



## 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 cosmetology professions pursuant to K.S.A. 65-1904b:

### Cosmetology – \*Required Hours 1,500

- 1,500 + Active license in another state = 20 question open book exam.
- 1,500 + no license or expired license = must take Board exams.
- Less than required hours + active license = must take Board exams.
- Less than required hours + no license or expired license = must get additional hours and must take Board exams (written and practical).

### Manicuring – \*Required Hours 350

- Must have 350 hours and must take written Board exams (theory and practical).

### Esthetics – \*Required Hours 1,000

- 1,000 + Active license in another state = 20 question open book exam
- 1,000 + no license or expired license = must take Board exams.
- Less than required hours + active license = must take Board exams.
- Less than required hours + no license or expired license = must get additional hours and must take Board exams.

### Electrology – \*Required Hours 500 (school) or 1,000 (apprenticeship)

- 500 (school) or 1000 Hour apprenticeship + Active license in another state = 20 question open book exam
- 500 (school) or 1000 Hour apprenticeship + no license or expired license = must take Board exams.
- Less than required hours + active license = must take Board exams.
- Less than required hours + no license or expired license = must get additional hours and must take Board exams.

**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 66618  
[kboc@ks.gov](mailto:kboc@ks.gov)



## **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 and Disciplinary Actions**

#### **1. 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](#)

#### **2. Prior Disciplinary Actions**

The Board requires you to disclose all prior disciplinary actions.

When applicable, the following packet should be submitted with your application: [57. Disciplinary Action Disclosure Form](#)

Pursuant to K.S.A. 65-1908, failure to disclose may result in disciplinary action including the denial of licensure.

### **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**

#### **1. 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/>

#### **2. 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.



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**

If the applicant has held a current license in another jurisdiction, in the area of practice in which an applicant seeks a license, for 10 years or more, proof of high school equivalency will not be required.

**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](#)

**2. 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/> or <https://aice-eval.org/>

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](http://www.kansas.gov/kboc).
- Applicant qualifies for a license via open book exam. The exam will be emailed to the applicant upon completion of the application. This is a 20-question exam based on the Kansas laws and regulations that you must return to our office. You may download the Kansas laws and regulations at [www.kansas.gov/kboc](http://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. 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](#).



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 and 3 for submission requirement details.

#1 Applicant Information

License type for which you are applying: Cosmetologist: \_\_\_ Esthetician: \_\_\_ Manicurist: \_\_\_ Electrologist: \_\_\_ Instructor: \_\_\_

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 and Disciplinary Actions

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.

Have you had a license certificate or permit revoked, suspended or limited, or had other disciplinary action taken by the State of Kansas or any other state against any professional or occupational license, certificate or permit held by you; or has an application for any professional or occupational license, certificate or permit been denied by the State of Kansas or proper regulatory authority of another state, territory, District of Columbia or another country?

Yes No

If yes, you must submit form #82 Disciplinary Action Disclosure Form, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1908, failure to disclose all disciplinary actions may result in disciplinary action.

#3 Fee Payment \$75

Credit Card Payment \$75

- 1). Go to the Board website: www.kansas.gov/kbcoc
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 permanent resident/resident alien (include a front and back copy of your card with this application).  
 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.

**#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 states where you have held a 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.

**List all states and/or countries in which you have received training for your licensure:** \_\_\_\_\_

*KBOC will only recognize training hours verified by the state regulatory Board of the state in which they were obtained. KBOC must be able to verify training hours directly with the regulatory Board. Unverified training will not be accepted.*

**Date of Request(s):** \_\_\_\_\_

Cos/NT/Esth School Graduated From: \_\_\_\_\_ City: \_\_\_\_\_

Dates of attendance From : \_\_\_\_\_ To: \_\_\_\_\_ Hours Attained: \_\_\_\_\_

Additional Cos/NT/Esth School Attended: \_\_\_\_\_ City: \_\_\_\_\_

Dates of attendance From : \_\_\_\_\_ To: \_\_\_\_\_ Hours Attained: \_\_\_\_\_

*If you attained professional training outside the US, it is your responsibility to have the training verified by an educational credential evaluator. This verification must include the number of training hours received, duration of training, and subject matter of training.*

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 and 3 for submission requirement details.



**#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**

I have been licensed in another state or jurisdiction in the area of practice in which I am applying for licensure for 10 years or more.

***If the applicant has held a current license in another state or jurisdiction in the area of practice in which the applicant seeks a license for 10 years or more, high school diploma or GED verification will not be required.***

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](mailto:kboc@ks.gov).

If you have questions about this form, please e-mail [KBOC@ks.gov](mailto:KBOC@ks.gov)

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