



Andy Beshear

Governor

Joni Upchurch

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 _____
Out-of-State transferring hours
school will accept. _____

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: _____

Student Name: _____

First

Middle

Last

Birthdate: _____

Gender:

Female

Male

Last 4 digits of SS Number _____

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

- The Program Transfer has been designed for students who have partial educational hours from another school, have obtained a license and are transferring hours between courses, or have out-of-state education they wish to apply towards their current enrollment. It is REQUIRED to verify certification is on file at the board office PRIOR to enrollment. Submission of this document must be completed in full and uploaded to your portal within 10 days of enrollment. Verify directly with your student to ensure they are aware and understand educational hours obtained in Kentucky expire 5 years from the date of enrollment.

_____, _____, _____, 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: _____