

Kansas Board of Cosmetology

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TRANSFER OF ELECTROLOGY TRAINING HOURS BETWEEN SCHOOLS

INSTRUCTIONS

- 1. This form is to be completed for any student who would like training they obtained in another school to be credited toward training they will be receiving in your school to meet Kansas curriculum requirements.
- 2. This form is to be submitted to the Board within 30 days after enrollment of a transfer student per: K.A.R. 69-3-26.
- 3. If the hours being transferred are from another state the training document provided by that state is to be included with the transfer form. A copy of the training document is to be kept by the receiving school. KBOC will only recognize training hours verified by the state regulatory Board of the state in which they were obtained. KBOC must be able to verify training hours directly with the regulatory Board. Unverified training will not be accepted.
- Once the hours have been reviewed a written determination of approved hours to be credited toward the Kansas curriculum requirements will be returned to the school.
- 5. This form is to be submitted to the Board upon request per: K.A.R. 69-3-7 (a)(1).
- 6. This form is to be supplied to another school should the student discontinue your program for any reason per: K.A.R. 69-3-7 (a)(2).
- 7. This form is to be supplied to the student upon the student's request per:K.A.R. 69-3-7 (a)(3).

| SCHOOL DATA | All information must be typed | | | |
|--|-------------------------------|-----------------------------------|-----------------------------------|-----------------|
| NAME OF SCHOOL RECEIVING | HOURS | | | |
| SCHOOL ADDRESS (STREET, | CITY, STATE, ZIP) | | | |
| , | , , | | | |
| SCHOOL ADMINISTRATOR | | | START DATE | |
| | | | | |
| APPRENTICE PERSONAL DATA | A All inform | nation must | be typed | |
| APPRENTICE NAME (LAST, FIRST, MIDDLE) | | | APPRENTICE SOCIAL SECURITY NUMBER | |
| | | | *** = ** = | |
| APPRENTICE ADDRESS (STREET, CITY, STATE, ZIP) | | | | |
| | | | | |
| SCHOOL FROM WHICH APPRENTICE IS TRANSFERRING (NAME) (CITY) | | | | (STATE) |
| | | , | , | , |
| TRAINING INFORMATION | All inform | nation must | be typed | |
| LIST HOURS THIS SCHOOL IS ACC | CEPTING. CREDIT SPE | CIFICALLY | IN ALL SUBJECT ARE | AS. |
| SUBJECT | HOURS TO CREDIT | SUBJECT | | HOURS TO CREDIT |
| *SANITATION AND STERILIZATION (140) | | *THEORY & PRACTICE OF ELECTROLOGY | | OGY |
| *SCIENCE (300) | | & THERMOLOGY (400) | | |
| | | BUSINESS PRACTICES (100) | | |
| | | • | | |
| FOR TRANFER BETWEEN KANSAS SCHOOLS ONLY- | | *STATE L | -AW (60) | |
| | • | | \ | |
| | REQUIRED- | TOTAL | HOURS TO CREDIT | |
| | | | | |
| TO BE C | COMPLETED | BY A K | (ANSAS SCH | HOOL |
| SIGNATURE OF SCHOOL OWNER OR AUTHORIZED | O AGENT | OFFICE USE ONLY | | |
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