**CONTINUING EDUCATION**

**COURSE PROVIDER’S APPLICATION**

**INSTRUCTIONS**

1. Attach the course outline or curriculum (must provide sufficient detail to justify the requested course credit hours.
2. Attach a short resume for each instructor of the course, including qualifications, certifications and proof of certification.
3. If limiting your course to employees of an organization, or if there are any other restrictions, please indicate so on your course outline.
4. Please submit any other relevant information you feel is necessary to assist the Board in determining whether your proposed course will enhance the professional competency of the licensee and protection to the public.
5. Each submission must be received in the MSBC office at least **45 days prior** to the event in order to allow the Board adequate time to review the information.
6. The event cannot be advertised as Board approved until after receipt of written approval from the Board.
7. The representative of the Board will monitor the event. Please note that any change to the agenda without 14-day notice prior to the event will negate those hours approved by the Board.
8. The minimum number of approved hours will be 4 hours and the maximum number of approved hours will be 8 hours PER DAY.

MISSISSIPPI STATE BOARD OF COSMETOLOGY

POST OFFICE BOX 55689

JACKSON, MS 39296-5689

(601) 359-1820 PHONE (601) 354-6639 FAX

**CONTINUING EDUCATION COURSE PROVIDER’S APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Select the TYPE OF BUSINESS | | | |
| School | Manufacturer | Association | Other |

|  |  |
| --- | --- |
| Course Provider Name |  |
| Course Provider Address |  |
| Contact Person |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| Course Name |  |
| Date and Time of Course Offering  ***(Application must be received at least 45 days period to initial course date)*** |  |
| Location of Initial Offering  (Provide Business Name, Address, City, State and Zip Code) | Number Expected to Attend: |

|  |  |  |  |
| --- | --- | --- | --- |
| Select the Appropriate Eligible License Category (who will attend this course?) | | | |
| Cosmetologist | Manicurist | Esthetician | Instructor |

|  |  |  |
| --- | --- | --- |
| Number of Continuing Education Credit Hours (Breaks and Meals Not Included)  Minimum 4 – Maximum 8 Approved Per Day | | |
| Day 1 | Day 2 | Day 3 |
| Theory | Theory | Theory |
| Method | Method | Method |

|  |  |  |
| --- | --- | --- |
| Type of Training | | |
| Seminar | Workshop (Hands On Training) | Other, please identify |
|  |  |  |

NOTE: If you are planning to give this course on more than the initial date above, attach a list of the dates, times and locations (Business Name, Street, City, State, Zip Code). The Board must have at least 14 days written notice of any changes in date, location or instructor of your course. This information must be faxed to the number above or emailed to [executivedirector@msbc.state.ms.us](mailto:executivedirector@msbc.state.ms.us).