



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 LICENSE BY RECIPROCITY INSTRUCTION SHEET

When to File Application

Complete this application if you hold a current license as a Cosmetologist, Master Barber, Barber, Aesthetician, Nail Technician or Electrologist in another state, U.S. territory or District of Columbia and wish to apply for the same type of license in Delaware.

- If you do **not** hold a *current* license in another state, U.S. territory or the District of Columbia, you must [apply by examination](#).
- If you previously held a Delaware Cosmetologist, Master Barber, Barber, Aesthetician, Nail Technician or Electrologist license that has been lapsed over one year, you must apply to [reinstate](#) that license.

Choosing Master Barber vs. Barber

The application asks you to choose Master Barber or Barber. In Delaware, a Master Barber is allowed to perform chemical processing but a Barber is not.

Selecting the *Method of Application*

The application asks whether you are applying by Method 1 or Method 2.

- Method 1 means that the licensure requirements for your current license were substantially the same as those of Delaware.
- Method 2 means that the licensure requirements for your current license were **not** substantially the same as those of Delaware.

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 any jurisdiction (that is, any state, U.S. territory or the District of Columbia) where you are currently licensed requires at least the classroom or apprenticeship hours that Delaware requires. Here are the hours that Delaware requires:

- Cosmetologist, Master Barber, or Barber - 1500 classroom/3000 apprenticeship hours
- Nail Technician - 300 classroom hours/600 apprenticeship hours
- Electrologist - 300 classroom hours/600 apprenticeship hours
- Aesthetician - 600 classroom hours/1200 apprenticeship hours

It is important to pick the correct Method so that you will submit the correct documents. Picking the wrong Method may delay your application. Use this table to decide between them.

IF...	THEN select...
at least one place where you are currently licensed requires the same (or more) hours as Delaware (see above)	Method 1.
all the places where you are currently licensed require fewer hours than Delaware (see above)	Method 2.

If you don't know how many hours are required in the places where you're currently licensed, check with the licensing agency in each jurisdiction. See the Directory at www.nictesting.org.

Requirements for *All* Applicants

Read these instructions carefully. Failing to follow instructions will delay processing of your application. All auxiliary forms you may need are included with the application form.

- Submit completed, signed, and notarized [Application for 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 you hold in other places. At least one license 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, U.S. territory or District of Columbia or 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.
 - It is strongly recommended that you use the *Verification of Licensure for Reciprocity Applications* form at the end of this application to request the verification. If you are applying for a Delaware Master Barber, the verification from the jurisdiction where you hold a current, equivalent license must reflect that you are allowed to perform chemical processing.
- 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

If you are applying by Method 2, you must submit proof that you have experience in the field in which you are applying for a Delaware license. The proof must show that you have *a total of three years* of experience in the five years immediately before you apply in Delaware. The three years don't have to be consecutive. What documents you submit depends on whether you gained the experience while employed or self-employed, as follows:

- For periods when you were employed, submit a **notarized** statement from a present or previous employer(s) in the jurisdiction where you are licensed. The statement(s) should give your employment dates and describe the work you did during that period.
- For periods when you were self-employed, submit tax forms.



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BOARD OF COSMETOLOGY AND BARBERING

APPLICATION FOR LICENSE BY RECIPROCITY

TYPE OF APPLICATION

1. I am applying for licensure by reciprocity as a (check one):

- Cosmetologist Master Barber Barber Nail Technician Aesthetician Electrologist

2. **The Instruction Sheet explains how to select Method 1 or Method 2 based on the classroom or apprenticeship hours required by the place(s) where you are currently licensed.**

I am applying for reciprocity by (check one):

Method 1 – **At least one** place where I am currently licensed requires **the same** (or more) hours as Delaware.

Method 2 – **All** the places where I am currently licensed require **fewer** hours than Delaware.

If you check Method 2, the Instruction Sheet explains what proof you must submit to show that you have the required experience in the field that you checked in Question 1.

IDENTIFYING AND CONTACT INFORMATION

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

4. Other Names Used: _____
(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

EXAMINATION

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

LICENSURE INFORMATION

10. List **each** state, U.S. territory or District of Columbia 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

- 11. *Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any felony, misdemeanor or any other criminal offense, including any 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.**
- 12. *Are criminal charges pending against you in any jurisdiction?* Yes No **If yes, enclose a complete explanation and any documentation related to the charges.**
- 13. *Have you received any administrative penalties (disciplines) against your professional license(s) such as fines, formal reprimands, license suspension or revocation, 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.**
- 14. *Are any unresolved complaints pending against you in any jurisdiction?* Yes No **If yes, submit a complete explanation. Include copies of all appropriate records.**
- 15. *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.

