

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Cosmetology**  
**Application for Registration of Initial HIV/AIDS COURSE**  
**Form # DBPR COSMO 8**

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

APPLICATION	APPLICATION REQUIREMENTS
<b>Initial HIV/AIDS Course Registration</b>	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Submit a sample <b>course completion certificate</b> which shall include the course title, provider name, student name, course date, and total number of completed course hours. <input type="checkbox"/> Submit detailed course description. <input type="checkbox"/> Submit detailed course outline (please see section 1(d) of the Instructions for more information). <input type="checkbox"/> Submit detailed course objectives. <input type="checkbox"/> Submit at least one complete copy of the course in its final form, as it will be presented to the licensee, if approved (all course pages should be numbered).

**Please mail your completed application, documentation 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 Registration of Initial HIV/AIDS Course**

- a. All portions of the application must be completed.
- b. A sample course completion certificate must be submitted with the application. The certificate must include the course title, provider name, student name, course date, and total number of completed course hours.
- c. Attach a course outline specifying subjects, major topics, and subtopics to be covered in the course. Each subject must also include a narrative summary.
- d. A detailed course description, outline, and objectives must be submitted with the application, including source materials and the publication date(s) of the materials.
- e. At least one complete copy of the course in its final form, as it will be presented to the licensee, if approved, must be submitted (all course pages should be numbered).
- f. No fee is required.

**2. General Information and Instructions**

- a. **Section I**
  - i. Check only one course type.
- b. **Section II**
  - i. Fill out each section completely.
  - ii. Each applicant must provide their name, company or organization name, and their provider approval number.
- c. **Section III**
  - i. Input the title of the course in the space provided.
  - ii. All initial HIV/AIDS courses must cover the specified course requirements and must be at least 4 hours in length.
  - iii. Indicate how the course will be provided to the student by checking the appropriate box.
- d. **Section IV**
  - i. Please read and sign the affirmation by written declaration.
  - ii. If the applicant fails to sign the affirmation by written declaration statement, the Department will not process the application.

**3. Other Information**

- a. The course provider and application must be approved by the board before the provider can administer the course to any student for credit.
- b. All applications must be received at least sixty days in advance of a board meeting for consideration by the board.
- c. Providers should supply all students with a course completion certificate upon completion of the course.

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**For additional information see the Instructions at the beginning of this application.**

**Section I – Application Type**

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/>	Initial HIV/AIDS Course [0517/1030]

**Section II – Applicant Information- Provider**

PROVIDER INFORMATION			
Last/Surname (Provider)	First	Middle	Suffix
Company/Organization Name			
Social Security Number (or FEID)*			
Provider Approval Number (if applicable)			
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
CONTACT INFORMATION			
Contact Name:			
Primary Phone Number	Primary E-Mail Address		
BUSINESS LOCATION ADDRESS			
Street Address			
City	State	Zip Code	
County (if Florida address)	Country		
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 – Course Information**

<b>HIV/AIDS COURSE DATA</b>	
Course Title:	Subject Hours
<input type="checkbox"/> <b>HIV/AIDS</b> (see Rule 61G5-18.011, FAC, for course details)	
Course Requirements:	
• Modes of Transmission	
• Infection Control Procedures	
• Clinical Management	
• Prevention	
• Behavioral Attitudes	
<b>Method(s) of Instruction</b> (check only one method): <input type="checkbox"/> Live Study Group / Cosmetology Conference / Trade Show <input type="checkbox"/> Distance/Online (Internet) <input type="checkbox"/> Correspondence (Home Study / Video)	

**Section IV – Affirmation By Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
<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. <b>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.</b></p>	
Signature:	Date:
Print Name:	