



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 • Website: www.kansas.gov/kboc

NOTICE OF COMPLETION NAIL TECHNOLOGY

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

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

TRAINING START DATE		GRAD/TERM DATE	
SUBJECT	TOTAL HOURS	SUBJECT	TOTAL HOURS
SCIENTIFIC CONCEPTS		BUSINESS PRACTICES	
MANICURING SKILLS		STATE LAW	
ARTIFICIAL NAILS		*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 350 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. 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.

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