



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

PROVIDER INSTRUCTIONS FOR COURSE APPROVAL

SEMINAR, WORKSHOP, DEMONSTRATION COURSES

Course approval will be valid for the licensing period beginning 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

2015-2017 Continuing Education requirements for licensees are as follows:

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.

SEMINAR, WORKSHOP, DEMONSTRATION COURSES APPROVAL REQUIREMENTS

Items 1-4 must be submitted for initial CE course approval:

1. **Course Application** - All fields must be completed and application must be signed by provider.
2. **Course Fee \$100.00 (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 5 applications or \$500.
3. **Course Outline(s)**
 - Must include a **full course description including timeframes.**
 - Must be comprised of whole hour intervals.
 - Hours can only be given for educational time (Registration, promotions, passing out certificates, hard sell of products, etc.) **shall not** be included in number of CE hours given.
 - **All courses** regardless of the subject matter shall contain information on **infection control and/or safety.** **A full description must be included on outline.**
 - 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) Credentials**
 - 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 Course Date Submission - Required**
 - Electronic course date notification for approved courses must be received at least fifteen (15) days **prior** to any course offering.
 - Course dates must be sent via email in an Excel spreadsheet attachment.
Email to: cathy.franklin@cos.state.oh.us
6. **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 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.

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, click on the Laws & Rules tab then select the Ohio Administrative Code (OAC) Chapter 8-Standards of safe and effective practice.

Instructor 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**. **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.

Applications which fail to meet the stated criteria will be rejected.

Contact Information:

Cathy Franklin
Continuing Education Administration
Phone: 614-728-8197
Email – 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 CE 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

Sample Date Notification Spreadsheet:

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Course #	Crse Name	Hrs	Date	Begin Time	End Time	Prov. Name	Street Address	Leave Blank	City	St	Zip	Contact Name/ phone	Class Type Private or Public
000111	Rules	2	7/1/10	8:00 am	10:00 am	Board	111 E. Street		Grove city	OH	43213	Jane/888-8888	Public

- 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 Beginning time of class
- F Ending time of class
- G Name of course provider
- H Street Address- Where class will be held
- I Leave Blank – Information not required. **Do not delete column**
- J City- Where class is held
- K State – Where class is held
- L Zip – where class is held
- M Name and contact number for course information
- N Class type- Public or Private (Private class indicates invitation only)

Course Attendee Notification Instructions:

- A listing of all licensees completing a CE course must be received by the Board within fifteen (15) days of the course completion.
- List must be sent via email to cathy.franklin@cos.state.oh.us in an Excel spreadsheet attachment. All information must be entered in the order shown below. Please do not delete any columns from spreadsheet.

Sample Attendee Spreadsheet:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Course #	Course Name	Hr	Date	Begin Time	End Time	Prov. Name	City	St	Instr. Name	Attendee First Name	Attendee Last Name	ID #	Leave Blank	Mem o
150001	Color 101	2	6/1/13	8:00 am	10:00 am	Board	Grove city	OH	John Doe	Jane	Doe	951110		
160002	Make-up	4	7/15/13	10:00 am	2:00 pm	Board	Grove city	OH	John Doe	Pat	Doe	871221		
160002	Make-up	4	7/15/13	10:00 am	2:00 pm	Board	Grove city	OH	John Doe	Linda	Doe	100110		

- 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 Beginning time of class
- F Ending time of class
- G Name of course provider
- H City- Where class was held
- 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 Leave Blank – **Do Not Delete Column**
- O Memos

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 a CE course.

<h2>CE Certificate of Completion</h2>	
Name of Licensee: _____	Ohio Board ID Number _____
Course Title: _____	Course Approval Number _____
CE Hours: _____	Name of Course Provider: _____
Date of class: _____	City Where Class Was Given: _____

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

Licensees are required to provide this information as proof of attendance for license renewal and CE audit.



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CONTINUING EDUCATION COURSE APPLICATION SEMINAR, WORKSHOP, DEMONSTRATION

2015-2017

This is a fill-in document-Please type.

FEE \$100.00 (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 (Optional): _____

COURSE NAME: _____

CE CREDIT HOURS: _____

TYPE OF TRAINING: ___ WORKSHOP ___ SEMINAR ___ DEMONSTRATION ___ SPEAKER

CHECK THE APPROPRIATE ELIGIBLE LICENSE CATEGORY:

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

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