Department of Health & Human Services
DHHS
NEBRASKA

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health - Licensure Unit
P.O. Box 94986 – 301 Centennial Mall South
Lincoln, Nebraska 68509-4986
402-471-2399 susan.chocholousek@nebraska.gov

COSMETOLOGIST APPLICATION BY RECIPROCITY

Print or Type

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)
All mailings will be sent to the address you indicate below – if you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth: Month/Day/Year		Place of Birth: City/State or Country	
4	Check the Appropriate Box(s):	☐ Social Security Number (SSN); ☐ Alien Registration Number ("A#"); or ☐ Form I-94 (Arrival-Departure Record) number:	SSN# A# I-94 #	
	If you have both a SSN and an A# or I-94 number, you must report both. **Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is NOT public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.**			
5	Phone #: (optional)		Fax #: (optional)	
6	E-Mail Address: (optional)			

SECTION B - LICENSE FEES (See Chart Below)

The fee charged is based on the month and year in which your license will be issued.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	$95	$95	$95	$95	$95	$95	$25	$25	$25	$25	$25	$25
Odd Numbered Year	$95	$95	$95	$95	$95	$95	$95	$95	$95	$95	$95	$95

Make payable to: Licensure Unit

NOTE: Licenses expire12-31 of even-numbered years ($118 is the renewal fee)

SECTION C - EDUCATION (All applicants must complete this section)

1. High School, GED, or Equivalent:	Name of School: _____ Check the appropriate box: ☐ High School ☐ GED ☐ Equivalent – List type of education completed: _____
2. Name of School of Cosmetology or Apprentice Salon:	
3. City and State School where school/salon is located:	
3. Date of Graduation: (Month/Day/Year)	
4. Number of Cosmetology Hours Completed:	

An Applicant must have completed a course of cosmetology studies consisting of at least 2100 hours, in a period of not less than 6 months. If the applicant does not meet these hour requirements, these hours may be earned through any combination of hours earned as a student or apprentice in a cosmetology establishment licensed or approved by the jurisdiction in which it was located and hour-equivalents granted for recent work experience. For each month of full-time practice as an instructor within the five years immediately preceding application shall be valued as one hundred hour-equivalents toward an instructor's license or a cosmetology license and each month of full-time practice as a cosmetologist within the five years immediately preceding application shall be valued as one hundred hour-equivalents toward a cosmetology license.

SECTION D – EXPERIENCE (All applicants must complete this section)

If your cosmetology program **was less than 2,100 hours**, List below the Location, Telephone Number, Salon License Number, and Dates of Full Time Cosmetology or Cosmetology Instructor Practice gained within the **Last 5 Years Prior to submission** of this Application:

Name of Salon	Lic #	City	State	Telephone #	Date Began	Date Ended

SECTION E – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in issuance of a probationary license or other disciplinary action.

Licensure Information: You must answer the following 2 questions

The following questions relate to a credential that you hold or have held in cosmetology, electrology, esthetics, nail technology, body art, health services, health-related services or environmental services in another jurisdiction/state.

		Yes	No			
1	Do you hold an active or inactive (similar status) license in any state?	☐	☐	If yes, what State(s) are you licensed in?	What type of license do you hold?	
	If you are licensed, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	☐	☐	Type of Licensure Action	Date of Action	Name of Entity taking Action
2	Have you ever been denied the right to take a credentialing (licensure) examination?	☐	☐	Please Explain:		

You are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested. The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list (intended as examples), there are many more not listed here:

• MIP • DUI / DWI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • Disorderly Conduct • Disorderly House • Reckless Driving	• Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering • Bad Check • Fireworks

Convictions are also delineated in Neb. Rev. Stat. Chapter 28

NOTE: If you have any criminal charges or license disciplinary actions pending that results in a conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days of the decision at: http://www.dhhs.ne.gov/reg/investi.htm or by telephone at 402-471-0175.

Conviction Information:
Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 5 of application).

#	Question	Yes	No	Type of Crime	Date of Action	Name of Court
1	Have you **EVER** been convicted of a misdemeanor or felony?	☐	☐			

SECTION F – PRACTICE PRIOR TO CREDENTIAL
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of $10 per day up to $1,000, or such other action as provided in the statutes and regulations governing the credential.

1	I have practiced cosmetology in Nebraska before submitting this application?	☐ Yes ☐ No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business:
		City:
		Telephone #:

38-1061. Licensure or registration; categories; use of titles prohibited; practice in licensed establishment or facility.
(1) All practitioners shall be licensed or registered by the department under the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act in a category or categories appropriate to their practice.

(2) Licensure shall be required before any person may engage in the full, unsupervised practice or teaching of cosmetology, electrology, esthetics, nail technology, or body art, and no person may assume the title of cosmetologist, electrologist, esthetician, instructor, nail technician, nail technology instructor, esthetics instructor, permanent color technician, tattoo artist, body piercer, or body brander without first being licensed by the department.

(3) All licensed practitioners shall practice in an appropriate licensed establishment or facility.

SECTION G - ATTESTATION

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check the appropriate box below:

☐ I am a citizen of the United States; or

☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or

☐ I am a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name: _____

Signature: _____ Date: _____

38-1066. Reciprocity; requirements. The department may grant a license based on licensure in another jurisdiction to any person who meets the requirements of subdivisions (1) and (2) of section 38-1062 and who presents proof of the following:

(1) That he or she is currently licensed in the appropriate category in another jurisdiction and that he or she has never been disciplined or had his or her license revoked. An applicant seeking licensure as an instructor in the manner provided in this section shall be licensed as an instructor in another jurisdiction. An applicant seeking licensure as a cosmetologist in the manner provided in this section shall be licensed as a cosmetologist in another jurisdiction.

(2) That such license was issued on the basis of an examination and the results of the examination. If an examination was not required for licensure in the other jurisdiction, the applicant shall take the Nebraska examination; and

(3) That the applicant complies with the hour requirements of subdivision (5) of section 38-1062 through any combination of hours earned as a student or apprentice in a cosmetology establishment or an electrology establishment licensed or approved by the jurisdiction in which it was located and hour-equivalents granted for recent work experience, with hour-equivalents recognized as follows:

(a) Each month of full-time practice as an instructor within the five years immediately preceding application shall be valued as one hundred hour-equivalents toward an instructor's license or a cosmetology license and one hundred hour-equivalents toward an esthetician's license;

(b) Each month of full-time practice as a cosmetologist within the five years immediately preceding application shall be valued as one hundred hour-equivalents toward a cosmetology license and one hundred hour-equivalents toward an esthetician's license;

38-129. Issuance of credential; qualifications. No individual shall be issued a credential under the Uniform Credentialing Act until he or she has furnished satisfactory evidence to the department that he or she is of good character and has attained the age of nineteen years except as otherwise specifically provided by statute, rule, or regulation. A credential may only be issued to a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

<u>NOTE:</u> In order for your application to be considered complete, all applicants <u>MUST</u> also submit a copy of the following documents:

1. ☐ <u>Age:</u> Evidence of at least 17 years of age on or before the examination (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);

2. ☐ <u>Citizenship, Lawful Presence</u> Information: You must submit a **copy** of at least one of the following documents:
   (a) A U.S. Passport (unexpired or expired);
   (b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
   (c) An American Indian Card (I-872);
   (d) A Certificate of Naturalization (N-550 or N-570);
   (e) A Certificate of Citizenship (N-560 or N-561);
   (f) Certification of Report of Birth (DS-1350);
   (g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
   (h) Certification of Birth Abroad (FS-545 or DS-1350);
   (i) A United States Citizen Identification Card (I-197 or I-179);
   (j) A Northern Mariana Card (I-873);
   (k) A Green Card, otherwise known as a Permanent Resident Card (Form I-551) both front and back of the card;
   (l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
   (m) A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is NOT acceptable; or
   (n) A Form I-94 (Arrival-Departure Record);

3. ☐ <u>Education:</u> You must submit:
   ☐ a copy of your High School diploma, GED or Equivalent Educational document, **AND**
   ☐ a copy of your diploma verifying completion of a cosmetology program of studies;

4. ☐ <u>Conviction Information:</u> If you have been convicted of a felony or misdemeanor, you must submit:
   (a) A copy of the court record, which includes charges and disposition;
   (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
   (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
   (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

5. ☐ <u>Other Credentialing Info:</u> If you hold or have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department Attachment B1;

6. ☐ <u>Disciplinary Action:</u> If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;

7. ☐ <u>Fee:</u> The required fee (see chart on page 1 of this application).

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

Department of Health & Human Services
DHHS
NEBRASKA

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH - Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2399 susan.chocholousek@nebraska.gov
E-Fax: 402-742-1106

(This form must be completed by the State Board in all States for which you are Licensed)

CERTIFICATION OF COSMETOLOGY LICENSURE

Print or Type

Our records indicate that _____ was issued license number _____
(Applicant's Name)

to practice _____ effective _____, _____; expires _____, _____
(Title of License)

The license was issued on the basis of an examination administered in _____ and the applicant's
(State)
score was _____.

COSMETOLOGY EDUCATION

The applicant graduated from a school of cosmetology licensed or approved by _____
(Name of Entity Approving Schools)

Name of School	
Address City/State/Zip	
Graduation Date	
Total Hours Earned	

LICENSURE STATUS

It is further verified that based on the records in this department, the applicant's license has:

		Yes	No	
1	Had disciplinary action imposed			If yes, please explain:
2	Been denied licensure			If yes, please explain:
3	Been refused renewal			If yes, please explain:
4	Has been maintained in good standing up to and including the present date			If no, please explain:

STATE OF:_____

_____
Name and Title of Person Completing Form

_____
Address

_____
Signature

_____
City/State/Zip Code

_____
Date Completed

_____
OPTIONAL: Telephone Number

S E A L