



**KANSAS BOARD OF COSMETOLOGY**

714 S.W. Jackson, Suite 100  
Topeka, Kansas 66603  
[www.kansas.gov/kboc](http://www.kansas.gov/kboc) (785) 296-3155

**INSTRUCTOR-IN-TRAINING  
PERMIT APPLICATION**

**Instructions**

1. Complete and submit this Application at least 7 days **BEFORE** starting the Instructor-In-Training program.
2. Submit the "Instructor-in-Training Verification Form" to the Board upon completion of the 100 Hours - Teaching Skills and Methodology and pay the \$15.00 non-refundable Fee.
3. You will receive the Permit upon receipt by the Board of the Verification Form. The permit is issued from the start date of enrollment and expires on the last day of the month, six months following issuance.
4. You may not supervise students and count towards the instructor to student ratio until your Permit is posted in the school.
5. The Permit is valid for six months; a new Application and Verification Form must be filed if you do not complete the training and pass the exam before the expiration of the permit.

**Notice of Intent**

I am enrolling in an instructor training course and I hereby submit my notice of intent to become an Instructor-in-Training. I am submitting my Notice of Intent at least seven (7) days prior to the start of the training program.

Start Date of 100 Hours – Teaching Skills and Methodology: \_\_\_\_\_

Program

- Cosmetology  
 Nail Technology

Esthetics

Enrollment

Full-Time

Part-time

**Request for Additional Training**

Only complete this section if you are requesting another Instructor-in-Training permit because you have not completed the training and passed the instructor exam within six months. **You will also need to complete the Instructor-in-Training Verification Form and submit the non-refundable \$15.00 fee.**

Additional Training Start Date: \_\_\_\_\_

**Applicant**

Name		Email	
Address		City	State
			Zip
Phone	Date of Birth	Social Security Number	License No.
		***-**-****	

**School**

Name		License No.	Phone
Address		City	State
			Zip

**Verification** I declare under penalty of perjury that I have read and understand this form and that the information provided on this form is true and correct.

Signature	Date Signed
-----------	-------------

**Office Use Only**

**Permit**

Verification Form Received	Permit No.	Permit Issued	Permit Expiration

Save your completed application and email it to [darla.ray@ks.gov](mailto:darla.ray@ks.gov)