PLEASE NOTE:
- The application must be completed and signed by the applicant or authorized designee.
- All information provided must be typed or printed in black ink.
- Please submit one application per previously approved curriculum for which distance education will be offered.

School Name – Enter the official name of the school.

School License Number – Provide the school license number.

School Mailing Address and Contact Information - Enter the mailing address for the school. This address is where the Department will mail all correspondence and may be a post office box.

Course Selection – Select the previously approved curriculum for which a portion will be offered as distance education.

Enter the portion of hours from the previously approved curriculum which you will offer as distance education. Schools may not designate more than 25% of the total curriculum hours in each course.

Submit an Instructional Format for the delivery of distance education. This must include the following:
- Provide the number of hours from the previously approved Curriculum along with the course outline and/or lesson plans and only the portion of the curriculum that will be offered as distance education.
- Provide the type of Delivery Method (communication technology being used to deliver instruction)
- Provide the secure log-in and password.
- Provide the verification method for tracking student attendance. For web-based education it should be timed so that the student is active for the full amount of time and include attendance verification question.

NOTE: A copy of Section 83.120 of the Rules will not be accepted.

Signature of Applicant(s) and/or Officer(s) – Application must be signed by the owner, officer or other authorized representative of the school. Be sure to print name, sign and date the application.

Submit the application and supporting documents to TDLR at the address shown above.
APPLICATION FOR:

**Texas Cosmetology School**

**Distance Education**

PURSUANT TO TITLE 9, TEXAS OCCUPATION CODE, CHAPTERS 1602 AND 1603

<table>
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<tr>
<th>School Name</th>
<th>License #</th>
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**School’s Mailing Address**

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<tr>
<th>Number, Street and Apt. No</th>
<th>-OR-</th>
<th>PO Box Number</th>
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<th>City</th>
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<tr>
<th>Contact Person</th>
<th>email Address (<a href="mailto:johndoe@aol.com">johndoe@aol.com</a> for example)</th>
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**Select the previously approved curriculum for which distance education will be offered:**

- Operator (MAX of 375 hours of 1500 hours)
- Esthetician/Manicure (MAX 300 hours of 1200 hours)
- Operator (MAX of 250 hours of 1000 hours HS)
- Eyelash Extension (MAX 80 hours of 320 hours)
- Class A Barber to Cosmetology Operator (MAX 75 hours of 300 hours)
- Hair Weaving (MAX 75 hours of 300 hours)
- Esthetician (MAX 188 hours of 750 hours)
- Instructor (MAX 188 hours of 750 hours)
- Manicure (MAX 150 hours of 600 hours)
- Instructor (MAX 125 hours of 500 hours)

**Enter the portion of hours from the previously approved curriculum which you will offer as distance education:**

- __________hrs. = distance education

**Submit the following for approval:**

- Provide the portion of hours from the previously approved Curriculum along with the course outline and/or lesson plans and only the portion of the curriculum that will be offered as distance education.
- Provide the type of Delivery Method (communication technology being used to deliver instruction).
- Provide the secure log-in and password with the verification method for tracking student attendance.

**STATEMENT OF APPLICANT(S)**

By signing this application I certify all information submitted on this and attached forms is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, 1602, and 1603; Texas Administrative Code, Title 16 Chapter 60 and the Cosmetology Administrative Rules, Texas Administrative Code, Title 16 Chapter 83. I understand that providing false information on this application may result in revocation of the privilege I am requesting and the possible imposition of administrative penalties.

<table>
<thead>
<tr>
<th>Printed Name of Owner, Officer, or Authorized Representative</th>
<th>Signature of Owner, Officer, or Authorized Representative</th>
<th>Date Signed</th>
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