



## THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123  
Phone: (614) 466-3834 Fax: (614) 644-6880 [www.cos.ohio.gov](http://www.cos.ohio.gov)

### **PROVIDER INSTRUCTIONS FOR COURSE APPROVAL**

#### **TANNING ONLY**

*Course approval will be valid for the licensing period  
February 01, 2015 through January 31, 2017.*

**Course application and required documentation must be received  
by the Board at least 30 days prior to initial course offering to  
allow for the approval process to be completed.**

**Application, course requirements and payment must be mailed to:**

**Ohio State Board of Cosmetology  
1929 Gateway Circle  
Grove City, Ohio 43123**

#### **NOTICE TO PROVIDERS**

The individual taking any version of a Certified Tanning Operator course shall take and pass an in-person examination at a monitored testing site. This examination may be administered either web based or as a written examination. An individual shall score a minimum of seventy-five percent in order to receive their certificate of completion. The monitoring process for the examination shall be approved by the board as part of the board's process of approving CE courses.

## CERTIFIED OPERATORS TANNING COURSE REQUIREMENTS

1. **Course Application** – All fields must be completed and application must be signed by provider.
2. **Course Fee \$250.00 fee (per course). Fee is non-refundable.**
  - Money Order, Personal or Corporate Checks Made Payable To:  
**TREASURER STATE OF OHIO**
3. **Course Outline(s)**
  - **Tanning Training Manual must be included.**
  - Outline must include a **full course description with time frames.**
  - Course must be **four (4) hours** in length.
  - Certification test time is **NOT** included in the (4) four hour coursework.
  - Hours can only be given for educational time (Registration, promotions, printing out certificates, taking test, etc.) cannot be included in hours given.
  - Copy of test must be included.
4. **Copy of Certificate of Completion - MUST include the following:**
  - Tanning course approval number
  - Title of course
  - Name of course provider
  - Number of certification hours
  - Date of course
  - Expiration Date of Certification
  - Score received on test/examination
  - Name of attendee and Ohio Cosmetology license ID # (if applicable)
  - A colored version of the certificate must be provided
6. **Educator(s) Resume**
  - Credentials to support the qualifications of each educator and person developing the course shall be submitted.
  - Credentials must be directly related to the submitted course curriculum.
7. **Electronic Sign-In Sheets**
  - A list of all licensees completing an approved CE course must be emailed to [cathy.franklin@cos.state.oh.us](mailto:cathy.franklin@cos.state.oh.us) in an **Excel spreadsheet attachment.**
  - This submission must be received by the Board within fifteen (15) days of course completion.
  - Record(s) of attendance must be maintained by the course provider for a minimum of four years.

### **Course Date Notification**

Upon course approval the contact information will be loaded to the CE course directory on the board website until the expiration date.

### **Certificates of Completion**

**In order to become a Certified Tanning Operator a minimum score of 75 percent must be obtained on the required test.** Providers must present any person passing the Certified Tanning Operator test with a certificate of completion.

### **Course Approval Numbers**

Course approval numbers **shall not** be published on any advertisements, websites, correspondence books, etc. Approval numbers shall only be provided to a licensee upon completion of the approved course.

Upon course approval, the CE provider will receive an approval letter that will contain the course approval number for that individual approved course. The approval number will be valid until the expiration date listed on the CE course approval letter.

### **Contact Information:**

**Cathy Franklin**

**Continuing Education Administration**

**Phone: 614-728-8197**

**Email – [cathy.franklin@cos.state.oh.us](mailto:cathy.franklin@cos.state.oh.us)**

**Course Date Notification Instructions:**

- Electronic course date notification must be received at least fifteen (15) days prior to giving an approved tanning course.
- Course dates **must** be received via email in an Excel spreadsheet attachment. All information must be entered in the order shown below. Please do not delete any columns from spreadsheet.
- All course dates should be emailed to [cathy.franklin@cos.state.oh.us](mailto:cathy.franklin@cos.state.oh.us)

**Sample spreadsheet provided below:**

| <b>A</b>        | <b>B</b>           | <b>C</b>    | <b>D</b>    | <b>E</b>          | <b>F</b>        | <b>G</b>          | <b>H</b>           | <b>I</b>           | <b>J</b>    | <b>K</b>     | <b>L</b>   | <b>M</b>                  |
|-----------------|--------------------|-------------|-------------|-------------------|-----------------|-------------------|--------------------|--------------------|-------------|--------------|------------|---------------------------|
| <b>Course #</b> | <b>Course Name</b> | <b>Hrs.</b> | <b>Date</b> | <b>Begin Time</b> | <b>End Time</b> | <b>Prov. Name</b> | <b>Street Addr</b> | <b>Leave Blank</b> | <b>City</b> | <b>State</b> | <b>Zip</b> | <b>Contact Name/phone</b> |
| 000111          | Tanning Cert.      | 4           | 7/1/2010    | 8 am              | 12 pm           | Board             | 121 Gateway        |                    | West        | OH           | 43213      | Jane/888-8888             |

**Spreadsheet Key:**

- A Approval number only. NO Letters
- B Name of course (Same as on approval letter)
- C Hours given for online coursework (Same as on approval letter)
- D Date of completion
- E Leave Blank – Information not required. **Do not delete column**
- F Leave Blank – Information not required. **Do not delete column**
- G Name of course provider
- H Address of class
- I Leave Blank – Information not required. **Do not delete column**
- J City where class is given
- K State where provider is located
- L Zip where provider is located
- M Name and contact number for course information

**Course Attendee Notification Instructions:**

- A listing of any licensee completing a CE course must be received by the Board within fifteen (15) days of course completion.
- List **must** be received **via email in an Excel spreadsheet format attachment**. All information must be entered in the order shown below. Please do not delete any columns from spreadsheet. Sample spreadsheet provided below.
- All attendance list should be emailed to [cathy.franklin@cos.state.oh.us](mailto:cathy.franklin@cos.state.oh.us)

| <b>A</b> | <b>B</b>    | <b>C</b> | <b>D</b> | <b>E</b>    | <b>F</b>    | <b>G</b>   | <b>H</b> | <b>I</b> | <b>J</b>        | <b>K</b>            | <b>L</b>           | <b>M</b> | <b>N</b> | <b>O</b> |
|----------|-------------|----------|----------|-------------|-------------|------------|----------|----------|-----------------|---------------------|--------------------|----------|----------|----------|
| Course # | Course Name | Hr.      | Date     | Leave Blank | Leave Blank | Prov. Name | Type     | St       | Instructor Name | Attendee First Name | Attendee Last Name | ID #     | Grade    | Memo     |
| 150001   | Color 101   | 2        | 6/1/13   |             |             | Board      | Internet | OH       | John Doe        | Jane                | Doe                | 951110   | 95       | Internet |
| 160002   | Make-up     | 4        | 7/15/13  |             |             | Board      | Internet | OH       | John Doe        | Pat                 | Doe                | 871221   | 85       | Internet |
| 160002   | Make-up     | 4        | 7/15/13  |             |             | Board      | Internet | OH       | John Doe        | Linda               | Doe                | 100110   | 90       | Internet |

- A Approval number only. **NO Letters**
- B Name of course (**Same as on approval letter**)
- C Hours given for online class (**Same as on approval letter**)
- D Date of completion
- E Leave Blank – Information not required **Do not delete column**
- F Leave Blank – Information not required **Do not delete column**
- G Name of course provider
- H Type - Tanning
- I State where provider is located
- J Name of course instructor
- K First name of person taking course
- L Last name of person taking course
- M Board ID# of person taking course (**Must consist of six (6) numbers ONLY- DO NOT include license prefix**)
- N Grade received on course completion test
- O Memo

**NOTE:**

**When submitting the attendee record information, please format the attendee board ID number column (M) to ensure all six (6) numbers remain listed. Please do NOT substitute the letter “O” in place of a zero.**

**Sample Certificate:**

Certificates should be customized by individual Providers however; the information given in the sample certificate must be presented in some style to any licensee completing an Internet CE course.

|  |                                     |                                |
|--|-------------------------------------|--------------------------------|
| <h3>CE Certificate of Completion</h3>  |                                     |                                |
| Name of Licensee: _____                | Ohio Board ID Number _____          |                                |
| Course Title: _____                    | Course Approval Number _____        |                                |
| CE Hours: _____                        | Test Score: _____                   | Name of Course Provider: _____ |
| Date of class: _____<br>Month/Day/Year | Valid Until _____<br>Month/Day/Year |                                |

**A colored copy of the certificate of completion must be included.**

**The CE Provider is responsible for ensuring that any licensee taking a CE class is given a CERTIFICATE OF COMPLETION.**

**Licensees will need this information for proof of attendance and submission for CE audit.**



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## TANNING CERTIFICATION COURSE APPLICATION

**2015-2017**

**This is a fill-in document-Please type.**

**FEE: \$250.00 (Non-Refundable)**

MONEY ORDER, PERSONAL OR CORPORATE CHECKS ONLY -  
MADE PAYABLE TO: TREASURER, STATE OF OHIO

PROVIDER NAME:

TYPE OF BUSINESS:

\_\_\_\_\_  
\_\_\_\_\_

- SCHOOL
- MANUFACTURER
- ASSOCIATION
- OTHER \_\_\_\_\_

STREET ADDRESS (Where correspondence will be mailed)

\_\_\_\_\_  
CITY STATE ZIP

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL (Required): \_\_\_\_\_

WEBSITE (Required): \_\_\_\_\_

COURSE NAME: \_\_\_\_\_

CE CREDIT HOURS: \_\_\_\_\_

LOCATION OF MONITORED TESTING SITE: \_\_\_\_\_

| <u>Core Manual Required Subject Area</u> | <u>Manual Page Reference</u>      |
|--|-----------------------------------|
| Ultraviolet Radiation _____              | FDA & State Regulations _____     |
| Effects on the Skin _____                | Equipment & Maintenance _____     |
| Photosensitivity _____                   | Eye Protection _____              |
| Skin Typing _____                        | Colored Copy of Certificate _____ |

**I understand in order to receive CE course approval; the information must be received by the Board at least 30 days prior to initial course offering.** \_\_\_\_\_

(Responsible Party)

**I understand that failure to comply with any of the rules and/or instructions pertaining to providing continuing education courses may result in disciplinary action. The board may suspend, revoke, or deny the approval of an instructor or provider that fails to comply.**

\_\_\_\_\_  
Print Name (Responsible Party)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date