

Cosmetology

The Cosmetology program provides the student with basic theory and clinical knowledge of the beauty industry through the use of approved textbooks, classroom instruction, and practical application with mannequins and live models.

Program/Location	Length	Days	Time
Day Program/ Knoxville Main Campus	16 Months	Monday-Friday	8:00am—2:30 pm
Night Program/Knoxville Main Campus	16 Months	Monday-Thursday	3:30 pm—10:30 pm
Night Program/Anderson County Career & Technical Center	17 Months	Monday-Thursday	4:00 pm—10:00 pm
Night Program/South-Doyle High School	17 Months	Monday-Thursday	4:00 pm—10:00 pm

Cosmetology Course Outline

Sterilization, Sanitation, and Bacteriology Anatomy and Physiology

Shop Ethics, Personality, and Salesmanship

Tennessee State Law

Shampooing

Hair and Scalp Care

Hair Sculpture and Cutting

Skin Care and Waxing

Facials & Makeup Applications

Manicures and Pedicures

Sculpted Nails and Nail Artistry

Permanent Waving and Chemical Relaxing

Hair Color, Highlighting, and Corrective Color

Hair Styling

PSI/State Board Preparation & Testing

Typical Job Opportunities

Hair Stylist

Manicurist

Hair Designer

Color Specialist

Make-up Artist

Nail Tech

Manicuring Course Outline

Sterilization, Sanitation, and Bacteriology

Anatomy and Physiology

Shop Ethics, Personality, and Salesmanship

Tennessee State Law

Salon Management and Ethics

Product Knowledge, Ingredients, and Usage of

Materials

Manicures, Pedicures, and Nail Care

Nail Artistry, Nail Wraps, and Sculptured Nails

Nail Tips and Nail Safety

EPA and OSHA/TOSHA Requirements Massage

Diploma & Required Clock Hours

Cosmetologist-1,500

Certificate & Required Clock Hours

Manicurist—600

Licensure Exam Pass Rate 2015= 93%

How to Apply to the Cosmetology Programs at TCAT Knoxville

Packet must be complete and include each of the below items to be submitted.

- Complete the Free Application For Federal Student Aid (FAFSA) online the website is
 <u>www.fafsa.ed.gov</u> and our school code is 004025. <u>Bring in documentation</u> such as confirmation email showing your FAFSA has been submitted.
- 2. Immunization Record (Form is attached)
- 3. Complete **TCAT Knoxville Application for Enrollment** (Form is attached)
- 4. Provide **official sealed educational transcripts** of one of the following:
 - A High School Equivalency (HSE) diploma transcript with a score of at least 450 with no score less than 410 in any area
 - A high school transcript with proof of completion of at least the 10th grade with 12 high school credits
 - If you are transferring hours from High School or another cosmetology program, you MUST turn in an OFFICIAL COPY of your RECORD OF COMPLETION from the Department of Commerce & Insurance to your instructor the first day of class.
- 5. Provide one of the following for **proof of age:**
 - A copy of your Driver's License
 - A copy of your birth certificate
 - A high school transcript with the birth date listed
- 6. Provide copy of Social Security Card
- 7. Provide one of the following for a **recent photograph**.
 - A copy of your driver's license/Photo ID
 - A snapshot that has been signed, dated, and notarized

^{*}Before starting let instructor know if you are right of left handed for your electicals and sharps kit

^{*}Note If you have ever been convicted of a felony or any misdemeanor, or forfeited bond, you may not be able to test to become a licensed Cosmetologist or Manicurist in the State of Tennessee. PLEASE SEE A COUNSELOR for more information.



Cosmetology

Knoxville Campus Book, Tool, and Supply List

1st Trimester		
Tuition	Cost	Total
Tuition (432 Hours)*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
Cosmetology Lab Access Fee	\$ 25.00	
TOTAL		\$1.241.00

ks & Kits Bundle	ISBN	Cost	Poguirod
ivot Point Book Bundle with Lab Access and Kits Included	- ISBIN -	\$ 972.00	Required
Salon Fundamentals Cosmetology: Textbook (part of bundle above)	9781934636664	ŷ 37 2 .00	х
Salon Fundamentals Cosmetology:Study Guide (part of bundle above)	9781934636770		X
Salon Fundamentals Cosmetology Exam Prep. (part of bundle above)	9781934636787		X
Salon Fundamentals StylistTextbook (part of bundle above)	9781934636787		X
2 Yr Pivot Point Access (free in bundle or \$800 seperately)	3781330003372		X
Essentials Kit Includes the below items (part of bundle above)			^
Ceramic Medium Round 2"			X
Ceramic Large Round 2.5"			X
Denman Pin			
Oval Pin Cushion			X
Vent Pin			X
vent คทา Ceramic Vent Oval			X
			Х
Paddle Pin Cushion			Х
Blask Shampoo Cape			Х
Apron With Adjustable Cord			Х
Butterfly Clips 12 count			Х
Colow Bowl			Х
Large Tint Brush			Х
Small Applicator Bottle			х
Electrical Styling Kit includes below items (part of bundle above			
Shinzu Shears			Х
Flat Iron 1" Nano Titanium-coated Plates			х
Marcel Iron 3/4" Barrel			х
Blow Dryer-Nano Titanium			х
Spray Bottle			х
Large Cushion Brush			х
Small Cushion Brush			х
Teaser/Lift Comb			х
Tail II Combs 3 count			х
Cutting Combs 6 count			х
60 Minute Timer			х
Hair Shaper			х
6 Piece Manicure Kit			х
Control Clips- Double-Prong 80count, Single-Prong 80 Count, with			х
Acrylic Mirror			х
Erica Mannequin quantity 3			х
Samuel Mannequin			х
Clipper Trimmer Set			х
TOTAL			

pplies	Needed By		Cost	Required	
3 Black Dress Slacks (no jeans or athletic type)	First day of class	\$	60.00	х	
3 White Short Sleeve Shirts (tee or collared)	First day of class	\$	45.00	х	
3 Teal Snap or Zip Front Scrub Tops	First day of class	\$	60.00	х	
Black Leather Professional Shoes	First day of class	\$	45.00	х	
Notebook, Pencils, Pens, and Paper	First day of class	\$	30.00	х	
Combination Lock	First day of class	\$	6.00	х	
TOTAL					\$246
2nd Trimester					
ition			Cost		Total
Tuition (432 Hours)*		\$1	L,139.00		
Technology Access Fee*		\$	67.00		
Student Activity Fee*		\$	10.00		
Cosmetology Lab Access Fee		\$	25.00		
TOTAL					\$1,24
3rd Trimester					
ition			Cost		Tota
Tuition (432 Hours)*		\$1	L,139.00		
Technology Access Fee*		\$	67.00		
Student Activity Fee*		\$	10.00		
Cosmetology Lab Access Fee		\$	25.00		
TOTAL					\$1,24
					, -,-
4th Trimester					
ition			Cost		Tota
Tuition (for 204 hours)*		\$	631.00		
Technology Access Fee*		\$	67.00		
Student Activity Fee*		\$	10.00		
Cosmetology Lab Access Fee		\$	25.00		
TOTAL					\$733
scelleanous Cost			Cost	Required	
Sanitation Kit		\$	20.00	х	
PSI Testing (2 tests at \$70 each)		\$	140.00	х	
State License		\$	50.00	х	

Graduation Supplies

TOTAL PROGRAM COST

TOTAL

\$ 40.00

Х

\$ 250.00 \$5,924.00



Cosmetology

Anderson County Career & Technical Center and South-Doyle Campus Book, Tool, and Supply List

1st Trimester					
tion			Cost		Total
Tuition (360 Hours)*		\$1	L,139.00		
Technology Access Fee*		\$	67.00		
Student Activity Fee*		\$	10.00		
TOTAL		т.			\$1,216.
					Ψ1,210.
oks & Kits Bundle	ISBN		Cost	Required	
Miladys Book Bundle	9781133023968	\$	240.00		
Milady's Textbook (included in bundle)	9781934636664			х	
Milady's Workbook (included in bundle)	9781934636770			х	
Milady's Exam Review (included in bundle)	9781934636787			х	
TCAT Cosmetology Miladys Kit (includes the below items)		\$	422.00		
Broadway Microfiber Tote				х	
The Ultimate Compact Tool Bag				х	
Ultra Elite Tourmaline Ionic Ceramic 1875 Watt Dry				x	
Ultra Elite 1" Tourmaline Ceramic Flat Iron				х	
Elevate Tourmaline Nano-Ceramic Marcel Curling Iron				х	
5 1/2" Cutting Shear w removable finger inserts				X	
27 Tooth Thinning Shear w removable finger inserts				x	
5 1/2" Manikin Shear				X	
Hair Shaping Razor w Swivel Finger-rest & removable finger insert				x	
10 Replacement Blades for Hair Shaping Razor and Shear Oil				X	
7 Piece Ceramic Brush Set in Carrying Case				x	
12 Styling Combs 7"				x	
8 1/4" Cutting Hard Rubber Comb				x	
Nylon Bristle Brush				X	
Assorted Clip Set				X	
Wide Butterfly Clamps					
Dual Purpose Clips				X	
				X	
Spray Bottle				X	
Nylon Styling Cape & Salon Apron Set				X	
Vinly Cape				Х	
Gabriella Manikin 19-21"				Х	
Whitney Ethnic Manikin with holder				Х	
Daisy Manikin 22-24"				Х	
6 piece Manicure Kit				Х	
2 Acrylic Brushes				Х	
Manicurist Safety Glasses				Х	4
TOTAL					\$662
pplies	Needed By		Cost	Required	
3 Black Dress Slacks (no jeans or athletic type)	First day of class	\$	60.00	1	
3 White Short Sleeve Shirts (tee or collared)	First day of class First day of class	\$	45.00	X X	
3 Teal Snap or Zip Front Scrub Tops	First day of class	\$	60.00	X	
Black Leather Professional Shoes	First day of class	\$	45.00	X	
Diden Leadier Floressional Shoes	i ii st day di ciass	۲	45.00	^	
Notebook, Pencils, Pens, and Paper	First day of class	\$	30.00	х	

2nd Trimester	Cont	T-4-1
	Cost	Total
Tuition (360 Hours)*	\$1,139.00	
Technology Access Fee*	\$ 67.00 \$ 10.00	
Student Activity Fee* TOTAL	\$ 10.00	\$1,216
IOIAL		\$1,210
3rd Trimester		
uition	Cost	Total
Tuition (360 Hours)*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
TOTAL		\$1,216
4th Trimester		
iition	Cost	Total
Tuition (360 Hours)*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
TOTAL		\$1,216
5th Trimester		
uition	Cost	Total
Tuition (60 Hours)*	\$ 247.00	
Technology Access Fee*	\$ 41.00	
Student Activity Fee*	\$ 10.00	
TOTAL		\$298
iscelleanous Cost	Cost Require	ed
Sanitation Kit	\$ 20.00 x	
PSI Testing (2 tests at \$70 each)	\$ 140.00 x	
State License	\$ 50.00 x	
Graduation Supplies	\$ 40.00 x	
TOTAL		\$ 250.

Measles, Mumps, and Rubella (MMR)

TCAT - Knoxville Certification of Immunization

Student's name:	Program of Enrollment:
PART I (TO BE COMPLETED BY	STUDENT)
Proof of MMR immunization is n	not required for the following reason:
 □ I attended a Tennessee public □ I was born prior to January 1, □ I am active duty or former mines 	e public or private high school in 1999 or after. (transcript attached) c or private high school in 2001 or after. (transcript attached), 1957. (copy of photo ID or birth certificate attached) ilitary personnel. (copy of DD214 or active military ID attached)
DART II /TO DE COMMISTER DV	CTUDENT!
PART II (TO BE COMPLETED BY Proof of MMR immunization is n	not required for the following reason:
Lock on the second of the boson	
 I refuse immunization becau perjury. Please attach staten 	se of religious doctrine. (Reason affirmed under the penalties of ment.)
IF	THE ABOVE IS CHECKED, PLEASE SIGN BELOW.
PART III—MMR (TO BE COMPLETED B Please circle the number that applies t	
	neasles vaccination since the age of 12 months: Month/year
2. Vaccination is medically contraindic	cated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)
3. Patient had disease, as confirmed by Month/year	
4. Patient is immune to disease, as cor Comment	·
	ATTEST
Name of physician (Please print)	(Must be signed by an M.D. or D.O.)
Physician's signature	Date
Student's signature	Date

Revised: September 4, 2014

TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

Student's name:	Program of Enrollment:
PART I (TO BE COMPLETED BY STUDENT)	
Proof of varicella (chicken pox) immunization is not required f	or the following reason:
 I attended a Tennessee public high school between 1999 second varicella vaccine dose from your physician office 	
□ I was born prior to January 1, 1980. (copy of photo ID or b	•
☐ I am active duty or former military personnel. (copy of DI	
IF THE ABOVE IS CHECKED, PLEASE SIG	GN BELOW.
PART II (TO BE COMPLETED BY STUDENT)	
Proof of varicella (chicken pox) immunization is not required f	or the following reason:
□ I refuse immunization because of religious doctrine. (Reas	son affirmed under the populties of
perjury. Please attach statement.)	son annined under the penalties of
IF THE ABOVE IS CHECKED, PLEASE SIG	GN BELOW.
PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN) Please circle the number that applies to this patient:	
riedse circle the number that applies to this patient.	
1. Patient has received two doses of varicella (chicken pox) vaccinati	on since the age of 12 months:
Month/year Month/	year
2. Vaccination is medically contraindicated because of pregnancy, al	lergy to vaccine, etc. (Please list reasons.)
3. Patient had disease, as confirmed by medical record:	
Month/year	
4. Detient is immune to disease as confirmed by laboratory.	
4. Patient is immune to disease, as confirmed by laboratory. Comment	
ATTEST	
(Must be signed by an M.D. o	
Name of physician (Please print)	
Office telephone	
Physician's signature	Date
Student's signature	Date

Revised: September 4, 2014



ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

	Full Legal Name						
	Last	First		Middle			
	Address		City				
	County	State Zip		Address Gender: M F			
o	Social Security	Date of Birth	Age				
ormati	Marital Status:MarriedSingle Preferred Phone Number:						
al Info	Race: Do you consider yourself	to be Hispanic/Latino/Spanish	origin?YesNo	0			
Personal Information	Select one or more of the following racial categories to best describe you: American Indian/Alaska NativeNative Hawaiian/Pacific Islander AsianWhite Black or African American						
	Citizenship status:US Citize	n or US National US Dua	Citizen US Perma	anent Resident or RefugeeOther			
	US Forces Status:Currently ServingPreviously ServingCurrent DependentN/A						
	ALL MALES 18 OR OLDER MUST be registered with Selective Service. Have you registered for Selective Service? Not required to registeredRegisteredRequired to register, but not registered						
<u>`</u>	Education (insert highest level	of education completed):					
Prior Education/ Training	Name of last high school attend	led:					
r Educati Training	High school graduation date (m	m/yyyy): GE	D Diploma Date				
Prio	Are you seeking credit for pri	or education, training or wo	rk experience?	YesNo			
E	Please review the campuses we Office Technology)	bsite and provide the program	name choice for caree	r training (Example: Administration			
Program	When will you be available to e	nroll in class? Fall Sp	ringSummer				
	Do you plan to apply for financi	al aid?YesNo					

Signature of Applicant: _____ Date of Application: _____ The Tennessee Colleges of Applied Technology (TCATs) do not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual

orientation, gender identity/expression, disability, age, status as a covered veteran, genetic information and any other category protected by federal or state civil rights law with respect to all employment, programs and activities sponsored by the TCATs.



Application for Enrollment

The information is for Office use only:
ADMISSIONS REQUIREMENTS
FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials: Immunizations Education Transcripts
SPECIAL ADMISSIONS REQUIREMENTS
Cosmetology: Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only
Dental Assisting, Medical Assisting, and Surgical Technology Compass required scores: Math 30 and Reading 70 COMPASS or ACT – Scores: MathReading (Date:) CPR Documentation (BLS for Healhcare Providers)
Practical Nursing: Compass required scores: Math 50 and Reading 80 Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship CPR Documentation (BLS for Healhcare Providers) COMPASS or ACT – Scores: Math Reading (Date:)
Truck Driving: MVR DOT Physical Valid Driver's License U.S. Citizenship / Residency
Staff Signature:
Date:

Revised: 6/29/2016