 or www.pcshq.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 PCS for the appropriate examination application at* **1-888-822-3272 or www.pcshq.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 PCS for the appropriate examination application at* **1-888-822-3272 or www.pcshq.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 PCS for the appropriate examination application at* **1-888-822-3272 or www.pcshq.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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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)

☐ **COSMETOLOGIST**

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**

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**

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**

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 numbered response.

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

If yes, when:_____

2. HAVE YOU EVER BEEN ISSUED A PENNSYLVANIA COSMETOLOGY LICENSE?

If yes, STOP. You must reactivate your PA existing license. Contact the Board office at 717-783-7130 or st-cosmetology@state.pa.us for instruction on reactivating your license. This form cannot be downloaded from the website. It is issued upon request.

3. DO YOU HOLD A CURRENT 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 license:	**License Number:**

4. 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 each 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)

List your most recent three employers where you have earned a minimum of **TWO YEARS** of cosmetology working experience in the field for which you are applying. Please provide the name of the salon, supervisor and address.	Please providethe telephone number for each salon:

5. HAVE YOU REQUESTED THAT LICENSURE CERTIFICATIONS BE MAILED TO PENNSYLVANIA DIRECT FROM THE STATES OR LICENSING JURISDICTIONS IDENTIFIED UNDER SECTIONS 3 AND 4 ABOVE? If no, your application cannot be processed. **Yes** **No**

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 jurisdication within that timeframe, you will need to reapply.

4. 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

5. 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 Public Welfare (DPW), this licensing board must provide to DPW information prescribed by DPW 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**