

RECIPROCITY LICENSURE CHECKLIST

YOU MUST SUBMIT THE FOLLOWING FOR RECIPROCITY LICENSURE. ALL DOCUMENTATION MUST BE SUBMITTED IN ENGLISH ONLY OR MUST BE TRANSLATED BY A CERTIFIED TRANSLATION SERVICE IN SOUTH DAKOTA. INCOMPLETE SUBMISSIONS ARE HELD FOR 90 DAYS BEFORE THEY ARE CONSIDERED NULL AND VOID. FEES ARE NON-REFUNDABLE.

1. **RECIPROCITY APPLICATION** – You must submit a completed [Reciprocity Application](#) online. Any applications mailed to the Commission may be returned to you to be resubmitted online.
2. **RECIPROCITY FEE** – After the [Reciprocity Application](#) has been submitted, the \$100.00 fee must be paid. This non-refundable fee covers all initial exams, your initial license, and processing of your application. **Once we receive your application, you will be emailed with instructions on how to make payment and create an online account.**
3. **CURRENT AND PRIOR LICENSING** - A current license from another state or country is required for reciprocity and must be proven by a certification of licensure from the government licensing agency which issued your license. A certification of current licensure must arrive directly from that licensing agency to the South Dakota Cosmetology Commission by email to cosmetologycert@state.sd.us.

Your certification of licensure must contain the following:

- Evidence that you successfully completed a state-authorized theory examination (*otherwise you will be required to take and pass the South Dakota State Board Examination*)
- Evidence that you completed the minimum education hours for the license type you are applying for
- Evidence that your license is active and in good standing

IMPORTANT: Certifications can take time to obtain, so please request this document from the relevant licensing agency immediately.

4. **EDUCATION REQUIRED** - Required hours: Cosmetology 1,500 hours, Esthetics 600 hours, and Nail Technology 400 hours. If you transferred education from one school to another, you will need to state that on your application. See below to add work experience if you do not meet the education requirements. If you do not have the work experience, then you will need to return to school.
5. **WORK EXPERIENCE AFFIDAVIT** - If you do not have the education as required above in section 4, you may submit an [Out-of-State Work Experience Affidavit](#) adding 2 hours of work experience to your education for every 1 hour of lacking education. All work experience must have been conducted in a state where you were previously licensed. Example: 1,000 education hours + 1,000 work credit = 1,500 hours for cosmetology. *If the work experience was obtained more than five years before the date of this application, you will need to take the South Dakota state board examination.
 - You may get a maximum of 750 hours of cosmetologist experience.
 - You may get a maximum of 300 hours of esthetician experience.
 - You may get a maximum of 200 hours of nail technician experience.
6. **TEMPORARY LICENSE APPLICATION** – You may submit a [Temporary License Application](#) along with a fee of \$6.00 if you wish to apply for a temporary license. **An email will be sent to you with information on how to make payment once we receive your application.** This license will be mailed to you at the time you are emailed the State Laws & Rules examination, as long as you have satisfied all other requirements for licensure.
7. **TESTING** – Completion of the **South Dakota State Laws & Rules Examination** and the **State Board Examination** is required of all those seeking reciprocity licensure. Once your application is considered complete, the South Dakota Laws & Rules examination will be emailed to you. You can complete the open book exam from the comfort of your home. If you qualify for a waiver of the state board examination, you will be mailed your license once you complete your state laws & rules examination and have satisfied all other licensing requirements.

IT IS A VIOLATION OF SOUTH DAKOTA LAW TO PRACTICE COSMETOLOGY, ESTHETICS, OR NAIL TECHNOLOGY WITHOUT A LICENSE. YOU MUST BE IN POSSESSION OF YOUR PHYSICAL LICENSE TO PRACTICE.
