

School Instructor Change Form

Use this form to report an instructor roster change, the use of an unlicensed substitute instructor, or an instructor ratio failure.

9/2023

This form must be completed by the school's Designated School Manager (DSM).
Complete only the applicable section(s).
Submit the completed form to the Board of Cosmetology office via email to cosmoschools@state.mn.us.

Instructor Roster Change

Complete this section to report a change to the school's instructor roster. Any roster changes must be submitted within ten days of an instructor's hire or termination date (Minnesota Rule 2110.0320).

Instructor Name <i>First, last</i>	Instructor License Number and License Type	Indicate which <input type="checkbox"/> Start Date <input type="checkbox"/> End Date	Start Date/End Date <i>Use mm/dd/yyyy format</i>	Employment Status <i>FT/PT/Substitute</i>
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Unlicensed Substitute Instructor Notification

Complete this section if the school used an unlicensed instructor as a substitute. Unlicensed instructors must hold an active and current operator or salon manager license (Minnesota Rule 2110.0630 A 1 & 2) to serve as a substitute. This form must be submitted within five business days of using an unlicensed substitute instructor.

Substitute Instructor Name <i>First, last</i>	Substitute Instructor Operator or Salon Manager License Number and License Type	
Absent Instructor Name <i>First, last</i>	Absent Instructor License Number and License Type	
Date Substituting <i>Use mm/dd/yyyy format</i>	Total number of days (including this instance) in past 12 months a substitute instructor has been used: _____	<i>A school may use an unlicensed substitute for no more than 15 full or partial calendar days in 12 consecutive months.</i>

Instructor Failure Notification

Complete this section if the school failed to meet the minimum 1:20 instructor to student ratio (Minnesota Rule 2110.0630 A). Notification must be submitted within five business days of the incident.

Absent Instructor Name and Instructor License Number <i>First, last</i>
Date of Instructor Absence <i>Use mm/dd/yyyy format</i>
<input type="checkbox"/> Attach a copy of the notification to students that the hours accumulated during noncompliance period will not be counted.

Submit completed forms to the Board office via email to cosmoschools@state.mn.us.

► Designated School Manager Certification

The school's DSM must complete this form and the certification section.

DSM Full Name	DSM Signature <i>Digital Signatures Accepted</i>	Date	School Name
For Board Use Only:	Processor:	Date Processed:	