

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**SOUTH DAKOTA COSMETOLOGY COMMISSION**

217 W. Missouri,, Pierre, SD 57501  
Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

**EDUCATION COURSE PROVIDER APPLICATION**

**APPLICATION FEE: \$120** *(Non-refundable)*

Check or money order 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 ☐ Continuing Education

Name of Course: \_\_\_\_\_ Clock Hours: \_\_\_\_\_  
*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, and zip code.

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 (*individual providers only*): \_\_\_\_\_

**QUALIFICATIONS AND LICENSURE** ☐ **ATTACH** instructor's resume (*individual providers only*)

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.

### AGREEMENT

I certify all information on this application is correct to the best of my knowledge.

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 (or identity verification method)
5. Sample of certificate of completion

### NOTES

- 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 January 1, 2005, the Commission only requires a one-time continuing education course for electric nail files and microdermabrasion.
- As of July 3, 2017, the Commission requires a one-time continuing education course for eyelash extensions."
- 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 Education Certification Hours."

### COMMISSION USE ONLY

☐ **Approved** Hours : \_\_\_\_\_ Course Approval Number: \_\_\_\_\_

☐ **Denied** Reason: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_