



WEST VIRGINIA
STATE BOARD OF BARBERS AND COSMETOLOGISTS
1201 DUNBAR AVENUE
DUNBAR, WV 25064
304.558.2924



CONTINUING EDUCATION PROVIDER APPLICATION INFORMATION

GENERAL INFORMATION

Effective July 6, 2017, when a barber or cosmetologist has been licensed and in practice for 10 years, that barber or cosmetologist will not be required to complete any continuing education other than a 3 hour sanitation class every other year for a period of 10 years. Barbers and cosmetologists are exempt from the continuing education requirement after 20 years of practice. All barber permanent wavists, nail technicians, aestheticians, hair stylists, and waxing specialists are required to earn a minimum of 4 hours of continuing education credits annually, but after an active barber permanent wavist, nail technician, aesthetician, hair stylist, or waxing specialist has been licensed and/or certified for 20 years or more are exempt from completing 4 hours of continuing education annually, but must continue to take a 3 hour sanitation course every other year. Instructors are required to complete 4 hours of continuing education annually.

An approved provider is an individual, business, or organization that is listed on the Board's website as an approved continuing education provider.

Providers must provide a list of all course dates, locations, and times of all courses throughout the year on the application. Providers wishing to add a course at a later date will be subject to another application and fee.

All applications must be submitted to the Board 30 days prior to first course offering.

All applicants holding classes must submit a video (via USB or DVD) of the instruction being taught in each class for review and approval. All applicants with online courses will need to supply the Board with a link to review the online course (at no cost) for review and approval.

GENERAL RULES AND REQUIREMENTS

- ☐ Providers must submit application 30 days prior to first course offering.
- ☐ Providers must seek approval from the Board for any changes to the courses or schedule.
- ☐ Providers must submit attendance records to Board electronically within 30 days after course.
- ☐ Outlines must be provided for each course and must have a portion of the course dedicated to safety/sanitation process.
- ☐ Outlines must include full course description.
- ☐ Providers must keep records of attendees of each course for 3 years.
- ☐ Providers must present attendees with a certificate stating the name of licensee, date of class, and hours of credit, course title, etc.
- ☐ The Board or its representatives may attend any continuing education course for compliance review.
- ☐ Providers must have access and knowledge of Microsoft Excel or compatible format for reporting purposes.
- ☐ Providers must have access to internet for electronic reporting purposes.
- ☐ Providers must have access to rooms large enough to offer courses the provider is proposing.

PROVIDER REQUIREMENTS

Each individual, business, or organization wishing to become a provider of continuing education must provide or show evidence of meeting all requirements listed below at the time of submitting application:

- ☐ Complete all forms
- ☐ Provide list of classes for calendar year
- ☐ \$100.00 Provider Fee
- ☐ Course outline for each class
- ☐ Educator's resume



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CERTIFICATES

Each provider must give attendees customized certificates of completion. Below is a sample certificate that should be provided. Remember, each certificate must include the licensee's name, course title, number of hour credits, dates of course, and provider's name.

CERTIFICATE OF COMPLETION	
Name of Licensee and License #	
Date	
Course Title	
Credit Hours Earned	
Provider Name	Provider Signature

ELECTRONIC REPORTING

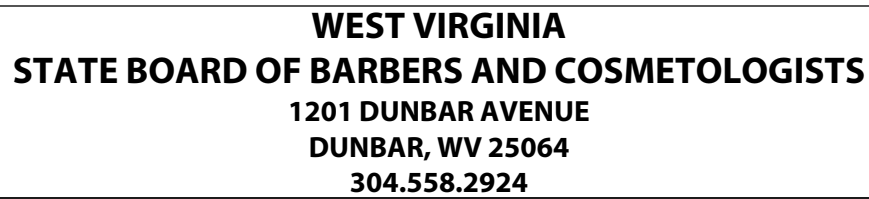
Providers are required to submit a list of attendees to the Board office within 30 days after the course in Microsoft Excel format. Upon approval, providers will be provided with an Excel template that will be required to be utilized for the purpose of reporting attendees. The list of attendees must be emailed to wvbbc@wv.gov.

The format below will be used in the Excel template.

- A- Name of attendee
- B- License number of attendee
- C- Credit hours attendee earned
- D- Location of course
- E- Date course was held
- F- Course title

Provider #

Name	License #	Credit Hrs.	Location	Date	Title
Jane Doe	1234	4	Milton, WV	1/09/12	haircutting basics
Jane Smith	4465	4	Milton, WV	1/09/12	haircutting basics
John Doe	9616	4	Ripley	02/05/12	shaving techniques



This exact sign in sheet must be used for all courses. Please complete the information directly below and have the attendees complete the table below.

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[illegible]



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CONTINUING EDUCATION

4 HOUR SAMPLE COURSE OUTLINE

All providers submitting an application must submit a course outline in 30 minute/1 hour blocks as detailed below. Each course needs to have a separate outline that explains the purpose of the course.

Provider Name

Provider Number

Course Title/Subjects

Start Time

End Time

Total Credit Hrs.

9:00-9:30

Course Introduction

Explain the purpose of the course and tie in the importance of following proper safety precautions and procedures.

9:30-10:00

Topic # 1

Cover your first topic and why it is important

10:00-10:30

Topic #2

Cover your second topic and why it is important.

10:30-10:45

Break

10:45-11:15

Topic #2

Continue discussing topic #2 and why it is important.

11:15-12:15

Topic #3

Discuss topic # 3, why it is important, and conduct demonstrations.

12:15-1:15

Topic #1,2,3

Review topics and further explanations. Review. Question and answer session.



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CONTINUING EDUCATION PROVIDER APPLICATION

Office Use ONLY:

Provider #

PROVIDER REQUIREMENTS

Each individual, business, or organization wishing to become a provider of continuing education must provide or show evidence of meeting all requirements listed below at the time of submitting application:

- | | | |
|--|--|---|
| <input type="checkbox"/> Complete all forms | <input type="checkbox"/> \$100.00 Provider Fee | <input type="checkbox"/> Educator's resume |
| <input type="checkbox"/> Provide list of classes for calendar year | <input type="checkbox"/> Course outline for each class | <input type="checkbox"/> Video-of-Instruction (USB/DVD) |

OR

PROVIDER INFORMATION

Type of Business

URL link for online courses

- ☐ Association ☐ Business ☐ Individual ☐ Manufacturer/Distributor

Name of Business (If applicable)

Name of Educator #1

WV License #

Name of Educator #2 (if app)

WV License #

Name of Educator #3 (if app)

WV License #

Name of Educator #4 (if app)

WV License #

For more educators, please provide list on separate sheet of paper.

Mailing Address

Phone #

City

State

Zip Code

Phone #

Email

Website

Please affirm to the questions below before submitting to the Board office:

☐ Yes ☐ No

Do you have access to Microsoft Excel or compatible software?

☐ Yes ☐ No

Do you have access to the internet and have knowledge to send attachments electronically?

☐ Yes ☐ No

Will all your courses have enough room to host the individuals you schedule?

I understand that I am required to provide continuing education in accordance with Series 11 Continuing Education and following the reporting process to the Board. I understand that failure to do so may result in the revocation of the Provider permit.

Signature

Date



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CONTINUING EDUCATION
COURSE LIST

The list below indicates that courses that are planned with this application submission. Please write clearly or type this form!

Provider Name

Provider Phone Number

Date of Course	Course Title	Full Address or URL of Where Course Will be Offered	Credit Hours Offered	Course Cost