

## Curriculum Approval Request Form

Schools use this form to apply for approval of a new training course or program curriculum, or a change to an existing training course or program curriculum.

4/2021

**Schools must apply for and receive Board approval prior to offering a new training course or implementing a change to the curriculum of a previously approved training course\***

\*Minnesota Rule 2110.0320 Subp. 10; 1,550 hour Cosmetology, 600 hour Esthiology, 350 hour Nail Technology, 38 hour Eyelash Technology  
500 hour Advanced Practice Esthetics, 1,110 hour Advanced Practice Esthetics/Esthiology, or Instructor Training Course

### Directions:

- Prior to submission, complete all sections of this form, and prepare and attach all corresponding materials.
- Submit one form per training course or program.
- Submit the completed form and all corresponding materials to the Board of Cosmetology office for review and approval. Electronic submissions to [cosmoschools@state.mn.us](mailto:cosmoschools@state.mn.us) are encouraged.

### ➤ Section 1: Select Request Type

**New Training Course Curriculum**

**Change to Previously Approved Course Curriculum**

### ➤ Section 2: Provide School Information

School Name	School License Number
School Address	School Phone Number and Email Address
Designated School Manager Name <i>First and last</i>	Designated School Manager License Number

### ➤ Section 3: Provide Course or Program Details

#### Training Course or Program Type *(Select one)*

- 1,550 hour Cosmetology Course     
  600 hour Esthiology Course     
  350 hour Nail Technology Course  
 38 hour Eyelash Technology Course     
  500 hour AP Esthiology Course     
  1,100 hour Esthiology/AP Esthiology Course  
 Instructor Training Course

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## ➤ Section 3: Provide Course or Program Details *(continued)*

**Course or Program Name or Title:** \_\_\_\_\_

**Schedule Information:**

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <i>(Select One)</i>	<b>Course or Program Includes Online Theory Instruction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Schools requesting approval for online theory instruction, also see Section 8.</i>
<b>Projected First Start Date:</b>	
<b>Projected First Completion Date:</b>	
<b>Number of Times Course will be Offered per Calendar Year:</b>	
<b>Minimum Student Enrollment per Start Date:</b>	
<b>Maximum Student Enrollment per Start Date:</b>	

**Daily and Weekly Schedule Details:**

Day of the Week	Start Time	End Time	Total Daily Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
<b>Total Hours per Week:</b> _____			
<b>Total Number of Weeks in Course:</b> _____			

**Course or Program Hour Totals:**

Hour Breakdown	In-Person	Online*
Pre-Clinical Theory Hours <i>N/A to AP Esthiology or Instructor Training Programs</i>		
Total Theory Hours		
Total Clinical/Practical Hours		

**For Credit-Based Programs\***

Lecture Credits	
Lab Credits	
Total Credits	

*\*Leave table blank if program is not credit-based (Select One)*

**Unregulated Services:**

Course or Program Includes Instruction in Unregulated Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select One)</i>	If Yes, List Unregulated Service Topics:
If Yes, Total Number of Hours:		

## ➤ Section 4: Attach Course or Program Daily Schedule/Calendar

**ATTACH** a daily schedule/calendar for the course or program to this request submission as a PDF or Excel file.

The daily schedule/calendar must clearly identify:

- all topics and units of instruction.
  - Topics must include all relevant training course topics in [Minnesota Rules Chapter 2110](#).
  - The schedule/calendar must include an explicit reference to all rule-required training topics.
- the number of hours devoted to each topic per day.
- where pre-clinical, theory, and clinical hours are accumulated each day.
- which portions of theory training are offered online, if any.\*
  - \*Schools requesting approval for online theory instruction, see Section 8.
- any prerequisites for enrollment.

## ➤ Section 5: Identify Textbook and Instructional Resources

Resource Title	Publisher	Publication Date	Print or Digital <i>Indicate which</i>	ISBN or URL	Instructor Manual Used? <i>Yes or No</i>

### Student Access

Please describe how students will access the resources listed above (Ex: Is student access to the resources temporary or permanent? Are the resources paid for by the school, paid for by the student, included in the student kit, etc.?)

## ➤ Section 6: List Instructional Staff

Use the templates provided below to list the instructional staff for the course or program.

*Note: If the school has not previously reported the addition of the individual(s) to the school's instructor roster, please also complete a [School Instructor Change Form](#) and attach the form to this submission.*

<b>Instructor Name</b> <i>First and last</i>	
<b>Instructor License Type(s)</b>	
<b>Instructor License Number(s)</b>	
<b>Instructor License Expiration Date(s)</b>	
<b>Underlying License Type(s)</b>	
<b>Underlying License Number(s)</b>	
<b>Underlying License Expiration Date(s)</b>	
<b>Work Schedule</b> <i>Specify days and hours to be scheduled</i>	

<b>Instructor Name</b> <i>First and last</i>	
<b>Instructor License Type(s)</b>	
<b>Instructor License Number(s)</b>	
<b>Instructor License Expiration Date(s)</b>	
<b>Underlying License Type(s)</b>	
<b>Underlying License Number(s)</b>	
<b>Underlying License Expiration Date(s)</b>	
<b>Work Schedule</b> <i>Specify days and hours to be scheduled</i>	

<b>Instructor Name</b> <i>First and last</i>	
<b>Instructor License Type(s)</b>	
<b>Instructor License Number(s)</b>	
<b>Instructor License Expiration Date(s)</b>	
<b>Underlying License Type(s)</b>	
<b>Underlying License Number(s)</b>	
<b>Underlying License Expiration Date(s)</b>	
<b>Work Schedule</b> <i>Specify days and hours to be scheduled</i>	

**Σ Section 7: Provide Course or Program Inventory**

1. **ATTACH** a list showing the contents of the *Student Kit* for the course or program to this submission as a PDF or Excel file.

*and*

2. Use the template provided below to list the inventory the *school provides* for the course or program, **or ATTACH** an inventory list with the same information to this submission as a PDF or Excel file.

Course or Program Inventory Provided by School						
Name of Item <i>(i.e name of device, equipment, instrument, or tool)</i>	Number on Hand	Number of Students Sharing	Used in Mannequin Practice	Used in Student-to- Student Practice <i>Yes or No</i>	Used in Clinical Practice <i>Yes or No</i>	Used in Services in the School Clinic <i>Yes or No</i>

## ➤ Section 8: Provide Online Theory Instruction Details

Schools that are not seeking online theory approval SKIP this step.

Online instruction is permitted for Board-approved theory-based classes.  
Practice-based classes must not be given online ([Minnesota Statute 155A.30 Subd. 11](#)).

Online Theory Instruction Details		
<b>Method of Delivery</b> <i>Indicate Type</i>	<input type="checkbox"/> Synchronous	<input type="checkbox"/> Asynchronous <input type="checkbox"/> Mixed Synchronous/ Asynchronous
Provide a description of the method of delivery to be used, and how the school will meet instructor supervision requirements:		
List the technologies to be used by the school <i>and</i> students:		
Provide a description of how student training hours will be tracked:		

## ➤ Section 9: Provide Submission Certification and Contact Information

### School Owner or Designated School Manager Certification

Name <i>First and last</i>	Title	Contact Phone Number & Email Address
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**A school owner or the school's Designated School Manager must certify the contents  
of this request by providing an original signature below.**

Incomplete request submissions may require supplemental signatures upon submission completion.

*I certify that the information submitted as part of this Curriculum Approval Request to be true and correct.  
I understand that as the school's owner or Designated School Manager, I am responsible for the school and its compliance.  
I certify that this document has not been altered in any manner from the form adopted by the Board.*

School Owner or DSM Name <i>First and last</i>	School Owner or DSM Signature <i>Electronic signatures accepted</i>	Date <i>mm/dd/yyyy</i>
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### Disclose an individual responsible for responding to questions regarding this request:

Name <i>First and last</i>	Title	Contact Phone Number & Email Address
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