



# 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 - Instructor Information

Persons holding a valid license to teach the theory and practice of cosmetology, or any branch of cosmetology, in other states, or from other countries, may obtain an Ohio license to teach cosmetology, or any branch of cosmetology, under section 4713.34 of the Ohio Revised Code if all of the conditions are met:

- The individual holds an active instructor license or equivalent in cosmetology, or any branch of cosmetology.
- The individual is not less than eighteen (18) years of age.
- The individual is of good moral character.
- The requirements to obtain the license in the other licensing jurisdiction of origin extends similar reciprocity opportunities to individuals licensed in Ohio.
- At the time the license was obtained in the other licensing jurisdiction, the requirements in this state for obtaining the license the applicant seeks were substantially equal to the requirements of that licensing jurisdiction.

### 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 Barber 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 an Ohio instructor license.

### 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 twelfth (12) grade education or the equivalent.
- Certification of licensure 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 -Instructor

**FEE: \$ 73.50 (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 Instructor	Hair Design Instructor	Esthetics Instructor	
Manicuring Instructor	Natural Hair Styling Instructor		
Name of Cosmetology School	_____		
Attended Cosmetology School Address	_____		
<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 twelfth (12) 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**

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