



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## RECIPROCITY: PRACTITIONER

Reciprocity is granted to a licensee from another state or US territory if that state or US territory has similar educational requirements to Mississippi (i.e. minimum hours and 10<sup>th</sup> grade education). For a list of reciprocal states, please visit the MSBCB website. If your state is not listed or you received your license prior to 2025, please contact the MSBCB to determine if you qualify for reciprocity; additional documentation from your licensing state may be needed.

**Instructions:** This form must be completed and accompanied by the following attachments before the applicant may sit for the written/theory exam\*:

1. Two (2) current forms of identification of which at least one (1) must be a government issued identification with photograph;
2. Color copy of all licenses held to practice a profession regulated by this Board in any other state or US Territory;
3. Certified letter/Certification/Verification/Affidavit of active practice and good standing from the Board in all state(s) and/or US Territory where the applicant holds a license to practice a profession regulated by this Board; and
4. Non-refundable \$55.00 application fee payable by check or money order.

Return to MSBCB, PO Box 55689, Jackson, MS 39296-5689

**Name: (First, Middle, Last)**

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**Physical Address:**

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**Mailing Address:**

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**Phone:**

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**E-Mail:**

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**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**License Held (both current and former):**

State/US Territory	License Type	License Number	Issue Date	Active/Expired

**Please list the number of hours required by your licensing state/US territory:**

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**Did your licensing state/US territory require that you complete, at minimum, 10<sup>th</sup> grade before you received a license?**

Yes       No

**If no, what level of education was required?**

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**For professional licenses held in any state or US Territory, has your license ever been the subject of a complaint?**

Yes       No

**If yes, please explain, and include the outcome of the complaint with dates. You may use additional pages if necessary.**

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**For professional licenses held in any state or US Territory, have you ever been subject to discipline?**

Yes       No

**If yes, please explain. You may use additional pages if necessary.**

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**For professional licenses held in any state or US Territory, have you ever had a license revoked or suspended?**

Yes       No

**If yes, please explain. You may use additional pages if necessary.**

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**For professional licenses held in any state or US Territory, have you ever surrendered a license?**

Yes       No

**If yes, please explain. You may use additional pages if necessary.**

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