

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Application for Continuing Education Provider Approval
Form # DBPR COSMO 10

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Continuing Education Course Provider	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Pay \$250 application fee (make check payable to the Department of Business and Professional Regulation).

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0780

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. General Requirements for Cosmetology Continuing Education Provider Application

- a. To maintain provider status in good standing, providers must adhere to all provider requirements outlined in [Rule 61G4-18.003, Florida Administrative Code](#); and [Section 455.2178, Florida Statutes](#).
- b. All portions of the application must be completed.
- c. Fee: \$250 (make check payable to the Department of Business and Professional Regulation).

2. Application Instructions (by section)

- a. **Section I**
 - i. Check only one of the application types.
 - ii. Continuing Education Provider – Individual
 - (1) Select this application type if you are an individual applying to be a Continuing Education Provider.
 - iii. Continuing Education Provider – Organization
 - (1) Select this application type if you are an organization applying to be a Continuing Education Provider.
- b. **Sections II**
 - i. Fill out each section completely.
 - ii. In the “Personal Information” section, applicants must use their name as it appears on his or her Social Security card. Do not use any nicknames or initials.
 - iii. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
 - iv. Select the appropriate category for identification.
 - v. Applicant must provide their current mailing address.
- c. **Section III**
 - i. Please read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

3. Other Information

- a. Continuing education course providers shall not advertise a course as approved for continuing education credit from the Board of Cosmetology until the course has been approved by the board and a course number has been assigned.
- b. Providers should supply all students with a course completion certificate upon completion of the course.
- c. Approved course numbers and course titles should be used in all advertisements.
- d. Any substantive changes regarding the provider’s application information must be filed with the department within thirty days of the change.

- e. Provider approval is valid until May 31 of odd-numbered years and must be renewed. Providers are responsible for renewing all courses prior to the course expiration date.
- f. Providers must work with licensees to resolve reporting conflicts.
- g. Course approval is valid for two years from the date of board approval. Providers must reapply for course renewal every two years.

Refer to Rule 61G5-32.001, Florida Administrative Code, for additional information regarding provider and course requirements.

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Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/>	Continuing Education Provider- Individual [0511/1030]
<input type="checkbox"/>	Continuing Education Provider- Organization [0511/1030]

Section II – Applicant Information

APPLICANT INFORMATION <i>(Provider/Owner)</i>			
Last/Surname	First	Middle	Suffix
Company/Organization Name			
Social Security Number (if applying as an Individual)*			
Federal Employer ID Number (if applying as an Organization)			
GENERAL IDENTIFICATION			
Is Provider approved by any other board within the Department of Business and Professional Regulation to provide continuing education? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the provider approval number?			
MAILING ADDRESS			
Company Name			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		



Section II – Applicant Information- continued

CONTACT INFORMATION			
Last Name (Authorized Representative) First	Middle	Title	Suffix
Primary Phone Number	Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number	Fax Number		
Alternate E-Mail Address			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	