






From:  Shelby Griffeth <shelby.griffeth@council.org> 1/11/2023 2:19:26 PM  
Subject: Team Member Invitation: Charzanne Beauty College  
To:  **Radiah Dent Palmer**  
Cc:  COE Evaluation Team <EvaluationTeam@council.org>  
 Sandra Sacrestano <sandra.sacrestano@council.org>  
 Robert Carrigan <robert.carrigan@council.org>



Attachments:  COI Policy Name School Name 2023.pdf / Uploaded File (48K)

Radiah Dent  
Manager of Career Enhancement  
Wilton Simpson Technical College  
4057 California Street  
Brooksville, FL 34604

Dear Dr. Dent:

As a part of the accreditation process of this Commission, a **traditional** team visit is scheduled **July 31 – August 3, 2023**, for **Charzanne Beauty College, 1549 Highway 72, East, Greenwood, SC 29649**. The CAO is **Fallon Canupp**. The telephone number is **864-223-7321** and the email address is [charzannebeautycollege@yahoo.com](mailto:charzannebeautycollege@yahoo.com).

The Council on Occupational Education is pleased to invite you to serve as the **Member** of this team. Please inform us of your decision within ten (10) days from the date of this letter. Your immediate response, positive or negative, is of utmost importance.

**IMPORTANT:** Please read and sign the Conflict-of-Interest Disclosure (attached), which is now a fill-in form and can be emailed back to us using an electronic signature. If you are able to serve on this visiting team, please forward the form to COE within **ten (10) days**.

Should you be able to participate, evaluative material and criteria will be provided approximately 60 days prior to the visit. You will also receive pertinent information from the school.

Expenses incurred during a team visit are reimbursed through the Council on the basis of the COE Reimbursement Policy.

I hope that you will be able to serve on this team and look forward to hearing from you.

[Shelby Griffeth, Secretary](#)  
Commission of the Council on Occupational Education

PLEASE CIRCLE ONE OF THE FOLLOWING AND RETURN. (Retain a copy for your record.)

YES, I will be able to serve on this team.

NO, I will not be able to serve on this team.

YES, please sign the following statement.

**PLEASE REVIEW, SIGN AND RETURN THE ATTACHED COE CONFLICT OF INTEREST POLICY**

**Enclosed: COI Policy Name School Name 2023**