



**KANSAS BOARD OF COSMETOLOGY**  
 714 SW Jackson, Suite 100 • Topeka, KS 66603  
 Telephone: (785) 296-3155 • Fax: (785) 296-3002  
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## NOTICE OF COMPLETION COSMETOLOGY

### INSTRUCTIONS

This form is to be completed in its entirety for any apprentice who has discontinued training, received additional training, or received transfer hours.

### APPRENTICE PERSONAL DATA (PLEASE TYPE)

APPRENTICE NAME (LAST, FIRST, MIDDLE)	APPRENTICE SOCIAL SECURITY NUMBER
	LAST FOUR NUMBERS
APPRENTICE 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 (PLEASE TYPE)

**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	
SCIENTIFIC CONCEPTS		BUSINESS PRACTICES	
PHYSICAL SERVICES		STATE LAW	
CHEMICAL SERVICES		STUDENT SPECIFIC NEEDS	
HAIR DESIGNING		*SUBJECT:	
*SUBJECT:		TOTAL SUBJECT HOURS	

### CONTRACTUAL INFORMATION Check one

	This document certifies that the above-named apprentice 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 1500 hours required for licensure pursuant to K.S.A. 65-1903.
	This document certifies that the above-named apprentice entered into a contract with this school. The apprentice 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. <b>It is understood that the above-named apprentice will not be eligible for examination in the state of Kansas until all contractual requirements have been met and required certification has been submitted.</b>

### 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
06/13/2017		

\*This field is to report hours of additional programs approved by the Board such as Makeup Artistry. All programs must be reviewed and approved by the Board.

Save and Email your completed form to [Darla.Ray@ks.gov](mailto:Darla.Ray@ks.gov)