

BOARD OF COSMETOLOGISTS

CONTINUING EDUCATION INITIAL PROVIDER APPLICATION

If you are interested in having your continuing education courses evaluated by the Board of Cosmetologists for approval, please complete this application. Please note the following requirements for continuing education providers:

- **Must be one of the following categories:**
 - Maryland Higher Education Commission (MHEC)-approved private career school
 - Maryland public or private accredited university
 - Maryland community college
 - Cosmetology textbook publisher
- **Must have and maintain either:**
 - a facility to host in-person course in accordance with COMAR 09.22.04.06 OR
 - a distance learning plan in accordance with COMAR 09.22.04.08

Please review COMAR 09.22.04 for all additional regulations regarding the expected standards for continuing education courses.

The cost of this application is **\$250 (non-refundable)** which includes the review and approval of one course. Any additional course will be reviewed for an additional non-refundable \$50 fee. Checks, money orders or cashier's checks are the only acceptable methods of payment and should be made payable to Maryland Board of Cosmetologists. All documents and payments should be sent by mail to: *Maryland Board of Cosmetologists, 1100 N. Eutaw Street, Baltimore, MD 21201.*

Note: Applications are only accepted during the open enrollment period. Please visit our website for information about open enrollment periods or contact our office for more information.

THIS APPLICATION MUST BE TYPEWRITTEN

PROVIDER INFORMATION

TRAINING PROVIDER: _____

REGISTRATION NO. (IF APPLICABLE): _____

DIRECTOR/COORDINATOR: _____

BUSINESS ADDRESS: _____

CITY

STATE

ZIP CODE

PHONE NUMBER: _____ **FEDERAL TAX ID:** _____

PERSONAL EMAIL ADDRESS: _____

BUSINESS EMAIL ADDRESS: _____

You may use the same email address in both "Personal Email Address" and "Business Email Address". However, please note that your business address may be released upon request from a third party. Your personal email address will only be used for the purposes of official communications with the Department of Labor. If you wish to omit your business email from the list of licensees that the Department of Labor makes available to third-parties, you may leave that field blank.

AUTHORIZED USER FOR AS400 ONLINE PORTAL

Authorization Signature Form

PROVIDER NAME:

PROVIDER ADDRESS:

PROVIDER TELEPHONE NUMBER:

PROVIDER EMAIL ADDRESS:

PROVIDER REG.#

Authorized Signature (s) for individuals authorized to enter Continuing Education Hours into the Board of Cosmetologists Online Portal.

1) Authorized User Printed

Name: Position Title:

Written Signature:

Email Address:

Telephone Number:

2) Authorized User Printed

Name: Position Title:

Written Signature:

Email Address:

Telephone Number:

CERTIFICATION

I am applying for approval of a continuing education course from the Maryland Board of Cosmetologists and therefore affirm that:

- I represent an institution that meets the qualifications set forth by the Maryland Board of Cosmetologists at the time of application
- I have a facility and/or distance learning plan that meets the standards outlined in COMAR 09.22.04
- I have attached all supplemental documentation and payment along with the submission of this application
- I acknowledge that I am subject to the laws, regulations, and discipline guidelines set for the by the relevant sections of the Maryland Annotated Code and Code of Maryland Regulations.
- I agree that I will fully cooperate with any request for information or any investigation related to my practice in the State of Maryland, including the subpoena of documents or records.

I hereby certify, under penalty of perjury, that the information and documents contained herein are true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I agree that the Maryland may request any information necessary to evaluate this application, and I agree that any person or relevant entity may release to the Maryland Department of Labor the information requested. I further certify that I have paid all undisputed taxes, child support, and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection.

SIGNATURE: _____

DATE: _____

MM / DD / YYYY

DOCUMENTS CHECKLIST



COURSE DESCRIPTION/OUTLINE (*with time allotted and a summary of instruction for each detailed segment including breaks*)



PROOF OF MHEC APPROVAL (*IF APPLICABLE*)



COPY OR DESCRIPTION OF ALL COURSE MATERIALS



CERTIFICATE OF COMPLETION (*SAMPLE COPY*)



ATTENDANCE/SIGN-IN SHEET (*SAMPLE COPY*)



EVALUATION FORM (*SAMPLE COPY*)



COPY OF ALL PROPOSED ADVERTISING



AS400 AUTHORIZED USER FORM