ALABAMA BOARD OF COSMETOLOGY
PO BOX 301750, Montgomery, AL 36130
Phone: 334-242-1918 ♦ Toll Free: 1-800-815-7453 ♦ Fax: 334-242-1926
www.aboc.state.al.us

APPLICATION FOR CONTINUING EDUCATION PROVIDER

Please Submit One Original and Seven Copies of Application and Supporting Documents.

_____
Name of Business or Person proposing the seminar (how it will be listed on our website)

_____
Physical Address. This address is the actual business location of the provider where all records will be kept. A Post Office Box is not acceptable for the physical address.

_____
Mailing Address. This is the address where the Board will mail all correspondence and this may be a Post Office Box.

_____
Telephone **Fax** **Website address if available** **E-Mail address if available**

Brief Description of Proposed Course:

_____
Number of Credit Hours proposed

I certify that I will comply with all applicable provisions of the *Code of Alabama 1975, Section 34-7A* and the *Alabama Administrative Rules & Regulations, Chapter 250-X*. I understand that providing false information on this application may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

_____
Signature of Responsible Person **Printed Name of Responsible Person** **Date**

- A written disclaimer that no representation is made that attendees may perform any practice referred to in any presentation which is outside the scope of their licensure must be included in any advertising, brochures and/or website information.
- Promotion of brand names is not allowed. Only generic references may be used.
- Four hours of the content shall be in health and sanitation issues.

Applications must include the following:

1. Outline of course materials.
2. Location of where records of registration and attendance will be stored for at least three (3) years.
3. Form to be used as written proof of course completion for participants (must include provider's name, course name, participant's name and license number, date of class and number of hours completed).
4. Example of attendee evaluation form for seminar.

Revised 1/11. Replaces all previous forms

FOR ABOC USE ONLY
DATE RECEIVED: _____
APPROVED: _____ DATE: _____
DISAPPROVED: _____ DATE: _____

PROVIDER ID #: _____
EXPIRATION DATE: