



STATE OF NEBRASKA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH - Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986
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**REVIEW OF A
 CONTINUING EDUCATION
 PROGRAM
 APPROVED BY ANOTHER STATE
 COSMETOLOGY, ELECTROLOGY,
 ESTHETICS, NAIL TECHNOLOGY**

SECTION A – Applicant’s Name and Address (Please print your name and full address)

First:	Middle:	Last:
Address:		
City:	State:	Zip

Program Category
(check all that apply):

Cosmetology

Electrology

Esthetics

Nail Technology

Instructor

Signature: _____

Date: _____ Telephone Number: _____

SECTION B – Program Information	
1	Name of Program:
2	Name of State Board that Approved Program A copy of the approval must be submitted with this application
3	Number of Clock Hours Approved:
4	Location of Program (City/State):
5	Date(s) of Program (Month/Day/Year):

DEPARTMENT REVIEW:	
Reviewer’s Initials: _____ Date Reviewed: _____ Program Number: _____ _____	Comments