

KANSAS BOARD OF COSMETOLOGY

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Verification of Full Time Active Practice

To be designated as a cosmetic tattoo artist trainer, tattoo artist trainer, or a body piercing trainer the applicant shall submit verification of five years of full-time, active practice, consisting of at least 1,500 hours per year, as a licensed cosmetic tattoo artist, tattoo artist, or body piercer in any state. KAR 69-15-3 (a) (5).

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Employment History			
List your complete employment intend to train.	: history in reverse order, beginning with you	ur present status as pertains to the area of practice in which you are	ŧ
Employer Name:	Your Job Title:	Employer Phone Number:	
Employer Address:	City:	State: Zip:	
Employer Email:	Employment Start Date:	Employment End Date:	
Total Months of Employment: _			
Employer Name:	Your Job Title:	Employer Phone Number:	
Employer Address:	City:	State: Zip:	
Employer Email:	Employment Start Date:	Employment End Date:	
Total Months of Employment: _			
Employer Name:	Your Job Title:	Employer Phone Number:	
Employer Address:	City:	State: Zip:	
Employer Email:	Employment Start Date:	Employment End Date:	
Total Months of Employment: _			
Attestation			
	jury under the laws of the State of Kansa formation, including necessary prior employi	is that I have read and understand the application and the applic ment history provided is true and correct.	ation
Signature Required:		Date:	
The Board asks that you allow 7-10) business days to process information received. We testing information will be sent to the ema	Nork is processed in the order it is received. Application confirmation, updates, a sill address provided on the application.	and