



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



CONTINUING EDUCATION PROVIDER APPLICATION INFORMATION

GENERAL INFORMATION

West Virginia licensees are required to obtain 4 hours of continuing education credits within the calendar year of January-December starting January 2012.

Each licensee must obtain the 4 hours of continuing education credits from an approved provider. An approved continuing education 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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EXEMPT PROVIDERS

The Board will no longer accept Exempt Providers for Continuing Education. All providers must be registered with the Board.

CERTIFICATES

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



ELECTRONIC REPORTING

Providers are required to submit a list of attendees to the Board office within 30 days after the course in an Microsoft Excel or compatible format. The list must be emailed to the Board office and a CD with the saved list of attendees must be mailed to the Board office.

The format below must be used in reporting list of attendees in Microsoft Excel or compatible format.

- 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



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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	<p>Course Introduction</p> <p>Explain the purpose of the course and tie in the importance of following proper safety precautions and procedures.</p>
9:30-10:00	<p>Topic # 1</p> <p>Cover your first topic and why it is important</p>
10:00-10:30	<p>Topic #2</p> <p>Cover your second topic and why it is important.</p>
10:30-10:45	<p>Break</p>
10:45-11:15	<p>Topic #2</p> <p>Continue discussing topic #2 and why it is important.</p>
11:15-12:15	<p>Topic #3</p> <p>Discuss topic # 3, why it is important, and conduct demonstrations.</p>
12:15-1:15	<p>Topic #1,2,3</p> <p>Review topics and further explanations. Review. Question and answer session.</p>



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CONTINUING EDUCATION PROVIDER APPLICATION

Effective January 1, 2015, home study packets are no longer permitted for continuing education. Online courses and on-site classes are the only forms of continuing education that can be offered by providers.

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) |
| | <input type="checkbox"/> WV Business License | OR
URL link for online courses |

PROVIDER INFORMATION

Type of Business

- 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

