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.lsbc.louisiana.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)

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>RESIDENT Fee</th>
<th>NON-RESIDENT Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Exam Fee</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>License Fee</td>
<td>$25.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Overall Fee</td>
<td>$50.00</td>
<td>$75.00</td>
</tr>
</tbody>
</table>

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.
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 □ 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 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 RECIPROCITY NATIONAL EXAM

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

Please Designate Language:
*English
*Spanish
*Vietnamese

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:

  o Recent COLOR photo of applicant

Applicant Signature: ___________________ Date: _________________________

  • NO MONEY REQUIRED WITH THIS APPLICATION