

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157 www.tdlr.texas.gov

BARBER AND COSMETOLOGY CONTINUING EDUCATION COURSE APPROVAL APPLICATION INSTRUCTIONS

Each entity looking to obtain approval for a Barber and Cosmetology Continuing Education Course shall provide an application for approval that shall be in compliance with 16 TAC Chapter 59 and 83, Texas Occupations Code, Chapter 1603 and all TDLR established guidelines and criteria.

- 1. Provider Name Enter the provider's name as shown on your provider license.
- 2. Provider Number Enter the provider's license number.
- 3. Required Fee \$100.00 All fees are non-refundable.
- 4. Contact Person Name Provide the contact person's name.
- 5. Contact Person Email Address Provide the contact person's email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
- 6. Contact Person Telephone Number Provide the contact person's telephone number.
- 7. Course Information Enter the course title, requested effective date (optional), delivery language, delivery method and internet login (applicable only for an internet course). **The course title cannot be more than 30 characters long.**
- 8. Course Content Enter the number of hours for each topic your course will cover. Note: every 50 minutes of actual instruction time is equivalent to one hour of continuing education credit. **Do not include instructions or break times**.
- **❖ Sanitation:** (At least one hour is required for license renewal)
- Human Trafficking: (At least one hour is required for license renewal)
 - ✓ Activities commonly associated with human trafficking
 - ✓ Recognition of potential victims of human trafficking, and
 - ✓ Methods for assisting victims of human trafficking, including how to report human trafficking.
 - ✓ Human trafficking information can be found by visiting <u>Office of the Attorney General Human Trafficking Section</u>, <u>U.S.</u>
 <u>Department of Homeland Security Blue Campaign</u>, and <u>TDLR Combat Human Trafficking</u>.
- ❖ Barber and Cosmetology Related Practices: (Two additional hours are required for license renewal)
 - √ Texas Laws and Rules Texas Occupations Code Chapter 1603 and Chapter 83.
 - √ 83.202 Technical Requirements.
 - ✓ Ethics or Business Practices Practices that would benefit the licensee.
 - ✓ Mental Health Awareness Topic. Mental Health resources can be found at Texas Health and Human Services Adult Mental Health, and Mental Health TX.
- 9. Certification Statement for CE Provider responsibilities and signature Certify compliance with all responsibilities. Application must be signed by the owner, officer or other authorized personnel.

SEND YOUR COMPLETED APPLICATION TO:

Texas Department of Licensing and Regulation P.O. Box 12157 Austin, TX 78711-2157

For additional information and questions, please visit <u>Texas Department of Licensing & Regulation</u> or contact the <u>Education</u> and <u>Examination Division</u> via webform where you can submit your request for assistance and include attachments as needed.

REQUIRED DOCUMENTS

- \$100.00 Application Fee.
- Completed Continuing Education Course approval application.
- Certification Statement for CE Provider Responsibilities.

Do not submit a copy of the instruction page with course application. Only submit page 1 and 2 of the application.



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CERTIFICATION STATEMENT FOR CE PROVIDER RESPONSIBILITIES

Please check each box:

Courses will not be offered until approved by the Department.

If my provider registration expires, I will cease from offering all courses.

All continuing education course material will have appropriate grammar, spelling, punctuation, illustrations, and graphics.

Course advertisements for continuing education courses must include the CE Provider's number and the course number assigned by the Department.

The CE certificate of completion must include the name of course, course number assigned by Department, course completion date, provider name and number, number of hours of continuing education credit, signature of the provider representative and the name, license type and license number of the participant who attended course.

Course completions will be submitted to the Department using the CE Reporting System, no later than seven days after the course completion date.

Course completion records will be maintained for a period of two years after completion of a course.

I understand that an audit may be conducted without prior notice to determine whether we are complying with the requirements of Chapter 59. No fee will be charged to any Department employees or representative and I will cooperate fully with the Department.

I understand that the Department may not approve a continuing education course if we are past due or not current on the payment of any unpaid required fees, including record fees or administrative penalties.

Upon notification by the Department that a provider is past due or not current on the payment of any unpaid required fees, including record fees or administrative penalties, a provider may not enroll a participant in a continuing education course without department approval.

For internet courses, a login and password will be provided to the Department for all online courses which will have access available for one year.

9. By checking each box and by my signature, I certify that the require available to the Department upon request. I also certify that I will comp Cosmetology Law (Texas Occupations Code, Chapter 1603); the Admir Chapters 59 and 83); the law of the Texas Department of Licensing & R51); and the rules of the Texas Department of Licensing & Regulation (60). I understand that providing false information on this application may requesting and the imposition of administrative penalties.	oly with all applicable provisions of the nistrative Rules (Texas Administrative Code, Regulation (Texas Occupations Code, Chapter Texas Administrative Code, Chapters 55 and
Printed Name	Provider Number
Signature of Owner, Officer, or Authorized Representative	Date Signed