



**KANSAS BOARD OF COSMETOLOGY**

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**Continuing Education Request Form**

69-15-12 (c) Each licensee seeking credit for attendance at or participation in an educational program that was not previously approved by the board shall submit to the board a request for credit, which shall include the following information:

1. This completed form
2. The location of the program
3. A detailed description of the subject covered
4. Name of each instructor and the instructor's qualifications
5. A sign-in sheet or certification of attendance - should include the date, program title and signature of the instructor.

Your name: \_\_\_\_\_

Your license number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your Phone number: \_\_\_\_\_

Course Title or Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Location of the course: \_\_\_\_\_

Date of the Course: \_\_\_\_\_

Course Start time: \_\_\_\_\_

Course End time: \_\_\_\_\_

Overview of the Course: \_\_\_\_\_

Course Goals & Objectives: \_\_\_\_\_

Website Address:  
(if applicable) \_\_\_\_\_

Attendance verified by: ☐ Certificate ☐ Sign in Sheet

Hours requested per subject

Infection Control: \_\_\_\_\_

Blood Borne Pathogen: \_\_\_\_\_

Total Hours Requested: \_\_\_\_\_

*Please allow 7-10 business days to process information received. Work is processed in the order it is received. You will only receive correspondence from the Board concerning your continuing education if the CE has not been approved for the hours you requested.*

Save your completed form and email it with the required documentation to **[Kassiah.Martin@ks.gov](mailto:Kassiah.Martin@ks.gov)**