

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-3608 · Fax 603-271-3950

PETER DANLES
Executive Director

SHERI WALSH
Division Director



**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
RECIPROCIITY INSTRUCTIONS FOR OBTAINING A BARBER, COSMETOLOGY,
ESTHETICS, OR MANICURING LICENSE IN NEW HAMPSHIRE**

Application for licensure is considered on an individual basis. In submitting your applications for licensure, the following must be included or processing of your application will be delayed. You must provide the Board with the following:

1. Application fee of \$100.00 payable to "Treasurer State of New Hampshire". No refund will be issued if you do not complete the process. The reciprocity process must be completed within 90 days, if not your fee will be forfeited;
 2. Individual Licensed in Another State form (form attached);
 3. Completed Questionnaire for Applicants and Licensees (form attached);
 4. State Law Acknowledgment Form (form attached);
 5. Certification of State Licensure verifying your current license, testing information, and disciplinary action if any. This must be obtained from the State Board in which your license is held. This form is sent directly to us from your state board. Instructor license applications require a certification for the professional license and the instructor license;
 6. Transcripts of Training from the school attended. If the school has closed or no longer has your transcripts, you must submit a notarized letter stating the school name and location, number of hours completed and that the school has closed or no longer has records;
 7. Cosmetologists or master barbers must have 1500 hours of training. If the applicant doesn't have the required 1500 hours of cosmetology or master barber training, a notarized letter from a previous employer or co-worker stating you have 3000 hours work experience must be provided. A barber must have 800 hours of training. If the applicant doesn't have the required 800 hours of training a notarized letter from a previous employer or co-worker stating you have 1600 hours of work experience must be provided. Estheticians must have 600 hours of training. If the applicant doesn't have the required 600 hours of training a notarized letter from a previous employer or co-worker stating you have 1200 hours of work experience must be provided. A manicurist must have 300 hours of training. If the applicant doesn't have the required 300 hours, a notarized letter from a previous employer or co-worker stating you have 600 hours of work experience must be provided.
- THE LETTER MUST STATE HOURS WORKED REGARDLESS OF THE NUMBER OF YEARS;**
8. A copy of high school diploma, GED, or if you are 21 or more years of age a copy of your birth certificate or driver's license;
 9. Photocopy of current license in your trade.

NOTE: Documents required for reciprocity must be in English or translated and notarized if applicable.
APPLICANTS SHALL NOT WORK IN THEIR PROFESSION IN THE STATE OF NEW HAMPSHIRE UNTIL RECEIVING A NEW HAMPSHIRE LICENSE.

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-3608 · Fax 603-271-3950

PETER DANLES
Executive Director

SHERI WALSH
Division Director



**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
QUESTIONNAIRE FOR APPLICANTS AND LICENSEES**

This questionnaire must be completed using blue or black ink, signed, and sent to the NH Board of Barbering, Cosmetology, and Esthetics at the above address with your application for licensure or renewal. (If additional space is required for explanation, use other side.)

1. Have you ever been convicted of any felony or misdemeanor, **other than a traffic violation**, which has not been annulled by a court? (Circle one) **YES NO**

If yes, Before the Board can review your file for approval they must have the following documents: You must obtain from the Court(s) a copy of the court charge(s), conviction(s), penalties imposed, and provide a statement from you relative to the charge(s). If you are currently on probation/parole you must provide all the above plus the following: Your probation/parole officers name, mailing address, and telephone number if applicable; you must obtain a letter from your probation/parole officer stating you are in compliance with your probation/parole. If you were on probation/parole and have completed all requirements, we need a letter indicating you have met all requirements and are no longer on probation/parole.

If you have already submitted the above to the Board in a prior application, and the Board approved the conviction(s), you must state the conviction, the date of the conviction, and the date the Board approved this conviction:

2. Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A (Circle one) **YES NO If yes, explain:**
3. Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A? (Circle one) **YES NO If yes, explain:**

I hereby certify that the statements made in this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest or misleading answer may be grounds for 1) denial of this application; 2) disciplinary action against my license; and further that 3) false statements are punishable by law.

Applicant Signature: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Telephone _____

Social Security No. _____
(optional)

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-3608 · Fax 603-271-3950

PETER DANLES
Executive Director

SHERI WALSH
Division Director



**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
STATE LAW ACKNOWLEDGEMENT FORM**

The rules and statute can be found on the website at www.nh.gov/cosmet.

I hereby certify that I have read and understand the laws (RSA 313-A) and Administrative Rules relative to barbering, cosmetology, esthetics and manicuring. By signing this application I agree to adhere to the laws and rules as set by the Board. I am aware that the Board of Barbering, Cosmetology, and Esthetics has authority to proceed with disciplinary proceedings against my license for any violation of the RSA 313-A or the Board's Administrative Rules.

Applicant signature: _____

Applicant name (Please print): _____

Last four digits of social security number: _____

Date: _____