

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA COSMETOLOGY COMMISSION

500 E Capitol Ave, Pierre, SD 57501
Tel: 605.773.6193 Fax: 866.326.7175 cosmetology.sd.gov

CONTINUING EDUCATION COURSE PROVIDER APPLICATION

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

GENERAL PROVIDER INFORMATION

Provider's Name: _____

Provider's Address: _____
STREET

CITY STATE ZIP

Contact Name: _____ Tel: (_____) _____ - _____

Fax (_____) _____ - _____ Email: _____

Check one: Individual Provider Company Provider

COURSE INFORMATION

ATTACH a detailed outline or agenda of the course must be attached to application

Subject (Check *ONLY ONE*): Microdermabrasion Electric Nail File Eyelash Extensions

Name of Course: _____ Credit Hours: _____
All continuing education in South Dakota must emphasize safety and sanitation Do not include breaks and meals

Location of Course: _____
BUSINESS NAME STREET

CITY STATE ZIP

Initial Course Offering Date: _____ Time: _____

ADDITIONAL OFFERINGS

If this course will be offered more than the initial date listed above, attach a list of dates, times, and locations. To identify the location, include business name, address, city, state, zip.

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.**

Instructor Name: _____

QUALIFICATIONS AND LICENSURE

- ATTACH** instructor's resume
- List state(s) of licensure and current license number – An instructor does not have to be licensed in South Dakota, but must be licensed from another state

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

ATTENDANCE VERIFICATION

Briefly explain the method of monitoring for course attendance. _____

- ATTACH** a sample of the sign-in sheet. After the course, submit a copy to the Commission.
- 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.

SIGNATURE

Person completing this application (Please print): _____

Signature: _____ Date: ____/____/____

SUBMISSION

Submit your application within sixty (60) 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.**

Attachments:

1. Course agenda or outline
2. Additional offerings
3. Instructor resume
4. Sample of sign-in sheet
5. Sample of certificate of attendance

NOTE: When South Dakota licensees attend an approved provider course, the licensee does not have to pay the \$35 verification fee to the Commission.

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

COMMISSION USE ONLY

Approved Hours : _____ Course Approval Number: _____

Denied Reason: _____

Reviewed by: _____ Date: ____/____/____

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."