

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Application for Continuing Education Course Approval or Renewal
Form # DBPR COSMO 9

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
<p>Continuing Education Course Approval</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> No fee is required. <input type="checkbox"/> Submit a course outline, specifying subjects, major topics, and subtopics to be covered in the course. Each subject must also include a narrative summary. <input type="checkbox"/> Submit a sample certificate of completion for the course. <input type="checkbox"/> Submit a list of all reference and source materials for the course. <input type="checkbox"/> Submit a copy of the evaluation forms to assess the learning experience, instructional methods, and course materials. <input type="checkbox"/> List the instructors for each course and attach a resume for each instructor even if previously approved for another course. <input type="checkbox"/> Submit at least one complete copy of the course in its final form, as it will be presented to the licensee, if approved. <input type="checkbox"/> Record Keeping: Attendance records must be maintained for a minimum of 4 years. Attendance records and course completion information for all course participants must be provided to the Department in a specified format acceptable to the Department and within an agreed upon timeframe. These records must be made available to the Department upon request.
<p>Continuing Education Course Renewal</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> No fee is required. <input type="checkbox"/> Submit a course outline, specifying subjects, major topics, and subtopics to be covered in the course. Each subject must also include a narrative summary. <input type="checkbox"/> Submit a sample certificate of completion for the course. <input type="checkbox"/> Submit a list of all reference and source materials for the course. <input type="checkbox"/> Submit a copy of the evaluation forms to assess the learning experience, instructional methods, and course materials. <input type="checkbox"/> List the instructors for each course and attach a resume for each instructor even if previously approved for another course. <input type="checkbox"/> Submit at least one complete copy of the course in its final form, as it will be presented to the licensee, if approved (all course pages should be numbered). <input type="checkbox"/> Record Keeping: Attendance records must be maintained for a minimum of 4 years. Attendance records and course completion information for all course participants must be provided to the Department in a specified format acceptable to the Department and within an agreed upon timeframe. These records must be made available to the Department upon request.

Please mail your completed application, documentation to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0780

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. General Requirements for Cosmetology Continuing Education Course Application

- a. All portions of the application must be completed.
- b. Continuing education providers must submit a sample course completion certificate with the application. The sample course completion certificate must include the provider's name, the provider's approval number, the licensee's name, the licensee's license number, the approved course title, the course approval number, the course completion date, and the number of approved continuing education credit hours awarded in each subject area covered by the course.
- c. Continuing education course applications must include course detail. Course detail includes:
 - i. **Course Outline:** Attach a course outline specifying subjects, major topics, and subtopics to be covered in the course. Each subject must also include a narrative summary.
 - ii. **Reference and Source Materials:** Include a list of all reference and source materials, along with their publication date(s), for the course.
 - iii. **Course Evaluation:** Attach a copy of the evaluation forms used to assess the learning experience, instructional methods, and course materials.
 - iv. **Instructors:** List the instructors for each course, and attach a resume for each instructor even if previously approved for another course. Instructors must possess sufficient skills and knowledge in the subject areas being taught.
 - v. **Record Keeping:** Attendance records must be maintained for a minimum of four years. Attendance records and course completion information for all course participants must be provided to the Department in a specified format acceptable to the Department and within an agreed upon timeframe. These records must be made available to the Department upon request.
- d. Fee: No fees.
- e. At least one complete copy of the course in its final form, as it will be presented to the licensee, if approved, must be submitted (all course pages should be numbered).

2. Application Instructions (by section)

a. Section I

- i. Check only one of the application types.
- ii. Continuing Education Course Approval
 - (1) Select this application type if you are applying for an initial approval of a continuing education course.
- iii. Continuing Education Course Renewal
 - (1) Select this application type if you are applying to have a continuing education course approval renewed and there have been no changes to the course since its initial approval.
 - (2) If there have been any changes to the course, other than the instructors, you must select "Continuing Education Course Approval" as the application type and submit the supporting documentation required of an initial course approval.

b. Sections II

- i. Fill out each section completely.
- ii. Each applicant must provide their name, company or organization name, and their provider approval number.
- iii. Applicants seeking to renew a course approval must also provide their current course approval number.

c. Section III

- i. Applicants must provide the course title. The title you choose must adequately define the content of the course. If you are applying to approve more than one course, please complete additional applications as necessary.
- ii. Indicate which subject areas will be covered in the continuing education course and the number of credit hours assigned to each subject area.
- iii. Indicate how the course will be provided to the student by checking the appropriate box. A course provider may offer multiple methods of instruction for the course.

d. Section IV

- i. Please read and sign the affirmation by written declaration.

- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

3. Other Information

- a. Continuing education course providers shall not advertise a course as approved for continuing education credit from the Board of Cosmetology until the course has been approved by the board and a course number has been assigned.
- b. Providers should supply all students with a course completion certificate upon completion of the course.
- c. Approved course numbers and course titles should be used in all advertisements.
- d. Any substantive changes regarding the provider's application information must be filed with the department within thirty days of the change.
- e. Provider approval is valid until May 31 of odd-numbered years and must be renewed. Providers are responsible for renewing all courses prior to the course expiration date.
- f. Providers must work with licensees to resolve reporting conflicts.
- g. Course approval is valid for two years from the date of board approval. Providers must reapply for course renewal every two years.

Refer to Rule 61G5-32.001, Florida Administrative Code, for additional information regarding provider and course requirements.

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For additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/>	Continuing Education Course Approval [0512/1030]
<input type="checkbox"/>	Continuing Education Course Renewal [0512/2020]

Section II – Applicant Information- Provider

PROVIDER INFORMATION			
Last/Surname (Provider)	First	Middle	Suffix
Company/Organization Name			
Provider Approval Number			
Course Approval # (If renewal)			
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Contact Name:			
Primary Phone Number	Primary E-Mail Address		
BUSINESS LOCATION ADDRESS			
Street Address			
City	State	Zip Code	
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			



Section III – Course Information

COURSE DATA	
Course Title:	
Subject Area (please check all that apply)	Credit Hours
<input type="checkbox"/> HIV/AIDS and Other Communicable Diseases	
<input type="checkbox"/> Sanitation and Sterilization	
<input type="checkbox"/> Occupational Safety and Health Administration Regulations	
<input type="checkbox"/> Workers' Compensation Issues	
<input type="checkbox"/> State and Federal Laws and Rules	
<input type="checkbox"/> Chemical Makeup	
<input type="checkbox"/> Environmental Issues	
<input type="checkbox"/> Elective (title of elective course)	
Total Course Hours	
Methods of Instruction (check only one method):	
<input type="checkbox"/> Live Study Group/Cosmetology Conference/Trade Show	
<input type="checkbox"/> Distance/Online (Internet)	
<input type="checkbox"/> Correspondence (Home Study/Video)	

Section IV – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	