

School Instructor Change Form

Use this form to report an instructor roster change, the use of a substitute instructor, or an instructor ratio failure.

10/2020

This form must be completed by the school's Designated School Manager (DSM).
Complete only the applicable section(s).
Submit the completed form to the Board of Cosmetology office via email to cosmoschools@state.mn.us.

Instructor Roster Change

Complete this section to report a change to the school's instructor roster. Any roster changes must be submitted within ten days of an instructor's hire or termination date (Minnesota Rule 2110.0320).

Instructor Name <i>First, last</i>	Instructor License Number and License Type	Indicate which <input type="checkbox"/> Start Date <input type="checkbox"/> End Date	Start Date/End Date <i>Use mm/dd/yyyy format</i>	Employment Status <i>FT/PT/Substitute (if applicable)</i>
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Substitute Instructor Notification

Complete this section if the school used an unlicensed substitute instructor. Unlicensed substitute instructors must hold an active and current Salon Manager License (Minnesota Rule 2110.0630 A 1 & 2). This form must be submitted each day an unlicensed substitute is used. *Note: Every instructor or substitute instructor must display their license in a conspicuous place in the school (Minnesota Statute 155A.32).*

Substitute Instructor Name <i>First, last</i>	Substitute Instructor Salon Manager License Number and License Type	Date Substituting <i>Use mm/dd/yyyy format</i>
Absent Instructor Name <i>First, last</i>	Absent Instructor License Number	Total number of days (including this instance) in the past 12 months a substitute instructor has been used: _____
Supervising Instructor Name <i>First, last</i>	Supervising Instructor License Number	

A school may use an unlicensed substitute for no more than 30 calendar days in 12 consecutive months.

Instructor Failure Notification

Complete this section if the school failed to meet the two instructor requirement, or failed to meet the minimum 1:20 instructor to student ratio (Minnesota Rule 2110.0630 A, A1, A3). Notification must be submitted by the end of each day the instructor requirement was not met.

Absent Instructor Name and Instructor License Number <i>First, last</i>
Date of Instructor Absence <i>Use mm/dd/yyyy format</i>
Present Instructor Name and Instructor License Number <i>First, last</i>

Submit completed forms to the Board office via email to cosmoschools@state.mn.us.

▶▶ Designated School Manager Certification

The school's DSM must complete this form and the certification section.

DSM Full Name	DSM Signature <i>Digital Signatures Accepted</i>	Date	School Name
For Board Use Only:	Processor:	Date Processed:	