

**Instructions for Making Application for Licensure as a
Continuing Education Sponsor of Domestic Violence and Sexual Assault
Awareness Education Under the Provisions of the
Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act**

Sponsors may include domestic violence and sexual assault awareness organizations, accredited universities and colleges, industry or trade associations, corporate salons, franchise salons, independent salons, vocational and technical schools, cosmetology schools, esthetics schools, nail technology schools, hair braiding schools and other entities approved by the Department of Financial and Professional Regulation, Division of Professional Regulation.

1. Complete the Application for Licensure as a Domestic Violence and Sexual Assault Awareness Education Sponsor of Continuing Education in its entirety.
2. Submit a sample evaluation form. The form must be completed by each participant to evaluate the instructor and the CE program. The evaluation form must indicate the instructor's name, CE program name and the date of CE program.
3. Submit a detailed outline of one 1-hour program in accordance with Section 1175.1220 of the Rules.
4. Submit a sample copy of the Certificate of Attendance that will be furnished to each participant who completes the CE program.

The Certificate of Attendance must include:

- Sponsor's name, headquarters address and Illinois Domestic Violence and Sexual Assault Awareness Education Sponsor CE Sponsor license number;
 - Name and Illinois license number of the participant;
 - Title of the CE program;
 - Date the program began and ended;
 - State that 1 CE hour was earned; and,
 - Licensure category for which the CE applies.
5. Submit the presenter's name and qualifications. The qualifications must include one of the following:
 - Proof of a current Illinois Certified Domestic Violence Professional certificate issued by the Illinois Certified Domestic Violence Professionals or proof of completion of a 40-hour domestic violence training program offered by the Illinois Certified Domestic Violence Professionals Board
 - Proof of completion of a 40-hour sexual assault training program offered by the Illinois Coalition Against Sexual Assault (ICASA)
 - Proof of being a post-secondary educator in the field of criminal justice with documented domestic violence and sexual assault awareness training
 - Proof of being a law enforcement professional with documented domestic violence and sexual assault awareness training
 - Proof of a certificate or other credential showing completion of a training program deemed by the Division to be substantially similar
 6. Submit a listing of all Illinois locations owned or operated by the sponsor submitting the application.
 7. Submit a non-refundable, \$100 application fee in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation or IDFP. State of Illinois agencies, colleges, and universities are exempt from payment of the application fee and renewal fees.
 8. Mail the application, supporting documentation and application fee to the Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, PO Box 7007, Springfield, Illinois 62791.
 9. If assistance is needed, direct your request to 1 (800) 560-6420, TTY: 1 (866) 325-4949.

10. The Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Board generally meets at least quarterly to review all CE Sponsor applications prior to approval by the Department. Meeting notices are posted on the IDFPR Web site at www.idfpr.illinois.gov/profs/cosmo.asp.

NOTE: If you are already licensed as an Illinois continuing education sponsor and wish to obtain approval to become a sponsor of Domestic Violence and Sexual Assault Awareness Continuing Education you must complete this application. Mail the application and supporting documentation to the address provided in #8 above.

The Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act and Administrative Rules are available at www.idfpr.illinois.gov/profs/cosmo.asp.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

Application for Licensure as a Continuing Education Sponsor of Domestic Violence and Sexual Assault Awareness Education Under the Provisions of the Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act

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| 1. TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> State Agency, Community College or State University | 2. PROFESSION CODE <div style="font-size: 1.2em; font-weight: bold;">290</div> | 3. FEE <div style="font-size: 1.2em; font-weight: bold;">\$100</div> |
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| 4. OFFICIAL NAME OF SPONSOR | 5. FEIN NUMBER (If Sole Proprietorship, Social Security Number) |
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| 6. ADDRESS OF SPONSOR'S HEADQUARTERS (Include Street, City, State, and ZIP Code) | 7. E-MAIL ADDRESS (REQUIRED) |
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| 8. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAMS | 9. SPONSOR'S TELEPHONE NUMBER |
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| 10. LOCATION WHERE RECORDS WILL BE MAINTAINED (Include Street, City, State, and ZIP Code) | 11. TELEPHONE NUMBER OF PERSON RESPONSIBLE |
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12. WHAT TYPE OF ENTITY IS THE DOMESTIC VIOLENCE AND SEXUAL ASSAULT AWARENESS ORGANIZATION? (University, college, association, salon, school or other entity)

13. IS THERE (OR WILL THERE BE) A FEE FOR THIS PROGRAM TO THE LICENSEE?

 Yes No

14. IF SPONSOR OWNS AND OPERATES MULTIPLE LOCATIONS IN ILLINOIS, ATTACH SEPARATE SHEET LISTING ALL LOCATIONS, INCLUDING THE ADDRESSES (Street, City, State, ZIP Code).

15. THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION:

- a sample evaluation form of the instructor and the program;
- a detailed outline of a 1 hour program;
- a sample certificate of attendance;
- proof of presenter's qualifications;
- listing of all locations owned or operated by the sponsor (if applicable); and
- fee in the amount of \$100 in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation (if applicable).

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| _____ Type or Print Name of Person Responsible for CE Programs | _____ Title |
| _____ Signature of Person Responsible for CE Programs | _____ Date |

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education programs offered by the sponsor named on the reverse side of this form and that the sponsor will at all times comply with the following requirements:

1. The program will be open to all persons who hold a license and for whom the domestic violence and sexual assault awareness continuing education program is required, and to any licensee under the Act who is inactive, on probation, or in need of this continuing education (CE) hour. All advertisements of the program and all program enrollment forms will clearly state this fact.
2. All advertisements, promotional materials and the Certificate of Attendance will bear the name, address and registration number of the sponsor including anytime the sponsor subcontracts with a presenter. The name of the subcontractor shall appear as the "Presenter" but no document shall imply that the subcontractor is registered as a CE sponsor unless the subcontractor holds its own CE sponsorship.
3. As a registered CE sponsor, we will retain responsibility for maintenance of all records for the programs presented by subcontractors. We will be responsible for the subcontractor's maintenance and adherence to the standards applicable to sponsors under the Illinois Barber, Cosmetology, Esthetics, Hair Braiding and Nail Technology Act and Administrative Rules.
4. All presenters need to meet the requirements of Section 1175.1220 e) 1 through 5 of the Rules.
5. The course information and the one CE hour earned will be specified in all promotional materials.
6. No product sales shall be permitted before, during, or after the CE program.
7. A Certificate of Attendance which reflects accurate information will be provided to the participant. Records will be maintained for five (5) years and in such form and fashion as will allow to provide duplicate records of attendance to participants and/or the Division.
8. I understand that the Division may require additional materials to be submitted as part of the ongoing audit of registered CE sponsors.
9. The program will comply with all requirements of the Acts and Rules pertaining to this program. Failure to comply with the Act and Rules may result in disapproval of this sponsor by the Division.
10. The Division will give no credit for courses given subsequent to the date of the Division's withdrawal of the sponsor's approval.

Print Name of Person Responsible for CE Programs

Signature of Person Responsible for CE Programs

NAME OF CE SPONSOR:

Profession: