

South Dakota Cosmetology Commission
500 E Capitol Ave
Pierre SD 57501
605-773-6193
605-773-7175 fax
cosmetology@state.sd.us

FEE \$100 Non-refundable
Check or money order
Make payable to:
Cosmetology Commission

CONTINUING EDUCATION COURSE PROVIDER'S APPLICATION

Section A – General Provider Information

1. Provider's Name: _____
2. Provider's Address: _____

3. Provider's Contact Name: _____
4. Telephone number: _____ Fax number: _____ Email: _____
5. Check one: Individual provider Company or association provider

Section B – Course Information (A detailed outline or agenda of the course must be attached to application)

Check ONLY ONE category microdermabrasion electric nail files

1. Name of Course: _____
(All continuing education in SD must emphasis safety and sanitation)
 2. Number of Continuing Education Credit Hours. _____ (Do not include time for breaks and meals)
 3. Initial Date and Time of Course Offering: _____
 4. Location of Course: _____
(provide business name, street address, city, state, zip)
- IF you are planning to give this course more than the initial date listed above, ATTACH a list of dates, times, and locations (always include business name, street address, city, state, zip to identify the location). The Commission must have at least twenty-four (24) hours written notice of any changes in the date, location or instructor of your course. Resumes are required for a new course instructor. This information must be faxed to the number above (All correspondence MUST include the Commission assigned Course Certification number, course name and number of credit hours).
5. Instructor Name: _____
 6. Qualifications and licensure. Attach instructor's resume or vita. List State(s) of licensure and current license number. (An instructor does not have to be licensed in SD, but must be licensed from another state)

7. List any relevant information you feel is necessary to assist the Commission in determining approval of this course. _____

Section C – Method of Course Attendance Verification

1. Briefly explain the method of monitoring for course attendance. _____

2. Attach a sample of the sign-in sheet. After the course, a copy of the sign-in sheet must be submitted to the Commission.
3. Attach a sample copy of the certificate of attendance the provider issues to the licensee as proof of attendance of the course. The certificate must show name of course, name of attendee, dates of attendance, and number of hours earned.

Section D – Signature

1. Name of person completing this application (Please print) _____
2. Signature: _____
Date: _____

NOTE: Please submit your application within sixty days prior to the course date to receive prior approval and a course number. A \$100 non-refundable fee must accompany the application. **This fee is good for one year only no matter how many courses are taught and is not pro-rated.** When SD licensees attend an approved provider course, the licensee does not have to pay the \$35 verification fee to the Commission. REMEMBER to attach: 1) Course agenda or outline; 2) Instructor resume or vita; 3) Sample of sign-in sheet; 4) sample of certificate of attendance.

As of 1/1/2005 the Commission only requires a one-time only continuing education course for electric nail files and microdermabrasion.

After the Commission has granted its written approval of the application, the provider is entitled to state upon its publications: "This program is approved for ___(number) South Dakota Continuing Education Hours."

Section E – Commission Office use only

_____ Approved _____ Hours Course Approval Number: _____
_____ Denied Reason: _____
Reviewed by: _____ Date: _____