



Occupational and Professional Licensing Division
District of Columbia Board of Barber and Cosmetology
1100 4th Street, SW, 3rd Floor, Washington, DC 20024

CONTINUING EDUCATION PROGRAM / COURSE / INSTRUCTOR APPLICATION

If you have any questions regarding this form, call the Board staff at (202) 442-4320.
 Monday through Friday, 9 AM to 4:30 PM EST. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

SECTION 1. PROVIDER REQUEST TYPE / FEES

| <p align="center">Method (Origin) of Application</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Code</th> <th style="text-align: left; border-bottom: 1px solid black;">Description</th> </tr> <tr> <td>(CEP) <input type="checkbox"/></td> <td>Continuing Education</td> </tr> <tr> <td>(PLE) <input type="checkbox"/></td> <td>Pre-Licensing Education</td> </tr> <tr> <td>(DLE) <input type="checkbox"/></td> <td>Distance Learning Education</td> </tr> <tr> <td>(INS) <input type="checkbox"/></td> <td>New / Additional Instructor</td> </tr> </table> | Code | Description | (CEP) <input type="checkbox"/> | Continuing Education | (PLE) <input type="checkbox"/> | Pre-Licensing Education | (DLE) <input type="checkbox"/> | Distance Learning Education | (INS) <input type="checkbox"/> | New / Additional Instructor | <p>FEE CALCULATION: \$65 per Course includes ONE instructor.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">NUMBER OF COURSES</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;">QTY (#)</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;">\$ _____</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">NUMBER OF ADDITIONAL INSTRUCTORS</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;">QTY (#)</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">TOTAL ENCLOSED \$ _____</td> </tr> </table> | NUMBER OF COURSES | QTY (#) | \$ _____ | NUMBER OF ADDITIONAL INSTRUCTORS | QTY (#) | \$ _____ | | | TOTAL ENCLOSED \$ _____ |
|--|---|--------------------------------|--------------------------------|----------------------|--------------------------------|-------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|---|-------------------|---------|----------|---|---------|----------|--|--|--------------------------------|
| Code | Description | | | | | | | | | | | | | | | | | | | |
| (CEP) <input type="checkbox"/> | Continuing Education | | | | | | | | | | | | | | | | | | | |
| (PLE) <input type="checkbox"/> | Pre-Licensing Education | | | | | | | | | | | | | | | | | | | |
| (DLE) <input type="checkbox"/> | Distance Learning Education | | | | | | | | | | | | | | | | | | | |
| (INS) <input type="checkbox"/> | New / Additional Instructor | | | | | | | | | | | | | | | | | | | |
| NUMBER OF COURSES | QTY (#) | \$ _____ | | | | | | | | | | | | | | | | | | |
| NUMBER OF ADDITIONAL INSTRUCTORS | QTY (#) | \$ _____ | | | | | | | | | | | | | | | | | | |
| | | TOTAL ENCLOSED \$ _____ | | | | | | | | | | | | | | | | | | |
| <p align="center"> Make check or money order payable to DC TREASURER and mail to: BOARD OF BARBER and COSMETOLOGY 1100 4th St. SW, Suite 3rd Floor Washington, DC 20024 </p> | <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%; text-align: center;">CHECK \$</th> <th style="width:33%; text-align: center;">OPLD USE ONLY CHECK #</th> <th style="width:33%; text-align: center;">STAFF MEMBER</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> | CHECK \$ | OPLD USE ONLY CHECK # | STAFF MEMBER | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | |

SECTION 2. PROVIDER INFORMATION *All data in this section is required

| | | |
|-------------------------|-------------------|------------------|
| PROGRAM PROVIDER* | | |
| DIRECTOR / COORDINATOR* | | |
| STREET ADDRESS* | | |
| CITY* | STATE* | ZIP CODE* |
| FEDERAL / TAX ID* | TELEPHONE NUMBER* | CE PROVIDER ID # |
| E-MAIL ADDRESS* | | |

THIS PAGE IS REQUIRED WITH ALL SUBMISSIONS. INCLUDE IT FOR COURSE OR INSTRUCTOR APPLICATIONS.

NOTICE OF NON-DISCRIMINATION
 In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code §2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business or Victim of an Intra-Family Offense (domestic violence). Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

NOTICE OF MAKING FALSE STATEMENTS
 Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

NOTICE OF FRAUD, CORRUPTION AND WASTE
 If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.



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SECTION 3. COURSE IDENTIFICATION AND INFORMATION

COURSE TITLE *

COURSE TITLE *

CEU / CLOCK HOURS REQUESTED (1.0 Hour Minimum)

DELIVERY METHOD Classroom / Seminar Internet

TEACHING AIDS

| | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Computer Software | <input type="checkbox"/> DVD / Video / Webinar |
| <input type="checkbox"/> Television | <input type="checkbox"/> Audio / MP3 | <input type="checkbox"/> Other: _____ |

Attendance / Monitoring Policy (*Detail policy on: Attendance & Late arrival, Monitoring students, Make-up classes*):

Records Maintenance (*Detail procedures for maintaining all records for a minimum of five (5) years*):

Exam / Re-Exam Policy (If applicable, detail exam procedures and make-up exam procedures)

SECTION 4. REQUIRED SUPPORTING DOCUMENTS CHECKLIST

Indicate the supporting documents included with this package or requested to be sent to the BOARD OF BARBER AND COSMETOLOGY. Keep a photocopy of all supporting documents for your records.

- Correct Fee: **\$65 per Course** Application. One Instructor included with course application. **Make check(s) payable to DC Treasurer.**
- Correct Fee: **\$65 per Instructor** Application. One Course included with instructor application. **Make check(s) payable to DC Treasurer.**
- Course outline with time allotted and a summary of instruction for each detailed segment.
- Full course schedule with dates, times and breaks for the two (2) year cycle for which the course will be approved.
- Copy or description of all course materials.
- Certificate of completion (Sample Attached)
- Attendance / Sign-in sheet (Sample Attached)
- Evaluation form (Sample Attached)
- Copy of all proposed advertising



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SECTION 5a. COURSE SCHEDULE – LOCATION (S)

COURSE TITLE *

COURSE TITLE *

STREET ADDRESSES WHERE CLASSES WILL BE HELD:

1. _____
2. _____
3. _____

SECTION 5b. COURSE SCHEDULE – DATE (S)

| MM / DD / YYYY / / | Start am /pm | End am /pm | Break | Clock Hours | Days Sun Mon Tues Wed Thurs Fri Sat |
|-----------------------|-----------------|---------------|-------|-------------|---|
| MM / DD / YYYY / / | Start am /pm | End am /pm | Break | Clock Hours | Days Sun Mon Tues Wed Thurs Fri Sat |
| MM / DD / YYYY / / | Start am /pm | End am /pm | Break | Clock Hours | Days Sun Mon Tues Wed Thurs Fri Sat |
| MM / DD / YYYY / / | Start am /pm | End am /pm | Break | Clock Hours | Days Sun Mon Tues Wed Thurs Fri Sat |
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| MM / DD / YYYY / / | Start am /pm | End am /pm | Break | Clock Hours | Days Sun Mon Tues Wed Thurs Fri Sat |

Copy this form for additional course entries. This form can only be submitted in conjunction with a course approval application or as an update to an approved course. After the course has been approved, the provider may submit e-mail notifications to **KEVIN.CYRUS@DC.GOV**, 30-days in advance of the course offering. Providers may attach an already published schedule of courses in lieu of Section 5b. The schedule must show locations, dates, times, and titles of courses.





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SECTION 6. INSTRUCTOR APPLICATION

INSTRUCTOR NAME *

PROVIDER NAME *

COURSE TITLE *

PROFESSIONAL DESIGNATIONS / CERTIFICATIONS

ATTACH A RESUME OR BIO WHICH SUPPORTS APPLICANT'S QUALIFICATIONS.

SCREENING QUESTIONS: All applicants must complete the following questions. Explain any "YES" answers below.

Yes No Have you been involved in any lawsuits in the past three (3) years? Are there any pending lawsuits?

Yes No Have you ever been convicted of any criminal offense, or are there any criminal charges pending against you now (Not including minor traffic violations)?

Explain "YES" answers to questions above:

INSTRUCTOR AUTHORIZATION:

The instructor's signature below certifies that the instructor represented in this application meets all DC jurisdictional requirements.

Date

AUTHORIZED PROVIDER SIGNATURE:

I, the undersigned, do hereby certify that all the information provided on this form is, to the best of my knowledge, true and correct.

Date

| | |
|--|-------------|
| ADDITIONAL COURSE TITLE (\$65 fee due) | COURSE ID # |
| ADDITIONAL COURSE TITLE (\$65 fee due) | COURSE ID # |
| ADDITIONAL COURSE TITLE (\$65 fee due) | COURSE ID # |

COPY THIS FORM FOR ADDITIONAL COURSE ENTRIES. SUBMIT PAGE 1 (SECTIONS 1 & 2) WITH INSTRUCTOR APPLICATION.

