Ohio State Board of Cosmetology Form
Report All Instructors
Report All Changes

Report Required by Rule 4713-5-19

SCHOOL NAME_____

SCHOOL IDENTIFICATION NUMBER_____

ADDRESS_____

OWNER/ADMINISTRATOR_____

Please list all names of persons teaching at your school and the course of study they are teaching using the example below.

Name	*Identification #*	*Course title*	*Schedule of Course*
John Smith	*COSI-00 1234*	*COSMETOLOGY*	*FULLTIME/DAY*
John Smith	*COSI-00 1234*	*MANICURING*	*PARTIME/TUES/THURS/SAT*

NAME	ID#	COURSE	SCHEDULE

Submit By Email

June 2003