



# OHIO STATE COSMETOLOGY AND BARBER BOARD

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123

PHONE: (614) 466-3834 [WWW.COS.OHIO.GOV](http://WWW.COS.OHIO.GOV)

## Ohio License by Reciprocity - Information

Persons holding a valid license to practice cosmetology, or any branch of cosmetology, in other states, or from other countries, may obtain an Ohio license to practice cosmetology, or any branch of cosmetology, under section 4713.34 of the Ohio Revised Code. In addition, the board may waive the requirement to take and pass Ohio's practical and theory examinations for any individual who holds a valid license to practice cosmetology, or a branch of cosmetology, from another jurisdiction if all of the following requirements are met:

- The individual has held an active license or equivalent in cosmetology, or any branch of cosmetology, for not less than one year immediately preceding their application for licensure in Ohio;
- The individual has completed not less than the following number of training hours from a licensed school of cosmetology:

Cosmetologist	1500	Hair, Skin, and Nail Services
Hair Designer	1200	Hair Services Only
Natural Hair Stylist	450	Natural Hair Services Only (No chemicals/cutting)
Esthetician	600	Skin Services Only
Manicurist	200	Nail Services Only

**Note: A year of licensed experience may be substituted for one hundred (100) hours of training, up to a maximum of five hundred (500) hours in total.**

If using work experience, the Certification of Work Experience page must be completed.

- The licensing jurisdiction of origin (other states or countries where the applicant's license is held) required the applicant to pass both a practical and theory examination to become licensed in that jurisdiction.
- The licensing jurisdiction of origin extends similar reciprocity opportunities to individuals licensed in Ohio.

**Note: If an applicant does not receive a waiver of the examination requirement, the applicant will be scheduled to take the Ohio practical and theory examinations for the type of license sought, and an examination notification will be mailed to the applicant.**

The Ohio State Cosmetology and Barber Board will not send a Board Certification or complete a license transfer until the license has been active in Ohio for more than one (1) year.

**Human Trafficking-** All Ohio licensees are required to complete a one (1) hour course on Human Trafficking. This training is provided free of charge on the board's website. You will receive the instructions to login to the training via email.

## Ohio License by Reciprocity - Information

### To start the process:

- Contact the state board where you are currently licensed, and request a Board Certification be sent **directly** to the Ohio State Cosmetology and Board. Certifications will not be accepted from an applicant. The license must be active and in good standing to be accepted by the Ohio State Cosmetology and Barber Board, and must remain active and in good standing until an Ohio license is obtained. Only certifications received within six (6) months of the preparation date will be accepted.
- Complete and submit the following application to the Ohio State Cosmetology and Barber Board. Once the application, documentation, and required Board certification have been received and verified by the board, you will either be issued a Ohio license **OR** you will be scheduled for the appropriate examination and mailed an examination notification.
- If you are applying based on an out-of-country license or certification, you will need to submit the following:
  - Current, Valid License or Certification
  - Training transcript that includes the breakdown of subject areas included in the completed program.

### Required Submissions:

- One (1) of the following forms of current, valid photo identification:
  - Driver's license
  - Military ID
  - USA Passport
  - Other form of government-issued identification
- Documentation of a tenth (10) grade education or the equivalent.
- Certification of licensure and training from State board where license is held.
- Copy of current license.
- If out-of-country a copy of current license or certification.
- Foreign applicants should include proof of US Citizenship or eligibility for state or local public benefits under 8 U.S.C. 1621.

**NOTE:** All foreign-language documents must be translated into English by an official Translation Service. Translated documents must have the Translation Service Seal.



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## Ohio License by Reciprocity Application

**FEE: \$ 70.00 (Non-Refundable)**

**Make Check or Money Order Payable To: Treasurer, State of Ohio**

<b>Personal Information</b>			
Last Name	First Name	Middle Name	Maiden
Street Address	City	State	Zip
Ohio County of Residence	Birth Date (MM/DD/YYYY)	Social Security Number	
Contact Number (Include Area Code)		Email Address (Required)	
<b>Licensure Information</b>			
Have you ever been licensed in Ohio?	No	Yes	
If yes, when?	_____	Ohio License #	_____
	MM/YY		
List only the state in which you currently hold an active license: _____			
_____			
<b>Type of Reciprocity: (Select only one)</b>			
Cosmetology (1500 Hours)	Hair Design (1200 Hours)	Esthetics (600 Hours)	
Manicuring (200 Hours)	Natural Hair Styling (450 Hours)		
Name of Cosmetology School Attended _____			
Cosmetology School Address _____			
<b>Examination (optional)</b>			
Please check this box if you <b>do not</b> meet the requirements to receive a waiver of the Ohio practical and theory examinations and wish to be scheduled to take these examinations.			
<b>Additional Instructions</b>			
Applicant is required to submit one (1) of the following forms of current, valid photo identification: Driver's license, Military ID, USA Passport, other form of government-issued identification.			
All applicants for an Ohio cosmetology or branch of cosmetology license must submit documentation of a tenth (10) grade education or the equivalent. An education record/transcript, copy of a diploma, or a GED certificate must accompany this application.			

**Acknowledgement**

I swear, or affirm, that information contained in this application are true and accurate to the best of my knowledge and belief.

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Signature

Date

**Notice on Collection of Personal Information**

The Ohio State Cosmetology and Barber Board collects personal information on this form principally to identify and evaluate an applicant's qualifications for licensure, issue and renew licensure and enforce the provisions of Sections 4709 and 4713 of the Ohio Revised Codes. Submission of this information is mandatory and the Board cannot process your application without a complete and accurate profile that includes the information requested. Information submitted to the Board, **excluding** confidential personal information as listed under Section 149.43 of the Ohio Revised Code, may be disclosed in response to a request for public records, to another state or government agency as required by law, or pursuant to a court order. Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666). Licensees may request to review the information maintained by the Ohio State Cosmetology and Barber Board. Questions should be directed to the Board office.

The Ohio State Cosmetology and Barber Board maintains personal information data in an interconnected enterprise licensing data system that is accessed by other agencies authorized to engage in occupational and professional licensing in the state of Ohio. Access to personal information data maintained in the interconnected enterprise licensing system by participating agencies is strictly limited to purposes identified by each participant, in accordance with Section 1347.15 of the Revised Code.

I hereby request that in order to process my application, act upon renewal requests, and to respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4709-11 and OAC 4713-13.

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Signature

Date

**Certification of Work Experience**

An applicant seeking to substitute licensed work experience for an amount of training hours must have the owner of a salon in which they have been employed certify the claimed amount of experience to the Board by completing the form below.

**Affidavit - This Section Must be Notarized**

Salon Owner: \_\_\_\_\_ Salon License Number \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Period of Employment: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

I swear or affirm that all information contained in this certification is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

↓ **For use if more than one employer needed to verify the claimed work experience.** ↓

Salon Owner: \_\_\_\_\_ Salon License Number \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Period of Employment: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

I swear or affirm that all information contained in this certification is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

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SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)