



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
1 Federal Street, Suite 0600, Boston, MA 02110
www.mass.gov/cosmetology
617-727-9940

Catalog/Handbook Checklist

When submitting an updated Catalog/Handbook to the Board for review, an updated checklist must also be included.

NAME OF SCHOOL: _____

NAME OF PROGRAM: _____

Step 1 – Write your school and program name in the space above and at the bottom of each page of this checklist

Step 2 – On the checklist below, list the page number where the item may be found next to the appropriate letter. ***Please be reminded that all pages in the Catalog/Handbook must contain page numbers.***

Step 3 – Cross-reference the lettered item on the checklist by placing the letter on the Catalog/Handbook next to the respective listed requirement. Using blue ink, write circled letters on the copy of the catalog itself to show where the item is located. For example, note below that tuition is required to be listed in the catalog, on the copy of the catalog you are submitting to the Board, where Yearly School Calendar is found, the Board should be able to see “(F)” in blue ink.

Step 4 -- Attach a copy of the Catalog/Handbook to this checklist and submit the checklist and Catalog/Handbook as one document.

Step 5 – Read the certification at the end of this form, once you understand and agree, sign and date it.

Page No. Item

_____ **A.** Name and address of each school program, and information about the owner.

_____ **B.** Date of catalog.

_____ **C.** List type of program offered: Cosmetology, Aesthetics, Manicuring, Barbering, Electrology

_____ **D.** List the educational hours required for the program, i.e. 1000, 600, 100

- _____ **E.** Class Schedule (days per week and maximum number of hours per day)
Example: (8am to 5pm minus one hour of educational time for two 15-minute breaks and one 30-minute lunch equaling 8 hours of educational time a day 5 days a week.
- _____ **F.** Yearly School Calendar – List all holidays, weekly schedule, hours per day, describe if programs are broken down (i.e. day or night), list days and list hours associated with each program. (i.e. Day program Monday to Thursday, 7.5 hours per day)
- _____ **G.** Clearly list time that is not included in educational hours (i.e. lunch, breaks, etc.)
- _____ **H.** Tuition
- _____ **I.** Books, supplies and/or any uniform/lab coat, separated out from the tuition cost. Include the individual cost of each item. Include whether the items are non-refundable and when they become non-refundable. If the school is providing a kit, list contents and cost of student kit, and if and when the kit becomes non-refundable.
- _____ **J.** Application/Registration Fee (\$50 maximum, no fee if withdrawn within 5 days of agreement date if program hasn't started). See M.G.L. c. 255, §13K(7).
- _____ **K.** Refund policy – Must match M.G.L. c. 255, §13K.
- _____ **L.** Types of Payments accepted listed (check, credit cards, loans, etc.), any cost or charge for late or denied payment by credit cards or returned checks.
- _____ **M.** Grounds for termination (insubordination, unexcused absences, etc.)
- _____ **N.** Absence policy, including tardiness and makeup work, include any charges for makeup hours (example: \$15 an hour for hours over the estimated end date.) Must indicate how the student should inform the school of absence.
- _____ **O.** Information for the student on how and where to find the information should the school be closed for any reason included but not limited to weather. Example: The student will be notified by email, text, school website, radio and which station or TV and which channel.

- _____ **P.** Employment Assistance – A clear statement that the institution does not guarantee employment.
- _____ **Q.** Additional graduation requirements (grades, etc.). List n/a if none
- _____ **R.** Certificate or other document that is awarded upon graduation
- _____ **S.** Statement that the institution adheres to Massachusetts and Federal non-discrimination laws and policies.
- _____ **T.** Scholarship and tuition waiver policies. List n/a if none
- _____ **U.** List any other services provided (housing, career counseling, etc.) List n/a if none
- _____ **V.** Provide the address and telephone number of the Board of Registration of Cosmetology and Barbering
- _____ **W.** Code of conduct and dress code
- _____ **X.** School grievance process and information on filing a complaint with Board.

I certify under pains and penalties of perjury that my school's enrollment agreement/student contact meets the above requirements and that I will only use a Board approved agreement.

Signature

Date

Print Name

Title

School Name