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NSCOSMETOLOGY.CA

ADVANCED TRAINING COURSE APPROVAL 2024 - Advanced Training

All courses categorized as an advanced training prerequisite for licence upgrading must first be approved by the Cosmetology Association of Nova Scotia. *Please complete this form in its entirety and submit to the Association office together with the application fee to receive recognition and approval.*

Courses must include a minimum of 50 to 75% hands-on training. Up to and including the 4^{th} hour of training = 0.5 credit Over 4 (complete) hours = 1 credit

Please note: All advanced courses **expire** one year following the Association's approval date and must be re-submitted for further recognition. Please **submit a sell sheet** along with the application.

Name of School/Business		First Name		Last Name	
Mailing Address	Apt. o	r PO Box # City		Province	
Country		Postal Code		Phone	
Email Address:					
NAME OF COURSE TO BE OFFERED:					

Program Details. Attach a copy of the program	Total Theory Hrs	Total Practical Hrs		
curriculum outline (with a description				
under each phase), participant outcomes, daily agenda, and hourly breakdown.				
Name of Master Cosmetologist	Master Licence #	Years of		
providing Education	and Title	Experience		
Cost of Program and Tools/Materials				
Cost to participant \$				
List of tools and supplies required:				
Are all tools/supplies/materials provided by the Company? Yes No				
Inclusions:				
Participant prerequisites / requirements:				

Location of Course	Street		City	Province		
Country		Postal Code		Phone		
 Please include a detailed description detailing how participants will be evaluated. Attach a copy of the instructor evaluation form to be given to participants upon course completion. Attached a separate sheet of paper if additional space is required. 						
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Application check	klist:			
Application Fee applicable taxe Copy of Progra	m	Association e of submiss escription fo	n's By-laws at Scheo sion)	lule B +
Date:				_
Signature:				
Allow 4 to 6 weeks fo	or processing.			
Cosmetology Associa	tion Office Use Only:			
Date Application Rece	ived:		_	
App:	roved	Denied		
Date of class expiry: _				
Date of execution:				
Authorized Signature:				
<u>Description</u>	Fee Applicable	<u>Paid</u>		
Application	\$			
Plus applicable taxes.				
*Application fee must	be received at the Associ	iation prior (to processing appli	cation.
				Revised: August 202