

**ADVANCED TRAINING COURSE APPROVAL
CREDIT & REGISTRATION REQUEST**

All classes categorized as professional development/advanced training for credit and/or Master or Instructor licence designation must be approved by the Cosmetology Association of Nova Scotia for credit recognition.

Please complete this form in its entirety and submit to the Association office (together with applicable Schedule B fee(s) required) for registration and approval. Classes will not be posted to the Association’s website or social media until the application(s) and applicable fee(s) are acknowledged received and approved by the Association.

Classes **must** include a minimum of 50 to 75% hands-on training (unless otherwise approved by the Association).

CLASS CREDIT VALUE

- Up to and including the 4th hour of training = 0.5 credit
- Over 4 (complete) hours = 1 credit
- 2 (or more) full days = 2 credits

Please note: All advanced courses **expire** one year following the Association’s approval date and must be re-submitted for further recognition (it is the responsibility of the applicant to monitor application expiry dates). Please **submit a sell sheet/class outline for posting** along with each application.

NAME OF SCHOOL/BUSINESS	Contact:
Mailing Address (Incl. Apt. or PO Box #)	
Phone	
Email Address:	

FULL NAME OF CLASS/COURSE TO BE OFFERED:

CLASS DATE (if dates are TBD or various, please indicate):

PROGRAM DETAILS

Attach a copy of the *course agenda and curriculum outline* (with a detailed description under each phase), participant outcomes (including any final quizzes or tests if applicable), and hourly breakdown for each phase.

Total Theory Hrs

Total Practical Hrs

**Name of Master Cosmetologist
providing Education**

**Master Licence #
and Title**

**Years of
Experience**

Cost of Program and Tools/Materials

Total Cost to participant \$ _____

Are all tools/supplies/materials provided by the Company? (circle one) Yes No

If yes, please indicate what is included below.

If no, please list below tools and supplies required (attach a separate sheet of paper if required):

CLASS LOCATION (including full address):

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Please include a brief description detailing how participants will be evaluated and include a copy of related evaluation form to be given to participants on class completion, and list any prerequisites required (attach a separate sheet of paper if additional space is required.)

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IMPORTANT:

Any product to be used during training must contain a detailed complete list of the ingredients contained in the product on the product label. Please provide below a link to the product ingredients and MSDS sheets. (**NOTE:** All products being used in the application of cosmetology related services must be Health Canada approved.)

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Application Checklist:

- Application
- Applicable Schedule B Fee(s)
- Class Outline/Curriculum (with a brief description for each phase)
- Theory and Practical Breakdown of Hours
- Daily Agenda
- Participant Outcome(s)
- Evaluation Form (if applicable)
- Tests/Quizzes/Questionnaires (if applicable)

Processing time: 4 to 6 weeks.

DATE: _____

APPLICANT SIGNATURE: _____

Cosmetology Association Office Use Only:

Date Application Received: _____

Approved Denied Require Additional Info.

Date of execution: _____

Authorized signature: _____

Date of class/application expiry: _____

Description Fee Applicable*

Administration

Application

Please Note: As of February 10, 2025, an applicable application fee will include all classes submitted with applications on the same day). Any class submitted after receipt of the subject application will require a separate application and fee associated thereto.

*Associated fees are applied in accordance with Schedule B of the *Cosmetology Act* (By-laws).

**Applications will not be processed until applicable fees are received and paid in full.

Revised: January 2025