

# Wisconsin Department of Safety and Professional Services

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## COSMETOLOGY EXAMINING BOARD

### CONTINUING EDUCATION APPROVAL REQUEST FORM FOR THE 2015-2017 BIENNIUM

Applications must be submitted at least 45 business days prior to the first date the course is offered.

**IMPORTANT:** Please refer to Form # 2894 to review continuing education information and standards for course approval for the 2015-2017 biennium.

PLEASE TYPE OR PRINT IN INK.

<b>The information provided in this table <u>WILL</u> be posted on the DSPS website.</b>	
1. NAME OF COURSE PROVIDER	2. TELEPHONE NUMBER
3. LOCATION OF COURSE FOR CLASSROOM INSTRUCTION	4. COURSE DATE(S)
5. WEBSITE ADDRESS	6. EMAIL ADDRESS

<b>The information provided in this table is for internal use only and WILL NOT be posted on the DSPS website.</b>		
7. CONTACT NAME	8. TELEPHONE NUMBER	9. EMAIL ADDRESS
10. ADDRESS (number, street, city, state, zip code)		

11. Check the course(s) for which you are seeking approval and check the method of instruction.

	<u>Classroom</u>	<u>Distance</u>
	<u>Education</u>	<u>Learning</u>
<input type="checkbox"/> 3 hour safety, sanitation and infection control course	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1 hour law course	<input type="checkbox"/>	<input type="checkbox"/>

12. On separate page(s), provide the following information:

- a. Company organizational structure
- b. Course registration policies
- c. Course fee schedule
- d. Course advertising materials
- e. Student records system
- f. Summary of evaluations conducted
- g. Instructor evaluation
- h. Sample certificate of completion

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13. Program Content – Attach course materials and a detailed course outline with specific allocations of hours to each topic presented. For subject material that must be included and requirements for this section, review Form # 2894.
14. Instructors – Attach a list of instructors and a resume for each, which includes their qualifications to develop and teach the continuing education course.

### **THIS SECTION IS FOR DISTANCE LEARNING COURSES ONLY**

**\* NOTE: If your course is not a distance learning course, you may skip to question 19 below.**

15. Indicate the method of instruction (DVD, paper, etc.): \_\_\_\_\_
16. Attach at least 5 multiple-choice examination questions for each hour of instruction.
17. Attach assignments that must be completed by the licensee and returned to the provider by the licensee so they may be corrected and/or graded by the provider.
18. On separate page(s), describe how your company will carry out the following:
- a. Ensure that instructors, who must be approved by the Department, are available to students to answer questions and address concerns at reasonable times and by reasonable means.
  - b. Distribute, collect and score examinations and supplemental materials as well as provide a reasonable level of examination security.
  - c. Sufficiently cover the subjects specified for the continuing education courses.
  - d. Provide a reasonable procedure for verifying the enrollees' identity and a means to ensure that the person completing the examination is the enrolled student.
  - e. Report examination pass/fail information to students and issue certificates of course completion.

	YES	NO
19. Do you agree to notify the Department in writing of any changes in the information which you provided in this application within 10 days following the date of the change?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is enrollment open to all licensees regardless of gender, race, sexual orientation, disability, religion, or age?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you agree to adhere to all pertinent state requirements in <a href="#">Chapter BC 11</a> of the Wisconsin Administrative Code?	<input type="checkbox"/>	<input type="checkbox"/>

**I hereby certify that all statements made in this application and attachments are true to the best of my knowledge and belief.**

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature