Kansas Board of Cosmetology
2420 NW Button Rd. Topeka, KS 66618
Telephone: (785) 296-3155 Fax: (785) 296-3002
Email: Kboc@ks.gov Website: www.kansas.gov/kboc

APPLICATION FOR OUT-OF-STATE LICENSURE

Do not use this form to reinstate or renew a previously issued Kansas license. To renew or reinstate your Kansas license, please use the following link for available options. https://www.kansas.gov/kboc/licenses/license-renewal/

The following outlines requirements for Kansas licensure in body art professions pursuant to K.S.A. 65-1949:

69-15-4 Out-of-state equivalent course of study.
Each applicant who has completed a training program in another state or jurisdiction shall show that all of the following conditions are met, for that training program to be approved by the board:

As an apprentice under the supervision of an approved trainer: 1200 hours of theory and practical experience that include 50 completed procedures. A training program directly supervised by an approved trainer shall be limited to one trainee.

In an approved school: 600 hours of theory and practical experience that include 50 completed procedures.

The training program must have covered the areas of theory and practical experience specified in K.A.R. 69-15-2. If the training program completed in another state or jurisdiction included hours allotted to studying the laws and regulations of that state or jurisdiction, those hours may count toward the required number of hours allotted to studying Kansas statutes and regulations.

The instructions on pages 2 - 4 will outline details for submissions.

The following outlines the requirements for Kansas reciprocity licensure for the professions under the jurisdiction of the Board of Cosmetology pursuant to K.S.A. 48-3406. To qualify under this provision, applicants must be one of the following:

1. A reciprocity applicant who is a military member (active or honorably discharged) or a spouse of military member.
2. A reciprocity applicant who has established or intends to establish residency in KS.

Applicants who work in a US State, District or Territory that requires licensure for the profession must:

- Hold valid license or certification from another US state, district or territory in the profession in which Kansas requires licensure.
- Have at least one-year work experience

Applicants who work in a US State, District or Territory in which the profession is not regulated and have a private certification must:

- Have worked at least two years prior to the application date in the profession in which Kansas requires licensure.
- Be in good standing with the private organization

Applicants who work in a US State, District or Territory in which the profession is not regulated and have no private certification must:

- Have worked at least three years in the last four years prior to the application date in the profession in which Kansas requires licensure.

Failure to complete all sections on this application and/or submit all supporting documentation as described below will result in significant licensing delays. Please read and complete ALL sections to ensure the fastest processing.

This application and all supporting documentation should be submitted to:

The Kansas Board Of Cosmetology
2420 NW Button Rd. Topeka, KS 66603
kboc@ks.gov

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INSTRUCTIONS FOR SUBMISSIONS

Please read all directions in full as they correspond to each section on the application.

1. Section #1 Applicant Information

   1. Legible photocopy of your current U.S. Government issued photo identification

   Examples: State issued ID or Driver's License, Passport, Passport Card, Military ID (front and back)

   2. Legible photocopy of your social security card

   The name on the application and the identification documents must match. The name on the ID and social security card must match.

   3. Legal name change documents (if applicable)

   If you have had a legal name change, please include a copy of the legal documents verifying the change of name (marriage license, divorce decree, birth certificate, etc.) This documentation will be required if you have a previous name displayed on your High School equivalency document.

2. Section #2 Felony Convictions

   Felony Convictions

   The Board requires you to disclose all felony convictions even if they did not occur in Kansas or you were told they did not appear on a background check. You MUST provide your case number(s) in order for your application to be considered.
   When applicable, the following packet should be submitted along with your application: 55. Felony Reporting Packet

3. Section # 3 Fee Payment

   Submit the $75 non-refundable fee by credit card, check, or money order
   Record the Order ID# from your credit card receipt on your application

4. Section #4 Military Service

   Military Service, Spouse, or Member
   Submit a legible photocopy of your CAC, Military ID (front and back), or DD-214

5. Section #5 Citizenship Status

   U.S. Citizen, non-immigrant with a visa, permanent resident/resident alien
   Submit a legible photocopy of your resident alien card (front and back)

6. Section #6 Licensure and Training Verification

   A. License Verification:

   Contact each US State, District or Territory licensing body board in which you have been licensed and/or completed professional training and request verification be sent to our office. The verification must be sent directly to the Kansas Board of Cosmetology from the licensing body, we cannot accept this documentation from applicants or from schools outside of Kansas. Board staff must be able to independently verify your license; in some cases, other official documents may be required by KBOC for licensure.

   Professional training attained outside the United States:

   If you completed any professional training outside of the United States, it must be verified and evaluated for training equivalence. The verification must include information regarding the duration of training, the number of instructional hours, and the subject matter of the training. Contact an educational credential evaluation company and request verification be sent directly to our office. We cannot accept this documentation from applicants. The Board will consider approval of credential evaluations on a case by case basis and does not guarantee acceptance. You can find lists of accredited educational credential service providers here:
   https://www.naces.org/
   https://aice-eval.org/

   Private certification verification:

   Contact the organization in which you are currently certified and request verification of good standing be sent to this office. The organization providing the certification must be within another state or jurisdiction of the United States. The verification must be sent directly to the Kansas Board of Cosmetology from the organization providing verification. We cannot accept this documentation from applicants. The verification should include the organization name, contact information including address of business, the duration of training, the number of instructional hours, the subject matter of the training and the requirements necessary for the practitioner to remain in current good standing with the organization after receiving the certification.

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6. Section #6 Licensure and Training Verification (continued from previous page)

B. Verification of Training:

i. Final Operating Record
Submit a final operating report detailing your training hours that displays the notarized signature of your trainer. (If you are unable to provide this, please include an explanation with your application.)

ii. Curriculum
Submit a copy of the curriculum used during your training program that displays the notarized signature of your trainer. (If you are unable to provide this, please include an explanation with your application.)

iii. Completed Procedures
Please refer to Policy 003-12 Verification of Body Art Completed Procedures for submission guidance for this requirement. (If you are unable to provide this, please include an explanation with your application.)

iv. Verification of Licensed Trainer
Contact the licensing body board where your trainer was licensed and request verification be sent to our office. The verification must be sent directly to the Kansas Board of Cosmetology from the licensing body, we cannot accept this documentation from applicants or from schools outside of Kansas. Board staff must be able to independently verify the license; in some cases, other official documents may be required by KBOC for licensure.

v. Verification of Continuing Education
Submit verification of eight (8) hours Board approved infection control and blood borne pathogens training, (Body Piercers must include copy of CPR certification.) A list of pre-approved Continuing Education for Body Art Practitioners can be found here: continuing education courses for practitioners.

7. Section #7 Employment History:
Contact each place of employment and request an employment verification letter be sent directly to this office. The verification letter must be sent directly to the Kansas Board of Cosmetology from the employer, we cannot accept this documentation from applicants.

The verification letter must include the following:

1. The employer's name and the full address of the business
2. Your full name
3. The dates of your employment
4. Your job title

You must provide your employment history relevant to the application and complete the employment verification affidavit stating that the application information and employment history is true and accurate. Board staff must be able to independently verify your employment, unverified employment will not be recognized.

8. Section #8 High School Education

1. High School Transcript
You must submit a high school transcript along with your application in order for it to be processed. High school transcripts may be held by the high school or they may be held by the school district office. To request your high school transcript, contact the high school office that maintains your graduation records and request a copy of your transcript.

- How do I know if the Board will accept my High School Transcript?
  Follow this link to review the Board's High School Guidelines

9. GED Verification:
Applicants who did not graduate from an accredited high school may meet this requirement by requesting to have their graduate equivalent diploma (GED) transcripts sent from the issuing party. Issuing party includes services obtained by the issuing party for sending education documents digitally such as Parchment, GED Diploma Sender, etc.

3. High school education attained outside the United States:
If you completed high school outside of the U.S., your high school transcript must be verified and evaluated for educational equivalency. Contact an educational credential evaluation company and request verification be sent directly to our office. We cannot accept this documentation from applicants. The Board will consider approval of credential evaluations on a case by case basis and does not guarantee acceptance. You can find lists of accredited educational credential service providers here:
https://www.naces.org/
https://aice-eval.org/

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9. Section #9 Attestation

   The Board requires you to complete the attestation. A typed signature will **NOT** be accepted.

When should I expect an update?

The Board asks that you allow 7-10 business days to process all documentation received. Application status updates will be sent to the email address you provided. The out-of-state license process typically takes no less than 3 weeks and is dependent on the submission of the required supporting documentation as outlined above. Please refrain from contacting our office more than once every 7-10 business days following a status update to ensure the fastest possible service.

Possible paths to licensure:

Submission of this application does not guarantee you will be issued a Kansas license. Board staff will review your individual circumstances upon receipt of this completed application, the non-refundable fee, and all supporting documentation. You can help ensure Board staff are able to provide you with the quickest and least restrictive path to a Kansas license by completing all required fields and requesting all supporting documentation. Incomplete applications will not be processed.

Possible outcomes:

After Board Staff has reviewed your application, you will receive an e-mail update outlining the quickest and least restrictive path to a Kansas license. This includes but is not limited to:

- Applicant qualifies for a license via self-test which will be emailed to the applicant upon completion of the application. You may download the Kansas laws and regulations at www.kansas.gov/kboc.
- Applicants may be required to earn additional training hours and/or take the Board exams to be issued a Kansas license. An additional license fee of $25.00 plus the cost of exams will be assessed. These applicants will receive their exam information via email upon completion of the application. A temporary permit application will be offered to applicants at this time. Only applicants required to take exams will be eligible for the temporary permit. Please use the following link to access information about examinations: Exam Info.

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APPLICATION FOR OUT-OF-STATE LICENSURE

Complete this application by typing into the fields below. Forward the completed application to the Board with the following documentation:

1. **Non-refundable** $75 application fee (check, money order, or credit card accepted)
2. **Legible photocopy** of your social security card and your current U.S. government issued photo identification (*i.e. driver's license, state identification card, or military identification). The name on the application and the identification documents must match. The name on the ID and social security card must match.*
3. Supporting documentation for each section. Please see the instructions on **pages 2 -4 for submission requirement details.**

#1 Applicant Information

License type for which you are applying: Tattoo Artist: ___ Body Piercer: ___ Cosmetic Tattoo Artist: ___ Tattoo/Cosmetic Tattoo Artist: ___

Do you reside or intend to reside in Kansas? ____

Full Legal Name: _____ (Last) _____ (First) _____ (Middle) Male ☐ Female ☐

Address: _____ (Street) _____ (City/State) _____ (Zip)

Phone Number: (____) _____ Date of Birth: _____ (mm/dd/yyyy) *Social Security Number: _____

E-mail Address: _____ **Application confirmation, updates, and testing information will be sent to the email address provided.**

List **ALL** other last names or legal names you have had: _____
If you have had a legal name change, please include a copy of the legal documents verifying the change of name (marriage license, divorce decree, government issued ID, etc.).

* Disclosure is mandatory for licensure and authorized by KSA 74-148 and 74-139. It is used to verify identity and license individuals lawfully residing in the U.S. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicants social security number and address.

#2 Felony Conviction

Have you been convicted of a felony? Yes ___ No ___ **If yes, you must provide your case number(s):** _____

If this is the first time you have notified the Board of this conviction, you must submit form #55 Felony Reporting Packet, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1908, failure to disclose all felony conviction(s) may result in disciplinary action.

#3 Fee Payment $75

Credit Card Payment $75

1). Go to the Board website: www.kansas.gov/kboc
2). Select Payment Portal from the Top Menu Bar
3). Transaction Item = Practitioner Initial License Fee
4). Record your Order ID # from your emailed receipt below
Order ID # _____

Check or Money Order Payment $75

1). Complete this form
2). Make Check or Money Order Payable to the Kansas Board of Cosmetology
3). Mail form and payment to the Board office at the address provided above.

#4 Military Service (Complete if applicable)

☐ Military Service (Provide a copy of your CAC card or your Military ID)

☐ Military Spouse (Provide a copy of your CAC card or your Military ID)

☐ Military Service Member (Provide your DD-214 and separation date below) Separation Date: _____

#5 Citizenship Status

Pursuant to federal law, a person who is not a U.S. citizen is not eligible for licensure unless the person is a qualified alien or a nonimmigrant. I am:

☐ a U.S. Citizen.
☐ a nonimmigrant with a visa: _____. (Type of Visa e.g. F-1; F-2; H-1B)
☐ a nonimmigrant whose visa for entry is related to employment in the United States.
☐ a permanent resident/resident alien (include a front and back copy of your card with this application).

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#6 Licensure and Training Verification

☐ **I hold a valid license in another US State, District or Territory** in the area of practice in which I am applying for. List all stateswhere you have helda license(an additional page may be attached if needed):

State: _____ License Number: _____ Issue Date: _____ Expiration Date: _____
Contact the state board and request verification be sent to this office. The verification must be sent directly to the Kansas Board of Cosmetology from the state regulatory board providing verification of licensure.

State: _____ License Number: _____ Issue Date: _____ Expiration Date: _____
Contact the state board and request verification be sent to this office. The verification must be sent directly to the Kansas Board of Cosmetology from the state regulatory board providing verification of licensure.

State: _____ License Number: _____ Issue Date: _____ Expiration Date: _____
Contact the state board and request verification be sent to this office. The verification must be sent directly to the Kansas Board of Cosmetology from the state regulatory board providing verification of licensure.

☐ I do not hold a valid license in another US State, District or Territory in the area of practice in which I am applying for. I hold a private certification and the state (county or city) that I was practicing in does not require a license to practice this profession.

☐ I do not hold a valid license in another US State, District or Territory in the area of practice in which I am applying for. I do not hold a private certification and the state (county or city) I was practicing in does not require a license to practice this profession.

Training #1

Trainer Name: _____ Trainer License Number: _____

Facility Name: _____ Facility Address: _____

Training Start Date: _____ Training End Date: _____ Total Hours: _____ Total Procedures: _____

(The KBOC will only recognize hours and procedures obtained through a valid apprenticeship under a practitioner licensed in the field in which you apprenticed.)

Training #2

Trainer Name: _____ Trainer License Number: _____

Facility Name: _____ Facility Address: _____

Training Start Date: _____ Training End Date: _____ Total Hours: _____ Total Procedures: _____

(The KBOC will only recognize hours and procedures obtained through a valid apprenticeship under a practitioner licensed in the field in which you apprenticed.)

Training #3

Trainer Name: _____ Trainer License Number: _____

Facility Name: _____ Facility Address: _____

Training Start Date: _____ Training End Date: _____ Total Hours: _____ Total Procedures: _____

(The KBOC will only recognize hours and procedures obtained through a valid apprenticeship under a practitioner licensed in the field in which you apprenticed.)

Stop and review your application. Failure to complete ALL fields will result in an incomplete application and subsequent licensing delays. Please see the instructions on pages 2 - 4 for submission requirement details.

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#7 Employment History

List your complete employment history in reverse order, beginning with your present status as pertains to the area of practice in which you are applying for.

Employer Name: _____ Your Job Title: _____ Employer Phone Number: _____

Employer Address: _____ City: _____ State: _____ Zip: _____ Employer Email: _____

Employment Start Date: _____ Employment End Date _____ Total Months of Employment: _____

Employer Name: _____ Your Job Title: _____ Employer Phone Number: _____

Employer Address: _____ City: _____ State _____ Zip: _____ Employer Email: _____

Employment Start Date _____ Employment End Date: _____ Total Months of Employment: _____

Employer Name: _____ Your Job Title: _____ Employer Phone Number: _____

Employer Address _____ City: _____ State: _____ Zip _____ Employer Email: _____

Employment Start Date: _____ Employment End Date: _____ Total Months of Employment: _____

Employment must be verified. You must contact each place of employment and request an employment verification letter be sent directly to this office. The verification letter must be sent directly from the Kansas Board of Cosmetology from the employer, we cannot accept this documentation from applicants. The verification letter should include the employer's name and the full address of the business, your full name, the dates of your employment, and your job title. You must provide your employment history relevant to the application and complete the employment verification affidavit stating that the application information and employment history is true and accurate. Unverified employment will not be recognized.

#8 High School Education

☐ US Diploma: Name of Accredited High School: _____ Date of Request: _____

Please contact the high school from which you graduated and request a copy of your transcript be sent to our office.

☐ General Education Diploma (GED): State: _____ Date of Request: _____

Please contact the testing facility or the State Board of Education where you attained a GED and request verification be sent to our office.

☐ Foreign Diploma: Country: _____ Date of Request: _____

If you completed high school outside of the United States, it is your responsibility to have the training verified by an educational credential evaluator.

#9 Attestation

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand the application, and that the information provided is true and correct.

Signature Required: _____ Date: _____

Out of state applications are complex and require additional staff time. Processing of each application will not begin until ALL documentation is received. Please refrain from sending board staff multiple correspondence to ensure the fastest possible service. If you have not been contacted within 15 business days regarding a status update, you may send an email to kboc@ks.gov.

If you have questions about this form please e-mail kboc@ks.gov

Failure to complete ALL fields will result in an incomplete application which cannot be processed.