



Board of Cosmetology

Sam Brownback, Governor

**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 requirements and states each licensed school “shall remain under the supervision of the Kansas Board of Cosmetology.” It further states the “board may adopt through rules and regulations a curriculum” for cosmetology, nail technology, esthetics, electrology and instructors. K.S.A. 65-1905 and 65-1912 also reference instructional training attained in a licensed school. K.A.R. 69-3-8 draws it’s authority from K.S.A. 65-1903 and fully outlines the required curriculum for the above listed courses of study.

The Board recognizes training may be enhanced by opportunities outside of the school environment. These opportunities may include but not be limited to demonstrations, trade show participation, participation in competitive activities (ex: Skills USA) and salon observations.

To allow students participation in an activity outside of the school environment which complies with the above noted laws and regulations, the school shall forward a request for hours to the Board. **The granting of instructional hours for the field study must be approved by the Board.**

Each activity must comply with K.A.R. 69-3-4 regarding the ratio of instructor supervision. Student and instructor attendance shall be confirmed as each student and instructor are required to sign in at the beginning of the activity and shall sign-out at anytime they leave the activity. Attendance shall be monitored at all times and credit may only be given for the time students were present as evidenced by the attendance roster. Instructional hours shall not be credited for time in transit to and from the activity.

The instructor and/or school director/manager is responsible for the filing the **Request for Field Study Hours** form. **No instructional hours will be awarded** for the Field Study unless approved by the Board of Cosmetology.

Name of School: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of activity: \_\_\_\_\_ Time of activity: \_\_\_\_\_

Place/location of the activity: \_\_\_\_\_

Number of instructional hours requested: \_\_\_\_\_

- Complete page 2 and attach to this Request form
- If applying for **Pre-Request** of field study: All forms and required documentations must be received 10 days **prior** to the event.
- If applying for **Post-Request** of field study: All forms and documentations required must be received within **10 days** of the Field Trip activity. ***Hours for field trip learning will not be presented to the Board of Cosmetology for approval if 10 day deadline is not met.***

Name(s) supervising instructor(s) for this activity (Print name and follow with **Signature**):

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of school director/manager or instructor approving the activity (Print name and follow with **Signature**):

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_



**Request for Field Study Hours**

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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 full address 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 learning per learning objectives: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_