



# 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  
www.dos.ny.gov

## Nail Specialty Trainee Qualifying Course Approval Application

**PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- » All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- » 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 location.
- » **Not for Profit entities are exempt from the registration fee.**
- » Annual registration period runs from January 1st to December 31st.
- » **Attach to application: the final examination(s) with answer key, reference page for each question and where the question falls in the curriculum.**

### 1. PLEASE INDICATE THE TYPE OF COURSE

CLASSROOM     DISTANCE LEARNING (Internet/Computer Based)     BOTH

2. What is the anticipated cost of this course? \$ \_\_\_\_\_

### 3. EDUCATIONAL ORGANIZATION DATA

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(     )

HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_

TELEPHONE \_\_\_\_\_

(     )

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

### 4. CLASSROOM COURSES ONLY PRIMARY COURSE LOCATION

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

### 5. CLASSROOM COURSES ONLY SECONDARY LOCATIONS (Each location requires an additional fee of \$25)

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 \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

# Nail Specialty Trainee Qualifying Course Approval Application

## 6. 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

## 7. 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

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

## 8. TYPE OF EDUCATIONAL ORGANIZATION OWNERSHIP

Has the ownership been granted approval to offer this course through the State Education Department?

Yes

No

Is this a Not-for-Profit organization?

Yes

No

Is this organization an accredited College or University?

Yes

No\*

If No\*, please complete one of the following:

**INDIVIDUAL:** (Please submit a certified copy of the Trade Name Certificate and complete the following for Owner.)

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

**PARTNERSHIP:** (Please submit a copy of Partnership Agreement and complete the following for all Partners.)

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

**CORPORATION:** (Please submit a copy of the Certificate of Incorporation and complete the following for all officers and other individuals who own 5% or more of the stock of this corporation. If needed, attach additional sheets.)

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

# Nail Specialty Trainee Qualifying Course Approval Application

9. Has any owner, partner, owner of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity been convicted of any crime or offense, other than a minor traffic violation?  
 Yes\*  No      **If Yes\*, submit a certified copy of each conviction.**
10. Has any license or permit issued to, applied for by any owner, partner, holder of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity, been denied, suspended or revoked by this state or elsewhere by any other governmental or regulatory body?  
 Yes\*  No      **If Yes\*, please provide details.**

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**Course Instructors:** All instructors of approved courses must be approved with the Department of State. Applications for Nail Specialty Trainee instructor approval are available by request to the Division of Licensing Services, Bureau of Educational Standards. A one time evaluation and filing fee of \$25 is required for each instructor's approval.

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**11. COURSE CONTENT - ALL OF THE FOLLOWING MUST BE SUBMITTED:**

- a detailed course outline.
- the final examination to be presented for the course, including the answer key, the reference source and reference page for each question and subject matter category.
- the passing grade for the examination \_\_\_\_\_%.
- a description of materials that will be distributed.
- the books that will be utilized in the course and final examination.
- list of names and signatures of individuals authorized to sign certificates.
- a detailed course cancellation and tuition refund policy.
- a fee of \$25 for the Nail Specialty Trainee course and \$25 for each additional location.  
**Not for Profit entities are exempt from the registration fee.**
- additional documentation required for distance learning courses (section 163.22).

I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct.

I understand that any misstatement made on this application for approval could result in an immediate revocation or withdrawal of the recognition of the approval of the entity by the Department of State.

Coordinator Signature

X \_\_\_\_\_

Date \_\_\_\_\_