



## 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**

#### **CORRESPONDENCE 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 45 days prior to initial course offering to  
allow for the approval process to be completed.**

*Correspondence courses are provided in booklet form **ONLY**. If you  
would like to offer the same CE course online, please follow the Internet  
course requirements and submit a separate Internet application and fee.*

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

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

#### **NOTICE TO PROVIDERS**

All licensees holding an active basic or managing license in Cosmetology, Hair Design, Natural Hair Styling, Manicuring, or Esthetics are required to receive eight (8) hours of CE per license between February 1, 2015 and January 31, 2017. Of those eight (8) hours one (1) hour must be devoted to education on **human trafficking**.

Additionally, licensees who hold an **Independent Contractors** license are required have two (2) of the eight (8) hours devoted to education in business, state laws and rules, and tax information.

## CORRESPONDENCE COURSE REQUIREMENTS

1. **Course Application** – All fields must be completed and application must be signed by provider.
2. **Course Fee \$250.00 (per course) Fee is non-refundable.**
  - Money Order, Personal or Corporate Checks Made Payable To:  
**TREASURER STATE OF OHIO**
  - If sending in multiple course applications, please limit check/money order amount to (two) 2 applications or \$500.
3. **Course Outline(s) Requirements**
  - Hours can only be given for educational time (Registration, promotions, printing out certificates, etc.) cannot be included in CE hours given.
  - Outline(s) must include a **full course description including time frames.**
  - **All courses** regardless of the subject matter shall contain information on **infection control and/or safety.** A full description must be included on outline.
  - Entire course content must be included.
  - Course outline(s) must be comprised of separate whole hour segments.
  - A minimum of 6,000 words per hour segment of educational material must be presented. Word count for each segment must be included.
  - Subject matter must be contained within one hour segments.
  - A minimum of six (6) randomly selected, multiple choice questions must be included following each hour segment of material.
  - A bank of randomized test questions, with five (5) different versions of each question is required.
  - There must be at least five (5) printed versions of course booklet with identifiers known only to the provider and the board. Each booklet shall have a unique identification number so that only one individual may answer the questions for the CE credit.
  - A list of how material segments will be grouped for each printed version of the course.
  - The provider may accept test question answers via mail, phone, or email. If a provider selects to accept answers to test questions via online/website; actual test questions shall **NOT** be posted, **ONLY** the answer sheet can be made available. Individual identification number must be included on online/website answer sheet.
  - The licensee shall NOT receive credit for the course unless a total score of seventy-five (75) percent or higher is achieved.
  - All or part of a course may contain information about human trafficking (1 Hour).
  - All or part of a course may include information on business, state laws and rules and tax information to meet the two (2) hour requirement for independent contractors.
4. **Educator(s) Resume/Bio**
  - 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.
5. **Electronic Sign-In Sheet Submission - Required**
  - 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**

Once course is approved the contact information will be loaded to our website CE course directory until the expiration date.

### **Instructor ONLY CE Courses**

- Course must be designed for instructor CE only and cannot be combed with other scope of practice material.
- Must contain information regarding infection control and/or safety. A full description must be included.
- Curriculum for instructor only classes must be based on topics related to the instruction of cosmetology. For example:  
Direct Instructional Activity                      Lesson Plan Development  
How-to-Instructional Course                      Instructional Methods  
How to Teach Hands-on-Learning

### **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.

### **Certificate of Completion – Required**

Provider shall present all licensees completing a CE course with a certificate **immediately upon the licensee's completion of the course.** Each certificate of completion must contain the following:

CE course approval number	Number of CE hours
Title of CE course	Date of course
Name/address of course provider	Name/Ohio license ID # of attendee

**It is the responsibility of the CE provider to maintain attendance records for a minimum of four years.**

***Any application which fails to meet the stated criteria will be rejected.***

## **NOTICE:**

**Courses designed for estheticians or cosmetologists that include education on chemical, mechanical or electrical services, such as microdermabrasion or chemical peels must include manufacturer's information/MSDS sheets to ensure the machine and/or product is within the scope of practice permitted by the board.**

Estheticians and Cosmetologists must adhere to the following guidelines:

Exfoliate stratum corneum cells only. They may use any chemical, mechanical or electrical service that only exfoliates cells of the stratum corneum. Proper advanced practice training from the manufacturer or the manufacturer's certified representative shall be required prior to service to the public as set forth in rule 4713-8-09 of the Administrative Code. The manufacturer's certificate of training shall be displayed in a publicly conspicuous place.

Provide treatments only utilizing equipment not to exceed one hundred eighty nanometers, or a class one medical device as defined by the food and drug administration of the United States department of health and human services.

Chemical peels shall be mixed and used at an ingredient concentration of thirty per cent solution or less at final formulation with a pH value not less than three.

**A full version of requirements can be located on our website at [www.cos.ohio.gov](http://www.cos.ohio.gov), click on the Laws & Rules tab then select the Ohio Administrative Code (OAC) Chapter 8- Standards of safe and effective practice.**

### **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 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)
- **Information not submitted via email in an Excel format will not be accepted.**

<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	Corr.	OH	John Doe	Jane	Doe	951110	95	Internet
160002	Make-up	4	7/15/13			Board	Corr.	OH	John Doe	Pat	Doe	871221	85	Internet
160002	Make-up	4	7/15/13			Board	Corr.	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 - Correspondence
- 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: _____
Date of class: _____	Name of Course Provider: _____

**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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## CONTINUING EDUCATION COURSE APPLICATION Correspondence Course

**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: \_\_\_\_\_

TYPE OF TRAINING: \_\_\_ WORKSHOP \_\_\_ SEMINAR \_\_\_ DEMONSTRATION \_\_\_ SPEAKER

### **CHECK THE APPROPRIATE ELIGIBLE LICENSE CATEGORY:**

<b>Cosmetologist</b> Hair, Skin, Nails	<b>Manicurist</b> Nail care only	<b>Esthetician</b> Skin care only	<b>Hair Designer</b> Hair care only	<b>Natural Hair</b> Braids & Extensions	<b>Instructor Only</b>

**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