



Kansas Board of Cosmetology
 714 SW Jackson Suite 100 Topeka, KS 66603
 Telephone: (785) 296-3155 Fax: (785) 296-3002
 Email: Kboc@ks.gov Website: www.kansas.gov/kboc

NOTICE OF COMPLETION INSTRUCTOR

INSTRUCTIONS

This form is to be completed in its entirety for any student that has received hours at your school in the instructor training program.

STUDENT PERSONAL DATA (PLEASE TYPE)

STUDENT NAME (LAST, FIRST, MIDDLE)	STUDENT SOCIAL SECURITY NUMBER
	LAST FOUR NUMBERS
STUDENT ADDRESS (STREET, CITY, STATE, ZIP)	
SUBMITTING SCHOOL NAME AND ADDRESS	

TRANSFER HOURS INFORMATION (LEAVE BLANK IF NO HOURS HAVE BEEN TRANSFERRED)

TRANSFERRED FROM	TOTAL HOURS	TRANSFER OF HOURS FORM SUBMITTED
		YES ____ NO ____
		YES ____ NO ____
		YES ____ NO ____

SUBMITTING SCHOOL TRAINING INFORMATION

LIST TOTAL HOURS OBTAINED AT THE SUBMITTING SCHOOL FOR ABOVE-NAMED APPRENTICE IN EACH SUBJECT AREA DO NOT INCLUDE TRANSFER HOURS

TRAINING START DATE	TOTAL HOURS	GRAD/TERM DATE	TOTAL HOURS
SUBJECT		SUBJECT	
THE PROFESSIONAL TEACHER		TESTING AND EVALUATION	
STUDENT MOTIVATION AND LEARNING		EVALUATION	
METHODS, MANAGEMENT AND MATERIALS		SUBJECT:	
SUBJECT:		TOTAL SUBJECT HOURS	

CONTRACTUAL INFORMATION **Check one**

<input type="checkbox"/>	This document certifies that the above-named student entered into a contract with this school. All contractual fees have been paid and all assignments have been completed. Therefore, all hours are being released for inclusion toward the hours required for Instructor licensure pursuant to K.S.A. 65-1903.
<input type="checkbox"/>	This document certifies that the above-named student entered into a contract with this school. The student has not paid all contractual fees to this school and/or completed all assignments. Upon payment of all said contractual fees and/or completion of all assignments, a Notice of Training Completion shall be submitted to the Kansas Board of Cosmetology within 10 days of said completion. It is understood that the above-named student will not be eligible for examination in the state of Kansas until all contractual requirements have been met and required certification has been submitted.

CERTIFICATION

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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