



**KANSAS BOARD OF COSMETOLOGY**  
 714 SW Jackson, Suite 100 • Topeka, KS 66603  
 Telephone: (785) 296-3155 • Fax: (785) 296-3002  
 E-mail: [Kboc@ks.gov](mailto:Kboc@ks.gov) • Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

## Cosmetology Program Credit Form

### INSTRUCTIONS

This form is to be completed in its entirety for any apprentice who has completed a nail or esthetics program who wishes to have credit applied to a cosmetology program pursuant to K.A.R. 69-3-8 (d).

K.A.R 69-3-8 (d) Any cosmetology school may submit for approval of the board duplicate hours obtained by a student during the completion of manicuring training or esthetics training for credit toward completion of a course of cosmetology training.

Recommended program credits are provided below. If a school is seeking more credit than what is noted below, please provide a detailed breakdown of the additional duplicate credit requested for Board review.

### APPRENTICE PERSONAL DATA (PLEASE TYPE)

APPRENTICE NAME (LAST, FIRST, MIDDLE)	APPRENTICE SOCIAL SECURITY NUMBER	
	LAST FOUR NUMBERS ONLY	
APPRENTICE ADDRESS (STREET, CITY, STATE, ZIP)		

SUBMITTING SCHOOL NAME AND ADDRESS

### COURSE COMPLETION CREDIT (Check all that apply)

✓	COURSE COMPLETED	HOURS	COSMETOLOGY SUBJECT CREDIT
<input checked="" type="checkbox"/>	NAIL TECHNOLOGY PROGRAM	180	MANICURING
<input type="checkbox"/>	ESTHETICS PROGRAM	150	FACIALS AND MAKE-UP

### ATTESTATION

This document certifies that the above named apprentice is requesting credit towards a cosmetology training program pursuant to KAR 69-3-8 (d).

I DECLARE UNDER PENALTY OF PERJURY IN THE STATE OF KANSAS THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED AGENT	OFFICIAL TITLE	DATE
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06/03/2022

If you have questions about this form please e-mail [Kassiah.Martin@ks.gov](mailto:Kassiah.Martin@ks.gov)