



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

John Bel Edwards
Governor

Dear Applicant:

Please be advised that at the Board Meeting on March 7, 2016, a motion was passed that effective April 1, 2016, the requirements for testing for applicants transferring their license to Louisiana be changed.

The changes are as follows:

1. Any individual who **shows** proof that they have taken the NIC National Exam will be exempted from the national exam. The state written exam will be the only exam required to transfer the license.
2. Any individual who **is not** able to show proof that the NIC National Exam was taken will be required to take both the NIC National Exam and the State Exam on (LA laws and rules). The National comes from the Milady's book and the State laws can be downloaded from the website www.lsbclouisiana.gov under the HOME tab.

This agency will accept the following as proof of the NIC Examination:

1. A certification from the state that you were originally licensed in with a score listed and notation that states this is the NIC score.
2. An official score sheet received by the student from the NIC testing company.

Please be aware that all Reciprocity Applicants must register for the National exam online with Schroeder, the National Theory Testing Company.

The fees are as follows:

If you have taken the NIC exam:

RESIDENT-(submits a LA Driver's License or ID Card) NON-RESIDENT-(submits an out-of- state ID)

State Exam Fee -	\$25.00
License Fee -	<u>\$25.00</u>
	\$50.00

State Exam Fee -	\$25.00
License Fee -	<u>\$50.00</u>
	\$75.00

If you **did not** take the NIC exam, you must still submit all reciprocity paperwork and the money for the state exam and license to our office. Once the Board approves application, you will be notified by email from testing company to register for the National exam.



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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 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

- 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.
- 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.
- 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)

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 RECIPROCTIY NATIONAL EXAM

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

Please Designate Language:
*English
*Spanish
*Vietnamese

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

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Social Security #: _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Name of Beauty School where training
acquired _____

City and State: _____

State(s) in which currently Licensed (if applicable) _____

License Number _____ Expiration Date _____ Initial Date _____

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