

Sixteen Continuing Education Hours for Cosmetology

Cosmetologist, Full Specialist, Nail Specialist



**Innovations start here,
Cloud Nine Beauty School**

**746 US Hwy 27 N
Avon Park, FL 33825
(863) 873-2527**

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Dear Students,

Thank You for choosing Cloud Nine Beauty School Continuing Education services to complete your license requirements.

Our program is designed with you in mind. We offer online testing services and secure payment options through Paypal because it is our top priority that your information is safe and secure when using our services.

We strive to keep our course material up-to-date and easy to understand. If you have any questions about course materials, please feel free to contact us for further explanation and clarification.

Thank You,

Tung Nguyen, RDH, BS
Cloud Nine Beauty School, Director

How To complete this course

Option 1: Internet Option (Fastest)

1. Read and study this course materials
2. Complete the Self-assessment 16-Hour CE Test with your name, address, license number and email on our website at <http://www.cnbsce.com>
3. If you score higher than 75%, you will be allowed to complete the payment using Paypal Secure payment option on the website.
4. A Certificate of Completion will be sent to your email and will also be available to download once payment is received. We will submit 16-Hour Continuing Education credits to DBPR automatically.
5. Optional: Complete the online Course Evaluation

Option 2: Mail-in Option

1. Read and study this course materials (available at <http://www.cnbsce.com>)
2. Print and Complete the Self-assessment 16-Hour CE Test at the end of this booklet
3. Include a check or money order payment of \$20 payable to Cloud Nine Beauty School
4. Mail both items to :
Cloud Nine Beauty School
746 US Hwy 27 N
Avon Park, FL 33825
5. If you scored a passing grade (75% or higher); 16-Hour Continuing Education credit will be submit to DBPR automatically.
6. If you score less than 75%; your answers will be returned with a failed grade.
 - a. Fees are nonrefundable with mail-in option.
 - b. Resubmission of answers is acceptable with another payment of \$20.
7. Optional: Print and Complete Course Evaluation and mail in along with other items.

Contact US

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I. HIV/AIDS and Other Communicable Diseases

HIV/AIDS

What is HIV/AIDS?

The Human Immunodeficiency Virus (HIV) is a virus that can cause an individual to become HIV-positive and can develop into the more severe disease, Acquired Immune Deficiency Syndrome (AIDS). These specialized retroviruses are labeled by scientists as Human Immunodeficiency Virus and their main target is the body's immune cells. There are many types of immune cells in the body, however, HIV targets the white blood cells (WBC) scientifically known as lymphocytes. HIV enters the WBC and causes it to malfunction. Since the cells are unable to perform their main job of fighting infections, they will decrease in volume through the body's process of elimination. When a test is performed on a patient to determine if he or she has HIV or AIDS, the decreased number of WBC is of great significance. The results are referred to as a blood count. It can be said that the WBC count in a human body can be related to whether the person can be HIV positive or have AIDS. Should a person exhibit common symptoms of the disease, there are several lab procedures used to test for HIV/AIDS. The first case of what is now known as AIDS was reported in the United States in June of 1981. Without a cure, the virus has since spread widely throughout the country.

How is HIV/AIDS detected?

Two main tests are used to determine if a person is infected with HIV. They are called ELISA (Enzyme-Linked Immunosorbent Assay) and Western Blot Assay tests. Usually, ELISA is performed first, and Western Blot Assay is used to confirm the results of ELISA. Tests are more accurate if administered six months after the initial infection. An infected person can have a false-negative test result if tested before the incubation period is complete. A false negative means the test shows the patient is not infected, but the test could be wrong because it is too early to be detected. It takes 2-6 months before the virus is detectable and shows traces in the body.

A Complete Blood Count (CBC) test of the T-Lymphocytes or CD4+ can measure the risk of the opportunistic infections and the strength of the immune system. This complex medical lab procedure produces a count of CD4+ cells, expressed in number of cells per cubic millimeter of blood. It is important to know that a CD4+ count in a normal healthy human is 500-1,000. A CD4+ cell count whose range is between 200-500, may indicate a person is infected with HIV. A CD4+ cell count that is less than 200 may indicate a person could be infected with AIDS.

ELISA is a test developed to detect the antibody level in a patient to determine if the virus is present. If the first ELISA test is positive, another ELISA test is performed. After two positive ELISA tests, the Western Blot Assay test is to be performed as a confirmation. We all know there are natural antibodies in humans that will develop and fight off any malicious or malfunctioning cells to keep the body healthy. These antibodies are then stored inside the body

for future reoccurrences. ELISA and Western Blot Assay take advantage of this natural behavior to detect HIV.

In ELISA, a patient's blood is diluted and exposed to HIV antigens. An antigen is an agent that triggers the particular antibody to turn on and start working. The antigen is usually lab prepared from a positive HIV source. If there is an antibody in the patient's blood that attaches itself to the HIV antigen previously prepared, this is a positive indication of HIV infection. An enzyme is added to the process to produce a color change visible to the human eye. The catalysis of the enzyme gives out the result of the test. The test gives the result in numbers that can be read by doctors.

In Western Blot Assay, viral proteins are separated and immobilized beforehand and an electric current is applied to them. Different proteins, depending on their sizes, will pass through at different velocity. Based on that, scientists can select a sample and continue the process much like the process of ELISA to detect HIV. As a result, Western Blot Assay is more specific than ELISA and takes more time to perform because of its complexity.

Positive results for both ELISA and Western Blot Assay are usually accompanied by common symptoms associated with HIV/AIDS, and the person is declared as HIV-positive or as having AIDS.

Some of the common symptoms that HIV/AIDS patients display are:

- Diarrhea that lasts for more than a week
- Dry cough
- Memory loss, depression, and neurological disorders
- Pneumonia
- Profound, unexplained fatigue
- Rapid weight loss
- Recurring fever or profuse night sweats
- Red, brown, pink or purplish blotches on or under the skin or inside the mouth, nose or eyelids
- Swollen lymph glands in the armpits, groin or neck
- White spots or unusual blemishes on the tongue, in the mouth, or in the throat

It is important to know that only a certified physician with adequate test results and evidence can diagnose a patient as having HIV/AIDS. According to the U.S. Preventive Services Task Force, following these guidelines will decrease the chance of a false-positive result to as low as 1 in 250,000 cases.

Modes of Transmission:

HIV remains in specific bodily fluids. These fluids are blood, semen, vaginal secretions and breast milk.¹ They are involved in many different functions of the body; therefore, HIV is also found in tissues and organs. Organs such as skin serves as a barrier from infectious diseases. The

skin is lined with networks of veins and arteries that can carry infected blood cells. Exterior skin of our body is typically thicker, containing three layers: the epidermis, dermis and subcutaneous tissue. The interior of our body is lined with a specialized skin called mucous membrane. Mucous membranes are thinner and are easier to rupture and cause bleeding. Some examples are the oral cavity, anus and vaginal walls. It is important to understand these differences because the majority of HIV transmission deals with the rupture and penetration of the skin. To be infected with HIV, the specific fluids mentioned above-containing blood must come in direct contact with an infected person. The most common mode of transmission is sexual contact and sharing of needles. Sexual behaviors, both anal and vaginal that result in bleeding present an opportunity for the infected fluid in the HIV positive person to enter the partner. Sharing needles with an HIV positive person can also introduce the virus to the non-infected person because the virus is so microscopic that it may remain on the tip of the needle. Therefore, it is important for salons that provide body piercing or tattoo services to use sterile, single-use needles.

It is less common for HIV to be transmitted through oral sex or for an HIV-infected woman to pass the virus to her baby before or during childbirth. It is also less common to pass HIV through breastfeeding or by pre-chewing food for an infant. In the United States, it is possible to acquire HIV through exposure during transfusions through infected blood products or organ transplantation, though this risk is extremely remote due to rigorous testing of the U.S. blood supply and donated organs.¹ There is also no scientific evidence that French kissing (mouth to mouth) transmits HIV/AIDS.

Statistics of HIV/AIDS in the United States

Some of the latest collected statistics of HIV/AIDS in the United States are below, and it is good information to know for infection control purposes:

- More than 1.1 million people in the United States are living with an HIV infection, and almost 1 in 6 (15.8%) are unaware of their infection.⁷
- Gay, bisexual, and other men who have sex with men (MSM), particularly young black/African American MSM, are most seriously affected by HIV.⁷
- By race, blacks/African Americans face the most severe burden of HIV.⁷

Figure1: Estimated New HIV Infections in the United States, 2010, for the Most Affected Subpopulations

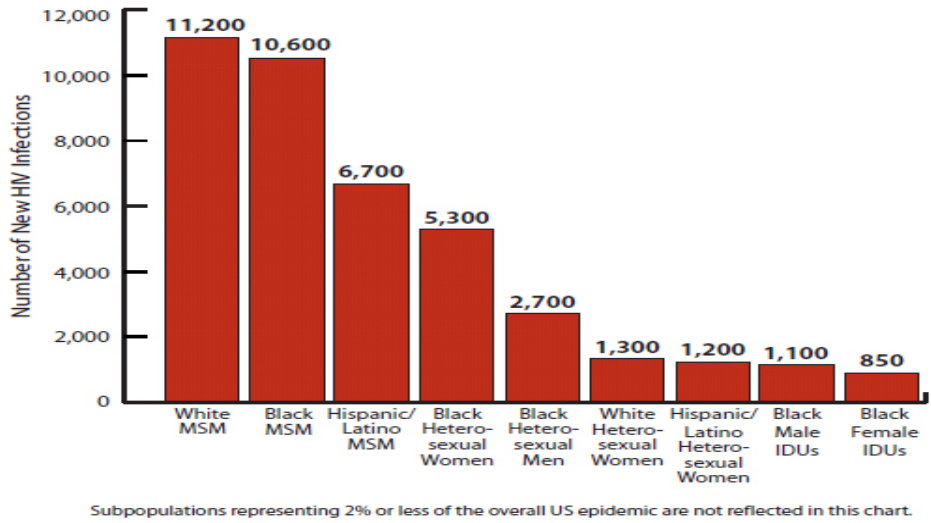
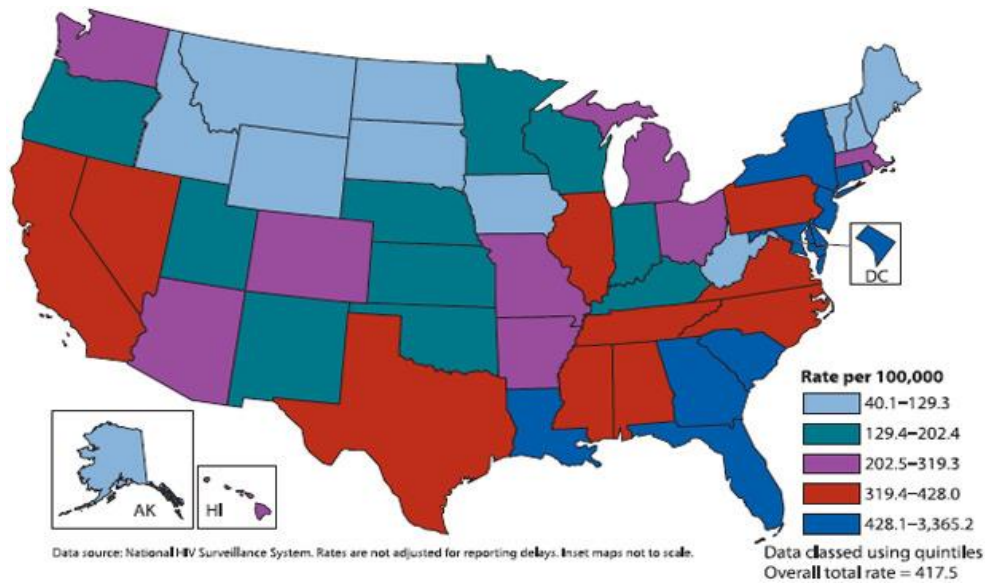


Figure2: HIV/AIDS Demographic Distribution in the United States, 2010.



Prevention and Treatments for HIV/AIDS

To prevent the spread of HIV, it is important to have good hygiene in a salon and follow Standard Precautions. Any instruments that fall on the floor need to be cleaned and disinfected before being used on the customer.

The most effective method to sterilize instruments is to use an autoclave machine. An autoclave machine uses heat and water vapor to kill all infectious agents such as fungi, bacteria, and viruses. Autoclaves commonly use steam heated to 121–134 °C (250–273 °F). Most salons do

not have an autoclave machine due to the high cost of the machine; therefore, most have opted to use cold sterilization. Cold sterilizing uses hospital grade solution to sterilize instruments. The instruments are soaked in the solutions based on the manufacturer's guidelines on the required amount of time needed to be effective. After adequate time in cold a sterilization solution, instruments are then rinsed and dried to be stored safely for their next use.

Nail technicians often use a sharp metal drill bit to produce acrylic nails. These often create cuts on the customer's cuticles if handled improperly. Every time a cut occurs past the epidermis layer of the skin and bleeding is visible, the drill bits need to be sterilized before reuse. The cuticle clipper, nail clipper, and files are no different. In many salons, files and buffers are kept separately for each customer in a container. This is a good infection control method with regards to transmitting diseases between two different customers. However, they must be cleaned and disinfected before being put away. There are pros and cons to every situation. One of the drawbacks of doing this is that space is required to keep the boxes. In addition to this, the customer may not come back regularly, or at all, causing the files and buffers to sit idle for an extended period of time. When these items are unused for an extended period of time, mold and fungus can potentially grow.

How can HIV/AIDS patients live longer?

The virus is within the DNA of the cell; therefore, it is hard to develop a drug that would identify and kill the virus. The only way to prolong an HIV/AIDS patient's life is to slow down the development of the virus and treat the common symptoms. Antiretroviral drugs are prescribed to delay production of HIV in immune cells. If the virus doesn't grow fast, this will prolong the life of an individual that has HIV/AIDS. As of today, there are 31 antiretroviral drugs (ARVs) approved by the Food and Drug Administration to treat HIV infection. These treatments do not cure people with HIV or AIDS. Rather, they suppress the virus, even to undetectable levels, but they do not eliminate HIV from the body. By suppressing the amount of the virus in the body, people infected with HIV can now live longer and healthier lives. However, they can still transmit the virus and must continuously take antiretroviral drugs to maintain their health quality.⁵

With a low count of CD4+, HIV/AIDS patients are susceptible to infections. Therefore, many doctors prescribe antibiotics for their patients. There are many types of antibiotics available, and doctors will prescribe different kinds to avoid having the body develop antibiotic resistance. Antibiotic resistance refers to the capacity of bacteria to become resistant to a particular antibiotic so that it is no longer effective to kill bacteria. It is known that the increasing use of antibiotics when they are not needed has contributed to this problem and has led to the evolution of many bacterial strains that no longer respond to treatment with common antibiotics.⁴

Nutrition plays an important role in an HIV/AIDS positive patient's life. It is recommended that HIV/AIDS positive patients consult a nutritionist to determine what types of food to consume.

Eating right and having enough vitamins and nutrients in the body will help HIV positive patients add many years to their life.

Other Communicable Diseases

Hepatitis B

Hepatitis B is one of the most common diseases that pose the biggest threat to public health according to the American Academy of Dermatology. Hepatitis B is an illness of the liver caused by the Hepatitis B virus. It is chronic (takes time to manifest) and leads to liver failure, liver cancer or cirrhosis. Cirrhosis is a condition that causes permanent scarring of the liver. There are over 5 million people infected with hepatitis in the USA. Every year, approximately 100,000 people contract Hepatitis B, which is 100 times more contagious than HIV. ⁷

The hepatitis virus is transmitted by exposure to infected blood or bodily fluids such as semen and vaginal fluid. The virus is attracted to the liver; hence the prefix *hepa* which means liver in Greek, and the suffix *itis* simply means inflammation. The virus replicates in the liver causing inflammation of the liver in the infected person. However, the viral proteins are in blood cells and other bodily fluids; therefore, the virus can spread easily to another individual if they are exposed to them.

Hepatitis B immunization vaccines are now available for those who seek prevention. Most healthcare professionals are required to have Hepatitis B vaccines before employment. A series of three inoculations is administered. The inoculations are intramuscular (into the muscle) injections. According to CDC, the second and third shots should be administered one month and six months after the first shot to be effective. The vaccine should not be administered to children less than six weeks of age or any individual with an allergy to yeast. It is not recommended for women to get Hepatitis B vaccines during their pregnancy.

Vaccines for Hepatitis B are Interferon and Nucleotide Analogs (NA). Among patients who are treated with conventional Interferon, 80% continue to have sustained virologic responses 5 to 10 years later.^{8,9} However, Interferon requires subcutaneous injections and is associated with numerous side effects such as flu-like symptoms, bone marrow suppression, thyroid dysfunction, and mood disorders. This is why The National Institutes of Health (NIH) recommends nucleos(t)ide therapy for the treatment of patients with acute liver failure, as well as cirrhotic patients who are HBV DNA positive. Nucleotide Analog (NA) is administered orally and is not accompanied by many adverse side effects. Some of the NA medications are Lamivudine, Adefovir Dipivoxil, Entecavir, Telbivudine, and tenofovir disoproxil fumarate. Treatment with NA is a prolonged period of HBV (Hepatitis B Virus) DNA suppression. Younger patients prefer the Interferon treatment while older patients prefer NA treatments due to better tolerance.

Hepatitis C

Hepatitis C infection is caused by the Hepatitis C virus (HCV). Similar to Hepatitis B, its target is the liver. Like Hepatitis B, Hepatitis C is usually a chronic disease. Most people who are

recently infected do not exhibit symptoms. Others develop yellowing of the skin (jaundice), but then it goes away. Usually, with chronic liver infection, people often have no symptoms until the liver becomes cirrhotic (scarred). This can lead to cancer of the liver or cause malfunctioning of the liver.

Detection of Hepatitis C can be difficult because people misperceive it as a common illness. Some common symptoms are fever, fatigue, loss of appetite, jaundice, and vomiting. When determining if a patient is infected with Hepatitis C, the blood test ELISA assay is done to detect the Hepatitis C antibody. This is similar to HIV/AIDS testing, but for a different antibody.

Common Warts

Warts are one of the most common growths in the skin that are caused by the human papillomavirus (HPV) infection. According to the American Academy of Dermatology, warts are benign and are not cancerous. They are contagious and spread easily by contact.¹⁰ Although they are more common on the hands and feet, they can grow on any part of the body. The initial infection is usually introduced by a cut on the skin. As the wart grows, it foliates and causes the skin to rise into a bump with small black dots that look like seeds. It also itches, but scratching it or picking at it will cause the virus to spread and grow stronger. Warts that are on the sole of the foot can be hard to treat and are called Plantar warts. Plantar warts can grow in clusters or individually. They are flat and grow inward because walking creates pressure, causing it to grow the opposite way.

Warts are common to a cosmetologist as pedicures and manicures mean holding a client's hands and feet. It is important to avoid touching them when warts are encountered. If a procedure requires a technician to touch the client, such as a hand massage for example, then gloves should be worn. Additionally, as a caring cosmetologist, suggestions for treatments of common warts are appreciated by clients.

Treatments for warts:

1. **Cantharidin**- A dermatologist treats a wart in the office by 'painting' it with Cantharidin. Cantharidin causes a blister to form under the wart, and it can be expelled or clipped away in a week or two.
2. **Cryotherapy**- This is the technique of freezing the wart. It is not too painful, but most of the time patients need repeat treatments. It is also known to cause dark spots in people who have dark skin.
3. **Electrosurgery and curettage**- The two words simply mean burn and scrape off. Dermatologists use a sharp spoon-shaped knife and scrape the wart off before or after electrosurgery (burning).
4. **Chemical peels**- Doctors can prescribe strong topical medication that the patient can apply daily at home. It is usually a strong form of an acidic active ingredient such as salicylic acid, tretinoin, and glycolic acid.

5. **Laser Treatment**-For stubborn warts, dermatologists, may suggest using lasers as a treatment. The laser will burn off the wart.

II. Sanitation and Sterilization

Sanitation and sterilization both describe the process of cleaning or keeping things clean. The words differ in the level of cleanliness. By definition, sanitation means the study and use of practical measures for the preservation of public health. Sterilization, on the other hand, means the destruction of all living microorganisms such as pathogenic or saprophytic bacteria, vegetative forms, and spores. To properly understand when sanitation or sterilization is needed, it is good to first understand the common types of microorganisms.

Microorganisms are small living things. They are made of cell units that can metabolize fats and proteins to produce energy. For sanitation and sterilization purposes, the organisms that should be studied are bacteria, fungus, and parasites. A virus, which is a major infection agent that is not considered an organism, should also be examined.

Bacteria

Bacteria can be categorized as pathogenic and non-pathogenic. Pathogenic means disease-causing bacteria. These are more commonly known as germs. Some common bacterial infections are pneumonia, ear infections, diarrhea, urinary tract infections, and skin disorders. Bacteria can be round-shaped (cocci), rod-shaped (bacilli) and spiral-shaped (spirilla). They can move from one location to another to cause infections; therefore, they are called communicable bacteria. Airborne bacteria travel in the air, and as people breathe it in, it resides in the lungs and causes an infection known as pneumonia. Other bacteria are in fluid form and move around using flagella or cilia. Flagella and cilia are hair-like extensions of the bacterial body that allows them to, in a way, swim in the fluid to reach their site of infection. People can get infected by touching the bacteria and introducing it to their body via a cut or scratch. Some bacteria remain inactive as a spore form, a stage of the bacteria life cycle. When food is limited, and they cannot multiply or cause disease, they remain at this stage. A perfect example of this is the bacterium that causes tetanus, *Clostridium tetani*. Most people get tetanus from a rusted piece of material or instrument. However, the rust is not what causes the infection. Rust is a form of oxidation of the iron or metal piece of the instrument where the bacteria *Clostridium tetani* likes to remain dormant. Once cut, the opportunistic bacteria enter the bloodstream and become active, causing disease. Thankfully, a vaccine has been developed, and most people are now vaccinated against tetanus.

Green coloration that occurs under acrylic nails is most often mistaken as nail fungus. It is actually a bacterium called *Pseudomonas*. Most of the time, the nail bed, and the nail plate do not provide a sustainable environment for these bacteria to grow. However, there are times when conditions are perfect, and happy bacteria make a home both on top of the nail bed and under the natural nail or on top of the natural nail and under a nail enhancement product. The condition is

perfect when an acrylic nail lifts from the nail bed. Once lifted, water will get in, creating a moist, dark environment from being under the polish. The warmth created by a person's body temperature allows it to thrive. Moist, dark and warm environments provide the perfect condition for these bacteria to grow and multiply. Treatment for this is as simple as taking the ideal environment away and keeping the nails clean. Topical and oral medications are available but are often not necessary for this particular condition.

Fungus

Fungal diseases are often caused by fungi that are common in the environment. Most fungi are not dangerous, but some types can be harmful to human health.¹¹ Molds, mildews and yeasts are types of fungus. In the field of cosmetology, fungus typically occurs in wet towels that are not washed and dried daily. Tinea barbae is an infection of the hair follicle by a fungus that typically exhibits in older adult males around bearded areas of the face and neck or around the scalp. This is commonly known as Barber's Itch. Tinea capitis is a fungal infection of the scalp characterized by red papules or red spots at the opening of hair follicles on the scalp. Tinea pedis is a nail fungus that is more common in the toes. This is predominantly found on older adults. The infected nails are often thick, raised, bent inward on both sides and have flaky, grown out dead nail material underneath the actual nails. Severely infected feet should be treated by a podiatrist because if the nails are cut improperly, it can result in aggressive bleeding.

Parasites

Parasites are microorganisms that bind to another organism to live and reproduce. The most common parasite in cosmetology is head lice. This wingless parasitic insect lives among human hairs and feeds on extremely small amounts of blood drawn from the scalp. Head lice are very contagious. Their bites may cause a child's scalp to become itchy and inflamed, and persistent scratching may lead to skin irritation and even infection. Clients who sleep next to their pet may sometime be accompanied by ticks and fleas. These parasites jump from their regular host, the pet, onto the client's body, and make themselves at home. A good cosmetologist should suggest treatments and preventions to a client who exhibits evidence of parasites on their body.

Virus

A virus is not an organism because it does not have organelles within it that are capable of doing work. A virus is just a strand of DNA encapsulated in an envelope called a capsid. The way a virus infects a person is by injecting its DNA into the normal cell. Once the DNA of the virus is in the normal cell, it incorporates itself into the existing DNA of the cell. This changes the recipe of the cell and causes it to malfunction by making it unable to perform its normal activities. HIV is a perfect example of this. HIV injects its DNA into the white blood cell and causes it to malfunction; therefore, the amount of white blood cells decreases in an HIV/AIDS patient. As a result of low WBC, the HIV/AIDS patient is more susceptible to infections.

Sanitation and Disinfection in Salons

Now that the types of microorganisms and infecting agents are understood, it is easy to relate this to the concept of sanitation and sterilization. Sanitation uses disinfectants to kill bacteria, fungus, and parasites. Products like Lysol claim to kill 99.9% of germs, and that's as good as it gets. Disinfectants that are Environmental Protection Agency (EPA) approved are better to use than non-EPA. If a product is EPA approved, it usually will have an efficacy claim on the label. For a product to be EPA approved, that product needs to be sent to the EPA office to be lab tested and must be able to do the things that the manufacturing company said it is capable of doing. Soap is a great disinfectant product. The CDC said that washing the hands with soap is like a "do-it-yourself" vaccine. A simple hand wash can reduce the spread of diarrhea and respiratory illness. Keeping the underside of nails clean is also an essential hygiene technique to reduce the mode of transition for many pathogenic microorganisms. The pathogenic microorganisms underneath the free edge of the nails can easily spread to a client while washing their hair or giving a hand/foot rub.

Cosmetologists now have a variety of disinfectants available. Ideally, they should be inexpensive, non-toxic, EPA approved, low to no odor, non-corrosive, environmentally friendly, and maintain efficacy. Always follow manufacturer directions when mixing concentrated products. Read labels carefully for safety. Disinfectants can be hazardous and inefficient if prepared incorrectly. Bleach and vinegar are common everyday disinfectants that can be used very effectively on many surfaces. Bleach releases toxic fumes when mixed with certain substances; therefore, it is important to take caution. Bleach will damage instruments if used as a day to day disinfectant. Always follow manufacturer directions when mixing a bleach solution. Usually, 10% bleach to 90% water is an adequate disinfecting solution mix. After mixing the bleach solution, date the container to ensure the solution is not saved from day to day; it should be mixed fresh every twenty-four hours.

A sanitary salon should keep a cleaning maintenance logbook. Showing the logbook to clients provides peace of mind. It also keeps employees on target with cleaning, disinfecting, maintenance of equipment and inventory of supplies. All equipment that contains water for pedicures (including whirlpool spas, pipe-less units, foot baths, basins, tubs, sinks, and bowls) must be cleaned and disinfected after every pedicure, and the information should be entered in the logbook (61g5-20.002(3)). Inspectors may issue a fine if there is no logbook in Florida. A good sanitary measure for pedicures is to use tub liners in pedicure equipment. The tub liners are plastic pieces that fit in the molding of the pedicure chair and provide a complete barrier to the rest of the pedicure chair. They are one-time use and are very affordable for salon owners.

Clean towels, linens, and capes must be used for each client. After towels, capes, or linens are used on a client, they must be laundered with the proper cleaning agents and stored in properly closed cabinets. Whenever possible, use disposal towels, especially in the restrooms and hand wash stations. Use neck strips or towels under capes. If the cape touches skin, it should be laundered before being used again.

The dispensary should be kept clean and orderly with all products correctly labeled. Waste material should be taken out daily from salons to prevent after hour infestations of insects. Place disinfectant products away from heat and direct sunlight to maintain their effectiveness.

Sterilization in Salons

Sterilization is important for reusable cosmetology instruments. Shears, cuticle clippers, nail clippers, cuticle pushers and acrylic nail drill bits are a few examples. Sterilization takes a step further in the level of cleanliness. The most effective method to sterilize instruments is to use an autoclave machine. Many dental and medical offices use an autoclave daily. An autoclave machine uses heat and water vapor heated to 121–134 °C (250–273 °F) to kill all communicable agents such as fungi, bacteria, and even viruses. The autoclave is tested weekly by placing a bio vial into the machine and letting it run. If the vial changes color, then all the biomass is killed and destroyed as it should be. A log is kept for each time the test is run. Most salons do not have an autoclave machine due to the high cost of the machine; therefore, most have opted to use cold sterilization. Cold sterilizing uses a hospital grade solution to sterilize instruments. The instruments are soaked in the solution based on manufacturer’s guidelines on the required amount of time needed to be effective. With adequate time in a cold sterilization solution, instruments are then rinsed and dried to be stored safely for their next use.

Remember, there are no shortcuts for proper cleaning and storage. Sanitization and sterilization are an ongoing part of this profession. Employee and customer health and well-being are a large part of the beauty business. A clean salon is a successful salon.

III. Occupational Safety and Health Administration Regulations

The Occupational Safety and Health Administration (OSHA) was created as part of the U.S. Department of Labor to regulate and enforce safety and health standards to protect employees in the workplace.

The Occupational Safety and Health Act of 1970, was created to regulate employee exposure to potentially toxic substances and inform employees about the possible hazards of materials used in the workplace. In cosmetology, there are many toxic chemicals used daily and can be hazardous if mishandled. Salon owners and employees must be very careful mixing, using and storing toxic chemicals. OSHA regulations created the Hazard Communication Standard (HCS), which requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) to communicate the hazards of hazardous chemical products. The HCS required SDSs to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:

Section 1, Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification includes all hazards regarding the chemical; required label elements.

Section 3, Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures includes important symptoms/effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); ACGIH Threshold Limit Values (TLVs); and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the SDS where available as well as appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties lists the chemical's characteristics.

Section 10, Stability and reactivity list chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information*

Section 13, Disposal considerations*

Section 14, Transport information*

Section 15, Regulatory information*

Section 16, Other information, includes the date of preparation or last revision.

*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15 (29 CFR 1910.1200(g)(2)).

Employers must ensure that SDSs are readily accessible to employees.

OSHA states that every worker has the right to a safe workplace. Employers should provide a workplace free of known hazardous materials. OSHA provides workers and employers information, training and assistance. Workers may file a complaint to have OSHA inspect their workplace if they believe that their employer is not following standards or that there are serious hazards.

Standard Precautions are guidelines published by OSHA that require the employer and employee to assume that all human blood and bodily fluids are infectious for blood borne pathogens. More attention is paid to blood borne pathogens and how to protect employees from blood-related exposure. Blood borne pathogens are disease-causing microorganisms carried in the body by blood or bodily fluids, such as hepatitis and HIV. Blood borne pathogens are asymptomatic, which means that those infected show no signs or symptoms of infection. Blood borne pathogens

are more difficult to kill than germs that live outside the body. In the salon, the spread of blood borne pathogens is possible through haircutting, chemical burns, shaving, clipping, facial treatments, waxing, tweezing, or whenever the skin is broken. It is advised to use great care to avoid cutting or damaging clients' skin during these types of services.

An exposure incident is classified as contact with non-intact (broken) skin, bodily fluids, or other infectious material that is the result of the performance of the employee's duties. Service should never be performed on a customer who comes in with an open wound or cut if the service will endanger the safety of the customer or the technician.

OSHA regulates a Whistleblowers Protection Program. This is a program that enforces the whistleblower provisions of more than twenty whistleblower statutes protecting employees who report violations of various workplace safety, airline, commercial motor carrier, consumer product, environmental, financial reform, food safety, health insurance reform, motor vehicle safety, nuclear, pipeline, public transportation agency, railroad, maritime, and securities laws. Rights afforded by these whistleblower acts include, but are not limited to, worker participation in safety and health activities, reporting a work-related injury, illness or fatality, or reporting a violation of the statutes. Complaints can be submitted by fax, telephone, letters or even online at http://www.whistleblowers.gov/complaint_page.html. Complaints can be about discrimination, and an employer cannot retaliate by taking "adverse action" against workers, such as:

- Firing or laying off
- Blacklisting
- Demoting
- Denying overtime or promotion
- Disciplining
- Denial of benefits
- Failure to hire or rehire
- Intimidation
- Making threats
- Reassignment affecting prospects for promotion
- Reducing pay or hours

OSHA Act does not cover:

*self-employed

*immediate family of farm employees that do not have outside workers

*Federal agencies that have their own safety/health requirements

*Employees of state and local governments

IV. Workers' Compensation Issues

Workers' compensation is a social insurance program to provide medical care for workers injured on the job. It is commonly referred to as workers' comp. Employers enroll in this system to protect their employees and themselves. Employees are guaranteed medical care and basic income if it is proven that they are hurt on the job or as a result of working conditions. Employers are protected in the case of an expensive lawsuit.

Every state has its own laws and regulations pertaining to workers' compensation. Florida was slow in enacting a workers' compensation law because Florida was an agricultural state with very little manufacturing. The Great Depression of the 1930s brought new problems to Florida. There was a steady movement of unemployed northerners to sunny Florida. In 1935, legislature considered new ideas for a workers' compensation law. Lawsuits were on the rise from workers, and employers demanded protection. Many reforms including the "New Deal" issued by President F. D. Roosevelt came to Florida. The Florida Industrial Commission consisted of three members, two appointed by the governor to serve as long as he was in office, and a third member to serve a four-year term. In 1955, a special disability trust fund was established. In 1960 the rehabilitation and medical services section within the Bureau of Workers' Compensation was established. In 1978 a major overhaul of the state workers' compensation system occurred.

Because many injuries have occurred as a result of employees being drunk or intoxicated and having impaired judgment or coordination, Florida Workers' Compensation allows employers to drug test. Florida statues outline the drug-free workplace.

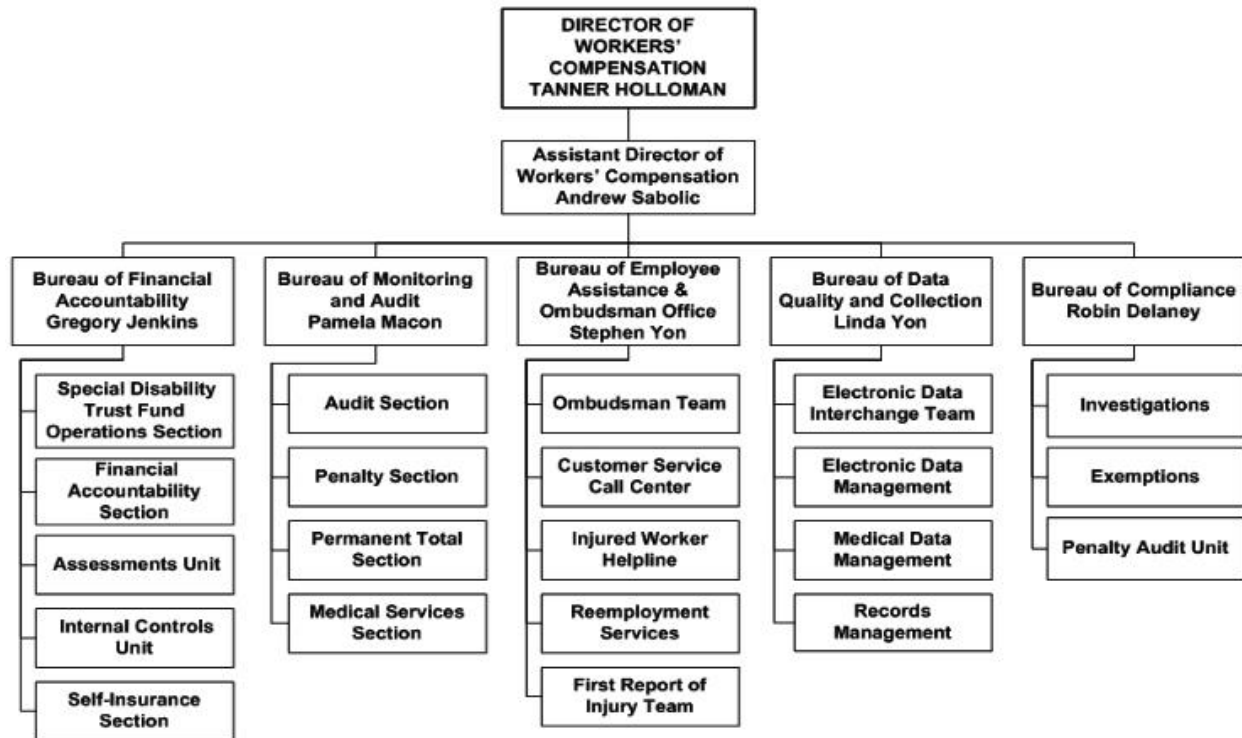
In Florida, the current director of the Department of Workers' Compensation (DWC) is Tanner Holloman. Holloman has been the director since 2002. Since his appointment, Holloman and his management team have leveraged technology at the division to the benefit of stakeholders, and have been driven by the division's organizational philosophy to continually seek opportunities to enhance the self-execution of Florida's workers' compensation system.¹³

DWC Mission Statement: To actively ensure the self- execution of the workers' compensation system through education and informing all stakeholders of their rights and responsibilities.

Employees must understand that prompt and complete reporting of injuries on the job will lead to better, more effective treatment. This will also help lower the overall cost involved.

The DWC has five major bureaus that are responsible for different tasks as outlined in Figure 3. The following will describe in more detail the responsibilities of each bureau.

Figure 3: Department of Worker’s Compensation Organizational Chart



The Bureau of Financial Accountability houses the division’s largest monetary transaction programs and safeguards its assets by developing and implementing a broad range of financial accountability measures. The bureau’s programs work to implement and build upon its internal checks and balances while maintaining effective financial controls that focus on managing the daily functions of cash receipts, revenue, and warrant payments. Included in these controls is a series of comprehensive reconciliation processes that balance each cash receipt and cash payment process. The Bureau of Financial Accountability has the following monetary programs: Assessments Section, Financial Accountability Section, Self-Insurance Section, and Special Disability Trust Fund Section. The Assessments Section calculates, collects, audits and reconciles quarterly assessment payments by insurance companies, assessable mutual insurance companies, self-insurance funds and individual self-insurers to the Special Disability Trust Fund (SDTF) and the Workers’ Compensation Administration Trust Fund (WCATF). The section also calculates the annual assessment rate for both the SDTF and the WCATF.

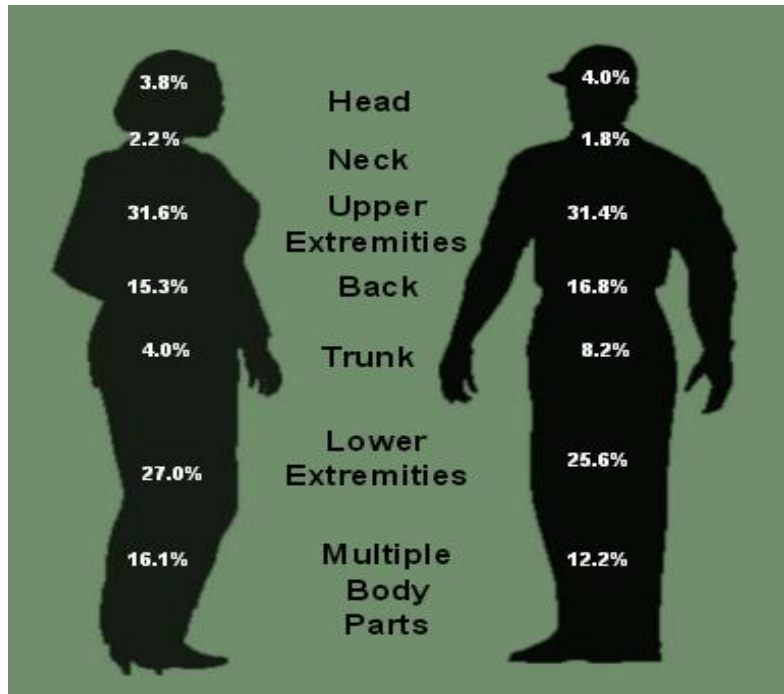
The Bureau of Monitoring and Audit (M&A) is responsible for ensuring that the practices of insurers and claims-handling entities meet the requirements of Chapter 440, Florida Statutes and the Florida Administrative Code. The bureau’s mission is to ensure the timely and accurate payment of benefits to injured workers, timely filing and payment of medical bills, and timely and accurate filing of required claims forms and other electronic data. The Bureau of Monitoring and Audit consists of the following key areas: Audit Section, Permanent Total Disability Section, Penalty Section, and the Medical Services Section.

The Bureau of Employee Assistance and Ombudsman Office (EAO) was established under Section 440.191, Florida Statutes, to assist injured workers, employers, carriers, health care providers, and managed care arrangements in fulfilling their responsibilities under the Workers' Compensation Law. EAO is a resource for all stakeholders in the Workers' Compensation System that uses print and electronic media, one-on-one interaction with individual shareholders, and group presentations to promote the self-execution of the system.

The Bureau of Data Quality and Collection (DQC) receives and manages large volumes of data from claims-handling entities and vendors for claims, medical, and proof of coverage data as required by Chapter 440, Florida Statutes, and various corresponding Florida administrative rules. DQC's mission is to collect data efficiently and effectively to provide accurate, meaningful, timely and readily accessible information to all stakeholders within the workers' compensation system. DQC is responsible for collecting, storing, and retrieving information to support the division. To ensure data quality and reliability, every electronic transaction received is evaluated through extensive program edits to ensure a high degree of accuracy before loading the information into the respective division databases. DQC develops and maintains business processes that co-mingle with other division systems to facilitate the monitoring of injured worker benefits, employer coverage and compliance, and health care provider payments.

The Bureau of Compliance (BOC) accomplishes its mission to ensure employers comply with statutory obligations to obtain workers' compensation insurance coverage for employees by conducting investigations and issuance of enforcement actions in accordance with Section 440.107, Florida Statutes; processing workers' compensation exemptions to qualified applicants in accordance with Section 440.05, Florida Statutes; and providing educational outreach and training to employers and insurance industry representatives on workers' compensation coverage laws. The bureau's key initiatives include implementation of an online filing system for workers' compensation exemptions to increase efficiency and reduce processing costs, 99% of filings are processed within five days of receipt; successfully utilizing data from multiple agencies to identify and target non-compliant employers; investigating 1,731 public referrals alleging non-compliance; conducting 66 free training sessions and 34 webinars on workers' compensation and workplace safety for over 2,906 employers statewide; increasing enforcement actions by 14%, and increasing the number of employees covered by workers' compensation by 44% over the prior fiscal year.

Figure 4: DWC Latest Injury Body by location by gender for 2012 Lost-time claims.



The following are the frequently asked questions (FAQ) about workers' compensation relating to the employee. Many other FAQ's relating to the employer, medical provider and reimbursements are available on the worker's compensation website.

How long after an accident do I have to report it to my employer?

You should report it as soon as possible, but no later than thirty (30) days or your claim may be denied.

When should my employer report the injury to their insurance company?

Your employer should report the injury as soon as possible, but no later than seven (7) days after their knowledge. The insurance company must send you an informational brochure within three (3) days after receiving notice from your employer. The brochure will explain your rights and responsibilities, as well as provide additional information about the workers' compensation law. A copy of the brochure can be viewed on their website under "Publications."

My employer will not report my injury to the insurance company. What can I do?

You have the right to report the injury to their insurance company. However, if you need assistance, contact the Employee Assistance Office (EAO) at (800) 342-1741 or e-mail wceao@myfloridacfo.com.

What kind of medical treatment can I get?

The medical provider authorized by your employer or the insurance company will provide the necessary medical care, treatment, and prescriptions related to your injury.

Do I have to pay any of my medical bills?

No, all authorized medical bills should be submitted by the medical provider to your employer's insurance company for payment.

Will I be paid if I lose time from work?

Under Florida law, you are not paid for the first seven days of disability. However, if you lose time because your disability extends to over 21 days, you may be paid for the first seven days by the insurance company.

How much will I be paid?

In most cases, your benefits check, which is paid bi-weekly, will be 66% of your average weekly wage. If you were injured before October 1, 2003, this amount is calculated by using wages earned during the 91-day period immediately preceding the date of your injury, not to exceed the state limit. If you worked less than 90% of the 91-day period, the wages of a similar employee in the same employment who has worked the whole of the 91-day period or your full-time weekly wage may be used. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured.

In addition, if you worked less than 75% of the 13-week period, a similar employee in the same employment who has worked 75% of the 13-week period or your full-time weekly wage shall be used.

Do I have to pay income tax on this money?

No. However, if you go back to work on light or limited duty and are still under the care of the authorized doctor, you will pay taxes on any wages earned while working. For additional information on income tax, you may want to visit the Internal Revenue Service website at www.irs.gov.

When will I get my first check?

You should receive the first check within 21 days after reporting your injury to your employer.

If I'm only temporarily disabled, how long can I get these checks?

You can receive temporary total or temporary partial disability payments or a combination of the two benefits during the continuance of your disability for no more than a maximum of 104 weeks.

Can I receive social security benefits and workers' compensation benefits at the same time?

Yes. However, an offset, or reduction in your workers' compensation check may be applied because the law states that the two combined may not exceed 80 percent of your average weekly wage earned prior to your injury. For further information on Social Security, you may contact the Social Security Administration at (800) 772-1213 or visit their website at www.ssa.gov.

Can I receive Reemployment Assistance and workers' compensation benefits at the same time?

No, not if you are receiving temporary total or permanent total disability benefits, as you must be medically able and available for work to qualify for unemployment. For additional information on reemployment assistance, you may want to utilize the Reemployment Assistance website at www.floridajobs.org.

What can I do if I am not receiving my benefits check?

Call the insurance company and ask for the adjuster or claims representative. If you still have questions and don't understand why the checks have stopped, call the EAO at (800) 342-1741 or e-mail wceao@myfloridacfo.com.

If I am unable to return to work until my doctor releases me, does my employer have to hold my job for me?

No, no provision in the law requires your employer to hold the job open for you.

Can my employer fire me if I am unable to work because of an injury and am receiving workers' compensation benefits?

No, it is against the law to fire you because you have filed or attempted to file a workers' compensation claim.

If I am unable to return to the type of work I did before I was injured, what can I do?

If eligible, the law provides, at no cost to you, reemployment services to help you return to work. Services may include vocational counseling, transferable skills analysis, job-seeking skills, job placement, on-the-job training, and formal retraining. To find out more about this program, you may contact the Department of Financial Services, Division of Workers' Compensation, Bureau of Employee Assistance and Ombudsman Office (EAO) at (800) 342-1741 option 4 or by e-mail at w cres@myfloridacfo.com.

My employer and the insurance company have denied my claim for workers' compensation benefits. Do I need legal representation to get my benefits? What should I do?

It is your decision whether or not to hire an attorney. However, the EAO can assist you and attempt to resolve the dispute. If they are unable to resolve your dispute, the EAO can further assist you in completing and filing a Petition for Benefits. This service is provided at no cost to you. For assistance call: (800) 342-1741 or e-mail wceao@myfloridacfo.com. For the location of the nearest EAO, see [District Offices](#).

What is the time limit for filing a Petition for Benefits?

In general, there is a two (2) year period to file a petition. However, it depends on the type of issue in dispute. You may call the EAO at (800) 342-1741 or e-mail wceao@myfloridacfo.com for specific information.

Is there a period of time after which my claim is no longer open?

If you were injured on or after January 1, 1994, the claim is closed one (1) year from the date of your last medical treatment or payment of compensation. This period of time is referred to as the Statute of Limitations. If you were injured before January 1, 1994, the period is two (2) years.

Can I get a settlement from my claim?

Settlements may be made under certain circumstances and are voluntary, not automatic or mandatory.

If I settle my claim for medical benefits with the insurance company and my condition gets worse later, who pays for my future medical care, surgeries, etc.?

You are responsible for your future medical needs after your claim for medical benefits is settled.

What can I do when it is difficult to get a prescription filled, or I am having problems with the pharmacy where I get my workers' compensation medication?

In Florida, an injured worker has the right to select a pharmacy or pharmacist. Florida law prohibits interference with your right to choose a pharmacy or pharmacist. However, a pharmacy is not required to participate in the workers' compensation program. If at any time, you become dissatisfied with your pharmacy or pharmacist's services, you can seek another pharmacy to fill your prescriptions.

V. Chemical Makeup

Skin

Skin is the largest organ in the body. It is made from small units of cells. Two germ layers form the skin, the ectoderm and mesoderm. The ectoderm forms the outer layer called the epidermis, and the mesoderm forms the middle layer called the dermis.

The epidermis provides a waterproof barrier and creates the skin tone of each person. A person can be light or dark skinned due to the composition of the melanin within the epidermis. Melanin is the pigment produced by the melanocyte cells in the skin. Human DNA holds the recipe for the generalized skin tone, but the skin can absorb pigment and become darker, which is commonly known as tanning. Tanning is the process in which the body protects itself from ultraviolet (UV) rays produced by the sun, according to Michigan State University. Living in a geographical area with minimal sunlight can limit a person from getting their desired skin tone. Therefore, tanning salons give their customers leisurely access to a tanning bed at any given time. However, tanning salons are heavily regulated regarding the duration and intervals of each tanning session. Overexposure to UV rays can bring forth skin cancer. Overexposure can also result in burns or blisters. The toughness of the epidermis is from the protein called keratin. One common skin condition that cosmetologists run into is the callus. Callus is the toughness of the skin which adapted to the repeated friction, pressure, or other irritation. Calluses are most commonly found on areas of the hand or foot where pressure is exerted frequently. A person who walks barefoot or wears mostly sandals has more callus on the heels compared to those who wear shoes and socks. The callus heel is one of the predominant reasons why people get pedicure services. Know that callus will grow again unless the customer changes the way they walk or care for their heels. With that in mind, a pedicurist and their customer should not expect one visit to be a fix all. Epidermis also is the last destination of new skin where it goes through a process of exfoliation. Sunburn is a common condition that leads to the manufacturing of new skin. A person should not get wax jobs on any part of the body that has evidence of new sunburn. Doing so will exfoliate the skin prematurely which can lead to ulceration.

The dermis is the deepest part of the skin. It is made up of tough connective tissue. The dermis nourishes and supplies blood to the epidermis. It also gives skin elasticity. In the dermis, there are blood and lymph vessels, nerves, arrector pili muscles (the muscles that make your hair stand on end), sudoriferous (sweat) glands, sebum (oil) glands and hair follicles. Acne is a common condition caused by the bacteria *Propionibacterium acnes* that resides within the hair follicle. These bacteria are usually harmless, but when they multiply out of control, it causes an acne breakout. Sebum, along with trapped dead skin, accumulates within the hair follicle to obstruct the pore, which is called a comedo or blackhead. As a comedo blocks the pores, it creates an anaerobic (lack of oxygen) environment. Excess sebum in an anaerobic environment is the ideal condition for *p. acnes* bacteria to grow and multiply. An increased number of bacteria triggers the body's immune cells to fight the bacteria. As a result, redness, swelling and pus are the final

product of dead cells. This is simply known as a pimple. Many salons provide removal of the comedo as one of their facial services. Gloves, a mask, and protective eyewear should be worn when providing such services because as a comedo excretes, it is often accompanied by blood.

Skin cancer is the most common type of all human cancer. It is estimated that one million people in the United States alone are diagnosed with skin cancer each year according to WebMD. Cancers occur when normal cells undergo a transformation and multiply without normal control. Uncontrolled growth can easily form a mass or tumor. If the tumor is invading other neighboring tissue, it is classified as malignant. The process of cancer invading other tissue is called metastasis. Depending on where the cancer cell tumor is located, it can be called basal cell carcinoma, squamous cell carcinoma or melanoma.

Hair

According to Dartmouth Medical School, hairs (or pili; pilus in the singular) are characteristic of mammals. The functions of hair include protection, regulation of body temperature, and facilitation of evaporation of perspiration; hairs also act as sense organs. Although hairs on many portions of the human body are inconspicuous, their actual number per unit area is large. In a few places (such as the palms and the soles and the dorsal aspect of the distal phalanges) the skin is glabrous, that is, devoid of hair. The shaft of a hair consists of a cuticle and a cortex of hard-keratin surrounding, in many hairs, a soft-keratin medulla. Pigmented hairs contain melanin in the cortex and medulla, but pigment is absent from the surrounding sheaths. The color of hair depends mainly on the shade and the amount of pigment in the cortex, and to a lesser extent, on air spaces in the hair. In white hairs, pigment is absent from the cortex, and the contained air is responsible for the whiteness; "gray hair" is a mixture of white and colored hairs. The root of a hair is situated in an epidermal tube known as the hair follicle, sunken into either the dermis or the subcutaneous tissue. The follicle is dilated at its base to form the bulb (matrix). Between the root of a hair and the surface of the skin, a bundle of smooth muscle fibers, known as an arrector pili muscle, is usually found. It extends from the deep part of the hair follicle to the papillary layer of the dermis. On contraction, it makes the hair erect. The arrectores pilorum are innervated by sympathetic fibers and contract in response to emotion or cold. This results in an unevenness of the surface called "goose pimples" or "goose skin."

In cosmetology, the growth of hair means the growth of business. As hair grows, it requires maintenance. Humans have been cutting and styling hair for thousands of years. Some examples of styling include a bowl cut, perm, crew cut, cornrows, bun, bob cut, afro, dreadlocks, feathered, fishtail, French braid, French twist, Mohawk, ponytail, up do, waves and many more. Eyebrows are arched by removing the hair outside of the desired eyebrow shape. With excess hair removed, the eyes are more defined. The addition of makeup such as eye-shadow and eyelash extensions gives the eyes a more appealing appearance.

Nails

Nails refer to fingernails and toenails. According to Berkeley University, the nail is an appendage of the skin, a translucent plate that protects the tips of the fingers and toes. The basic nail anatomy includes the nail itself, in which a manicure or pedicure is designed as a service. The nails are built inside the matrix which is located above the cuticle, underneath the skin. As the nail is built, it grows and pushes out toward the fingertip. The Eponychium, commonly known as the cuticle is designed to protect and shield the nail matrix from outer bacteria. Nails are composed mainly of keratin. The average growth rate for nails is 0.1mm per day (or 1 centimeter in 100 days). However, the exact rate of nail growth depends on other factors such as age, sex and time of year. Nails grow faster on young males during the summer. Fingernails grow faster than toenails. Middle fingernails grow fastest, and thumbnails grow slowest. If an individual is right-handed, those fingernails will grow faster than those on the left hand, and vice versa. The growth of nails is affected by poor health, nail disorders or diseases, or injury to the nail matrix. The nails have 10 to 30% water content. The less water content a nail has, the more brittle the nails. Ointment-based conditioner reduces the loss of the water in the nails.

A hangnail is a cuticle split around the nail. The cause could be from dryness of the cuticle or an injury such as a paper cut. Leukonychia is a whitish discoloration which can often be seen in the nail bed. Its appearance looks like a grain of white rice underneath the nail bed. This is sometimes caused by injury to the base of the nail and will eventually grow out. Melanonychia is the darkening of nails due to an increase in localized pigmented cells. Melanonychia is benign and is seen more often in African Americans.

Artificial Nails known as the acrylic nails system is made from combination of the powder known as the polymer and the nail liquid known as the monomer. Nail Technicians take advantage of the change in phase as he or she mixes the monomer to the polymer. The amount of time it takes to change from a liquid to a solid phase is the time a technician have to mold the artificial nails. It takes practice and time to mold a perfect acrylic shape of the clients' nail. Any small imperfection can be fine tune by the hand file, nail dremel and nail buffer.

Nail liquid monomer is made from the chemical EthylMethacrylate (EMA). It is a strong odor chemical that can causes dizziness, asthma and other side effects. Due to the strong odor salons are required to have proper ventilation. Trash cans must have close lids and trash should be thrown out daily. Nail liquid monomer can also be made from Methyl Methacrylate (MMA). MMA products should not be used because they are known to cause harm and permanent damage to skin and nails. MMA are cheaper to produce and cost less than EMA. MMA does not smell as strong as EMA. EMA monomers have a longer reaction time than MMA, which does not allow the technician to work as fast. These are some of the reasons why one may choose to use MMA, however health benefits for both the technician and client should outweigh the use of MMA. MMA are still produced and sold because it can be use for other things. Florida completely prohibits the use of any cosmetic products containing MMA.

VI. Environmental Issues

Many environmental issues that involve the field of cosmetology are the effect of potent chemicals when they are being used and when they leave the salon. With a Safety Data Sheet (SDS) for each chemical used in the salon, a salon owner or technician can easily learn the potential adverse reactions for any particular chemical.

In a full service salon, chemicals like acetone are used every day as it is the active ingredient for removing nail polishes. Acetone evaporates very quickly and is not recommended for inhalation. Salons with 100 square feet can only have one working cosmetologist or specialist according to Rule 61g5-20.002(6). Each additional cosmetologist or specialist will require additional 50 square feet per person. Therefore, all salons are required to have an adequate exhaust fan for proper ventilation. Methods of having clean and good aromatic air include the use of a carbon air filter, air purifier, humidifier, and air freshener. The fumes of acetone are deadly, and the liquid phase of acetone can also be very toxic. Acetone can melt many forms of plastic polymer. Most often, customers who want to remove their acrylic or gel nails will soak them in acetone to melt them off. Doing this will not damage the natural nail bed as the acrylic and gel dissolve in acetone. For this reason, acetone is prohibited from being poured down the drain. First it can melt the plumbing, and second, any spark will cause the plumbing to explode. These and many other chemicals commonly used in salons are strictly regulated. The following can be found on the OSHA website, potentially hazardous chemicals, the types of products they can be found in, and how they can affect a worker:

- **Acetone** (nail polish remover): headaches; dizziness; and irritated eyes, skin, and throat
- **Acetonitrile** (fingernail glue remover): irritated nose and throat; breathing problems; nausea; vomiting; weakness; and exhaustion
- **Butyl acetate** (nail polish, nail polish remover): headaches and irritated eyes, skin, nose, mouth, and throat
- **Dibutyl phthalate (DBP)**, (nail polish): nausea and irritated eyes, skin, nose, mouth, and throat. Long-term exposures to high concentrations may cause other serious effects.
- **Ethyl acetate** (nail polish, nail polish remover, fingernail glue): irritated eyes, stomach, skin, nose, mouth, and throat; high levels can cause fainting
- **Ethyl methacrylate (EMA)**, (artificial nail liquid): asthma; irritated eyes, skin, nose, and mouth; difficulty concentrating. Exposures while pregnant may affect your child.
- **Formaldehyde** (nail polish, nail hardener): difficulty breathing, including coughing, asthma-like attacks, and wheezing; allergic reactions; irritated eyes, skin, and throat. Formaldehyde can also cause cancer.
- **Isopropyl acetate** (nail polish, nail polish remover): sleepiness and irritated eyes, nose, and throat

- **Methacrylic acid** (nail primer): skin burns and irritated eyes, skin, nose, mouth, and throat. At higher concentrations, this chemical can cause difficulty breathing.
 - **Methyl methacrylate (MMA)**, (artificial nail products, though banned for use in many states): asthma; irritated eyes, skin, nose, and mouth; difficulty concentrating; loss of smell
 - **Quaternary ammonium compounds** (disinfectants): irritated skin and nose, and may cause asthma
- Toluene, formaldehyde, and dibutyl phthalate are sometimes referred to in the industry as the “**toxic trio.**”
- **Toluene** (nail polish, fingernail glue): dry or cracked skin; headaches, dizziness, and numbness; irritated eyes, nose, throat, and lungs; damage to liver and kidneys; and harm to unborn children during pregnancy

In the hair salon, there are many ingredients used in hair products. The list below of ingredients found in hair care products is meant to provide information to make healthier, informed choices when purchasing hair care products. This is not a comprehensive listing of all hair product ingredients, and several of these ingredients are commonly used while others are found only in certain product lines. Note that professional salon product ingredients are not required to be labeled.

Potential Health Impacts Associated with Overexposure to Ingredients Used in Hair Care Products

Ingredient	Product	Potential Health Effects
¹ Lead **	Hair Dye ¹	Lead has been associated with harmful impacts on virtually every organ system in the body. Elevated exposures are associated with severe central nervous system impacts and potentially irreversible neurodevelopment delays and behavioral changes in children. Elevated exposure levels have also been associated with increased rates of miscarriage and reproductive toxicity.
² Paraphenylenediamine ** Other names: Para-Phenylenediamine; PPD; P-Phenylenediamine; 1, 4 diaminobenzene; 1, 4 phenylenediamine; P-Aminoaniline	Hair Dye	Exposure could cause mild dermatitis in the contact location including redness, pain, and swelling, and when it comes in contact with the eyes could cause swelling of the eyelids, blurred vision and possible permanent loss of vision. Inhalation of this chemical may be associated with a cough, headache, dizziness and labored breathing. Possible severe

reactions to PPD are urticaria, and rarely, anaphylaxis.

<p>³Sodium Hydroxide** Looks like this on a label: Lye; Caustic Soda; Sodium Hydrate</p>	<p>Relaxer, Permanent, Hair Wave</p>	<p>Overexposure is corrosive to all tissues and mucous membranes such as in the eyes, nose, and throat. Concentrated exposures frequently result in extreme and severe irritation, edema (swelling) and acute dermal reactions. Direct contact with sodium hydroxide can result in constrictive scarring, and inhalation results in acute damage to the pulmonary system.</p>
<p>¹Formaldehyde*** Looks like this on a label: Formalin; formic aldehyde; oxomethane; oxymethylene</p>	<p>Shampoo and Bleach</p>	<p>Elevated exposures have been associated with irritation and edema to the pulmonary system and mucous membranes. Overexposure also irritates the eyes, nose, and skin, and repeated exposures have been associated with a hypersensitivity (allergic) response in some individuals. The compound demonstrates carcinogenic activity.</p>
<p>¹Dibutyl Phthalates* Looks like this on a label: DBP; Di-n-butyl phthalate; dibutyl 1,2-benzene dicarboxylate</p>	<p>Fragrance for shampoo and moisturizers</p>	<p>Overexposure has resulted in gastrointestinal distress in humans. The compound has caused birth, reproductive and developmental impacts in animals. Some phthalate compounds have carcinogenic activity in animals.</p>
<p>⁴Hydantoin DMDM*** Looks like this on a label: 1-3-Bis (Hydroxymethyl)-5,5-imethylimidazolidine-2,4-Dione; 1,3-Dimethylol-5,5-Dimethyl Hydantoin; Dantogard; Glydant; Gidol; Glycolylurea</p>	<p>Children's conditioner and detangler</p>	<p>Overexposure has resulted in irritation and edema in sensitized individuals. Irreversible damage to the eye has been reported due to its caustic nature. It is considered harmful to human health because of the toxic impact on developmental and reproductive systems. This compound is an antimicrobial formaldehyde releasing agent.</p>
<p>Colorants/Synthetic Colors*** Looks like this on a label: D&C; FD&C; azo grenadine;</p>	<p>Makeup and hair products to create color; some</p>	<p>Some specific dyes and color compounds have been associated with carcinogenic activity at extremely elevated concentrations. Some of these compounds have also been associated</p>

disodium 5-amino-4-hydroxy-3-(phenylazo)-naphthalene-2,7-disulfonate; Acid Red 33; Red 33; Naphthalene Red	are derived from coal tar.	with edema and irritation in hypersensitive individuals.
DEA/MEA/TEA *** Looks like this on a label: Diethanolamine; monoethanolamine; ethanolamine; triethanolamine; Lauramide DEA	Shampoos and products that foam	Elevated exposures have been associated with irritation of the eyes, skin, nose, and throat. These compounds have been associated with limited edema and irritation to the pulmonary system in some individuals.
¹ Hydroquinone * Looks like this on a label: 4-Dihydroxybenzene; P-Dioxybenzene; 4-Hydroxyphenol; P-Hydroxyphenol;1,4 Benzenediol	Hair bleaches and skin lighteners	Elevated exposures are associated with tinnitus (ringing in the ears), nausea, shortness of breath, cyanosis, and convulsions. Edema and irritation to the skin, eyes, nose, mucous membranes, and intestinal tract have also been reported.
^{1,3} Propylene Glycol *** Looks like this on a label: Propylene Glycol; 1-2-Propanediol	Styling gels/lotions, conditioners, shampoos, hair dyes ³	Elevated or frequent exposure to propylene glycol is associated with dermal irritation and limited edema of the mucous membranes. Under repeated exposure conditions it is irritating to the eyes, nose, and mouth. The Food and Drug Administration (FDA) has classified propylene glycol as an additive that is generally recognized as safe for use in food.

Footnotes

* Animal studies reported.

** Human studies reported.

*** Human and animal studies reported.

VII. Elective: Business of Cosmetology

Procter and Gamble (P&G)

The business of cosmetology is a multibillion-dollar business. IBIS World's research report showed the projected revenue growth of about 3.2% annually to reach \$58.7 billion by 2019.

Research also showed the increase in profits from 1.9% in 2009 to 5.7% in 2014. In addition to that, the estimated increase of operators is 5.5% annually, and the number of operators is projected to be 1.3 million by 2019. Cosmetology is one of many fast career paths that any individual with a high school diploma can achieve and become successful. One great example of a successful company in the beauty business is Procter and Gamble (P &G).

Procter and Gamble (P&G) was started by candle-maker William Procter and soap maker James Gamble in 1837. They immigrated from England and Ireland to Cincinnati, OH. The two men met after their marriage to sisters Olivia and Elizabeth Norris. Procter started out working in the bank and used his candle making experience from England as a side job to earn extra money. He took advantage of the fat and oil by-products from the meatpacking industry to make the candles and sell them to customers in the area. Gamble came to the United States at age 16. At 18, he began an apprenticeship with a local soap maker to later open his own soap and candle shop. Competing in the same business, the father-in-law Alexander Norris suggested the men join hands in business. Procter & Gamble Company formed on October 31, 1837. What a coincidence that Florida Cosmetology licenses are to be renewed by October 31 of every biennial (61G5-18.008). As a license renewal requirement, each license holder must complete the all continued education and pay all scheduled fees prior to receiving their license.

Today, P&G owns brands like Bounty, Dawn, Crest, Gain, Downy, Febreze, Charmin, Gillette, Head & Shoulders, Olay, Old Spice, Oral-B, Pantene and many more. These brands are readily available at Walmart, CVS, Walgreens, Publix and at just about any convenience store.

Revlon

Revlon was founded by Charles Revson, his brother Joseph and a chemist Charles Lachman, who contributed the “L” in the Revlon name. The company was founded in 1932 during the Great Depression. At the end of World War II, Revlon was one of America’s top five cosmetic companies. The company first went public in 1955 in the stock market with the initial public offering (IPO) of \$12, but it reached \$30 per share within 8 weeks.

Revlon began to sell products overseas in 1950 and made a great debut. Sales were up to \$164 million per year. Revlon was famous for their cosmetic cream with estrogen precursor in 1968, Mitchum deodorants in 1970, and Charlie perfume in 1973. The company also makes hair dyes and wig maintenance products called Wig Wonder. With the rise of companies like Procter & Gamble and Estée Lauder, Revlon sales were down in the mid-80s. In 2011, Revlon acquired Mirage Cosmetics which is the maker of Sinful Colors nail products that recently became popular. In recent years, through changes in ownership and management, Revlon still provides reliable and quality products in most department stores to service the cosmetic industry.

Estée Lauder

Estée Lauder was an American businesswoman who started the company with her husband, Joseph Lauder. Estée got started by working with her uncle Dr. John Schotz (a chemist). While working in the laboratory she and her uncle developed an all-purpose cream. She began selling it to beauty shops and was very successful. In 1953, Estée introduced *Youth Dew*, a bath oil that doubled as perfume. During this period of time, most people were putting drops of perfume behind their ears. With *Youth Dew*, people were changing to using it in the bath water. It was a success for Estée; they sold 50,000 bottles the first year and 150,000,000 bottles by 1984. Today Estée Lauder is known in almost all major department stores. Estée products include skincare, makeup, fragrance and nail care.

Shiseido

Shiseido is one of the oldest cosmetic companies, established in 1872. The company owns many subsidiaries and numerous brands worldwide. In 2013, Shiseido's net profit was \$26.87 million in sales. In 2014, Shiseido sold CARITA and Decleor brands to L'Oréal for \$312.93 million. In Japan, Shiseido sells Elixir Superior skincare products for women, Aqua Label skincare and toiletry products for daily use, Uno skincare products for men, Clé de Peau Beauté makeup, skin and body care, Benefique skincare and Anessa sun care lines. Shiseido products can be found in many department stores such as Macy's. Their products range in price from as low as \$8 per item to as high as \$300 per item.

VIII. State and Federal Laws and Rules

The Chapter 477 Statue and Chapter 61G5 Florida Administrative Code Rule regulate the profession of cosmetology in Florida. A full copy of each can be obtained from the Florida Department of Business and Professional Regulation website:

<http://www.myfloridalicense.com/Dbpr/pro/cosmo/statutes.html>. A Statue is a law passed by the legislative branch of the US or state. A Rule, or more properly called a regulation, is a directive adopted by the executive branch of the US or state. Rules have the force and effect of laws. It fills in the details of statues which are written in a general terms. The following are brief overview of Chapter 477 and Chapter 61G5.

Chaper 477: Florida Cosmetology Act

477.011 Short title.—

This act shall be known and may be cited as the “Florida Cosmetology Act.”

477.012 Purpose.—

The Legislature deems it necessary in the interest of public health to regulate the practice of cosmetology in this state. However, restrictions shall be imposed only to the extent necessary to protect the public from significant and discernible danger to health and not in a manner which will unreasonably affect the competitive market. Further, consumer protection for both health and economic matters shall be afforded the public through legal remedies provided for in this act.

477.013 Definitions.—As used in this chapter:

- (1) “Board” means the Board of Cosmetology.
- (2) “Department” means the Department of Business and Professional Regulation.
- (3) “Cosmetologist” means a person who is licensed to engage in the practice of cosmetology in this state under the authority of this chapter.
- (4) “Cosmetology” means the mechanical or chemical treatment of the head, face, and scalp for aesthetic rather than medical purposes, including, but not limited to, hair shampooing, hair cutting, hair arranging, hair coloring, permanent waving, and hair relaxing for compensation. This term also includes performing hair removal, including wax treatments, manicures, pedicures, and skin care services.
- (5) “Specialist” means any person holding a specialty registration in one or more of the specialties registered under this chapter.
- (6) “Specialty” means the practice of one or more of the following:
 - (a) Manicuring, or the cutting, polishing, tinting, coloring, cleansing, adding, or extending of the nails, and massaging of the hands. This term includes any procedure or process for the affixing of artificial nails, except those nails which may be applied solely by use of a simple adhesive.
 - (b) Pedicuring, or the shaping, polishing, tinting, or cleansing of the nails of the feet, and massaging or beautifying of the feet.
 - (c) Facials, or the massaging or treating of the face or scalp with oils, creams, lotions, or other preparations, and skin care services.
- (7) “Shampooing” means the washing of the hair with soap and water or with a special preparation, or applying hair tonics.
- (8) “Specialty salon” means any place of business wherein the practice of one or all of the specialties as defined in subsection (6) are engaged in or carried on.
- (9) “Hair braiding” means the weaving or interweaving of natural human hair for compensation without cutting, coloring, permanent waving, relaxing, removing, or chemical treatment and does not include the use of hair extensions or wefts.
- (10) “Hair wrapping” means the wrapping of manufactured materials around a strand or strands of human hair, for compensation, without cutting, coloring, permanent waving, relaxing, removing, weaving, chemically treating, braiding, using hair extensions, or performing any other service defined as cosmetology.
- (11) “Photography studio salon” means an establishment where the hair-arranging services and the application of cosmetic products are performed solely for the purpose of preparing the model or client for the photographic session

without shampooing, cutting, coloring, permanent waving, relaxing, or removing of hair or performing any other service defined as cosmetology.

(12) "Body wrapping" means a treatment program that uses herbal wraps for the purposes of cleansing and beautifying the skin of the body, but does not include:

- (a) The application of oils, lotions, or other fluids to the body, except fluids contained in presoaked materials used in the wraps; or
- (b) Manipulation of the body's superficial tissue, other than that arising from compression emanating from the wrap materials.

(13) "Skin care services" means the treatment of the skin of the body, other than the head, face, and scalp, by the use of a sponge, brush, cloth, or similar device to apply or remove a chemical preparation or other substance, except that chemical peels may be removed by peeling an applied preparation from the skin by hand. Skin care services must be performed by a licensed cosmetologist or facial specialist within a licensed cosmetology or specialty salon, and such services may not involve massage, as defined in s. 480.033(3), through manipulation of the superficial tissue.

477.0132 Hair braiding, hair wrapping, and body wrapping registration.—

- (1)
 - (a) Persons whose occupation or practice is confined solely to hair braiding must register with the department, pay the applicable registration fee, and take a two-day 16-hour course. The course shall be board approved and consist of 5 hours of HIV/AIDS and other communicable diseases, 5 hours of sanitation and sterilization, 4 hours of disorders and diseases of the scalp, and 2 hours of studies regarding laws affecting hair braiding.
 - (b) Persons whose occupation or practice is confined solely to hair wrapping must register with the department, pay the applicable registration fee, and take a one-day 6-hour course. The course shall be board approved and consist of education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders and diseases of the scalp, and studies regarding laws affecting hair wrapping.
 - (c) Unless otherwise licensed or exempted from licensure under this chapter, any person whose occupation or practice is body wrapping must register with the department, pay the applicable registration fee, and take a two-day 12-hour course. The course shall be board approved and consist of education in HIV/AIDS and other communicable diseases, sanitation and sterilization, disorders and diseases of the skin, and studies regarding laws affecting body wrapping.
 - (d) Only the board may review, evaluate, and approve a course required of an applicant for registration under this subsection in the occupation or practice of hair braiding, hair wrapping, or body wrapping. A provider of such a course is not required to hold a license under chapter 1005.
- (2) Hair braiding, hair wrapping, and body wrapping are not required to be practiced in a cosmetology salon or specialty salon. When hair braiding, hair wrapping, or body wrapping is practiced outside a cosmetology salon or specialty salon, disposable implements must be used or all implements must be sanitized in a disinfectant approved for hospital use or approved by the federal Environmental Protection Agency.
- (3) Pending issuance of registration, a person is eligible to practice hair braiding, hair wrapping, or body wrapping upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter.

477.0135 Exemptions.—

- (1) This chapter does not apply to the following persons when practicing pursuant to their professional or occupational responsibilities and duties:
 - (a) Persons authorized under the laws of this state to practice medicine, surgery, osteopathic medicine, chiropractic medicine, massage, naturopathy, or podiatric medicine.
 - (b) Commissioned medical or surgical officers of the United States Armed Forces hospital services.
 - (c) Registered nurses under the laws of this state.
 - (d) Persons practicing barbering under the laws of this state.
 - (e) Persons employed in federal, state, or local institutions, hospitals, or military bases as cosmetologists whose practices are limited to the inmates, patients, or authorized military personnel of such institutions, hospitals, or bases.
 - (f) Persons whose practice is limited to the application of cosmetic products to another person in connection with the sale, or attempted sale, of such products at retail without compensation from such other person other than the regular retail price of such merchandise.
- (2) A . is not required of any person whose occupation or practice is confined solely to shampooing.
- (3) A license or registration is not required of any person whose occupation or practice is confined solely to cutting, trimming, polishing, or cleansing the fingernails of any person when said cutting, trimming, polishing, or cleansing is done in a barbershop licensed pursuant to chapter 476 which is carrying on a regular and customary business of barbering, and such individual has been practicing the activities set forth in this subsection prior to October 1, 1985.
- (4) A photography studio salon is exempt from the licensure provisions of this chapter. However, the hair-arranging services of such salon must be performed under the supervision of a licensed cosmetologist employed by the salon.

The salon must use disposable hair-arranging implements or use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.

(5) A license is not required of any individual providing makeup, special effects, or cosmetology services to an actor, stunt person, musician, extra, or other talent during a production recognized by the Office of Film and Entertainment as a qualified production as defined in s. 288.1254(1). Such services are not required to be performed in a licensed salon. Individuals exempt under this subsection may not provide such services to the general public.

(6) A license is not required of any individual providing makeup or special effects services in a theme park or entertainment complex to an actor, stunt person, musician, extra, or other talent, or providing makeup or special effects services to the general public. The term "theme park or entertainment complex" has the same meaning as in s. 509.013(9).

477.014 Qualifications for practice.—

On and after January 1, 1979, no person other than a duly licensed cosmetologist shall practice cosmetology or use the name or title of cosmetologist.

477.015 Board of Cosmetology.—

(1) There is created within the department the Board of Cosmetology consisting of seven members, who shall be appointed by the Governor, subject to confirmation by the Senate, and whose function it shall be to carry out the provisions of this act.

(2) Five members of the board shall be licensed cosmetologists and shall have been engaged in the practice of cosmetology in this state for not less than 5 years. Two members of the board shall be laypersons. Each board member shall be a resident of this state and shall have been a resident of this state for not less than 5 continuous years.

(3) The Governor may at any time fill vacancies on the board for the remainder of unexpired terms. Each member of the board shall hold over after the expiration of his or her term until a successor is duly appointed and qualified. No board member shall serve more than two consecutive terms, whether full or partial.

(4) Before assuming his or her duties as a board member, each appointee shall take the constitutional oath of office and shall file it with the Department of State, which shall then issue to such member a certificate of his or her appointment.

(5) The board shall, in the month of January, elect from its number a chair and a vice chair.

(6) The board shall hold such meetings during the year as it may determine to be necessary, one of which shall be the annual meeting. The chair of the board shall have the authority to call other meetings at his or her discretion. A quorum of the board shall consist of not less than four members.

(7) Each member of the board shall receive \$50 for each day spent in the performance of official board business, with the total annual compensation per member not to exceed \$2,000. Additionally, board members shall receive per diem and mileage as provided in s. 112.061, from place of residence to place of meeting and return.

(8) Each board member shall be held accountable to the Governor for the proper performance of all his or her duties and obligations. The Governor shall investigate any complaints or unfavorable reports received concerning the actions of the board, or its members, and shall take appropriate action thereon, which action may include removal of any board member. The Governor may remove from office any board member for neglect of duty, incompetence, or unprofessional or dishonorable conduct.

477.016 Rulemaking.—

(1) The board may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter conferring duties upon it.

(2) The board may by rule adopt any restriction established by a regulation of the United States Food and Drug Administration related to the use of a cosmetic product or any substance used in the practice of cosmetology if the board finds that the product or substance poses a risk to the health, safety, and welfare of clients or persons providing cosmetology services.

477.017 Legal services.—

The department shall provide all legal services needed to carry out the provisions of this act.

477.018 Investigative services.—

The department shall provide all investigative services required by the board or the department in carrying out the provisions of this act.

477.019 Cosmetologists; qualifications; licensure; supervised practice; license renewal; endorsement; continuing education.—

(1) A person desiring to be licensed as a cosmetologist shall apply to the department for licensure.

(2) An applicant shall be eligible for licensure by examination to practice cosmetology if the applicant:

- (a) Is at least 16 years of age or has received a high school diploma;

- (b) Pays the required application fee, which is not refundable, and the required examination fee, which is refundable if the applicant is determined to not be eligible for licensure for any reason other than failure to successfully complete the licensure examination; and
- (c)
 1. Is authorized to practice cosmetology in another state or country, has been so authorized for at least 1 year, and does not qualify for licensure by endorsement as provided for in subsection (5); or
 2. Has received a minimum of 1,200 hours of training as established by the board, which shall include, but shall not be limited to, the equivalent of completion of services directly related to the practice of cosmetology at one of the following:
 - a. A school of cosmetology licensed pursuant to chapter 1005.
 - b. A cosmetology program within the public school system.
 - c. The Cosmetology Division of the Florida School for the Deaf and the Blind, provided the division meets the standards of this chapter.
 - d. A government-operated cosmetology program in this state.

The board shall establish by rule procedures whereby the school or program may certify that a person is qualified to take the required examination after the completion of a minimum of 1,000 actual school hours. If the person then passes the examination, he or she shall have satisfied this requirement; but if the person fails the examination, he or she shall not be qualified to take the examination again until the completion of the full requirements provided by this section.

- (3) Upon an applicant receiving a passing grade, as established by board rule, on the examination and paying the initial licensing fee, the department shall issue a license to practice cosmetology.
- (4) If an applicant passes all parts of the examination for licensure as a cosmetologist, he or she may practice in the time between passing the examination and receiving a physical copy of his or her license if he or she practices under the supervision of a licensed cosmetologist in a licensed salon. An applicant who fails any part of the examination may not practice as a cosmetologist and may immediately apply for reexamination.
- (5) Renewal of license registration shall be accomplished pursuant to rules adopted by the board.
- (6) The board shall certify as qualified for licensure by endorsement as a cosmetologist in this state an applicant who holds a current active license to practice cosmetology in another state. The board may not require proof of educational hours if the license was issued in a state that requires 1,200 or more hours of prelicensure education and passage of a written examination. This subsection does not apply to applicants who received their license in another state through an apprenticeship program.
- (7)
 - (a) The board shall prescribe by rule continuing education requirements intended to ensure protection of the public through updated training of licensees and registered specialists, not to exceed 16 hours biennially, as a condition for renewal of a license or registration as a specialist under this chapter. Continuing education courses shall include, but not be limited to, the following subjects as they relate to the practice of cosmetology: human immunodeficiency virus and acquired immune deficiency syndrome; Occupational Safety and Health Administration regulations; workers' compensation issues; state and federal laws and rules as they pertain to cosmetologists, cosmetology, salons, specialists, specialty salons, and booth renters; chemical makeup as it pertains to hair, skin, and nails; and environmental issues. Courses given at cosmetology conferences may be counted toward the number of continuing education hours required if approved by the board.
 - (b) Any person whose occupation or practice is confined solely to hair braiding, hair wrapping, or body wrapping is exempt from the continuing education requirements of this subsection.
 - (c) The board may, by rule, require any licensee in violation of a continuing education requirement to take a refresher course or refresher course and examination in addition to any other penalty. The number of hours for the refresher course may not exceed 48 hours.

477.0201 Specialty registration; qualifications; registration renewal; endorsement.—

- (1) Any person is qualified for registration as a specialist in any one or more of the specialty practices within the practice of cosmetology under this chapter who:
 - (a) Is at least 16 years of age or has received a high school diploma.
 - (b) Has received a certificate of completion in a specialty pursuant to s. 477.013(6) from one of the following:
 1. A school licensed pursuant to s. 477.023.
 2. A school licensed pursuant to chapter 1005 or the equivalent licensing authority of another state.
 3. A specialty program within the public school system.
 4. A specialty division within the Cosmetology Division of the Florida School for the Deaf and the Blind, provided the training programs comply with minimum curriculum requirements established by the board.
- (2) A person desiring to be registered as a specialist shall apply to the department in writing upon forms prepared and furnished by the department.

- (3) Upon paying the initial registration fee, the department shall register the applicant to practice one or more of the specialty practices within the practice of cosmetology.
- (4) Renewal of registration shall be accomplished pursuant to rules adopted by the board.
- (5) The board shall adopt rules specifying procedures for the registration of specialty practitioners desiring to be registered in this state who have been registered or licensed and are practicing in states which have registering or licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state.
- (6) Pending issuance of registration, a person is eligible to practice as a specialist upon submission of a registration application that includes proof of successful completion of the education requirements and payment of the applicable fees required by this chapter, provided such practice is under the supervision of a registered specialist in a licensed specialty or cosmetology salon.

477.0212 Inactive status.

- (1) A cosmetologist's license that has become inactive may be reactivated under s. 477.019 upon application to the department.
- (2) The board shall adopt rules relating to licenses that become inactive and for the renewal of inactive licenses. The rules may not require more than one renewal cycle of continuing education to reactivate a license. The board shall prescribe by rule a fee not to exceed \$50 for the reactivation of an inactive license and a fee not to exceed \$50 for the renewal of an inactive license.

477.0213 Cosmetology graduates of Florida School for the Deaf and the Blind; licenses.—The department shall license candidates upon graduation from the Cosmetology Division of the Florida School for the Deaf and the Blind. The department shall, by rule, provide fees for licenses issued to candidates from the Cosmetology Division of the Florida School for the Deaf and the Blind and shall also provide, by rule, for the type of licenses to be issued and for any required applications.

477.022 Examinations.

- (1) The board shall specify by rule the general areas of competency to be covered by examinations for the licensing under this chapter of cosmetologists. The rules shall include the relative weight assigned in grading each area, the grading criteria to be used by the examiner, and the score necessary to achieve a passing grade. The board shall ensure that examinations adequately measure both an applicant's competency and her or his knowledge of related statutory requirements. Professional testing services may be utilized to formulate the examinations. The board may, by rule, offer a written clinical examination or a performance examination, or both, in addition to a written theory examination.
- (2) The board shall ensure that examinations comply with state and federal equal employment opportunity guidelines.
- (3) The examination shall be given at least once a year.
- (4) The board shall adopt rules providing for reexamination of applicants who have failed the examinations.
- (5) All licensing examinations shall be conducted in such manner that the applicant shall be known by number only until her or his examination is completed and the proper grade determined. An accurate record of each examination shall be made; and that record shall be filed with the secretary of the department and shall be kept for reference and inspection for a period of not less than 2 years immediately following the examination.

477.023 Schools of cosmetology; licensure.—No private school of cosmetology shall be permitted to operate without a license issued by the Commission for Independent Education pursuant to chapter 1005. However, nothing herein shall be construed to prevent certification by the Department of Education of cosmetology training programs within the public school system or to prevent government operation of any other program of cosmetology in this state.

477.025 Cosmetology salons; specialty salons; requisites; licensure; inspection; mobile cosmetology salons.—

- (1) No cosmetology salon or specialty salon shall be permitted to operate without a license issued by the department except as provided in subsection (11).
- (2) The board shall adopt rules governing the licensure and operation of salons and specialty salons and their facilities, personnel, safety and sanitary requirements, and the license application and granting process.
- (3) Any person, firm, or corporation desiring to operate a cosmetology salon or specialty salon in the state shall submit to the department an application upon forms provided by the department and accompanied by any relevant information requested by the department and by an application fee.
- (4) Upon receiving the application, the department may cause an investigation to be made of the proposed cosmetology salon or specialty salon.
- (5) When an applicant fails to meet all the requirements provided herein, the department shall deny the application in writing and shall list the specific requirements not met. No applicant denied licensure because of failure to meet the requirements herein shall be precluded from reapplying for licensure.

- (6) When the department determines that the proposed cosmetology salon or specialty salon may reasonably be expected to meet the requirements set forth herein, the department shall grant the license upon such conditions as it shall deem proper under the circumstances and upon payment of the original licensing fee.
- (7) No license for operation of a cosmetology salon or specialty salon may be transferred from the name of the original licensee to another. It may be transferred from one location to another only upon approval by the department, which approval shall not be unreasonably withheld.
- (8) Renewal of license registration for cosmetology salons or specialty salons shall be accomplished pursuant to rules adopted by the board. The board is further authorized to adopt rules governing delinquent renewal of licenses and may impose penalty fees for delinquent renewal.
- (9) The board is authorized to adopt rules governing the periodic inspection of cosmetology salons and specialty salons licensed under this chapter.
- (10)
 - (a) The board shall adopt rules governing the licensure, operation, and inspection of mobile cosmetology salons, including their facilities, personnel, and safety and sanitary requirements.
 - (b) Each mobile salon must comply with all licensure and operating requirements specified in this chapter or chapter 455 or rules of the board or department that apply to cosmetology salons at fixed locations, except to the extent that such requirements conflict with this subsection or rules adopted pursuant to this subsection.
 - (c) A mobile cosmetology salon must maintain a permanent business address, located in the inspection area of the local department office, at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the licenseholder's mobile salon shall be kept and made available for verification purposes by department personnel, and at which correspondence from the department can be received.
 - (d) To facilitate periodic inspections of mobile cosmetology salons, prior to the beginning of each month each mobile salon licenseholder must file with the board a written monthly itinerary listing the locations where and the dates and hours when the mobile salon will be operating.
 - (e) The board shall establish fees for mobile cosmetology salons, not to exceed the fees for cosmetology salons at fixed locations.
 - (f) The operation of mobile cosmetology salons must be in compliance with all local laws and ordinances regulating business establishments, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.
- (11) Facilities licensed under part II of chapter 400 or under part I of chapter 429 are exempt from this section, and a cosmetologist licensed pursuant to s. 477.019 may provide salon services exclusively for facility residents.

477.026 Fees; disposition.—

- (1) The board shall set fees according to the following schedule:
 - (a) For cosmetologists, fees for original licensing, license renewal, and delinquent renewal shall not exceed \$50.
 - (b) For cosmetologists, fees for endorsement application, examination, and reexamination shall not exceed \$50.
 - (c) For cosmetology and specialty salons, fees for license application, original licensing, license renewal, and delinquent renewal shall not exceed \$50.
 - (d) For specialists, fees for application and endorsement registration shall not exceed \$30.
 - (e) For specialists, fees for initial registration, registration renewal, and delinquent renewal shall not exceed \$50.
 - (f) For hair braiders, hair wrappers, and body wrappers, fees for registration shall not exceed \$25.
- (2) All moneys collected by the department from fees authorized by this chapter shall be paid into the Professional Regulation Trust Fund, which fund is created in the department, and shall be applied in accordance with ss. 215.37 and 455.219. The Legislature may appropriate any excess moneys from this fund to the General Revenue Fund.
- (3) The department, with the advice of the board, shall prepare and submit a proposed budget in accordance with law.

477.0263 Cosmetology services to be performed in licensed salon; exceptions.—

- (1) Cosmetology services shall be performed only by licensed cosmetologists in licensed salons, except as otherwise provided in this section.
- (2) Pursuant to rules established by the board, cosmetology services may be performed by a licensed cosmetologist in a location other than a licensed salon, including, but not limited to, a nursing home, hospital, or residence, when a client for reasons of ill health is unable to go to a licensed salon. Arrangements for the performance of such cosmetology services in a location other than a licensed salon shall be made only through a licensed salon.
- (3) Any person who holds a valid cosmetology license in any state or who is authorized to practice cosmetology in any country, territory, or jurisdiction of the United States may perform cosmetology services in a location other than a licensed salon when such services are performed in connection with the motion picture, fashion photography,

theatrical, or television industry; a photography studio salon; a manufacturer trade show demonstration; or an educational seminar.

(4) Pursuant to rules adopted by the board, any cosmetology or specialty service may be performed in a location other than a licensed salon when the service is performed in connection with a special event and is performed by a person who is employed by a licensed salon and who holds the proper license or specialty registration. An appointment for the performance of any such service in a location other than a licensed salon must be made through a licensed salon.

477.0265 Prohibited acts.—

(1) It is unlawful for any person to:

(a) Engage in the practice of cosmetology or a specialty without an active license as a cosmetologist or registration as a specialist issued by the department pursuant to the provisions of this chapter.

(b) Own, operate, maintain, open, establish, conduct, or have charge of, either alone or with another person or persons, a cosmetology salon or specialty salon:

1. Which is not licensed under the provisions of this chapter; or

2. In which a person not licensed or registered as a cosmetologist or a specialist is permitted to perform cosmetology services or any specialty.

(c) Permit an employed person to engage in the practice of cosmetology or of a specialty unless such person holds a valid, active license as a cosmetologist or registration as a specialist.

(d) Obtain or attempt to obtain a license or registration for money, other than the required fee, or any other thing of value or by fraudulent misrepresentations.

(e) Use or attempt to use a license to practice cosmetology or a registration to practice a specialty, which license or registration is suspended or revoked.

(f) Advertise or imply that skin care services or body wrapping, as performed under this chapter, have any relationship to the practice of massage therapy as defined in s. 480.033(3), except those practices or activities defined in s. 477.013.

(g) In the practice of cosmetology, use or possess a cosmetic product containing a liquid nail monomer containing any trace of methyl methacrylate (MMA).

(2) Any person who violates any provision of this section commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

477.028 Disciplinary proceedings.—

(1) The board shall have the power to revoke or suspend the license of a cosmetologist licensed under this chapter, or the registration of a specialist registered under this chapter, and to reprimand, censure, deny subsequent licensure or registration of, or otherwise discipline a cosmetologist or a specialist licensed or registered under this chapter in any of the following cases:

(a) Upon proof that a license or registration has been obtained by fraud or misrepresentation.

(b) Upon proof that the holder of a license or registration is guilty of fraud or deceit or of gross negligence, incompetency, or misconduct in the practice or instruction of cosmetology or a specialty.

(c) Upon proof that the holder of a license or registration is guilty of aiding, assisting, procuring, or advising any unlicensed person to practice as a cosmetologist.

(2) The board shall have the power to revoke or suspend the license of a cosmetology salon or a specialty salon licensed under this chapter, to deny subsequent licensure of such salon, or to reprimand, censure, or otherwise discipline the owner of such salon in either of the following cases:

(a) Upon proof that a license has been obtained by fraud or misrepresentation.

(b) Upon proof that the holder of a license is guilty of fraud or deceit or of gross negligence, incompetency, or misconduct in the operation of the salon so licensed.

(3) Disciplinary proceedings shall be conducted pursuant to the provisions of chapter 120.

(4) The department shall not issue or renew a license or certificate of registration under this chapter to any person against whom or salon against which the board has assessed a fine, interest, or costs associated with investigation and prosecution until the person or salon has paid in full such fine, interest, or costs associated with investigation and prosecution or until the person or salon complies with or satisfies all terms and conditions of the final order.

477.029 Penalty.—

(1) It is unlawful for any person to:

(a) Hold himself or herself out as a cosmetologist, specialist, hair wrapper, hair braider, or body wrapper unless duly licensed or registered, or otherwise authorized, as provided in this chapter.

(b) Operate any cosmetology salon unless it has been duly licensed as provided in this chapter.

(c) Permit an employed person to practice cosmetology or a specialty unless duly licensed or registered, or otherwise authorized, as provided in this chapter.

(d) Present as his or her own the license of another.

(e) Give false or forged evidence to the department in obtaining any license provided for in this chapter.

- (f) Impersonate any other licenseholder of like or different name.
 - (g) Use or attempt to use a license that has been revoked.
 - (h) Violate any provision of s. 455.227(1), s. 477.0265, or s. 477.028.
 - (i) Violate or refuse to comply with any provision of this chapter or chapter 455 or a rule or final order of the board or the department.
- (2) Any person who violates the provisions of this section shall be subject to one or more of the following penalties, as determined by the board:
- (a) Revocation or suspension of any license or registration issued pursuant to this chapter.
 - (b) Issuance of a reprimand or censure.
 - (c) Imposition of an administrative fine not to exceed \$500 for each count or separate offense.
 - (d) Placement on probation for a period of time and subject to such reasonable conditions as the board may specify.
 - (e) Refusal to certify to the department an applicant for licensure.

477.031 Civil proceedings.—As cumulative of any other remedy or criminal prosecution, the department may file a proceeding in the name of the state seeking issuance of a restraining order, injunction, or writ of mandamus against any person who is or has been violating any of the provisions of this chapter or the lawful rules or orders of the department.

Chapter 61G5 Florida Administrative Code

CHAPTER 61G5-18 COSMETOLOGIST

61G5-18.00015	Cosmetologist and Compensation Defined
61G5-18.001	Who May Apply
61G5-18.002	Manner of Application (Repealed)
61G5-18.003	Cosmetology Examination
61G5-18.004	Re-examination
61G5-18.005	Examination Review Procedure (Repealed)
61G5-18.0055	Supervised Cosmetology Practice Exception (Repealed)
61G5-18.007	Endorsement of Cosmetologists
61G5-18.008	Cosmetologist License Renewal
61G5-18.011	Initial Licensure or Registration Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; Course Content and Approval Requirements

61G5-18.00015 Cosmetologist and Compensation Defined.

A cosmetologist is a person who is licensed to perform the mechanical or chemical treatment of the head, face, and scalp for aesthetic rather than medical purposes, including, but not limited to, hair shampooing, hair cutting, hair arranging, hair braiding, hair coloring, permanent waving, and hair relaxing, for compensation. A cosmetologist may also perform non-invasive hair removals, including wax treatments but not including electrolysis as that term is defined in Chapter 478, F.S., manicures, pedicures, and skin care services. For the purposes of this act “compensation” is defined as the payment of money or its equivalent, the receipt or delivery of property, or the performance of a service, or the receipt or delivery of anything of value in exchange for cosmetology services. For the purposes of this act “medical purposes” is defined as any form of bodily intrusion into the orifices, skin, muscles, or any other tissues of the body.

Rulemaking Authority 477.016, 477.025(2) FS. Law Implemented 477.013, 477.025(2) FS. History—New 10-10-82, Amended 6-28-84, Formerly 21F-18.001, Amended 7-4-90, Formerly 21F-18.00015, Amended 11-11-96, 3-8-00.

61G5-18.001 Who May Apply.

(1) Individuals desiring to be licensed as a cosmetologist shall meet all required qualifications as specified in Section 477.019, F.S.

(2) If an applicant for licensure by examination meets all required qualifications except the required minimum hours of training, he or she shall be entitled to take the licensure examination to practice cosmetology if the applicant has received a minimum of 1,000 hours of training established by the Board, and has been certified by the Director of

the school or program in which he or she is currently enrolled to have achieved the minimum competency standards of performance as prescribed in Chapter 61G5-22, F.A.C., for the hours completed.

Rulemaking Authority 477.016, 477.019(2) FS. Law Implemented 477.019(2) FS. History—New 11-3-80, Amended 12-18-83, Formerly 21F-18.01, Amended 10-18-87, 1-10-90, 12-17-90, Formerly 21F-18.001, Amended 2-1-98.

61G5-18.002 Manner of Application.

Rulemaking Authority 120.53, 477.016 FS. Law Implemented 477.019 FS. History—New 11-3-80, Amended 1-17-83, Formerly 21F-18.02, Amended 6-22-87, Formerly 21F-18.002, Amended 7-30-02, Repealed 9-3-12.

61G5-18.003 Cosmetology Examination.

(1) The Cosmetology examination shall consist of two parts, a written theory examination and a written clinical examination, both parts must be successfully completed prior to licensure.

(2)(a) The written theory examination shall be administered by the Department. The following subjects will be tested on the examination and will be weighted approximately as designated:

Category	Weight
1. General Safety and Sanitation Procedures	34%
2. Client Services	24%
3. Facial, Make-up, and Hair Removal	16%
4. Manicuring and Pedicuring	16%
5. Professional/Legal and Ethical Laws and Rules	10%

(b) Passing Grade. Candidates' scores will be converted to a scale of 0 to 100; the minimum passing score as determined by the Board shall be set at 75 on that scale. All forms of the examination are statistically equated so that the relative passing scores remain equivalent.

(3) The second part of the examination shall be a written clinical examination administered by the Department. The following subjects will be tested on the examination and will be weighted approximately as follows:

Category	Weight
(a) Hair Coloring and Lightening	39%
(b) Permanent Waving and Chemical Relaxing	34%
(c) Scalp and Hair Care	5%
(d) Hair Cutting/Shaping	10%
(e) Hair Styling	12%

(4) Passing Grade. Candidates' scores will be converted to a scale of 0 to 100; the minimum passing score as determined by the Board shall be set at 75 on that scale. All forms of the examination are statistically equated so that the relative passing scores remain equivalent.

(5) In rounding percentages, any percentage which is point five (.5) or above shall be rounded up to the next number. Percentages less than point five (.5) shall be rounded down to the next whole number.

(6) An accurate record of each examination shall be made and the record, together with all examination papers, shall be filed with the Secretary of the Department and shall be kept for reference and inspection for a period of not less than two (2) years immediately following the examination.

(7) An applicant shall be permitted to use a strict translation dictionary in taking the examination. Such a dictionary shall give only the translation of words from one language to another without giving any definition or explanation of any word.

Rulemaking Authority 120.53, 455.217(1), 477.016 FS. Law Implemented 455.217(3), 477.022 FS. History—New 1-1-81, Amended 4-7-81, 6-17-81, 6-3-82, 10-10-82, 1-17-83, 8-10-83, 6-28-84, 8-8-84, 4-18-85, 5-19-85, Formerly 21F-18.03, Amended 3-10-86, 8-10-86, 10-18-87, 8-29-88, Formerly 21F-18.003, Amended 4-16-96, 8-20-96.

61G5-18.004 Re-examination.

(1) Any applicant who fails the examination shall be entitled to re-examination pursuant to the terms and conditions set forth in this rule. Those applicants not achieving a passing grade on each part will have failed that part of the examination and shall be required to retake and pass only that part failed in order to be licensed as a cosmetologist, provided however that the applicant must pass both parts of the examination within a two-year period.

If any applicant fails to achieve a passing grade on all parts within the 2 years as provided in this rule, the applicant shall be required to retake and successfully complete the full examination. In rounding percentages, any percentage which is point five (.5) or above shall be rounded up to the next whole number. Percentages less than point five (.5) shall be rounded down to the next whole number.

(2) Any person desiring to be reexamined for licensure as a cosmetologist shall apply to the Department in writing upon forms prepared and furnished by the department and shall pay a reexamination fee as required by Rule 61G5-24.006, F.A.C.

(3) Those applicants who qualified to take the examination after completion of only 1,000 hours of training pursuant to Section 477.019(1)(b), F.S., and failed, shall be entitled to reexamination only upon completion of the full requirements provided for in Section 477.019, F.S.

(4) An applicant who has twice failed the examination or any part thereof, shall return to an approved school of cosmetology for a minimum of 40 hours of remedial instruction prior to taking any part of the examination for the third time. An applicant who fails any portion for the third time shall return to an approved school of cosmetology for 80 hours of remedial instruction.

Rulemaking Authority 120.53, 455.217(1), 477.016 FS. Law Implemented 455.217(2), 477.022 FS. History—New 11-3-80, Amended 8-10-83, 6-28-84, Formerly 21F-18.04, Amended 6-18-86, Formerly 21F-18.004, Amended 8-20-96.

61G5-18.005 Examination Review Procedure.

Rulemaking Authority 477.016, 455.217(2) FS. Law Implemented 455.217(2) FS. History—New 11-3-80, Formerly 12F-18.05, Amended 8-20-90, Formerly 21F-18.005, Repealed 9-3-12.

61G5-18.0055 Supervised Cosmetology Practice Exception.

Rulemaking Authority 477.016, 477.019(4) FS. Law Implemented 477.019(4), (5) FS. History—New 11-25-98, Amended 2-25-07, 5-19-09, 5-13-10, Repealed 9-3-12.

61G5-18.007 Endorsement of Cosmetologists.

The Department of Business and Professional Regulation shall issue a license to an applicant without examination who:

- (1) Makes application and pays to the Department the fee specified in Rule 61G5-24.002, F.A.C.;
- (2) Demonstrates the applicant has completed a board approved HIV/AIDS course; and
- (3) Demonstrates the applicant is currently licensed to practice cosmetology under the law of another state having completed at least 1200 cosmetology school or program hours substantially similar to, equivalent to, or greater than the qualifications required of applicants from this state; Demonstrates that the applicant has passed a written licensure examination to obtain a license substantially similar to, equivalent to, or greater than the qualifications required of applicants from this state; and passage of a written examination.

Rulemaking Authority 477.016 FS. Law Implemented 477.019(6) FS. History—New 11-3-80, Formerly 21F-18.07, Amended 6-22-87, 10-18-87, 12-17-90, Formerly 21F-18.007, Amended 7-1-02, 5-8-13.

61G5-18.008 Cosmetologist License Renewal.

(1) A cosmetologist shall renew his or her license on or before October 31 each biennial year, according to the fee schedule as outlined in Rule 61G5-24.008, F.A.C.

(2) Spouses of members of the Armed Forces of the United States are exempted from all licensure renewal provisions, but only in cases of absence from the state because of their spouses' duties with the Armed Forces.

Rulemaking Authority 455.02(2), 477.016, 477.019(4) FS. Law Implemented 455.02(2), 477.019(4) FS. History—New 11-3-80, Amended 6-28-84, 10-6-85, Formerly 21F-18.08, 21F-18.008, Amended 8-8-95.

61G5-18.011 Initial Licensure or Registration Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; Course Content and Approval Requirements.

(1) Each applicant for initial licensure or registration under Chapter 477, F.S., shall complete a board-approved educational course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), and shall submit proof thereof in the form of a certificate of completion from the provider of such course with the application. A copy of the certificate will satisfy this requirement. Completion of such course shall be a condition of

licensure or registration. Except as provided in subsection (2) below, no person shall be granted an initial license or registration unless he or she complies with this rule.

(2) If an applicant for initial licensure or registration under Chapter 477, F.S., has not completed a board-approved educational course on HIV and AIDS at the time of application, but has completed all other requirements for licensure or registration, he or she may request an additional 6 month period in which to complete this requirement. Such request shall be submitted at the time of filing the application for licensure or registration; and, will be made by filing a written affidavit showing good cause to grant the request. Upon the filing of such affidavit, the applicant shall be granted one, 6 month period in which to complete a board-approved educational course on HIV and AIDS. The applicant shall be required to submit proof of the completion of this course in the form of a certificate of completion from the provider of such course to the department within the 6 month period. A copy of the certificate will satisfy this requirement. Failure to submit such proof during the 6 month period shall cause any previously issued license or registration to become null and void without further action by the Board.

(3) All educational courses on HIV and AIDS which are taught to fulfill the requirements for initial licensure or registration under Chapter 477, F.S., shall be approved by the Board. To be considered for the Board's approval, courses on HIV and AIDS shall consist of 4 hours combined education of:

(a) Education on the modes of transmission, infection control procedures, clinical management, and prevention of HIV and AIDS;

(b) Discussion of attitudes towards HIV and AIDS as well as appropriate behavior in dealing with persons who may have the virus or syndrome.

(4) All proposed HIV and AIDS educational courses shall be submitted for presentation to the Board at least 30 days prior to the next scheduled board meeting at which the course is to be considered for approval. No course may be taught for credit until it has received the Board's approval.

(5) The Board approves the following courses for purposes of fulfilling the requirements for initial licensure or registration under Chapter 477, F.S.:

(a) Courses approved by any other board in accordance with Section 381.0034, 381.0035, 455.2226, or 455.2228, F. S.;

(b) Basic AIDS educational courses presented by the Florida Department of Health or other state health departments, provided they meet the requirements set forth in subsection (3).

(6) Home study or video courses shall be approved by the Board, provided they meet the requirements set forth in subsection (3). Home study courses must require a 75% passing score on a post course test to be graded by the course provider.

(7) At any time, the Board shall deny or rescind its approval of a course offered for initial licensure if it finds that: such approval was the result of fraud; the course which is being provided fails to cover the information required by statute or subsection (3) or fails to meet other requirements specified in this rule; or the course significantly varies from the course proposal that was approved by the Board. Before rescinding approval of a course, the Board shall give the course provider notice and an opportunity to be heard. If the Board denies or rescinds its approval of a course because of the course provider's fraud in obtaining such approval, then the course provider shall thereafter be barred from presenting any other course to licensees for credit unless the course provider demonstrates to the Board that he or she has been sufficiently rehabilitated to be trusted to provide such courses to licensees in the future.

Rulemaking Authority 455.2228(5), 477.016 FS. Law Implemented 455.2228 FS. History—New 9-2-90, Amended 4-9-91, 10-27-91, 6-14-93, Formerly 21F-18.011, Amended 2-1-95, 12-21-97, 1-31-99, 3-8-00, 5-10-01, 8-1-05.

CHAPTER 61G5-20 COSMETOLOGY SALONS

61G5-20.001	Salon Defined
61G5-20.0015	Performance of Cosmetology or Specialty Services Outside a Licensed Salon
61G5-20.00175	Fashion Photography
61G5-20.002	Salon Requirements
61G5-20.003	Inspections
61G5-20.004	Display of Documents

61G5-20.005	Salon License Renewal
61G5-20.006	Transfer of Ownership or Location of a Salon (Repealed)rew
61G5-20.007	Communicable Disease
61G5-20.008	Employment of Applicants for Licensure as a Cosmetologist Prior to Licensure; Employment of Applicants for
	Registration as a Specialist Prior to Registration
61G5-20.010	Mobile Salons

61G5-20.001Salon Defined.

Salon means any establishment or place of business wherein cosmetology as defined in Section 477.013(4), F.S., or any specialty as defined in Section 477.013(6), F.S., is practiced for compensation, however this does not prevent the practice of cosmetology in a licensed barbershop, or the practice of barbering in a licensed cosmetology salon, provided the salon employs a licensed cosmetologist. Except as provided in Rule 61G5-20.010, F.A.C., a salon must be at a fixed location.

Rulemaking Authority 477.016 FS. Law Implemented 477.025 FS. History–New 11-2-80, Amended 10-10-82, 10-6-85, Formerly 21F-20.01, Amended 10-18-87, Formerly 21F-20.001, Amended 2-10-94, 2-25-07.

61G5-20.0015 Performance of Cosmetology or Specialty Services Outside a Licensed Salon.

(1) “Special events” is defined as weddings, fashion shows, and other events as approved by the board.

(2) Cosmetology or specialty services may be performed by a licensed cosmetologist or specialist in a location other than a licensed salon, including a hospital, nursing home, residence, or similar facility, when a client for reasons of ill health is unable to go to a licensed salon. Such services are not to be performed upon employees or person who do not reside in the facility, or any other non-qualified persons.

(3) Cosmetology services may only be performed in a photography studio salon subject to the following requirements:

(a) Only hair-arranging services and the application of cosmetic products may be performed in a photography studio salon; and, may only be performed for the purpose of preparing a model or client of the photography studio for a photographic session. Shampooing the hair, hair cutting, hair coloring, permanent waving of the hair, hair relaxing, removing of hair, manicuring, pedicuring, and the performance of any other service defined as cosmetology may not be performed in a photography studio salon.

(b) All hair-arranging services and applications of cosmetic products to be performed in the photography studio salon shall be performed by a licensed Florida cosmetologist or under the supervision of a licensed cosmetologist employed by the salon. “Under the supervision of a licensed cosmetologist” shall mean that an individual who then holds a current, active Florida license as a cosmetologist shall be physically present at the photography studio salon at all times when hair-arranging services or applications of cosmetic products are being performed.

(c) When performing hair-arranging services, the photography studio salon shall use either disposable hair-arranging implements or shall use a wet or dry sanitizing system approved by the federal Environmental Protection Agency.

(4) The following procedures shall be followed when performing cosmetology services outside of a licensed salon:

(a) Information as to the name of the client and the address at which the services are to be performed shall be recorded in the appointment book.

(b) The appointment book shall remain at the salon and be made available upon request to any investigator or inspector of the Department.

Rulemaking Authority 477.016, 477.025(2), 477.0263(2),(4), 477.0135(4) FS. Law Implemented 477.025(2), 477.0263(2), (4), 477.0135(4) FS. History–New 12-29-83, Amended 10-6-85, Formerly 21F-20.015, 21F-20.0015, Amended 11-25-98, 8-12-13.

61G5-20.00175 Fashion Photography.

For purposes of Section 477.0263(3), F.S., fashion photography is hereby defined to mean the photographing of one or more human subjects or professional models for commercial purposes where the subject or model receives remuneration, compensation or wages for being photographed. Fashion photography shall not include instances in

which the subject pays a photographer a fee to be photographed or instances in which the photographs are made for the personal use and enjoyment of the subject rather than for commercial purposes.

Rulemaking Authority 477.016 FS. Law Implemented 477.0263(3) FS. History—New 1-9-95.

61G5-20.002Salon Requirements.

(1) Definitions: For the purposes of this rule, the following definitions apply:

(a) “Clean” means the removal of visible debris from a surface such as washing with soap/water.

(b) “Disinfect” means the use of a chemical to destroy potential pathogens.

(c) “Sterilize” means the complete destruction of all microbial life, commonly achieved through the use of heat and/or pressure.

(d) “Wet disinfection container” means a tub or jar with a lid, filled with disinfectant and large enough for all items to be completely immersed.

(e) “Infection control” means the process for reducing the risk of spreading disease causing pathogens.

(2) Prior to opening a salon, the owner shall:

(a) Submit an application on forms prescribed by the Department of Business and Professional Regulation; and,

(b) Pay the required registration fee as outlined in the fee schedule in Rule 61G5-24.005, F.A.C.; and,

(c) Meet the safety and sanitary requirements as listed below and these requirements shall continue in full force and effect for the life of the salon:

1. Ventilation and Cleanliness: Each salon shall be kept well ventilated. The walls, ceilings, furniture and equipment shall be kept clean and free from dust. Hair must not be allowed to accumulate on the floor of the salon. Hair must be deposited in a covered waste receptacle. Each salon which provides services for the extending or sculpturing of nails shall provide such services in a separate area which is adequately ventilated for the safe dispersion of all fumes resulting from the services.

2. Toilet and Lavatory Facilities: Each salon shall provide – on the premises or in the same building as, and within 300 feet of, the salon – adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning material, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors.

3. A salon, or specialty salon may be located at a place of residence. Salon facilities must be separated from the living quarters by a permanent wall construction. A separate entrance shall be provided to allow entry to the salon other than from the living quarters. Toilet and lavatory facilities shall comply with subparagraph (c)2. above and shall have an entrance from the salon other than the living quarters.

4. Animals: No animals or pets shall be allowed in a salon, with the exception of service animals and fish kept in closed aquariums.

5. Shampoo Bowls: Each salon shall have shampoo bowls equipped with hot and cold running water. The shampoo bowls shall be located in the area where cosmetology services are being performed. A specialty salon that exclusively provides specialty services, as defined in Section 477.013(6), F.S., need not have a shampoo bowl, but must have a sink or lavatory equipped with hot and cold running water on the premises of the salon.

(d) Comply with all local building and fire codes. These requirements shall continue in full force and effect for the life of the salon.

(3) Each salon shall comply with the following:

(a) Linens: Each salon shall keep clean linens in a closed, dustproof cabinet. All soiled linens must be kept in a closed receptacle. Soiled linens may be kept in open containers if entirely separated from the area in which cosmetology services are rendered to the public. A sanitary towel or neck strip shall be placed around the patron’s neck to avoid direct contact of the shampoo cape with a patron’s skin.

(b) Containers: Salons must use containers for waving lotions and other preparations of such type as will prevent contamination of the unused portion. All creams shall be removed from containers by spatulas.

(c) Disinfection: The use of a brush, comb or other article on more than one patron without being disinfected is prohibited. Each salon is required to have sufficient combs, brushes, and implements to allow for adequate disinfecting

practices. Combs or other instruments shall not be carried in pockets.

(d) Disinfectants: All salons shall be equipped with and utilize disinfecting solutions with hospital level disinfectant or EPA approved disinfectant, sufficient to allow for disinfecting practices.

1. A wet disinfection container is any receptacle containing a disinfectant solution and large enough to allow for a complete immersion of the articles. A cover shall be provided.

2. Disinfecting methods which are effective and approved for salons: First, clean articles with soap and water, completely immerse in a chemical solution that is hospital level or EPA approved disinfectant as follows:

- a. Combs and brushes, remove hair first and immerse in hospital level or EPA approved disinfectant;
- b. Metallic instrument, immerse in hospital level for EPA approved disinfectant;
- c. Instruments with cutting edge, wipe with a hospital level or EPA approved disinfectant; or
- d. Implements may be immersed in a hospital level or EPA approved disinfectant solution.
- e. Shampoo bowls, facial beds, and neck rests, clean and disinfect between each use.

3. For purposes of this rule, a "hospital level disinfectant or EPA approved disinfectant" shall mean the following:

a. For all combs, brushes, metallic instruments, instruments with a cutting edge, and implements that have not come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a hospital grade bacterial, virucidal and fungicidal disinfectant;

b. For all combs, brushes, metallic instruments with a cutting edge, and implements that have come into contact with blood or body fluids, a disinfectant that indicates on its label that it has been registered with the EPA as a disinfectant, in accordance with 29 C.F.R. 1910.1030.

4. All disinfectants shall be mixed and used according to the manufacturer's directions.

(e) After cleaning and disinfecting, articles shall be stored in a clean, closed cabinet or container until used. Undisinfected articles such as pens, pencils, money, paper, mail, etc., shall not be kept in the same container or cabinet. For the purpose of recharging, rechargeable clippers may be stored in an area other than in a closed cabinet or container, provided such area is clean and provided the cutting edges of such clippers have been disinfected.

(f) Ultra Violet Irradiation may be used to store articles and instruments after they have been cleansed and disinfected.

(g) Pedicure Equipment Disinfection:

The following cleaning and disinfection procedures must be used for any pedicure equipment that holds water, including sinks, bowls, basins, pipe-less spas, and whirlpool spas:

1. After each client, all pedicure units must be cleaned with a low-foaming soap or detergent with water to remove all visible debris, then disinfected with an EPA registered hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant used according to manufacturers' instructions for at least ten (10) minutes. If the pipe-free foot spa has a foot plate, it should be removed and the area beneath it cleaned, rinsed, and wiped dry.

2. At the end of each day of use, the following procedures shall be used:

a. All filter screens in whirlpool pedicure spas or basins for all types of foot spas must be disinfected. All visible debris in the screen and the inlet must be removed and cleaned with a low-foaming soap or detergent and water. For pipe-free systems, the jet components or foot plate must be removed and cleaned and any debris removed. The screen, jet, or foot plate must be completely immersed in an EPA registered, hospital grade bactericidal, fungicidal, virucidal, and pseudomonacidal disinfectant that is used according to manufacturer's instructions. The screen, jet, or foot plate must be replaced after disinfection is completed and the system is flushed with warm water and low-foaming soap for 5 minutes, rinsed, and drained.

b. After the above procedures are completed, the basin should be filled with clean water and the correct amount of EPA registered disinfectant. The solution must be circulated through foot spa system for 10 minutes and the unit then turned off. The solution should remain in the basin for at least 6 to 10 hours. Before using the equipment again, the basin system must be drained and flushed with clean water.

3. Once each week, subsequent to completing the required end-of-day cleaning procedures, the basin must be filled with a solution of water containing one teaspoon of 5.25% bleach for each gallon of water. The solution must be circulated through the spa system for 5 to 10 minutes and then the solution must sit in the basin for at least 6 hours. Before use, the system must be drained and flushed.

4. A record or log book containing the dates and times of all pedicure cleaning and disinfection procedures must be documented and kept in the pedicure area by the salon and made available for review upon request by a consumer or a Department inspector.

(4) No cosmetology or specialty salon shall be operated in the same licensed space allocation with any other business which adversely affects the sanitation of the salon, or in the same licensed space allocation with a school teaching cosmetology or a specialty licensed under Chapter 477, F.S., or in any other location, space, or environment which adversely affects the sanitation of the salon. In order to control the required space and maintain proper sanitation, where a salon adjoins such other business or school, or such other location, space or environment, there must be permanent walls separating the salon from the other business, school, location, space, or environment and there must be separate and distinctly marked entrances for each.

(5) Evidence that the full or specialty salon contains a minimum of 100 square feet of floor space. No more than one (1) cosmetologist or specialist may be employed in a salon which has only the minimum floor space. An additional 50 square feet will be required for each additional specialist or cosmetologist employed.

(6) Full and specialty salons, regardless of size and number of operators, shall meet all the sanitation requirements stated in this section.

(7) For purposes of this rule, "permanent wall" means a vertical continuous structure of wood, plaster, masonry, or other similar building material, which is physically connected to a salon's floor and ceiling, and which serves to delineate and protect the salon.

Rulemaking Authority 477.016, 477.025(2) FS. Law Implemented 477.025 FS. History—New 4-22-81, Amended 9-11-81, 1-17-83, 8-10-83, 6-28-84, 10-6-85, Formerly 21F-20.02, Amended 6-18-86, 10-18-87, 8-20-90, 5-19-91, 1-30-92, 5-11-92, 4-15-93, 5-31-93, Formerly 21F-20.002, Amended 1-9-95, 4-5-95, 8-8-95, 2-28-96, 6-16-97, 8-27-98, 4-13-99, 8-1-05, 9-6-06, 2-25-07, 3-10-08, 4-3-13, 6-10-13, 11-9-17.

61G5-20.003 Inspections.

The Department of Business and Professional Regulation shall cause an inspection of all proposed salons to determine if all the requirements have been met. Each licensed salon shall be inspected at least biennially by the Department. No person shall, for any reason intentionally, or directly inhibit an authorized representative of the Department from performing said inspections.

Rulemaking Authority 477.016 FS. Law Implemented 477.025(4),(9) FS. History—New 4-22-81, Amended 9-11-81, 5-3-82, 10-6-85, Formerly 21F-20.03, Amended 10-18-87, Formerly 21F-20.003, Amended 9-27-07.

61G5-20.004 Display of Documents.

(1) All holders of a cosmetology or specialty salon license shall display within their salons in a conspicuous place which is clearly visible to the general public upon entering the salon the following documents:

- (a) The current salon license,
- (b) A legible copy of the most recent inspection sheet for the salon.

(2) All holders of a cosmetology or specialty salon license shall require and ensure that all individuals engaged in the practice of cosmetology, any specialty, hair braiding, hair wrapping, or body wrapping display at the individual's work station their current license or registration at all times when the individual is performing cosmetology, specialty, hair braiding, hair wrapping, or body wrapping services. The license or registration on display shall be the original certificate or a duplicate issued by the Department and shall have attached a 2" by 2" photograph taken within the previous two years of the individual whose name appears on the certificate. The certificate with photograph attached shall be permanently laminated as of July 1, 2007.

(3) By July 1, 2008, all holders of a cosmetology or specialty salon license shall display at each footbath a copy of the Consumer Protection Notice regarding footbaths, sanitation, and safety. Copies of this notice (revised 10/15/07, and incorporated herein by reference) may be obtained from the Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, FL 32399-0790, and the Call Center by calling (850)487-1395.

Rulemaking Authority 477.016, 477.025(2) FS. Law Implemented 477.025 FS. History—New 11-2-80, Amended 10-10-82, 6-28-84, 10-6-85, Formerly 21F-20.04, 21F-20.004, Amended 3-22-00, 12-6-06, 3-10-08.

61G5-20.005 Salon License Renewal.

All salon licenses shall be renewed on or before November 30 of each biennial (even-numbered) year, by meeting all the current requirements for salon licensure as expressed in Rule Chapter 61G5-20, F.A.C., and by paying the renewal fee specified in Rule 61G5-24.009, F.A.C. A salon license is delinquent if not renewed by the November 30 renewal date. To renew a delinquent license, a licensee shall pay delinquent fee as outlined in Rule 61G5-24.009, F.A.C. (in addition to the biennial renewal fee). A delinquent salon license shall expire at the end of the biennium in which it becomes delinquent. After a salon license has expired at the end of the biennium, a new salon license application, the delinquent fee as outlined in Rule 61G5-24.009, F.A.C., and all fees as outlined in Rule 61G5-24.005, F.A.C., must be filed with the Board. Until such new license is issued for and received by the salon, all cosmetology and specialty services shall cease.

Rulemaking Authority 477.016, 477.025, 477.026 FS. Law Implemented 477.025(8), 477.026(1)(c) FS. History—New 11-2-80, Amended 5-3-82, 10-6-85, Formerly 21F-20.05, Amended 1-28-91, Formerly 21F-20.005, Amended 2-28-96, 8-20-96, 10-1-97.

61G5-20.006 Transfer of Ownership or Location of a Salon.

Rulemaking Authority 477.016 FS. Law Implemented 477.025(7) FS. History—New 5-12-81, Amended 10-6-85, Formerly 21F-20.06, 21F-20.006, Amended 10-30-97, Repealed 9-3-12.

61G5-20.007 Communicable Disease.

(1) No person engaged in the practice of cosmetology or a specialty in a salon shall proceed with any service to a person having a visible disease, pediculosis, or open sores suggesting a communicable disease, until such person furnishes a statement signed by a physician licensed to practice in the State of Florida stating that the disease or condition is not in an infectious, contagious or communicable stage.

(2) No cosmetologist or person registered to practice any specialty in Florida, who has a visible disease, pediculosis, or open sores suggesting a communicable disease, shall engage in the practice of cosmetology or any specialty, until such cosmetologist or registrant obtains a statement signed by a physician licensed to practice in the State of Florida stating that the disease or condition is not in an infectious, contagious, or communicable stage.

Rulemaking Authority 477.016 FS. Law Implemented 477.025(2) FS. History—New 5-12-81, Amended 10-6-85, Formerly 21F-20.07, Amended 5-11-92, Formerly 21F-20.007.

61G5-20.008 Employment of Applicants for Licensure as a Cosmetologist Prior to Licensure; Employment of Applicants for Registration as a Specialist Prior to Registration.

(1) Holders of a cosmetology salon license who wish to permit an applicant for licensure as a cosmetologist by examination to perform cosmetology services in their salon shall:

(a) Prior to permitting an applicant to perform cosmetology services in their salon, obtain from the applicant proof that they have passed all parts of the examination for licensure as a cosmetologist within the two years as provided by Rule 61G5-18.004, F.A.C.;

(b) Display in a conspicuous place at the cosmetology salon in which the applicant performs cosmetology services a copy of the cosmetology examination passing certificate(s).

(2) Holders of a cosmetology or specialty salon license who wish to permit an applicant for registration as a specialist to perform specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., or who wish to permit applicants for registration as a hair braider, hair wrapper, or body wrapper to perform hair braiding, hair wrapping, or body wrapping services in their salon pursuant to Rule 61G5-31.006, F.A.C., shall:

(a) Prior to permitting an applicant to perform any specialty services or hair braiding, hair wrapping, or body wrapping services in their salon, obtain from the applicant a copy of the completed application for registration that includes proof of successful completion of the education requirements and payment of the applicable fees submitted to the Department by the applicant;

(b) Upon learning or in any way becoming aware that an applicant who is performing specialty services in their salon pursuant to Rule 61G5-29.004, F.A.C., or performing hair braiding, hair wrapping, or body wrapping services in their salon pursuant to Rule 61G5-31.006, F.A.C., has been notified that his or her application is incomplete, or has been determined by the Board to be not qualified for registration as a specialist, shall immediately cease to permit the applicant to further perform specialty services;

(c) Display in a conspicuous place at the cosmetology or specialty salon in which the applicant performs specialty

services pursuant to Rule 61G5-29.004, F.A.C., or hair braiding, hair wrapping, or body wrapping services pursuant to Rule 61G5-31.006, F.A.C., a copy of the completed application for registration as a specialist or application for registration as a hair braider, hair wrapper, or body wrapper submitted to the Department by the applicant.

Rulemaking Authority 477.016, 477.025(2) FS. Law Implemented 477.0132(2), 477.019(4), 477.0201(6) FS. History—New 10-18-87, Amended 5-2-91, Formerly 21F-20.008, Amended 11-11-96, 12-21-97, 11-25-98, 4-3-17.

61G5-20.010 Mobile Salons.

(1) The operation of all mobile cosmetology salons shall meet and at all times remain in compliance with all local laws and ordinances regulating business establishments in all areas in which the mobile salon operates, with all applicable requirements of the Americans with Disabilities Act relating to accommodations for persons with disabilities, and with all applicable OSHA requirements.

(2) Each mobile salon shall meet and at all times remain in compliance with the requirements of this rule, all licensure and operating requirements specified in Chapters 455 and 477, F.S., and all other rules of the Board and the Department which apply to cosmetology salons at fixed locations except to the extent those rules of the Board conflict with this rule.

(3) To facilitate inspections by the Department:

(a) Prior to the beginning of each month, each mobile salon license holder shall file with the Board a written monthly itinerary which lists the locations where and the dates and hours when the mobile salon will be operating.

(b) The salon name and salon license number shall be in lettering at least five inches in height and shall be visibly displayed and clearly legible on at least two exterior sides of each mobile salon.

(c) If a mobile salon is in a motor vehicle, the vehicle's identification number shall be included on the mobile salon's application for licensure and shall also be listed on the mobile salon's monthly itinerary required in paragraph (a) of this subsection.

(d) Each mobile salon shall have a telephone or other means of telecommunication by which it can be contacted by the Department personnel. The salon's telephone number shall be included on the mobile salon's application for licensure and shall also be listed on the mobile salon's monthly itinerary required in paragraph (a) of this subsection.

(e) Each salon shall be operated only at the times and places specified in its monthly itinerary.

(f) Each mobile salon license holder shall maintain a permanent business address in the inspection area of the local district office at which records of appointments, itineraries, license numbers of employees, and vehicle identification numbers of the license holder's mobile salon shall be kept and made available for verification purposes by Department personnel, and at which correspondence from the Department can be received. Post Office box or private mail box addresses may not be used for these purposes.

(4) Due to the inherent problems of providing water and sewage service to mobile salons, the following requirements shall apply:

(a) Each mobile salon shall be equipped with a functional restroom which includes a self-contained, flush chemical toilet with a holding tank. The restroom, shall also be in substantial compliance with the toilet and lavatory requirements specified in Rule 61G5-20.002, F.A.C.

(b) Each mobile salon shall have storage capacity for at least 35 gallons of clean water for each cosmetologist working in the mobile salon and a total storage capacity for waste water equal to or greater than the mobile salon's total capacity for clean water.

(c) Operation of a mobile salon shall promptly cease:

1. When the mobile salon's clean water supply is depleted or so diminished that further cosmetology service cannot be completed;

2. When the mobile salon's waste water storage capacity is reached;

3. When the mobile salon's restroom is in need of servicing.

(d) No mobile salon shall operate or resume operation unless it has a sufficient amount of clean water as well as waste water capacity necessary for completing all cosmetology services undertaken and its restroom is functional.

(e) In disposing of sewage and waste water, each mobile salon shall comply with applicable state and local environmental and sanitation regulations.

(5) No cosmetology services shall be performed and no patrons shall remain within a mobile salon while it is in

motion.

(6) Applicants for licensure of a mobile salon shall be subject to and shall pay the same fees which licensed salons at fixed locations are subject to.

Rulemaking Authority 477.016, 477.025(2) FS. Law Implemented 477.025, 477.025(10) FS. History—New 2-10-94, Amended 12-27-95, 11-25-98.

FLORIDA ADMINISTRATIVE CODE CHAPTER 61 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

The following are selected excerpts of rules of the Department of Business and Professional Regulation (DBPR) that directly affect the practice of licensees regulated by the laws and rules in this booklet. These are being provided for your convenience; however, the exclusion of the remaining sections of Chapter 61, Florida Administrative Code cannot be construed to mean that they do not affect a license directly or indirectly. Chapter 61, F.A.C., is the governing rules of DBPR. A complete copy of Chapter 61, F.A.C., is available on the Internet under www.MyFlorida.com

6.010 Random Audit of License Renewal Requirements.

- (1) No later than six (6) months after the beginning of a licensure period, each board shall initiate a random audit of licensees to determine their compliance with license renewal requirements. This audit shall be conducted by the appropriate office of the Department of Business and Professional Regulation.
- (2) Each licensee randomly selected for audit shall be so notified by regular mail, and each selected licensee shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
- (3) If a letter of notification is returned to the Department because of an incorrect mailing address, the Department shall attempt again to notify the licensee after making a reasonable effort to determine the licensee's correct address. The licensee so notified shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
- (4) If a letter of notification is returned to the Department unclaimed or refused, the Department shall by certified mail attempt to notify the licensee of the information contained in the original mailing. The licensee so notified shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
- (5) If a licensee's documentation of compliance with the requirements for license renewal is not sufficient, the Department shall notify the licensee of the deficiencies, and the licensee shall ensure that the Department receives all documentation specified by the Department no later than twenty-one (21) days from the licensee's receipt of notice.
- (6) Commencing on the twenty-second (22) day after a licensee selected for audit receives notice, the board may grant the licensee up to thirty (30) additional days in which to obtain appropriate documentation and supply that documentation to the Department if: (1) the licensee's written request was received by the board within twenty-one (21) days of the licensee's receipt of notice of audit or receipt of documentation deficiency, (2) the licensee's written request stated with particularity the reasons an extension should be granted, and (3) the board's written notification as to the length of the extension granted was received by the Department office conducting the audit no more than ten (10) days after the twenty-one (21) day compliance period had lapsed.
- (7) The Department may take whatever action is appropriate against any licensee selected for audit who:
 - (a) Has not kept the Department informed of an accurate mailing address,
 - (b) Does not cooperate in the audit, or
 - (c) The audit reveals has not met the requirements for license renewal.

6.002 Delinquent Status.

- (1) Any license renewal application except for a license described in Rule 61-6.006, Florida Administrative Code, which for any reason is not submitted in a timely and complete manner shall revert to delinquent status.
- (2) Each application for renewal shall be considered timely filed if the application has been postmarked by the post officer prior to midnight on the date of expiration of the license or has been delivered by the close of business on the date of expiration of the license. If that date falls on a Saturday, Sunday, or legal holiday, the day of expiration shall be the first working day after the expiration date on the license. In order to be complete, the application must have all appropriate spaces filled, be signed by the licensee and include a money order or a sufficiently funded check in the correct amount. Any renewal which does not comply with the above conditions shall become delinquent.

6.021 Licensee Name Change.

- (1) Licensees shall direct their requests for name changes on the master file of the Department to the board office of their profession or to the Bureau of Licensure, 1940 North Monroe Street, Tallahassee, Florida 32399-2205.

(2) Name change requests shall be in writing and shall be documented. An original, a certified copy, a duplicate copy of an original or a duplicate of a certified copy of an original document which shows the legal name change shall be accepted unless the Department has a question about the authenticity of the document raised on its face, or because the genuineness of the document is uncertain, or because of another matter related to the application.

(3) Documents acceptable by the Department for request of a license name change include a marriage license, a court order (e.g., adoption, divorce decree, name change, or federal identity change), a certificate of status, or a certificate of authorization.

(4) Documents unacceptable for a request of a license name change include all documentation other than those listed above.

Sixteen Hours Self-Assessment Test

Name: _____ License No. _____ Date: _____

1. There is no cure for HIV/AIDS.
A. True B. False
2. HIV/AIDS attacks immune cell.
A. True B. False
3. When your immune cells (CD4+) are less than 200 it is one indication that you may be infected with AIDS.
A. True B. False
4. ELISA and Western Blot Assay are two tests commonly used to test for HIV/AIDS
A. True B. False
5. HIV can NOT be in blood, semen, vaginal secretions and breast milk.
A. True B. False
6. Gay, bisexual, and other men who have sex with men (MSM), particularly young black/African American MSM, are most seriously affected by HIV
A. True B. False
7. To prevent transmitting of communicable diseases it is important to have good hygiene and follow Standard Precaution.
A. True B. False
8. If you are infected with HIV/AIDS, your doctor may prescribe you antiretroviral drugs (ARVs) as well as antibiotics to help prolong your life.
A. True B. False
9. Hepatitis B is an illness of the liver caused by the Hepatitis B virus and can be 100X more contagious than HIV.
A. True B. False
10. Hepatitis C can lead to cancer of the gallbladder or cause malfunctioning of the gallbladder.
A. True B. False
11. Cryotherapy, Chemical peels, Electrosurgery and curettage are techniques doctors can use to remove common warts.
A. True B. False
12. The purpose of sanitation and disinfection in salons is to prevent the spread and germination of bacteria, fungus, virus and parasites.
A. True B. False
13. Sterilization is to destroy all form of living microorganisms.
A. True B. False
14. The Occupational Safety and Health Administration (OSHA) was created as part of the U.S. Department of Labor to regulate and enforce safety and health standards to protect employees in the workplace.
A. True B. False
15. Standard Precautions are guidelines published by OSHA that require the employer and employee to assume that all human blood and bodily fluids are HEALTHY and NONINFECTIOUS.
A. True B. False
16. OSHA Act does not cover self-employed
A. True B. False

17. Workers' compensation is a social insurance program to provide medical care for workers injured on the job.
A. True B. False
18. Skin is the largest organ of the body
A. True B. False
19. Epidermis is the top layer while dermis is the deeper layer of the skin.
A. True B. False
20. People who have pure white hair means there are TOO MUCH pigment in the cortex part of the hair.
A. True B. False
21. Gray hair is a result of the mixed white and colored pigments.
A. True B. False
22. The root of the hair is connected to a muscle called *arrector pili* that response to emotions and cold. These responses are the results of goose bumps also known as 'goose pimples' or 'goose skin'.
A. True B. False
23. Nail is the appendage of the skin and grows on average 0.1mm daily.
A. True B. False
24. Fingernails grow faster than toenails
A. True B. False
25. Hangnails are cuticle-split that is commonly caused by moisturized of cuticle.
A. True B. False
26. Safety Data Sheets (SDSs) describe the composition of chemicals and their adverse reactions. It also includes how to handle immediate emergency treatments in the case of accidents.
A. True B. False
27. Salon that uses strong chemical need to have proper ventilation.
A. True B. False
28. Acetone can cause headaches, dizziness and irritation to skin.
A. True B. False
29. Proctor and Gamble (P&G) started as a candle and soap making company now grew to a multibillion-dollar company.
A. True B. False
30. Estée Lauder started her company by selling an all-purpose cream to local fleamarket.
A. True B. False
31. According to Florida board of cosmetology (477.0135- 2), you do not need a license to be a shampoo girl or guy.
A. True B. False
32. There are seven board members in the Florida board of cosmetology (477.015-1).
A. True B. False
33. You must be 16 years of age or have a high school diploma to be licensed with the board of cosmetology (477.0201)
A. True B. False
34. All salon licenses, specialty licenses and salon inspection sheet must be displayed in salon at all time. (20.004)
A. True B. False
35. Salons are inspected every five years. (20.003 Inspections).
A. True B. False

Course Evaluation

As part of the program assessment please complete the following questions to help us exceed our educational standards where necessary. Please circle Agree, Disagree or Neither.

1. The content of the course materials is easy to understand
a. Agree b. Disagree c. Neither

2. The course materials is up-to-date
a. Agree b. Disagree c. Neither

3. I would use this program again
a. Agree b. Disagree c. Neither

4. I have a better understanding of HIV/AIDS after completing this course
a. Agree b. Disagree c. Neither

5. The course is convenient and easy to access
a. Agree b. Disagree c. Neither

6. I would recommend this course to family and friends.
a. Agree b. Disagree c. Neither

Thank You!!

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