

North Carolina Board of Cosmetic Art Examiners  
1201 Front Street  
Suite 110  
Raleigh, NC 27609  
[www.nccosmeticarts.com](http://www.nccosmeticarts.com)



### **Out of State Credit for Continuing Education Hours**

#### **The following is to be completed by the Licensee**

\_\_\_\_\_  
Name License Number

\_\_\_\_\_  
Address Email Address

I certify I have attended the below course and request continuing education credit.

\_\_\_\_\_  
Licensee Signature Date Telephone Number

#### **The following is to be completed by the Provider**

On \_\_\_\_\_ the above individual attended \_\_\_\_\_ hours of continuing education instruction at:

\_\_\_\_\_  
Name of school or course

\_\_\_\_\_  
Address

The course consisted of: \_\_\_\_\_

\_\_\_\_\_  
Name and type of course

\_\_\_\_\_  
Printed Instructor's Name Instructor's Signature

Provider Telephone Number (\_\_\_\_\_) \_\_\_\_\_

### **IMPORTANT INFORMATION**

Licensee **MUST** attach a CURRICULUM, DESCRIPTION, ITINERARY, & TIMED OUTLINE, provided by the educator of the class, to this form. Credit hours **WILL NOT BE ACCEPTED** without a description of the course content submitted with this form. Instructor's signature must be original, photocopies will not be accepted.

CE credit hours shall not be approved in:

- segments of an hour
- less than two hours.

**Form submission must be postmarked no later than 30 days after completion of the continuing education course. Mail this form (FAXED FORMS WILL NOT BE ACCEPTED) with the above curriculum information to the above address.**

Revised August 13, 2010