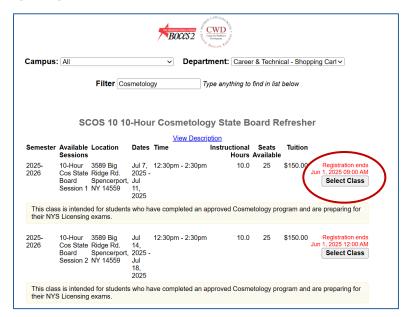
## Signing Up for the BOCES 2 Cosmetology State Board Refresher

The BOCES 2 Cosmetology State Board Refresher is intended for students who have completed the BOCES 2 or another approved Cosmetology program and are completing necessary hours and/or preparing for their NYS Licensing exams. For questions or technical assistance, please contact Karen Holz at Kholz@monroe2boces.org or 585-349-9100.

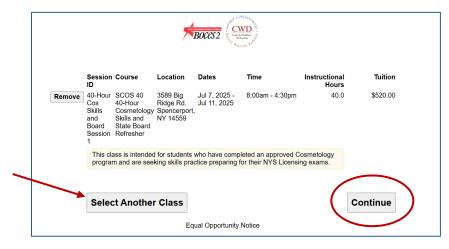
1. Go to www.monroe2boces.org/CosmetologyRefresher.aspx and click on the registration button.

Register by June 1st

2. Find the Cosmetology program first by Hour and then by session. Click Select Class.



3. Choose "Select Another Class" to add a second session. Select "Continue" once all sessions are added (Be sure to sign up for only one class per session. For example, selecting the 40-hourfor week one July 7 to July 11 and the 20-hour for week two July 14 to July 18).



4. After choosing continue, you will be directed to log in. Select the radio button indicating whether or not you already have a student account. (This refers to a Center for Workforce Development account, most students do not have one.)

New students will be creating an account at this time. A red asterisk indicates a required field.

BOCCS 2
You are almost done! We just need to know who you are.
New student? Create a new account below.
Returning student or having trouble logging in? try clicking on the "Forgot Password?" link below or contact us for login help email: cwdinfo@monroe2boces.org or phone: 585-349-9100
Student Registration  O I am a returning student  I am a new student
* Program of Interest v
* Username
* Password
* Last Name
* First Name
Middle Initial
• Gender
* Birth Date
Home Phone

5. Next, check the box to certify that the information is correct and submit.

✓ I certify that the information provided on this application is complete and accurate. I realize that failure to provide correct information is sufficient cause for reconsideration of my admission status. Release of information: By participating in this state and/or federally funded adult deducation and/or family literacy program, I agree to the release of the information contained in my program records, including, but not limited to, social security number, assessment results and attendance, to the New York state Department of Education (NYSED). Required information for learner participation is indicated with an asterisk (*). This information may include follow-up with employment data and other educational records and will be used in aggregated or non-personally identifiable form, for reporting as required by state and federal laws. This information may also be used for research and analysis purposes during this year and/or subsequent years. Information provided will remain secure. Unless otherwise noted, only NYSED, its authorized contractors or the local program will have exclusive access to this information. Submit

6. Review the policies and enter payment information and click submit. You will receive confirmation of your registration. *Additional information may be requested before confirming enrollment.* 

