

Michigan Department of Labor & Economic Growth  
Bureau of Commercial Services  
Licensing Division  
BOARD OF COSMETOLOGY  
P.O. Box 30244, Lansing, MI 48909  
517-241-9201  
www.michigan.gov/commerciallicensing

## INSTRUCTIONS FOR FOREIGN/RECIPROCAL LICENSE APPLICANTS

AUTHORITY: P.A. 299 of 1980, as amended

Enclosed is the Out-of-State Cosmetologist, Manicurist, Esthetician, Natural Hair Culturist or Electrology License Application. Outlined below are the requirements for licensure in Michigan. **DO NOT SUBMIT THE APPLICATION UNTIL ALL REQUIREMENTS ARE MET.** You may use this instruction sheet as a checklist. **DO NOT RETURN THIS FROM TO THE DEPARTMENT, IT IS FOR REFERENCE ONLY.** You are not permitted to work as a cosmetologist, manicurist, electrologist, esthetician, or natural hair culturist in Michigan until you receive a Michigan license.

1. License requirements as of August 6, 1997, are as follows:

- a. **Cosmetology** applicants must have a ninth grade education or the equivalent and are required to complete 1500 hours of training in a licensed cosmetology school or 24 months in a state-approved apprenticeship program. They must also successfully complete a written and hands-on practical, state-administered examination.
- b. **Manicurist** applicants must have a ninth grade education or the equivalent and are required to complete 400 hours of manicuring training in a licensed cosmetology school or six months in a state-approved apprenticeship program. They must also successfully complete a written and hands-on practical, state-administered examination.
- c. **Electrology** applicants must have a ninth grade education or the equivalent and are required to complete 400 hours of electrology training in a licensed cosmetology school or a licensed cosmetology school limited to the teaching of electrology or six months in a state-approved apprenticeship program. They must also successfully complete a written and hands-on practical, state-administered examination.
- d. **Esthetician** applicants must have a ninth grade education or the equivalent and are required to complete 400 hours of skin care training in a licensed cosmetology school or six months in a state-approved apprenticeship program. They must also successfully complete a written and hands-on practical, state-administered examination.
- e. **Natural Hair Culturist** applicants must have a ninth grade education or the equivalent and are required to complete at least 400 hours of natural hair cultivation training in a licensed school of cosmetology or six months in a state-approved apprenticeship program AND at least six months of experience in natural hair cultivation.

- 2.  Applicants must provide a certification from the State Board where the original license was obtained, which includes the number of hours of training, whether the Board-administered written and hands-on practical examinations were passed, and whether the license is in good standing. The certification must be endorsed by the seal of the Board and must be sent directly to this office. If you are not currently licensed in that state, provide a certification from the state in which you are currently licensed. **You must maintain licensure until your application has been approved in Michigan.**
- If an applicant completed their schooling in another state, education must be verified with an original transcript from the school with their seal on it or on the school's official letterhead. The transcript must include the number of hours of training and a breakdown of all subjects studied in the curriculum.
- 3.  If an applicant has not completed the education as outlined above, licensed experience may be substituted for hours of training at a ratio of 100 hours of training for each six months of LICENSED work experience.
- 4.  If an applicant did not complete the ninth grade in a public school, submit proof of ninth grade equivalency. Cosmetology rules provide that "Equivalent" means the passing of a standard examination that is equal to or greater than the required grade level. If there is no grade equivalency test available, the department shall accept a statement from a school administrator indicating that the person has potential and scholastic achievement equivalent to the required grade.
- 5.  If an applicant had disciplinary action taken against a license, attach information regarding the reason, date, length of disciplinary action, and the state in which the action occurred.

6.  Foreign applicants must submit documentation from their country, including an official transcript, which includes a breakdown of all topics studied, and the number of hours of training in a school or an apprenticeship program. When this documentation is received and evaluated, the applicant will be notified whether they qualify for examination. If a license is held in another country, official documentation must be provided from the licensing authority about the license process, how the applicant qualified for licensure, and whether they passed a written and hands-on practical examination. Any foreign language documents must include an original, official, notarized translation into English.

Copies and documents without an official seal or letterhead will not be acceptable as evidence of training or licensure. Note that the department will make copies of original foreign-language documents and return them to the applicant. The translations will not be returned.

If these records are unavailable, submit:

- 1) A notarized affidavit approved by the Department stating the total number of years of education received, the name of school(s) attended, the dates each school was attended, the degree obtained, the courses taken, the grades received, and the name(s) of each former employer, and;
- 2) A notarized statement approved by the department from a government official testifying to the unavailability of the necessary records.

7. **Once the information is submitted, the Department will determine whether the license can be issued without completing the Michigan State Board Examination.**
8. Candidates for examination should review a copy of the laws and rules affecting the practice of cosmetology, manicuring, electrology, skin care or natural hair cultivation in Michigan, as the written portion of the State Board Examination will include questions taken from these laws and rules. A copy may be requested from this office, or downloaded from our website at [www.cis.state.mi.us/bcs/lawindex.htm](http://www.cis.state.mi.us/bcs/lawindex.htm).
9. If the candidate has difficulty passing the examination after reviewing the practical examinations services and the law and rules, they may want to enroll in a "brush-up" course at a licensed Michigan cosmetology school. Be sure the course selected includes an examination designed to be similar to the State Board Examination. By taking that examination, candidates will become familiar with the format of the State Board of Examination. It also helps candidates determine what areas are particularly difficult, so that they can get additional training before the examination date. Passing or failing the "brush-up" examination will not affect your eligibility to take the State Board Examination, the school examination is just to help you prepare.
10. All requirements for licensure must be completed within one year from the date of application or if an Incomplete Application Notice has been sent, applicant will have one year from that date. If the requirements are not completed, the fees paid will be forfeited to the Department and the application shall be void pursuant to MCL 339.409(3).
11. Initial licenses issued prior to May 4 will expire on August 31 of the same year the license is issued. Initial licenses issued beginning May 4 will expire on August 31 of the following year. There is no prorating of fees. A renewal application will be mailed to the licensee's address of record approximately 50 days before the license expires. Renewal licenses are issued for two years.

## CONSENT TO SERVICE OF PROCESS

AUTHORITY: P.A. 299 of 1980, as amended  
 COMPLETION: Mandatory  
 PENALTY: Failure to complete may result in denial of your application.

**Information provided on this form may be released to the public in accordance with the Freedom of Information Act, 1976 PA 442, as amended.**

Name of Applicant	License, Registration or Listing applying for (builder, real estate, etc.)		
Street Address	City	State	Zip Code
Type of Application (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Organization (corporation, limited liability company, partnership, etc.)	If Applicant is an Organization, Name the State in which you are organized.		

**KNOW ALL PERSONS BY THESE PRESENTS:**

For the purpose of complying with the laws of the State of Michigan, the undersigned irrevocably appoints the Director of the Licensing Division, Bureau of Commercial Services in the Michigan Department of Energy, Labor & Economic Growth, or his/her successor in office, to be his/her/its attorney to receive service of any lawful process in any non-criminal suit, action, or proceeding against him/her/it, or his/her/its successor, executor, or administrator, which may arise under the Occupational Code (being Act number 299 of the Public Acts of 1980, as amended) or any rule or order thereunder after the filing hereof. The undersigned does hereby consent that any such action, or proceeding against him/her/it may be commenced in any court of competent jurisdiction and proper venue within the State of Michigan by service of process upon said Director with the same force and validity as if served upon the undersigned by service personally on its president or other chief officer, if a corporation, or on one of its partners, if a partnership, or on one of its members, if a limited liability company, or on the individual, if an individual.

Signed in the City of \_\_\_\_\_, State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Signed \_\_\_\_\_  
Name of Applicant

By \_\_\_\_\_  
If an Organization

Title \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

**If a Corporation, execute and attach a resolution authorizing Consent to Service of Process.**

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FOR OFFICE USE ONLY	
I.D. Number:	27-
Effective Date:	
Approved By/Date:	

## OUT-OF-STATE COSMETOLOGIST, MANICURIST, ESTHETICIAN, NATURAL HAIR CULTURIST, OR ELECTROLOGIST LICENSE APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended  
COMPLETION: Mandatory  
PENALTY: Failure to complete may result in denial of your application

APPLICANT INFORMATION			
Applicant's Name (Last, First, Middle)			Telephone Number (     )
Address (Number and Street)		Social Security Number	Date of Birth
City	State	Zip Code	E-Mail Address
1. Carefully read and complete both sides of this application. 2. Make sure you sign the Certification on the reverse side. 3. Print legibly in black ink or type your responses. 4. Allow approximately 30 days to receive your license once your application has been approved by this office. 5. Complete a separate application per license. 6. You cannot work in your profession in Michigan until you receive your Michigan license.			
Have you ever been convicted of a felony or misdemeanor for which you could have gone to jail?			
<input type="checkbox"/> Yes - Do not give details at this time. The Department may contact you at a later date.			<input type="checkbox"/> No
Have you ever had disciplinary action taken against any license, registration or permit you now hold or have ever held? (suspension, revocation, denial, etc.)			
<input type="checkbox"/> Yes - Provide type of license, name of state, action and date of action on a separate sheet of paper.			<input type="checkbox"/> No
Are any records about you filed under another name? (A maiden name, for example)			
<input type="checkbox"/> Yes - Give name(s)			<input type="checkbox"/> No
Have you ever been licensed in another state or country?			
<input type="checkbox"/> No - Provide an original transcript of your cosmetology schooling.			
<input type="checkbox"/> Yes - Complete the information below. You must also provide a certificate of licensure from the state or country where you first became licensed and where you <u>currently</u> hold a license, if different (see instructions).			
Name of Country or State		License Number	Expiration Date
FEE PAYMENT INFORMATION (Check One)			FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> Cosmetologist	\$39.00	(2701-09)	
<input type="checkbox"/> Natural Hair Culturist	\$39.00	(2702-09)	
<input type="checkbox"/> Manicurist	\$39.00	(2703-09)	
<input type="checkbox"/> Electrologist	\$39.00	(2704-09)	
<input type="checkbox"/> Esthetician	\$39.00	(2705-09)	
<b>\$15.00 NON-REFUNDABLE</b>			
Make your check or money order from a U.S. Financial Institution payable to:			
<b>STATE OF MICHIGAN - COSMETOLOGY</b>			
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.			

<b>EDUCATION</b>			
Have you completed the 9th Grade? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, you must provide proof of equivalency of a 9th Grade education (See instructions)			
<b>COSMETOLOGY TRAINING SCHOOL OR APPRENTICESHIP</b>	Where did you receive your training? <input type="checkbox"/> Cosmetology School <input type="checkbox"/> Apprenticeship Program	Type of training? <input type="checkbox"/> Cosmetology <input type="checkbox"/> Skin Care <input type="checkbox"/> Natural Hair Cultivation <input type="checkbox"/> Electrology School <input type="checkbox"/> Manicuring	
	Name of Training School or Salon		Name of Practitioner, if apprenticeship
	Location of Training School or Salon (City, State, Country)		
	Graduation Date	Total Hours	Total Months
<b>TRAINING</b>			
Complete the section below which pertains to your area of training. Did your study include theory and practical work in the following subjects?			
<b>Cosmetology</b>		<b>Electrology</b>	
Sanitation/patron protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitation/patron protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applied anatomy, physiology, and histology	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hairdressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applied electrolysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scalp and hair treatments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Esthetics</b>	
Hair coloring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitation/patron protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical hair restructuring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical and electrical equipment safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemistry/occupational safety and health administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anatomy and disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applied anatomy, physiology and histology	<input type="checkbox"/> Yes <input type="checkbox"/> No	Artistic principles/makeup	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manicuring/pedicuring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facial/skin care techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial Nails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemistry/occupational safety and health administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Manicuring</b>		Temporary removal of hair	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitation/patron protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Natural Hair Cultivation</b>	
Anatomy and disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitation/patron protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artistic principles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anatomy and disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manicuring/pedicuring techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No	Artistic principles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemistry/occupational safety and health administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Braiding techniques/extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial nails/extensions/repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupational safety and health administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>WORK EXPERIENCE</b>			
List the names of your employers and the dates of employment as a cosmetologist, esthetician, manicurist, natural hair culturist or electrologist: (If you are using licensed experience to meet Michigan training requirements, submit a notarized statement from each employer to verify employment. See instructions.)			
From Month/Year	To Month/Year	Employer Name, Address and Telephone Number	Position Held
<b>CERTIFICATION</b>			
I hereby certify that the statements made in this application are true and correct. I have not withheld information that might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license or may be punishable by law. I hereby authorize the Michigan Department of Labor and Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil, and administrative records.			
_____		_____	
Applicant's Signature (Required)		Date of Signature	

You must complete all requirements for licensing within one year from the date of application or notice of incomplete application. If the requirements are not completed, the fees paid will be forfeited to the Department and the application shall be void pursuant to MCL 339.409(3).