

**State Medical Board of Ohio**  
*Cosmetic Therapy Advisory Committee*

**Call to order:** Ms. Baldwin called the meeting to order at 10:15 AM on Wednesday, February 18, 2004.

**Committee members present:** Freda James-Forkapa, Earl Butcher, Jeanne Sweeney, Vickie Mickey, Mary Solanics

**Committee members absent:** None

**Staff members present:** Kay Rieve, Shannon Baldwin, and Mark Wayda joined the meeting in progress.

**Visitors:** Jim Rough, Executive Director of the Ohio Board of Cosmetology

**I. Minutes review and approval**

Ms. Baldwin introduced the new member on CTAC, Freda James-Forkapa.

Ms. Solanics moved to approve the minutes. Ms. Mickey seconded the motion. The August 20, 2003 minutes are posted on the website.

**II: Executive Director of the Ohio State Board of Cosmetology, Jim Rough**

Ms. Baldwin described an issue occurring presently in the cosmetic therapy community- may microdermabrasion be used to prepare the skin for hair removal by a cosmetic therapist (CT).

Mr. Rough stated that microdermabrasion is within the scope of practice of cosmetologists and estheticians; the Cosmetology Board licenses both professions. He said they may perform microdermabrasion only as deep as the stratum corneum (the surface layer of the skin). He said that most microdermabrasion companies make two versions of the machines- one for a physician operator, who may go much deeper in the skin, and another version for those who may only perform on the surface layer. Although, he stated that the latter type may go deeper, one would just have to use the machine on the skin for longer.

He pointed out that a lot of this comes down to how you market yourself. If, as a CT, a procedure helps you remove hair, then you can do it. However, you may not market it as a facial, because the Cosmetology Board does not license you as an esthetician.

Ms. Mickey said that it can be confusing because within the scope of practice of a CT is the performance of massage of the face, neck, scalp and shoulders and the removal of hair through electric modalities. As a CT, she had to learn essentially what an esthetician learned, so you would think that CTs would be able to perform microdermabrasion, even through delegation. She pointed out that any exfoliation is going to help with the removal of hair. Mr. Rough said yes, but exfoliation is not part of the scope of practice for a CT. But Ms. Mickey said that exfoliation is part of the removal of hair. Mr. Rough said that CTs should work with the Medical Board to decide whether that is within the CT scope.

Mr. Rough said that massage in preparation of hair removal does not encompass everything that an esthetician does. Ms. James-Forkapa said that friction would seem to include microdermabrasion. Mr. Rough said that “through the use of electric modalities” refers to hair removal, not procedures in and of themselves.

Ms. James-Forkapa asked whether one may be a “medical esthetician” licensed under the Cosmetology Board. Mr. Rough said that estheticians may be a doctor’s assistant, but may not be delegated anything they could not be delegated as an unlicensed person. He used as an example whether an esthetician may perform microdermabrasion below the stratum corneum in a doctor’s office under the supervision of a doctor. He said he wouldn’t think so; it would have to be a nurse, a physician, or someone more trained.

Mr. Rough directed the group to look at Chapter 8 of the Cosmetology Board rules: proper graduate training from the manufacturer or the manufacturer’s certified representative shall be required prior to service to the public, and the manufacturer’s certificate of training shall be displayed in a publicly conspicuous place; both are required when estheticians or cosmetologists want to employ an electric modality. He said that the Cosmetology Board enforces the rules by saying that, for example, an esthetician may not purchase a certain machine if it would be outside of his or her scope as an esthetician, or if he or she would not abide by the rules.

Mr. Rough stated that the Cosmetology Board changed its rule (4731-11-12, Ohio Administrative Code), which now specifies that anyone with an Ohio professional license may work in a salon or spa within his or her scope of practice under the license. Furthermore, he pointed out that whether CTs may perform microdermabrasion depends on if that procedure would aid in the removal of hair. Mr. Rough said he does not feel it is a part of the CT scope of practice, unless it could be proved that such a procedure enhances the removal of hair in a particular area. Mr. Wayda expounded that you cannot just do microdermabrasion on the face, separate from any hair removal. Ms. James-Forkapa said that just doing a particular area of a client’s face is actually doing a disservice to the client because the treatment on the face as a whole is what would be beneficial. Mr. Wayda asked if the answer, then, is to send the individual to an esthetician for microdermabrasion before having hair removal done. Ms. James-Forkapa said

she does not want to do that. However, Mr. Rough and Mr. Wayda said what determines such is the scope of a profession's practice.

She also said that she feels that it may be advantageous to both the Cosmetology and Medical Boards to have medical estheticians licenses. Mr. Rough pointed out that as a CT, Ms. Mickey may also get her estheticians license and she would be able to do procedures within both scopes.

Mr. Wayda said that the CTs should talk to their legal representatives to change the scope if they are not happy with the present CT scope of practice.

Ms. Mickey asked whether there may be schools of esthetics. Mr. Rough said that under the new statute there may be esthetics schools, and that the Cosmetology Board has received one application for such a school, but all other schools are registered as schools of cosmetology.

Mr. Wayda said that CTAC members should provide Ms. Baldwin with minimum competency requirements for operating a microdermabrasion machine and some documentation stating that microdermabrasion aids in the epilation process. Mr. Rough suggested that they contact manufacturers; they may fund a study. Mr. Wayda also said to pay attention to the depth of use and to make sure that the training is matched to how much training is really needed for an individual to truly perform the process safely. Mr. Wayda reminded members that the Medical Board has a complaint form that individuals may fill out if they know of wrong doing by a licensee of the Board. CTs have a legal obligation to do so under their CT license.

### **III: Report on CT Exam and Schools**

Ms. Rieve pointed the members to a packet she handed out. She said three people took the exam and all passed. Two were taking just the practical portion and one had to retake the written.

She said she has had two inquiries from the Akron area from individuals interested in starting schools. She has not heard anything else from the individuals. She also received information requested by members of the Career Colleges and Schools Board on its admission policy. Ms. Rieve said that there is an admission policy rule called "the ability to benefit rule," which requires that applicants have a GED, high school equivalent or a high school diploma. If applicants do not have any of these, the school would be able to test the individuals for equivalency. The Career Colleges and Schools Board does not have any other specific requirements. It said it is somewhat flexible, like in the situation of a foreign student, he or she could show some proof of school history.

Ms. James-Forkapa asked if that means that they have proficiency testing at the school? Ms. Rieve said yes, some accrediting agencies might have that

requirement. She also said that the Board's requirement is at least as high as any of the schools under the Career Colleges.

Ms. Rieve printed out some rules from the Schools Board and the Medical Board used the instructor guidelines in part when it structured its rules. She said it would be difficult to require the applicants to have higher educational requirements than those required for the instructors.

Ms. Baldwin asked if there has been a problem with applicants to the CT exam not having the educational background to do well on the test. Ms. Rieve said that does occur sometimes, depending on the requirements the school has and how well the students are taught in the school. Mr. Butcher said that he has to also meet the requirements of the Medical Board. He said he must sign off that the student does in fact meet the requirements.

Ms. James-Forkapa said she had 14 students who all passed the entrance exam and all were working on associate degrees. If they didn't make 70%, then they were warned, if it happened again, they were released. Out of the 14, 6 remained. When they went to take their state boards, all 6 passed.

Mr. Butcher said that the majority of his students are middle aged and have not been in a learning environment for years. He said some have great educational backgrounds, but it has been 20 years. They sign a contract and they have one semester and if they do not make 75%, they must be let go.

Ms Rieve changed the topic to continuing education approval and who should be approving the courses if the course does not fall clearly under the rule. She passed out rule 4731-1-08, OAC. She said that in paragraph (Q) the rule states that a course shall be approved if it is relevant to the clinical practice of cosmetic therapy offered by certain entities. There is some home study but it is limited. If the course does not fall into the named categories, then they must submit an explanation of the program, three months ahead. Ms. Sweeney asked about business courses. Ms. Rieve said that is contained in the last paragraph. She said they are deemed not relevant if they fall within the specifications of the rule. Ms. Rieve and Ms. Jones presently make the determination of what is considered relevant. Ms. Rieve said they have not received a lot of requests outside of the rule specifications.

Ms. Rieve proposed a committee to give the Board an opinion on the relevance of certain classes. The CTAC members seem to think that would be a good idea. The decisions could go to CTAC. Ms. Rieve said if they get questionable class requests, she would send them on to CTAC. Ms. Mickey asked if the credit they would get for a college course would be the credit they would get for CEUs.

Ms. Sweeney received a letter that she wanted to share with the group. She said some of the national organizations believe that if they have a program that the

Medical Board automatically endorses it. She asked how we could make it clearer that just because an organization has some Ohio students coming to it, the organization must still meet a certain standard for its program.

Ms. Mickey said she submitted information to the AEA for course approval and she said it declined to approve a burn class and an emergency in the cosmetic therapy office class. She submitted them to another organization and it approved the courses.

Ms. Rieve asked whether a computerized introduction to medical terminology class should be approved for CEUs. The applicant said that she feels it will make her files and treatment notes look more professional. The group said yes, that seems to be relevant. Ms. Rieve said that the Board audits the CEUs and if called upon, an individual must show proof/documentation of completion of courses.

Ms. James-Forkapa said that the committees consensus is whatever college credits they get is what they will get for their CEUs. Ms. Rieve said they could get the form off the website to send into the Board for CEU approval and credits.

A letter was addressed to the committee regarding what can be taught and who may teach such topics for cosmetic therapy. A synopsis of the letter is following: [For example, classes like skincare in relationship to the biological effects of skin, and skincare products and ultrasonic usage. If these are being offered for CEUs, then this has become standard practice and those already licensed would like to receive training and certification on microdermabrasion. Most states will allow CTs to perform microdermabrasion. Our concern is who would be qualified to teach some of these classes. There is a concern that while the numbers of hours to become a licensed CT in Ohio may be increasing, the numbers of years of experience may be decreased for those instructing the classes. As our scope of practice may increase, it would only stand to reason that the number of years of experience needed to teach would need to increase.]

The person was concerned with the teaching of laser, CT school classes and CEUs. Ms. Rieve said that due to the fact that the Career Colleges made their requirement three years of practice in order to teach, we followed suit instead of requiring five years. She said that the Board requires 50 hours of training for laser use and Ms. Mickey stated that such a requirement is the highest of all states.

Ms. Mickey asked if schools are allowed to dictate what is taught? Why are things being taught if CTs are not allowed to do them? Ms. James-Forkapa felt that CEU classes are ok because attending, for example, a dermatology class, would help a CT because it is related to skincare and therefore hair removal. Other attendees felt that the information would be good to know regardless of what is within the CT scope because a CT then knows what is safe and what is not and whether to perform hair removal on those who have just had certain

procedures done. Ms. Baldwin said the key is that CTs, as licensees, are responsible for knowing their scope. Instructors, especially, should make students aware when talking about procedures that are outside the scope of CTs in Ohio.

**IV: Newsletter Article in Your Report, Winter/Spring 2004 – Use and Delegation of Lasers**

Ms. Baldwin steered the members to the article in Your Report, which discusses who may be delegated the use of lasers. She said she feels the article is clear and has received good feedback. Ms. James-Forkapa said she likes the article but is concerned that those who will be delegated laser use may not get the proper instruction. Ms. Baldwin said that physicians' offices have a vested interest in properly training individuals because the physicians are also responsible if something goes wrong.

Ms. Mickey asked if physicians really understand that they are to be on site watching the procedures when on site is specifically mentioned in the rule. Mr. Wayda said it is not defined in the rule specifically. He said that for purposes of the rule he would interpret that on site means within the physician's office suite. He said that physicians ought to be able to figure out that there is a difference between on site and off site.

**V: Adjournment**

The meeting adjourned at 12:30 PM

Respectfully submitted,  
Shannon F. Baldwin  
Executive Staff Attorney

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Shannon F. Baldwin (for the Committee)