



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR INSTRUCTOR LICENSE BY RECIPROCITY INSTRUCTION SHEET

Complete this application if you hold a *current* license as a Cosmetologist Instructor, Barber Instructor, Aesthetician Instructor, Nail Technician Instructor or Electrology Instructor in another state, U.S. territory or District of Columbia and wish to apply for the same type of Instructor license in Delaware. If you do **not** hold a current license in another state, U.S. territory or District of Columbia, you must [apply by examination](#).

Temporary permits are not available to Instructor applicants.

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 jurisdiction (state, U.S. territory or District of Columbia) 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 jurisdictions 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 a state where you are currently licensed requires at least the same hours that Delaware requires. Delaware requires:

- Cosmetologist or Barber Instructor—500 classroom hours in teacher training or two years' experience as an active, licensed, practicing cosmetologist or barber **plus** at least 250 hours of instruction in cosmetology or barbering
- Nail Technician Instructor—500 classroom hours or two years' experience as an active, licensed, practicing nail technician **plus** at least 250 hours of instruction in nail technology
- Electrologist Instructor—500 classroom hours or two years' experience as an active, licensed, practicing electrologist **plus** at least 250 hours of instruction in electrology
- Aesthetician Instructor—500 classroom hours or two years' experience as an active, licensed, practicing aesthetician **plus** at least 250 hours of instruction in aesthetics

IF the jurisdiction where you are currently licensed requires...	THEN select...
at least the hours that Delaware requires (see above)	Method 1
less than the hours that Delaware requires (see above)	Method 2

If you don't know how many hours the jurisdiction where you're currently licensed requires, check with the jurisdiction's licensing agency. See the Directory at <https://nictesting.org/state/>.

Requirements for *All Applicants*

Please read these instructions carefully. Failure to follow instructions will delay processing of your application. Auxiliary forms you may need are included with the application form.

- Submit completed, signed, and notarized [Application for Instructor License by Reciprocity](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."

- Enclose a copy of **all current** licenses held in other jurisdictions. At least one license in another jurisdiction 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 U.S. 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 jurisdiction 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 jurisdiction.
- Submit proof that you have completed 12th grade education or equivalent.
- 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 jurisdiction 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 applying in Delaware.**



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR INSTRUCTOR LICENSE BY RECIPROCITY

TYPE OF APPLICATION

1. I am applying for licensure by reciprocity as a (check one):
- Cosmetologist Instructor Barber Instructor Nail Technician Instructor
 Aesthetician Instructor Electrologist Instructor

2. I am applying for reciprocity by (check one): Method 1 Method 2

The Instruction Sheet explains how to select Method 1 or Method 2. If you select Method 2, submit a notarized statement from present or past employer(s) in the jurisdiction where you are currently licensed certifying that you worked in the field for which you are seeking Delaware licensure for a period of five years before applying in Delaware.

IDENTIFYING AND CONTACT INFORMATION

3. Full Name: _____
First
Middle
Family (Last)

4. Other Names Used: None _____
(Include maiden, former married names, alternative spellings.)

5. Date of Birth (month/day/year): _____ Gender: Male Female

6. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. Mailing Address: _____
Street

City
State
Zip

8. Phone: _____ Email: _____ None

EDUCATION AND EXAMINATION

9. Have you completed at least a 12th grade education or its equivalent? Yes No

Submit proof that you have completed a 12th grade education or equivalent.

10. Have you passed written and practical examinations that were professionally developed and used on a national basis? Yes No

LICENSURE INFORMATION

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

ENTER JURISDICTION	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 jurisdiction listed. Use the *Verification of Licensure for Reciprocity Applications* form to request the verification.

DISCLOSURES

- 12. Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a signed letter of explanation and documentation of the final disposition.**
- 13. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, enclose a complete explanation and any documentation related to the charges.**
- 14. Have you received 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.**
- 15. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a complete explanation. Include copies of all appropriate records.**
- 16. 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 complete explanation. Include copies of all appropriate records.**

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 12 months of filing may be considered abandoned and discarded. 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.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

VERIFICATION OF LICENSURE FOR RECIPROCITY APPLICATIONS

APPLICANT INFORMATION – This section is to be completed by the applicant.

Complete this section and send this request to the licensing agency in each state, District of Columbia, territory or other jurisdiction where you are now, or were ever, licensed to practice. Enclose any fee that the jurisdiction may require.

Name: _____
First Middle Last/Family

Mailing Address: _____
Street

City State Zip

Where License Issued: _____ License Number: _____

LICENSE VERIFICATION – This section is to be completed by the Licensing Agency.

- The person named above has been issued a licensed to practice as a(n):
 Cosmetologist Barber Nail Technician Aesthetician Electrologist
License No: _____ Issue Date: _____ Expiration Date: _____ Status: _____
Licensure Basis: Examination Reciprocity Other: _____ Total Hours: _____
- The person named above has been issued a licensed to practice as a(n):
 Cosmetologist Instructor Barber Instructor Nail Technician Instructor
 Aesthetician Instructor Electrologist Instructor
License No: _____ Issue Date: _____ Expiration Date: _____ Status: _____
Licensure Basis: Examination Reciprocity Other: _____ Total Hours: _____
- Is the license(s) above in good standing with no history of disciplinary action, past or pending?
Yes No **If no, enclose copies of relevant documentation of past/pending disciplinary action.**

Signature of Agency Representative: _____ **Date:** _____
Title: _____ State of: _____

SEAL

Return completed form directly to the Delaware Board of Cosmetology/Barbering at the address above.