



**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 NEW CONTINUING EDUCATION PROVIDER 2012-13**

**Please Submit One Original and Seven Copies of Application and Supporting Documents. This must be received in our office by **October 31, 2011** for the 2012-13 continuing education cycle.**

**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
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**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
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- 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.

FOR ABOC USE ONLY	
DATE RECEIVED: _____	_____
APPROVED: _____	DATE: _____
DISAPPROVED: _____	DATE: _____
PROVIDER ID #: _____	_____
EXPIRATION DATE: _____	_____