



KANSAS BOARD OF COSMETOLOGY
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Continuing Education Request Form

Please use this form to submit CE (Continuing Education) that is not on the Board pre-approved listing.

Please include the following in your CE submission:

1. This completed form
2. Copy of the certificate or sign in sheet
3. Class agenda/curriculum/outline etc...
4. Presenter Bio
5. A copy of any flyer or marketing material used to promote the event.

Your name: _____

Your license number: _____

Your email address: _____

Your Phone number: _____

Course Title or Name: _____

Presenter: _____

Address of the event: _____

Date of the Course: _____

Course Start time: _____

Course End time: _____

Overview of the Course: _____

Course Goals & Objectives: _____

Website Address: _____
(if applicable)

Attendance verified by: Certificate Sign in Sheet

Hours requested per subject:

Teaching skills and Methodology: _____

Practice: _____

Infection Control: _____

Total Hours Requested: _____

Please allow 7-10 business days to process information received. Work is processed in the order it is received. You will only receive correspondence from the Board concerning your continuing education if the CE has not been approved for the hours you requested.