

**ARKANSAS DEPARTMENT OF HEALTH  
COSMETOLOGY SECTION  
4815 West Markham, Slot 8  
Little Rock, AR 72205 – (501) 682-2168**

**RECIPROCITY REQUIREMENTS  
For APPLICANTS LICENSED IN A FOREIGN COUNTRY**

Any person licensed in a foreign country is required to pass a written and practical examination administered by the Cosmetology Section to qualify for a license in this State. All documents submitted for the purpose of complying with the requirements for examination shall be original copies and translated in the English language.

**EXAMINATION REQUIREMENTS:**

1. Complete an Arkansas Reciprocity Application (enclosed).
2. Proof of Training and Licensure. Submit the following requirements:
  - a) An affidavit certifying that you have completed the minimum number of clock-hours in one of the prescribed courses of study listed below. The affidavit must be completed and signed by an Official of the licensing entity that has jurisdiction over the practice of Cosmetology in said foreign country. Either the licensing entity seal or notary public seal must be affixed to said document.

1) 1500 hours for cosmetologist	3) 600 hours for electrologist
2) 600 hours for manicurist	4) 600 hours for aesthetician
  - b) A breakdown of the curriculum requirements for said course.
  - c) A license issued by the foreign country and a diploma issued from the training institute where applicant completed the course of study.
3. A legible copy of applicant's Social Security Card.
4. High school credit of not less than two years (10<sup>th</sup> grade) or its equivalent for cosmetologists, aestheticians or manicurists and four years (12<sup>th</sup> grade) or its equivalent for electrologist.
5. Birth Certificate
6. Photostatic copy of photo ID (must be legible)
7. Reciprocity Fee of \$150.00 and Practical Examination Fee of \$65.00

All requirements for the examination must be submitted at the same time, on or before the deadline date of the examination you wish to take (contact the Cosmetology Section's office for a list of dates or visit our website at [www.arkansas.gov/cos](http://www.arkansas.gov/cos).) If you fail to submit all of the requirements, your papers will be returned. You should hold your papers until you can submit all requirements to our office.

**NO PERSON MAY PRACTICE OR TEACH ANY PHASE OF COSMETOLOGY IN THIS STATE UNTIL LICENSED BY THE COSMETOLOGY SECTION.**

# Reciprocity Form

**Instructions: Please review the reciprocity requirements and process on the back of this form before completing.** When you are ready to complete this form, please do so by printing the information in blue or black ink. This form is required if you are transferring from another state/country and you want to become licensed in the state of Arkansas. **There is a \$150 reciprocity fee due at the time you submit this form and the required attachments. This fee does not cover any examination costs.**

**Applicant's Name**

Last Name		First Name (no nickname)		Middle Name	
Maiden Name (if applicable)		List any other <i>last</i> names you have ever used			
Address		Apt. #	City	County	State Zip Code
Telephone Number ( )		Gender MALE FEMALE		Marital Status	
Social Security Number		Date of Birth		Place of birth (city/state/country)	
Race (circle one): Black White Am. Indian Hispanic Asian Alaskan Native			In what language do you prefer to take the written/state law exam? ENGLISH SPANISH VIETNAMESE KOREAN		

**Licensing Information**

What type of license do you currently hold? (circle one)	Cosmetology	Manicure	Aesthetician	Instructor	Electrology
Did you take a national written examination? YES NO			Did you take a national practical examination? YES NO		
In what state did you take the examination?			Please list <u>all</u> the states that you have held a license.		

**Training Information**

What cosmetology school did you attend?		City/State/County			
Date training began	Date training completed	Total number hours completed		Type of training completed	
What high school did you attend?		City/State/County			
Year Completed		Grade Completed			

**Applicant Signature:** By signing this application, I certify that the information provided is correct to the best of my knowledge and that I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Applicant's Printed Name	Applicant's Signature	Date
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**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

Revised 10.09

Date _____	Date _____	Date _____	License # _____
Written Core Score _____	Written Law Score _____	Practical Score _____	Receipt # _____