

WEST VIRGINIA STATE BOARD OF BARBERS AND COSMETOLOGISTS

1716 Pennsylvania Avenue, Suite 7, Charleston, West Virginia 25302

Phone (304) 558-2924 - Fax (304) 558-3450

Larry W. Absten, Director

REGISTRATION BY RECIPROCITY

Any applicant applying for registration by reciprocity must submit the following:

PLEASE READ CAREFULLY AND COMPLETE APPLICATION LEGIBLY!

REQUIREMENTS FOR REGISTRATION BY RECIPROCITY:

1. Equivalent of 2000 hours training for a cosmetology or barber/perm license; equivalent of 600 hours for an aesthetician license. Credit is given for work experience at the rate of 25 hours per month, which is equal to 300 hours for one year.
2. Applicant must have worked at least two years out of the past five years.
3. Completed reciprocity application.
4. Copy of a current license.
5. State Board certification from original licensing Board. **(You will need to contact the State Board office in the state where you were originally licensed and request a certification of your hours and license be mailed directly to our office.)**
6. Copy of education record.
7. Notarized employment record. **(Statement must include exact dates of employment and employment must be at least two years out of the past five years.)**
8. \$50.00 reciprocity fee, made out to "Board of Barbers and Cosmetologists".
(PLEASE NOTE: This must be in the form of a money order, certified or cashier's check.)

***NOTICE: Manicurists are not eligible licensure by reciprocity, but must pass Board examination of State Law, practical skills and National Written examination.**

The hour requirements for West Virginia are:

Managing Cosmetologist	2000
Master Barber/Perm.....	2000
Aesthetician	600
*Manicurist.....	400

Upon receipt of **completed** application, applicant will be placed on the agenda for the next regularly scheduled Board meeting. **Board meetings are regularly scheduled for February, May, August and November.** If the Board approves an application for licensure, a license will be issued at that time. If it fails to meet the Board's approval, entire application with fee will be returned with an explanation.

IMPORTANT NOTICE!!

Applicants applying for licensure in West Virginia by reciprocity are **NOT** permitted to work until the approval of application and a license is issued. Anyone caught working in West Virginia without a valid West Virginia license will be fined (See Series 7 of Legislative Rules). **Work permits are not issued.**

(THIS SPACE FOR OFFICE USE ONLY)

DATE APPROVED: _____ LICENSE NO. _____

DATE REGISTERED: _____

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APPLICATION FOR REGISTRATION BY RECIPROCITY

This Application Must Be Completed in Accordance With Chapter 30, Article 27, Code of West Virginia, and submitted with the reciprocity fee of \$50.00 in the form of a money order, certified or cashier's check.

PLEASE CHECK BELOW THE TYPE OF LICENSE THAT YOU ARE APPLYING FOR:

BARBER

COSMETOLOGIST

AESTHETICIAN

PERSONAL INFORMATION

(Please type or print legibly.)

Name: _____ SSN: _____ Age: _____

Address: _____ Phone: () _____

_____ Date of Birth: ____ / ____ / ____

EDUCATIONAL INFORMATION

LIST BELOW INFORMATION REGARDING YOUR PROFESSIONAL TRAINING

A record of your preliminary education must also be attached. This may include a copy of your high school diploma, a transcript of your grades or a certified statement from the school attended.

School: _____

Address: _____

Enrolled: ____ / ____ / ____ Date Last Attended: ____ / ____ / ____ Hours Obtained: _____

LICENSING INFORMATION

NOTE: Certification of license and hours must be sent to our office from the state where you were originally licensed.

State Licensed: _____ Date Licensed: ____ / ____ / ____ Expiration Date: ____ / ____ / ____

PLEASE COMPLETE PAGE ONE AND TWO

NOTICE TO APPLICANT

The Board may refuse to issue a certificate of registration to any applicant, and may refuse to renew, or may suspend or revoke the same of any holder thereof, for any of the following reasons:

- 1) Conviction of the commission of a felony, as shown by a certified copy of the record of the court of conviction;
- 2) Obtaining or attempting to obtain a certificate of registration to practice cosmetology, barbering, manicuring or aesthetics in this state by false pretenses, fraudulent misrepresentation, or bribery by the use of money or other consideration;
- 3) Gross incompetence;
- 4) The continued practice of barbering, cosmetology, manicuring and/or aesthetics by a person knowing himself to be afflicted with a contagious or infectious disease;
- 5) The use of knowingly of any false or deceptive statements in advertising;
- 6) Habitual drunkenness, or habitual addiction to the use of morphine cocaine or other habit-forming drugs;
- 7) Conviction for illegal sale of any intoxicating beverage, as shown by a certified copy of the record of the court of conviction;
- 8) Violation of any of the rules and regulations prescribed by the Board of Health;
- 9) Violation of any of the rules and regulations prescribed by the Board of Barbers and Cosmetologists;
- 10) Violation of any licensing or registration requirement of §30-27-10A of the West Virginia Code.

Attach a Recent

Photo Here

The following must be included with this application to make complete:

- 1. \$50.00 reciprocity fee. (Money order)
- 2. Notarized record of employment.
- 3. Recent photograph attached above.
- 4. TB test results as requested below.
- 5. Copy of current license.
- 6. Proof of education.

CERTIFICATION OF APPLICANT

PURSUANT TO W.VA. CODE § 48A-5A-5© EACH APPLICANT FOR LICENSURE MUST ANSWER THE FOLLOWING QUESTIONS AND CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THESE ANSWERS ARE TRUE AND CORRECT.

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Do you have a child support obligation: | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to question 1, above is yes, are you in arrearage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the answer to question 2, above is yes, does your arrearage equal or exceed the amount of child support payable for (6) months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you the subject of a child support related subpoena or warrant? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION, YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LICENSE.

I do hereby certify, under penalties of perjury and false swearing, that the above answers are true and correct to the best of my knowledge.

Signature: _____ Date: _____

**IMPORTANT NOTICE
REGARDING REQUIRED MEDICAL INFORMATION**

This application will not be considered complete without the inclusion of the results of a Mantoux method tuberculin skin test performed within the past six (6) months and, proof of having had a tetanus toxoid vaccination within the last ten (10) years.

****The results of the TB test and record of the tetanus must be attached to this application.****