Continuing Education Provider Application Instructions

No Fee Required

Please Read Instructions Carefully

1. Complete the enclosed application in blue or black ink (please print legibly).

2. Register your association with the SC Secretary of State and submit a copy of the certificate of existence. You may contact the SCSOS office at:

   South Carolina Secretary of State
   1205 Pendleton St Ste. 525
   Columbia, SC 29201
   803-734-2170
   http://www.scsos.com/

3. Submit a typed/legible statewide roster of 100 licensees. At least 75 licensees must reside in Richland, Charleston and Greenville/Spartanburg counties. The roster must include the names, license numbers and county locations for each licensee.

   Example:
   1. John Doe RC 123 Richland
   2. Jane Testperson ES 456 Horry
   3. Joey Testperson NT 789 Aiken
   4. Jane Doe RC 147 Spartanburg
   5. Tom Doe IRC 123 Greenville

4. Mail the completed application by August 5th.

** If your provider application is approved by the Board at its September board meeting, you must turn in a CE submission packet by October 14th for review at the annual CE Review Work Session.**
CONTINUING EDUCATION PROVIDER APPLICATION

FEDERAL TAX ID: ______________________

NAME OF ASSOCIATION: ____________________________________________

MAILING ADDRESS: ____________________________________________

NAME OF PRIMARY CONTACT: ______________________________________

PHONE NUMBER: ______________________________________________

E-MAIL ADDRESS: ______________________________________________

PRIMARY CONTACT’S PROFESSIONAL LICENSE # (IF APPLICABLE): ________

NAME OF OFFICERS OR BOARD OF DIRECTORS:

1. __________________________________________

2. __________________________________________

3. __________________________________________

4. __________________________________________

a. Has an owner/partner/principal/manager of the Association ever had any cosmetology, esthetics or nail technology licensed denied, suspended, revoked surrendered or have you ever been disciplined or fined by any licensing authority in this or any other state or jurisdiction? Yes □ No □

b. Has an owner/partner/principal/manager of the Association ever had any other business or professional license denied, suspended, revoked, surrendered in this or any other state or jurisdiction? Yes □ No □

c. Has an owner/partner/principal/manager ever been convicted of any criminal offense or is there any criminal charges now pending against you? Yes □ No □

__________________________ __________________________
Signature of Primary Contact Date