

INSTRUCTIONS FOR COSMETOLOGIST AND ESTHETICIAN LICENSURE  
THROUGH ENDORSEMENT

Read Instructions Carefully Before Completing Application

(1) Complete the entire application. Include *photograph* for application and *notarized* signatures.

(2) Submit a check or money order with the application in the amount of \$60 made payable to the S.C. Board of Cosmetology.

(3) A letter of certification from the State you are coming from mailed directly to this Board Office. The letter must include that State seal. We will not accept an original or a copy of your license as proof of certification.

- (a) Cosmetology 1500 hours
- (b) Esthetician 450 hours
- (c) Nail Technician 300 hours

(4) Provide a copy of two forms of ID; one being a photo ID.

(5) Applicants must obtain a negative 5TU-PPD Tuberculin Skin Test and/or a Chest X-Ray taken within a year.

(6) You must have proof of 10th grade or greater education. All foreign applicants educated outside the United States **MUST** use one of the credentialing services listed below:

International Service Center (216) 781-4560  
Educational Credential Evaluators, Inc. (414) 289-3400  
International Consultants of Delaware, Inc. (302) 737-8715

**YOUR APPLICATION WILL NOT BE CONSIDERED FOR LICENSURE UNTIL THE ENTIRE PACKET IS COMPLETE. IF APPLICATION IS INCOMPLETE YOU WILL BE NOTIFIED BY MAIL.**

**APPLICATION FEE IS NON-REFUNDABLE**

SOUTH CAROLINA STATE BOARD OF COSMETOLOGY  
POST OFFICE BOX 11329  
110 CENTERVIEW DRIVE  
COLUMBIA, SOUTH CAROLINA 29211-1329  
(803) 896-4494 (803) 896-4484 fax  
[www.llr.state.sc.us/POL/Cosmetology](http://www.llr.state.sc.us/POL/Cosmetology)

**TO: ALL NEW/REINSTATED LICENSEES**

**FROM: Eddie L. Jones**  
**Administrator**

**DATE: January 2009 through September 2010**

**SUBJECT: Continuing Education Responsibility**  
**Chapter 35-23, page 50 - Continuing Education Requirements**

You have received your **first (Initial) license** and/or **Reinstated license** with the South Carolina State Board of Cosmetology. Upon receiving your license, you must complete **one (1) 6-hour Continuing Education class** before **December 31** prior to the year of your expiration date to be eligible for renewal at the cost of **\$30.00**. If this class is not completed **before December 31**, your renewal/ and or reinstatement fee will be **\$80.00** providing the renewal/ and or reinstatement fee is received in this office **before March 10, 2011**. If this class is completed **after December 31, 2010** and renewal/ and or reinstatement is received **after March 10, 2009**, the renewal/ and or reinstatement fee will be **\$130.00**.

If you are an **Instructor** receiving your **first (Initial) license** and/or **reinstated license**, you must complete **one (1) 15-hour Continuing Education class** before **December 31** prior to the same year of your expiration date to be eligible for renewal at the cost of **\$60.00**. If this class is not completed **before December 31**, your renewal/ and or reinstatement fee will be **\$110.00**

**You may obtain a copy of the Approved Continuing Education Listing** from the South Carolina Board of Cosmetology website ([www.llr.state.sc.us/POL/Cosmetology](http://www.llr.state.sc.us/POL/Cosmetology)).

If you have further questions regarding the above information, please do not hesitate to call this office at (803) 896-4494.

## TO PETITION THE STATE BOARD

IF YOU HAVE LESS THAN THE REQUIRED HOURS  
1500 COSMETOLOGY  
450 ESTHETICIAN  
300 NAIL TECHNICIAN

YOU MUST GET A LETTER OF WORK EXPERIENCE FROM YOUR LAST EMPLOYER.

IF AN APPLICANT FOR A COSMETOLOGIST LICENSE HAS LESS THAN THE REQUIRED ONE THOUSAND FIVE HUNDRED HOURS (1,500) OF TRAINING, THE BOARD MAY GIVE CREDIT OF THREE HUNDRED HOURS (300) FOR EVERY SIX (6) MONTHS OF PROVEN WORK EXPERIENCE WITH A MAXIMUM CREDIT OF ONE THOUSAND (1,000) HOURS.

IF AN APPLICANT FOR AN ESTHETICS LICENSE HAS LESS THAN THE REQUIRED FOUR HUNDRED FIFTY HOURS (450) OF TRAINING, THE BOARD MAY GIVE CREDIT OF NINETY HOURS (90) FOR EVERY SIX (6) MONTHS OF PROVEN WORK EXPERIENCE WITH A MAXIMUM CREDIT OF THREE HUNDRED (300) HOURS.

IF AN APPLICANT FOR AN NAIL TECHNICIAN LICENSE HAS LESS THAN THE REQUIRED THREE HUNDRED HOURS (300) OF TRAINING, THE BOARD MAY GIVE CREDIT OF NINETY HOURS (60) FOR EVERY SIX (6) MONTHS OF PROVEN WORK EXPERIENCE WITH A MAXIMUM CREDIT OF TWO HUNDRED (200) HOURS.

YOU WILL NEED THE NAME OF THE SALON.

ADDRESS OF THE SALON.

OWNERS NAME.

YOUR NAME & SOCIAL SECURITY #.

LENGTH OF EMPLOYMENT: FROM START DATE TO ENDING DATE OF YOUR EMPLOYMENT, ON THEIR LETTER HEAD IF POSSIBLE. WITH THEIR NOTARIZED SIGNATURE.

THE NEXT BOARD MEETING IS \_\_\_\_\_.

**South Carolina Department of Labor, Licensing and Regulation  
Board of Cosmetology**



FOR OFFICE USE ONLY
FY: _____
License No. _____
Date of Issue: _____
Control No. _____

**RETURN FORMS TO:**

SC Dept of Labor, Licensing and Regulation  
Board of Cosmetology  
Synergy Business Park  
110 Centerview Drive  
Post office Box 12517  
Columbia, South Carolina 29211-2517  
Phone: (803) 896-4501 Fax: (803) 896-4484

Attach in this space  
head and shoulder  
photograph of  
applicant taken in  
the last six months  
1 ½" x 1 ½"

**ENDORSEMENT APPLICATION**

**FEE REQUIRED:** \$60 application fee (2 year license). Submit a cashier, personal or certified check or money order payable to the SC Department of Labor, Licensing and Regulation Board of Cosmetology.

Type or Print in Ink

- Indicate type of license desired: \_\_\_\_\_ COSMETOLOGY \_\_\_\_\_ ESTHETICIAN \_\_\_\_\_ NAIL TECHNICIAN
- \* Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year
- Full Name: \_\_\_\_\_  
First Middle Last
- \*Home Address: \_\_\_\_\_  
City State Zip  
\_\_\_\_\_ \*Home Telephone No.: \_\_\_\_\_  
County
- Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_
- Cosmetology School Attended: \_\_\_\_\_
- Enrollment Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
- Applicants who graduated from **Out-of State** cosmetology schools must attach proof of 10<sup>th</sup> grade education or equivalency and a notarized cosmetology school transcript.
- Have you been found guilty or entered a plea of nolo contendere in this or any other state for illegal or unauthorized practice in violation of cosmetology? \_\_\_\_\_, If yes, give details on a separate sheet.
- Have you read and understand the South Carolina Cosmetology Laws and Regulations? \_\_\_\_\_

**All information in this document is a public record and subject to disclosure pursuant to the S.C. Freedom of Information Act, Except item designated with this symbol (\*).**

I understand that any omission, inaccuracy or failure to make full disclosure in this application may be deemed sufficient reason to withhold license or renewal, suspend or revoke a license if issued by the Board. I understand that the Board may make such inquiry and investigation concerning my record or background as the Board in its judgement deems proper, and further agrees to furnish any additional information requested by the Board.

The undersigned, in making this application, affirms that he (or she) is the applicant named herein, and that the answers and information contained herein are true to the best of his (or her) knowledge and belief.

**When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License #; Full Name; Street Address and Phone Numbers.**

**AFFIDAVIT**

I, \_\_\_\_\_, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them correctly, without reservation of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause or revocation of my license to practice Cosmetology in South Carolina.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name of Applicant

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Seal required here

# HEALTH CERTIFICATION

Prior to licensure, applicant shall be required to have a tuberculin skin test with five U.S. Tuberculin Units of purified protein derivative. Applicants found to be non-reactors to a 5TU-PPD tuberculin skin test shall require no further routine annual screening. Results of skin tests utilizing the multiple puncture method shall not be accepted, If applicants are found to be tuberculin reactors, they must provide the Board with a statement that the applicant is non-contagious and must undergo such further testing as may be necessary before the county health department or private physician can provide the Board with such a statement. This statement shall include a section stating whether or not it will be necessary for the applicant to have an annual chest x-ray.

\_\_\_\_\_  
Name of person being examined

\_\_\_\_\_  
Date

## Result of Tuberculosis Examination:

X-Ray of Chest of Skin Test (attach report) \_\_\_\_\_

I find this applicant free from infectious tuberculin disease and is physically qualified to practice.

\_\_\_\_\_  
Signature of M.D. or medical staff member

\_\_\_\_\_  
Print Name of M.D. or medical staff member

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Phone

\_\_\_\_\_  
M.D. License Number



South Carolina Department of Labor, Licensing and Regulation  
PO Box 12517  
Columbia, SC 29211

## AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

### **Section A: LAWFUL PRESENCE in the United States.**

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I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1.  I am a United States citizen or legal permanent resident eighteen years of age or older; or
2.  I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a.  I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b.  I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3.  I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a.  I am a US citizen, not physically present or employed in the United States.
  - b.  I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

### **Section B: Secure and Verifiable Document.**

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*This section must be completed if you checked number 1 or 2 in Section A.*

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.
  - Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
  - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. **State:** \_\_\_\_\_
  - Valid Temporary Resident Card
  - Certificate of Naturalization with intact photo
  - Certificate of (US) Citizenship with intact photo

Other: (Name of verifiable document) \_\_\_\_\_

2. Social Security Number \_\_\_\_\_

3. Enter the state or the federal agency name where this secure and verifiable document was issued. \_\_\_\_\_

(If issued by a state agency, include both the state and agency name.)

4. What is the secure and verifiable document number? \_\_\_\_\_

5. What is the expiration date of your secure and verifiable document? \_\_\_\_\_ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

### **Section C: Attestation.**

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- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

***The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.***