

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

Request for Field Study Hours

Check one of the following:

Pre-Field study request	Post-Field study request	_
K.S.A. 65-1903 outlines school licensure rec Kansas Board of Cosmetology." It further sta cosmetology, nail technology, esthetics, elec training attained in a licensed school. K.A.R. curriculum for the above listed courses of sta	ates the "board may adopt through ructrology and instructors. K.S.A. 65-19 69-3-8 draws it's authority from K.S.	005 and 65-1912 also reference instructional
		school environment. These opportunities may on in competitive activities (ex: Skills USA) and
		nich complies with the above noted laws and ing of instructional hours for the field study
be confirmed as each student and instructor	are required to sign in at the beginning nonitored at all times and credit may	pervision. Student and instructor attendance shall ing of the activity and shall sign-out at anytime only be given for the time students were present or time in transit to and from the activity.
The school director/manager is responsible to No instructional hours will be awarded for		
Name of School:	School License #	Phone:
Date(s) of activity:		Time of activity:
Place/location of the activity:		
Number of instructional hours requested:		
event.If applying for <u>Post-Request</u> of field	study: All forms and required documed study: All forms and documentation	entations must be received 10 days <u>prior</u> to the as required must be received within <u>10 days</u> of the ted to the Board of Cosmetology for approval
Name(s) supervising instructor(s) for this act	tivity (Print name and follow with Sig	nature):
Printed name:		
Confirmation Email:	(Confirmation of	this request will be sent to the email address provided here)
School Director/Manager approving the activ	vity:	



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The field study enhances which portion(s) of the curriculum?		
Learning Objectives of the activity:		
 If this request is for salon observation, Attach a listing of the salons which includes the <u>full address</u> of all salons. Attach material (marketing) relative to the activity Attach a list of students participating in the activity 		
Brief outline of the activity:		
Person(s)/Organization conducting the activity:		
Qualifications of Person(s) conducting the activity:		
If filing for Post-Request for Hours, complete the above as well as the following:		
Summary of lograing per lograing objectives:		
Summary of learning per learning objectives:		

Students Participating

1 26 2 27 3 28 4 29 5 30 6 31 7 32 8 33 9 34 10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49 25 50		
3 28 4 29 5 30 6 31 7 32 8 33 9 34 10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	1	26
4 29 5 30 6 31 7 32 8 33 9 34 10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	2	27
4 29 5 30 6 31 7 32 8 33 9 34 10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	3	28
6 31 7 32 8 33 9 34 10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	4	29
6 31 7 32 8 33 9 34 10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	5	30
8 33 9 34 10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	6	31
9 34 10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	7	32
10 35 11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	8	33
11 36 12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	9	34
12 37 13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	10	35
13 38 14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	11	36
14 39 15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	12	37
15 40 16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	13	38
16 41 17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	14	39
17 42 18 43 19 44 20 45 21 46 22 47 23 48 24 49	15	40
18 43 19 44 20 45 21 46 22 47 23 48 24 49	16	41
19 44 20 45 21 46 22 47 23 48 24 49	17	42
20 45 21 46 22 47 23 48 24 49	18	43
21 46 22 47 23 48 24 49	19	44
22 47 23 48 24 49	20	45
23 48 24 49		46
24 49		47
	23	48
25 50	24	49
	25	50

If you have questions about this form please e-mail Kboc@ks.gov