



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Cosmetology**  
 110 Centerview Dr. • Columbia • SC • 29210  
 P.O. Box 11329 • Columbia • SC 29211-1329  
 Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484  
 llr.sc.gov/cosmo

## CONTINUING EDUCATION PROVIDER APPLICATION INSTRUCTIONS

No Fee Required

### Include with your application:

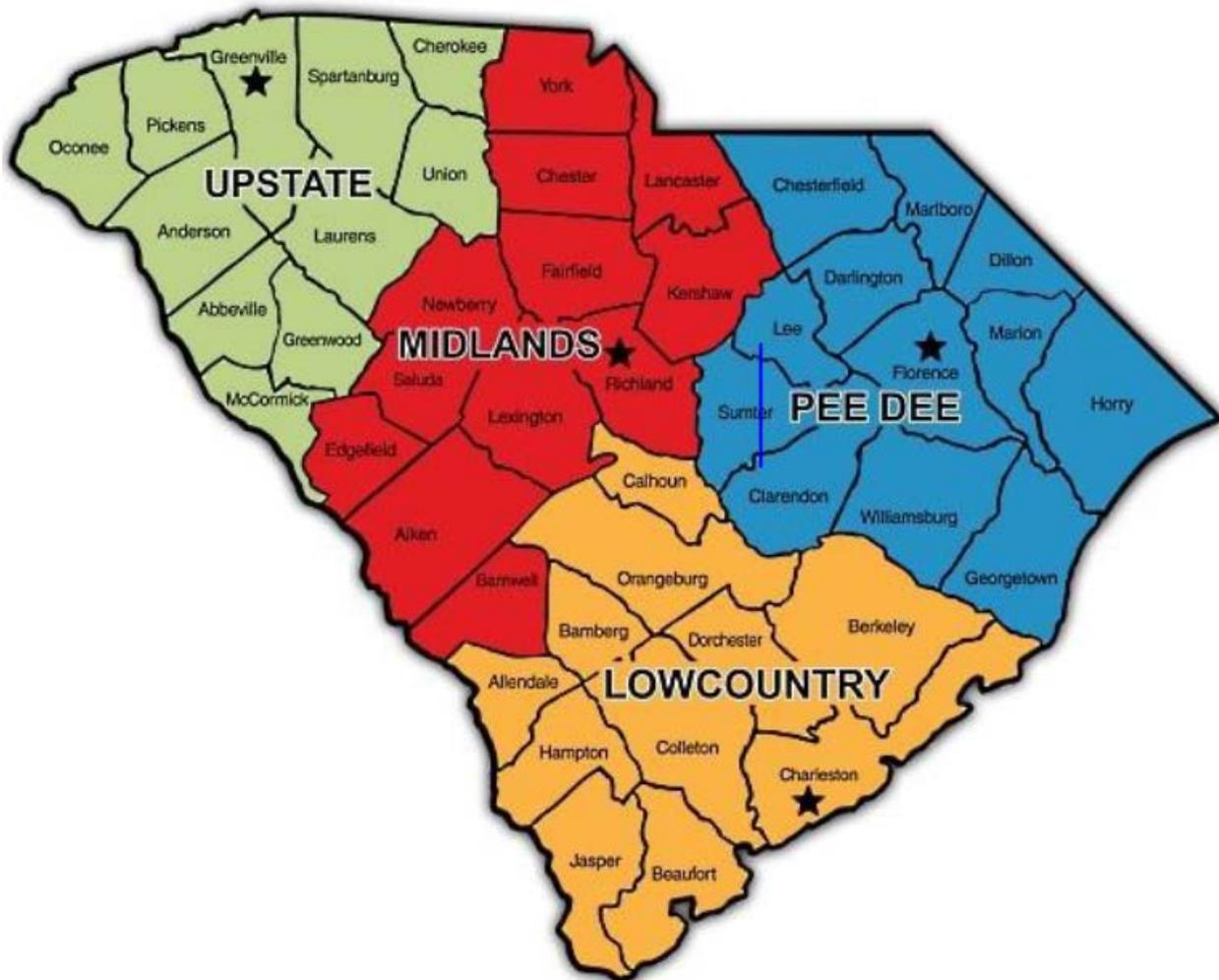
- Register your association or organization with the SC Secretary of State: <http://www.scsos.com/> and submit a copy of the certificate of existence.
- Submit a typed/legible statewide roster of 100 licensees. You must provide **25** licensees for each of the following counties: **Upstate, Midlands, Pee Dee** and the **Lowcountry**. The roster must be numbered and include the names, license numbers and county locations for each licensee. Please group the counties together.

### Example:

Number	Name	License No.	County
1.	John Doe	RC. 123	Orangeburg
2.	Jane Doe	RC. 147	Colleton
3.	Tom Doe	IRC. 123	Jasper

- Mail the completed application by **August 5<sup>th</sup>**.

**\*\* If your provider application is approved by the Board at its September board meeting, you must turn in a CE submission packet by September 30<sup>th</sup> for review at the annual CE Review Work Session. \*\***





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Federal Tax ID: \_\_\_\_\_

Name of Association or Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Name of Primary Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact's Professional License No. (If applicable): \_\_\_\_\_

Name of Officer's or Board of Directors:

1. Name: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date