



Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

RECIPROCITY EXAM REGISTRATION APPLICATION

If you have completed a course of training in another state, with hours that are equal to Oklahoma requirements, but do not have a license

OR

If your out of state license has expired (between 1 and 5 years),

OR

if your foreign reciprocity application has been denied

OR

If you have a license but do not meet criteria for reciprocity

you must first transfer your hours to Oklahoma and then register for and pass both parts of the Oklahoma State Board exam.

1. **Obtain** and **submit** a certification/affidavit of your license records from the State Board (or other licensing agency) where you hold your license. This certification is a form your State Board will complete for you with your licensing history and information. Certification must include an official signature and state seal. **Certification must either be attached to your Exam Registration OR already be on file with the Oklahoma State Board of Cosmetology.** If your State Board sends your certification of records directly to our office, we will notify you in writing to submit your exam registration form, photo and fee. Please **DO NOT** submit your license or a copy of your license unless specifically requested to do so by the Oklahoma State Board of Cosmetology.
2. **Submit** the enclosed Reciprocity Exam Registration Application, completed with your signatures notarized.
3. **Submit** one current, 2" x 3", full face photograph. A current photograph is considered to be less than one year old.
4. **Submit** a fee of \$45.00 (\$30.00 transfer of hours fee + \$15.00 exam registration fee = \$45.00) payable by money order or cashier's check to the Oklahoma State Board of Cosmetology. **NO PERSONAL CHECKS ARE ACCEPTED.**

When we have received your completed application and fee, you will be sent an exam notice advising you of date, time and place of exam, and supplies needed. You will also receive a temporary work permit.



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DATE OF EXAMINATION: _____ (Office Use Only)

Reciprocity Exam Registration Application

Eligibility Requirements & Instructions:

1. Submit \$45.00 fee payable by money order or cashier's check. **PERSONAL CHECKS ARE NOT ACCEPTED.**
2. **Obtain** and **submit** a certification/affidavit of your school records from the State Board where you hold your license.
3. **TEST DATE MAY NOT BE CHANGED UNLESS DUE TO MEDICAL EMERGENCY OR DEATH IN THE FAMILY.**

Name _____

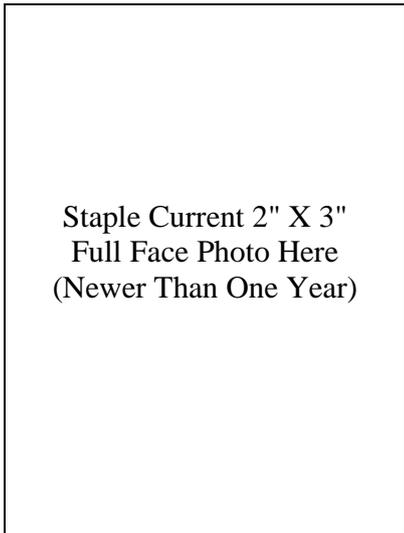
Mailing Address _____
Street City State Zip

Home Phone # (_____) _____ Business Phone # (_____) _____

Birth date _____ Social Security Number _____

For what type of test are you applying? (check only one box)

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Cosmetologist - \$45.00 | <input type="checkbox"/> Manicurist - \$45.00 | <input type="checkbox"/> Facialist - \$45.00 | <input type="checkbox"/> Instructor - \$45.00 |
|--|---|--|---|



I certify this photo is of me:

Date of Photo: _____, 20 _____

Signature of Applicant

This application must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____