

Reciprocity Breakdown

Contact your original state of licensure to determine if you have taken the National exam (NIC). If you have credit for this exam, please contact the state board of origin to request that a letter of certification be sent to Louisiana State Board of Cosmetology. You will need to wait 7-10 business days to call the Reciprocity department to ensure it has been received. Once confirmed you may submit your application and fees. (Fees listed on Reciprocity application). If you still are unsure if you have taken the National exam (NIC), please email Stephanie Ricard at stephanie.ricard@la.gov to find out if you need to take it or not.

If haven't taken the NIC, please fill out the National preregistration application to be submitted along with the Reciprocity application.

Instructions on how this process will work are listed below.

Once your applications are received and processed, you will receive an email from "**SMT**" (**SMT Notice**) or "**IsoQualityTesting**" requesting you to schedule your **National** exam. This is a third party company that administers the exam on the behalf of LSBC. You are to log in using the information provided in the email, confirm your information, pick your date and time, then make a payment of 83.00. Please be sure to print all pages after payment to bring with you on the day of the exam. Please be sure that your driver's license (*cannot be expired*) and social security card reflect the exact same name. If your SSC is laminated, apply for a new one before your scheduled date as the testing company is very strict about security measures and identification documents. If your new social security card is not received in time, you are welcome to bring the letter the social security office gave you.

Study material for this exam can be found on this website: www.nicetesting.org

Upon receipt of your documents, you will also receive a State exam date from our Testing department. This is the LSBC Rules & Regulations exam, only 25 multiple questions. Study material for this exam can be found under the testing tab, then under the any link labeled State exam at www.lsbclouisiana.gov.

If you wish to take your state exam **on the date you schedule your National exam**, please email ashley.cade@la.gov with your name, last four of your social security number, and simply state that you will take both exams on the same date. Bring your State exam letter with you that day, once you've taken the National exam bring the letter to the receptionist and we will administer the State exam to you.

APPLICATION FOR RECIPROCITY NATIONAL EXAM

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

<p>Please check one</p> <p><input type="radio"/> Cosmetology</p> <p><input type="radio"/> Manicurist</p> <p><input type="radio"/> Esthetician</p> <p><input type="radio"/> Instructor</p> <p><input type="radio"/> Alternative Hair</p>

****Select language****

- English
- Vietnamese
- Spanish

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Social Security #: _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Transferring from: _____

Hours of Attendance at School: _____

Please make sure the following is included along with this application:

- Recent **COLOR** photo of applicant

Applicant Signature: _____ Date: _____

NO MONEY REQUIRED WITH THIS APPLICATION

The fee for the exam will be paid through "IQTTesting's" website once you are preregistered.



John Bel Edwards
Governor

State of Louisiana
Louisiana State Board of Cosmetology
11622 Sunbelt Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbclouisiana.gov

APPLICATION FOR RECIPROCITY - COSMETOLOGY

I hereby make application to the Louisiana State Board of Cosmetology for certification of registration under the law of the State of Louisiana, and attach all requirements, together with a money order, or cashier's check, made payable to the Louisiana State Board of Cosmetology.

PLEASE PRINT

EMAIL ADDRESS:

Applicant's Full Name _____				
_____	_____	_____	_____	_____
First Name	Middle Name	Maiden Name	Last Name	
Current Mailing Address _____				
City _____		State _____	Zip Code _____	
Daytime Telephone Number _____ (Include Area Code)				
Date of Birth _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number _____ - _____ - _____		
State Where Training was Acquired _____				
_____		School Name	City	State
State(s) in which currently Licensed (if applicable) _____				
License Number _____	Expiration Date _____	Initial Date _____		

PLEASE ANSWER YES OR NO

1.	Have you ever been convicted of, or placed on probation, for a felony offense? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you obtained or attempted to obtain a certificate of registration (license) by means of fraud? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you had a license, certification or registration suspended, revoked, or denied in any state? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have included the following items:

- a current picture (passport size)
- a copy of my drivers license or state issued id card
- a copy of my social security card
- my current **original** cosmetology license
- certification from the state that I received my training
- correct fee amount. \$50-(submits LA ID) or \$75-(submits out of state)

STATE EXAM COMES IN ENGLISH ONLY

By signing this application, I certify that the information provided above is true and accurate under penalty of perjury. I also certify that I am aware that it is a violation of the Louisiana Cosmetology Laws for an individual to work without a valid Louisiana cosmetologist, manicurist, esthetician or instructor license.

DATE _____ SIGNATURE _____



John Bel Edwards
Governor

State of Louisiana
Louisiana State Board of Cosmetology
11622 Sunbelt Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbcb.louisiana.gov

APPLICATION FOR RECIPROCITY - MANICURIST

I hereby make application to the Louisiana State Board of Cosmetology for certification of registration under the law of the State of Louisiana, and attach all requirements, together with a money order, or cashier's check, made payable to the Louisiana State Board of Cosmetology.

PLEASE PRINT

EMAIL ADDRESS:

Applicant's Full Name _____			
First Name	Middle Name	Maiden Name	Last Name
Current Mailing Address _____			
City _____		State _____	Zip Code _____
Daytime Telephone Number _____ (Include Area Code)			
Date of Birth _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number _____ - _____ - _____	
State Where Training was Acquired _____			
School Name _____		City _____	State _____
State(s) in which currently Licensed (if applicable) _____			
License Number _____		Expiration Date _____	Initial Date _____

PLEASE ANSWER YES OR NO

1.	Have you ever been convicted of, or placed on probation, for a felony offense? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you obtained or attempted to obtain a certificate of registration (license) by means of fraud? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you had a license, certification or registration suspended, revoked, or denied in any state? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have included the following items:

- a current picture (passport size)
- a copy of my driver's license or state issued id card
- a copy of my social security card
- my current **original** cosmetology license
- certification from the state that I received my training
- correct fee amount. \$50-(submits a LA ID) or \$75-(submits out of state)

STATE EXAM COMES IN ENGLISH ONLY

By signing this application, I certify that the information provided above is true and accurate under penalty of perjury. I also certify that I am aware that it is a violation of the Louisiana Cosmetology Laws for an individual to work without a valid Louisiana cosmetologist, manicurist, esthetician or instructor license.

DATE _____ SIGNATURE _____



John Bel Edwards
Governor

State of Louisiana
Louisiana State Board of Cosmetology
11622 Sunbelt Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbclouisiana.gov

APPLICATION FOR RECIPROCITY - ESTHETICIAN

I hereby make application to the Louisiana State Board of Cosmetology for certification of registration under the law of the State of Louisiana, and attach all requirements, together with a money order, or cashier's check, made payable to the Louisiana State Board of Cosmetology.

PLEASE PRINT

EMAIL ADDRESS:

Applicant's Full Name _____				
_____	_____	_____	_____	_____
First Name	Middle Name	Maiden Name	Last Name	
Current Mailing Address _____				
City _____		State _____	Zip Code _____	
Daytime Telephone Number _____ (Include Area Code)				
Date of Birth _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number _____-_____-_____		
State Where Training was Acquired _____				
_____		_____	_____	_____
School Name		City	State	
State(s) in which currently Licensed (if applicable) _____				
License Number _____		Expiration Date _____	Initial Date _____	

PLEASE ANSWER YES OR NO

1.	Have you ever been convicted of, or placed on probation, for a felony offense? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you obtained or attempted to obtain a certificate of registration (license) by means of fraud? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you had a license, certification or registration suspended, revoked, or denied in any state? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have included the following items:

- a current picture (passport size)
- a copy of my driver's license or state issued id card
- a copy of my social security card
- my current **original** cosmetology license
- certification from the state that I received my training
- correct fee amount. \$50-(submits a LA ID) or \$75-(submits out of state)

STATE EXAM COMES IN ENGLISH ONLY

By signing this application, I certify that the information provided above is true and accurate under penalty of perjury. I also certify that I am aware that it is a violation of the Louisiana Cosmetology Laws for an individual to work without a valid Louisiana cosmetologist, manicurist, esthetician or instructor license.

DATE _____ SIGNATURE _____



John Bel Edwards
Governor

State of Louisiana
Louisiana State Board of Cosmetology
11622 Sunbelt Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbcb.louisiana.gov

APPLICATION FOR RECIPROCITY - INSTRUCTOR

I hereby make application to the Louisiana State Board of Cosmetology for certification of registration under the law of the State of Louisiana, and attach all requirements, together with a money order, or cashier's check, made payable to the Louisiana State Board of Cosmetology.

PLEASE PRINT

EMAIL ADDRESS:

Applicant's Full Name _____			
First Name	Middle Name	Maiden Name	Last Name
Current Mailing Address _____			
City _____		State _____	Zip Code _____
Daytime Telephone Number _____ (Include Area Code)			
Date of Birth _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number _____-_____-_____	
State Where Training was Acquired _____			
School Name _____		City _____	State _____
State(s) in which currently Licensed (if applicable) _____			
License Number _____	Expiration Date _____	Initial Date _____	

PLEASE ANSWER YES OR NO

1.	Have you ever been convicted of, or placed on probation, for a felony offense? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you obtained or attempted to obtain a certificate of registration (license) by means of fraud? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you had a license, certification or registration suspended, revoked, or denied in any state? If the answer is YES , attach an explanation and records stating that you met your court directed obligations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have included the following items:

- a current picture (passport size)
- a copy of my driver's license or state issued id card
- a copy of my social security card
- my current **original** cosmetology license
- certification from the state that I received my training
- correct fee amount. \$50-(submits a LA ID) or \$75-(submits out of state)

STATE EXAM COMES IN ENGLISH ONLY

By signing this application, I certify that the information provided above is true and accurate under penalty of perjury. I also certify that I am aware that it is a violation of the Louisiana Cosmetology Laws for an individual to work without a valid Louisiana cosmetologist, manicurist, esthetician or instructor license.

DATE _____ SIGNATURE _____