

**ARKANSAS DEPARTMENT OF HEALTH
COSMETOLOGY SECTION
4815 West Markham, Slot 8
Little Rock, AR 72205 – (501) 682-2168**

**RECIPROCITY REQUIREMENTS
For HOURS**

Any person who is transferring hours from another state and does not hold a current license in another state is required to pass a written and practical examination to qualify for a license in this State.

EXAMINATION REQUIREMENTS:

1. Complete an Arkansas Reciprocity Application.
2. Proof of Training. Submit the following requirements:
 - a) An affidavit certifying that you have completed the minimum number of clock-hours in one of the prescribed courses of study listed below. The affidavit must be completed and signed by an Official of the licensing entity that has jurisdiction over the practice of Cosmetology in said state. Either the licensing entity seal or notary public seal must be affixed to said document.

1) 1500 hours for cosmetologist	3) 600 hours for electrologist
2) 600 hours for manicurist	4) 600 hours for aesthetician
 - b) A breakdown of the curriculum requirements for said course.
 - c) A diploma issued from the training institute where applicant completed the course of study.
3. A legible copy of applicant's Social Security Card.
4. High school credit of not less than two years (10th grade) or its equivalent for cosmetologists, aestheticians or manicurists and four years (12th grade) or its equivalent for electrologist.
5. Photostatic copy of photo ID (must be legible)
6. Reciprocity fee of \$150.00

When the Cosmetology Section receives all information listed above and your paperwork has been approved, you will need to contact an Arkansas Cosmetology School to schedule your practical examination. A list of schools can be found on our website at www.healthy.arkansas.gov. The written examination is administered by PSI and you will need to schedule with PSI. You will receive an approval letter before you can schedule any examination. The \$150.00 fee is non-refundable and does not include any examination fees.

NO PERSON MAY PRACTICE OR TEACH ANY PHASE OF COSMETOLOGY IN THIS STATE UNTIL LICENSED BY THE COSMETOLOGY SECTION.

Reciprocity Form

Instructions: Please review the reciprocity requirements and process on the back of this form before completing. When you are ready to complete this form, please do so by printing the information in blue or black ink. This form is required if you are transferring from another state/country and you want to become licensed in the state of Arkansas. **There is a \$150 reciprocity fee due at the time you submit this form and the required attachments. This fee does not cover any examination costs. The fee and application expire one (1) year after application date.**

Applicant's Name

Last Name		First Name (no nickname)		Middle Name	
Maiden Name (if applicable)		Email Address (REQUIRED)			
Address		Apt. #	City	County	State Zip Code
Telephone Number ()		Gender MALE FEMALE		Marital Status	
Social Security Number		Date of Birth		Place of birth (city/state/country)	
Race (circle one): Black White Am. Indian Hispanic Asian Alaskan Native			In what language do you prefer to take the written/state law exam? ENGLISH SPANISH VIETNAMESE KOREAN		

Licensing Information

What type of license do you currently hold? (circle one)	Cosmetology	Manicure	Aesthetician	Instructor	Electrology
Did you take a national written examination? YES NO			Did you take a national practical examination? YES NO		
In what state did you take the examination?			Please list <u>all</u> the states that you have held a license.		

Training Information

What cosmetology school did you attend?		City/State/County			
Date training began	Date training completed	Total number hours completed	Type of training completed		
What high school did you attend?		City/State/County			
Year Completed		Grade Completed			

Applicant Signature: By signing this application, I certify that the information provided is correct to the best of my knowledge and that I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Applicant's Printed Name	Applicant's Signature	Date
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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Revised 12.17

Date _____ Written Core Score _____	Date _____ Written Law Score _____	Date _____ Practical Score _____	License # _____ Receipt # _____
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