

OUT OF STATE PROFESSIONAL LICENSING AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, the undersigned, _____ being duly sworn, hereby deposes and say:

1. I am over the age of 17 and am a resident of the State of Mississippi, as required by 73-50-2(6). I have personal knowledge of the facts herein, and if called as a witness, could testify completely thereto.

2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.

- a. I hold a current and valid license in good standing in the State of _____ which currently has a similar scope of practice and have held this license from the Occupational Licensing Board in that State for at least one (1) year;
- b. I attest that I have completed minimum educational requirements, work experience, examination requirements and clinical supervision requirements in effect; or have been awarded a military occupational specialty in this profession;
- c. I am a resident of Mississippi.

AND

- e. I have not committed any act in the other state that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed and I do not have a disqualifying criminal record as determined by this Board under Mississippi law; and
- f. I have not surrendered a license because of negligence or intentional misconduct related to my work in this, or any other, occupation in another state; and
- g. I do not have a complaint, allegation or investigation pending before any licensing Board in Mississippi or any other state that relates to unprofessional conduct or an alleged crime; and
- h. I have submitted a Professional Licensing Application for All Out of State Applicants; and
- i. I have paid all applicable fees in Mississippi.

AND

- j. I must appear and complete the Out of State Applicant Verification and Oral Questionnaire and present proper identification;

FOR APPLICANTS APPLYING UNDER the OUT OF STATE UNIVERSAL RECOGNITION OF OCCUPATIONAL LICENSING ACT (NON-MILITARY) PROVISION, I understand that:

1. Prior to the issuance of a Temporary Practice Permit I must produce proof of a Mississippi state-issued identification card; or (circle correct response)
 1. current Mississippi residential utility bill with the applicant's name and address; or
 2. documentation of current ownership, or current lease of a residence in Mississippi; or
 3. documentation of current in-state employment or notarized letter of promise of employment; or
 4. any verifiable documentation demonstrating your Mississippi residence as approved by this Board.
2. I must take and pass a sanitation law examination regarding the laws and rules and regulations within the State of Mississippi. I understand that I am allowed to take the examination three (3) times during the temporary permit period and that should I fail all three (3) attempts, the Temporary Practice Permit will expire in 365 days after its issuance and is non-renewable.

I further understand that I may practice under a Temporary Practice Permit until a license is granted or until a notice to deny the license is issued, in accordance with Rules adopted by the Mississippi State Board of Cosmetology.

Signed by the applicant, _____

This the _____ day of _____, 20_____.

NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

My Commission Expires