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.lsbc.louisiana.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

**Select language**

☐ English  ☐ Vietnamese  ☐ Spanish

Please check one

☐ Cosmetology  ☐ Manicurist  ☐ Esthetician  ☐ Instructor  ☐ Alternative Hair

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.
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

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  □ Male  □ 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?  □ Yes  □ No
   If the answer is YES, attach an explanation and records stating that you met your court directed obligations.

2. Have you obtained or attempted to obtain a certificate of registration (license) by means of fraud?  □ Yes  □ No
   If the answer is YES, attach an explanation and records stating that you met your court directed obligations.

3. Have you had a license, certification or registration suspended, revoked, or denied in any state?  □ Yes  □ No
   If the answer is YES, attach an explanation and records stating that you met your court directed obligations.

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_________________
# 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

<table>
<thead>
<tr>
<th>Applicant's Full Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Maiden Name</th>
<th>Last Name</th>
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</thead>
<tbody>
<tr>
<td>Current Mailing Address</td>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
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<tr>
<td>Daytime Telephone Number</td>
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</tr>
<tr>
<td>Date of Birth</td>
<td>Gender</td>
<td>Social Security Number</td>
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## PLEASE ANSWER YES OR NO

1. Have you ever been convicted of, or placed on probation, for a felony offense?  
   - Yes  
   - No  
   If the answer is YES, attach an explanation and records stating that you met your court directed obligations.

2. Have you obtained or attempted to obtain a certificate of registration (license) by means of fraud?  
   - Yes  
   - No  
   If the answer is YES, attach an explanation and records stating that you met your court directed obligations.

3. Have you had a license, certification or registration suspended, revoked, or denied in any state?  
   - Yes  
   - No  
   If the answer is YES, attach an explanation and records stating that you met your court directed obligations.

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)

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## DATE  SIGNATURE
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**

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<th>Applicant’s Full Name</th>
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<th>Email Address:</th>
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</table>

**Current Mailing Address**

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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Daytime Telephone Number**

(Include Area Code)

**Date of Birth**

**Gender**  □ Male  □ Female

**Social Security Number**

**State Where Training was Acquired**

<table>
<thead>
<tr>
<th>School Name</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

**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?  □ Yes  □ No  
   If the answer is YES, attach an explanation and records stating that you met your court directed obligations.

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3. Have you had a license, certification or registration suspended, revoked, or denied in any state?  □ Yes  □ No  
   If the answer is YES, attach an explanation and records stating that you met your court directed obligations.

I have included the following items:

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- □ my current **original** cosmetology license
- □ certification from the state that I received my training
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**STATE EXAM COMES IN ENGLISH ONLY**

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**DATE** ___________________ **SIGNATURE** ___________________
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.

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<tr>
<td>Date of Birth</td>
<td>Gender □ Male □ Female</td>
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<tr>
<td>State Where Training was Acquired</td>
<td>School Name</td>
</tr>
<tr>
<td>State(s) in which currently Licensed (if applicable)</td>
<td></td>
</tr>
<tr>
<td>License Number</td>
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DATE ___________________ SIGNATURE ___________________