State of West Virginia
Board of Barbers and Cosmetologists
Tel: 304.558.2924
Fax: 304.558.3450
www.wvbbc.com

OFFICE USE ONLY

Date Registered

License #

License Type

MAIL COMPLETED APPLICATION TO: WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

APPLICATION FOR REGISTRATION BY RECIPROCITY

Checklist of Required Documents to Submit with this Application

- ☐ Complete pages 1-3 of this form
- ☐ Proof of name change if name differs on documentation
- ☐ $100.00 Reciprocity Application Fee
- ☐ 1 passport-sized photo
- ☐ Copy of high school diploma, GED, or Ability to Benefit Test
- ☐ Completed Certificate of Health form (see page 3)
- ☐ Notarized Barber/Cosmetology School Transcripts
- ☐ Copy of Social Security Card
- ☐ Copy Government-issued photo identification card
- ☐ Copy of professional license (license must be valid)
- ☐ License Certification sent from your State Board to WV State Board
- ☐ Verification of Barber/Beauty School training sent from your State Board to WV State Board

TYPE OF LICENSE APPLYING FOR: ☐ **Nail Technician** ☐ **Aesthetician** ☐ **Barber** ☐ **Cosmetologist/Hair Stylist**

APPLICANT INFORMATION

Name | SSN

Address | Phone #

City | State | Zip Code | Phone 2 #

County | Date of Birth | Email

EDUCATION-PROFESSIONAL TRAINING (BEAUTY/ BARBER SCHOOL INFORMATION)

Name of School | Telephone #

School Address

Date Enrolled | Date Graduated | Total Hours Earned

LICENSING INFORMATION

State Originally Licensed | License Type

Date of Exam | Date Licensed | Expiration Date

List of All States in Which You Hold a Professional License

This form contains Personally Identifiable Information (PII). The SSN number collected within this form is to manage your license account by effectively identifying your information and **will not** be shared with a third-party. The information collected on this form will be securely protected through the Board's server database. By submitting this form, I agree to the policy.

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PLEASE COMPLETE

PAYMENT METHOD (CIRCLE ONE):

CHECK MONEY ORDER

CHECK/MONEY ORDER #:_____

CASH IS NOT ACCEPTED

MAIL COMPLETED APPLICATION TO: WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

APPLICATION FOR REGISTRATION BY RECIPROCITY

NOTICE TO THE APPLICANT

The laws and rules governing the practice of cosmetology, barbering, and other cosmetology-related practices in the State of West Virginia can be found in the WV Code, Chapter 30, Article 27. The code can be obtained by visiting www.wvbbc.com or www.legis.state.wv.us.

If the State where you completed your professional training and the State you are transferring your license from are different States, you must request verification of your training hours from the State Licensing Board where your training was completed. Verifications must be sent directly from the State Licensing Board to the West Virginia Board of Barbers and Cosmetologists prior to the submission of this application. School Transcripts will not be accepted.

RECIPROCITY PROCESS

The reciprocity process is a detailed information gathering process. This is to prevent licensure through fraudulent documentation. The process is outlined below.

1. Complete this application in its entirety. Incomplete forms will be returned.
2. Gather all supporting and required documentation.
3. Contact your current State Board and request a certification of your license and verification of your training be sent to the West Virginia State Board (this may take your Board 3-6 weeks). This information must be sent directly from your current State Board and may be e-mailed to WVBBC@wv.gov or mailed to WVBBC; 1201 Dunbar Avenue, Dunbar, WV 25064.
4. Mail this application along with all the required documentation that is listed on page 1 to: WVBBC - Reciprocity; P.O. Box 40235, Charleston, WV 25364.
5. License will be mailed to you if all requirements have been met.

Overall wait time for the reciprocity completion process may vary depending on the time of your request.

APPLICANT ACKNOWLEDGEMENT

Upon submitting this application, I affirm, through my signature, that the information submitted and completed on or with this application is true in every respect. I understand that by submitting fraudulent documentation that I may risk revocation of my West Virginia license and may face other penalties. I also affirm that the signature below represents that I am familiar with the laws and rules governing the practice of barbering and cosmetology in the State of West Virginia.

Signed By: _____

Current Date: _____

ATTACH ONE PASSPORT-SIZED PHOTO HERE

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Certificate of Health Form

To the Health Care Professional:
This form should be used for patients who need to be examined by a physician, physician's assistant or a nurse practitioner to apply for a professional license, certificate, registration or permit in the barbering, cosmetology, aesthetics, nail technology or waxing industry. Please complete the below portion of this form and sign and date the form.

To the Applicant:
You need to have a physical examination to apply for a professional license, certificate, registration or permit in barbering, cosmetology, aesthetics, nail technology or waxing. Your physician, physician's assistant or a nurse practitioner must complete, sign and date this Certificate of Health form. You must submit your application within one (1) year from the date of this examination.

Certificate of Health:

I am a duly licensed Physician ☐, duly licensed Physicians Assistant ☐, or duly licensed Nurse Practitioner ☐, and hereby state that in the course of a routine examination of _____,on
(Applicant's Name)

_____ . I found no clinical evidence of the presence of infectious or
(Date of Physical Examination)

communicable disease which would pose a significant risk or direct threat to the health or safety of members of the public in the conduct of the applicant's occupation.

Print Name of Physician: _____ Date: _____

Address of Practice: _____

Physician's Signature: _____ Title: _____