

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

Reciprocity Requirements for Hours  
Summary

**Being convicted of a felony as provided under § 17-3-102 may disqualify you from licensure, please complete and submit prelicensure petition (link below) before submitting a reciprocity application.**

[https://www.healthy.arkansas.gov/images/uploads/pdf/Act\\_990\\_Prelicensure\\_petition\\_.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Act_990_Prelicensure_petition_.pdf)

Any person who is transferring hours from another state and does not hold a current license in another state is required to pass a written and practical examination to qualify for a license in this State.

REQUIREMENTS:

1. Complete an Arkansas Reciprocity Form (Hours).
2. Proof of Training. 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 state or a sealed transcript from the school you attended. Either the school or licensing entity seal must be affixed to said document.
    - 1500 hours for cosmetologist
    - 600 hours for aesthetician
    - 600 hours for manicurist
    - 600 hours for electrologist
  - b) A breakdown of the curriculum requirements for said course.
  - c) 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 (10th grade) or its equivalent for cosmetologists, aestheticians or manicurists and four years (12th grade) or its equivalent for electrologist.
5. Photostatic copy of photo ID (must be legible)
6. Reciprocity fee of \$50.00 (Non-Refundable)

When the Cosmetology Section receives all information listed above and your paperwork has been approved, you will need to contact an Arkansas Cosmetology School to schedule your practical examination. A list of schools can be found on our website at [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov). The written examination is administered by PSI and you will need to schedule with PSI. You will receive an approval letter before you can schedule any examination. The \$50.00 fee is non-refundable and does not include any examination fees.

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

# Reciprocity Form Hours

**Instructions: Please review the reciprocity requirements and process before completing.** This form is required if you are transferring hours from another state and you want to become licensed in the State of Arkansas. **There is a \$50 non-refundable reciprocity fee due at the time you submit this form and the required attachments. This fee does not cover any examination costs. The fee and application expire one (1) year after application date.**

**If convicted of a felony as provided under § 17-3-102 could disqualify you from licensure.**

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**Applicant's Name**

Last Name		First Name (no nickname)		Middle Name	
Maiden Name (if applicable)		Email Address (REQUIRED)			
Address		Apt. #	City	County	State Zip Code
Telephone Number		Gender MALE FEMALE		Marital Status	
Social Security Number	Date of Birth	In what language do you prefer to take the written/state law exam? ENGLISH SPANISH VIETNAMESE KOREAN			
Race Black White Am. Indian Hispanic Asian Alaskan Native					

**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?					
Year Completed	Grade Completed	City/State/County			

**Criminal Records**

Have you ever been convicted of or found guilty of or entered a plea of guilty or nolo contendere to any offense that would constitute a felony? If yes, please list felony(s) _____ _____ Have you completed and submitted a prelicensure petition? Yes ___ No ___	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**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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