



Andy Beshear
Governor

Julie M. Campbell
Executive Director

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Program Hour Transfer Request Form

Previous Enrollment -Completed Hour Total:

Cosmetology
Nail Technology
Esthetics
Shampoo Stylist
Out-of-State- Transferring State _____

License hours transfer:

(license must be active)
Nail Technologist-200 Hours
Esthetician-400 hours
Barber - 750 hours
Shampoo Stylist -300 hours
Out-of-State License - State: _____

Tape/Attach Picture
here

Date Photo Taken

Student Name: _____
 First Middle Last

Birthdate: _____ Gender: Female Male Last 4 digits of SS Number _____

Maiden/Previous Name(s): _____ License Number(if applicable): _____

- **Students transferring hours obtained out-of-state or through barber licensing shall request a certification of hours be submitted to the board office from the licensing agency the the credential were obtained from before enrollment. Schools are REQUIRED to verify this certification is on file at the board office PRIOR to enrolling student.**

_____, _____, understand that the
 School Name School License Number
above-named student has a license/hours in the indicated field and upon verification by the Kentucky Board of Cosmetology these hours are eligible to transfer toward enrollment in a Kentucky cosmetology program. The school understands the certified hours will be credited by KBC to the student's official program total upon completion of the indicated program.

Name of School Representative

Signature of School Representative

Date

For KBC Use Only:
Date Received: _____ Date Entered: _____ Permit Number: _____ Initials: _____