



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
(518) 486-3803
<https://dos.ny.gov>

Nail Specialty Trainee Qualifying Course Approval Renewal Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » The non-refundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.
- » A non-refundable fee of **\$25** must be submitted for each additional classroom location.
- » Annual registration period runs from January 1st through December 31st.
- » All instructors must be approved.

PLEASE INDICATE THE COURSE CODE NUMBER FOR THE COURSE(S) YOU WANT TO REGISTER.

- CLASSROOM DISTANCE LEARNING (Asynchronous) LIVE DISTANCE EDUCATION (Synchronous with Instructor)

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

E-MAIL ADDRESS (IF ANY)

CLASSROOM AND LIVE DISTANCE EDUCATION COURSES ONLY:

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

CLASSROOM COURSES ONLY SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

DISTANCE LEARNING EXAM LOCATIONS ONLY (MUST BE NEW YORK STATE LOCATION)

PRIMARY EXAM LOCATION

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

DISTANCE LEARNING EXAM LOCATIONS ONLY (MUST BE NEW YORK STATE LOCATIONS)

SECONDARY EXAM LOCATIONS

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

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LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to the study material or procedures for taking attendance?

Yes* No **If Yes*, attach explanation of change.**

2. Has or will there be a change in any final examination?

Yes* No **If Yes*, attach the final examination, answer key, reference source and page and subject matter category.**

3. Indicate names and signatures of persons authorized to sign course completion certificates.

PRINT NAME

SIGNATURE OF COORDINATOR

SIGNATURE

(_____) _____
BUSINESS PHONE NUMBER

PRINT NAME

E-MAIL ADDRESS (if any)

SIGNATURE

DATE

A fee of \$20 will be charged for any check returned by a bank for insufficient funds.