



Andy Beshear
Governor

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Program Hour Transfer Request

KY LICENSED HOURS (License must already be active)	KY PREVIOUS ENROLLMENT HOURS	OUT OF STATE TRANSFER HOURS
Barber – 750 hours	Apprentice Instructor	Apprentice Instructor
Esthetician – 400 hours	Cosmetology	Cosmetology
Nail Technician – 200 hours	Esthetics	Esthetics
Shampoo Stylist – 300 hours	Nail Technology	Nail Technician
The hours that are listed are what the school can accept from previous licensure.	Shampoo Stylist	Shampoo Stylist
		OOS Transfer State: _____ OOS Transfer Hours to KY: _____

Total Hours Denied: _____ Total Hours Accepted: _____

APPLICANT INFORMATION

Student Full Name: _____

Date of Birth: ____/____/____ Gender: Female Male Last 4 Digits of SS #: _____

Maiden/Previous Name(s): _____ License # (If Applicable): _____

The Program Transfer is intended for students who have completed partial educational hours at another KY school, hold a license, or are transferring hours between programs, including out-of-state education to be applied toward current enrollment. **Verification that certification with the Board office is required prior to enrollment.** This document must be fully completed and uploaded to your portal within 10 days of enrollment. Schools must verify directly with the students to ensure they understand that educational hours obtained in Kentucky expire five (5) years from the date of enrollment per **201 KAR 12:082**.

SCHOOL CERTIFICATION

The above-named student has completed hours and/or holds a license in the indicated field. Upon verification by the Kentucky Board of Cosmetology, these hours may be approved for transfer toward enrollment in a Kentucky cosmetology program.

The school acknowledges that only verified hours will be credited by the Kentucky Board of Cosmetology and applied to the student's official program total upon completion of the indicated program.

School Name: _____ School License Number: _____

School Representative Name (Printed): _____

School Representative Signature: _____ Date: ____/____/____

STUDENT ACKNOWLEDGMENT

I, _____ (Student Name), understand that the hours accepted/or denied are determined by the school and are subject to verification by the Kentucky Board of Cosmetology. I acknowledge that only approved hours will be credited toward my program.

Student Signature: _____ Date: ____/____/____