



**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 and pay the \$15.00 non-refundable 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
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 must be filed if you do not complete the training before the expiration of the permit.

Program	Enrollment	Notice of Intent
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> 300 Hours	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.
<input type="checkbox"/> Nail Technology	<input type="checkbox"/> 450 Hours	
<input type="checkbox"/> Esthetics	<input type="checkbox"/> 600 Hours	
		<b>Start Date of 100 Hours – Teaching Skills and Methodology:</b> _____

**Request for Additional Training**

Only complete this section if you are requesting another Instructor-in-Training permit because you have not completed the training within six months. Complete this form and submit the non-refundable \$15.00 fee.

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

Reason training could not be completed within six months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

**Payment \$15.00**

**Credit Card Payment \$15**

- 1). Go to the Board website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)
- 2). Select Payment Portal from the Top Menu Bar
- 3). Transaction Item = Temporary Permit Fee
- 4). Record your Order ID # from your emailed receipt below

Order ID # \_\_\_\_\_

**Check or Money Order Payment \$15**

- 1). Complete this form
- 2). Make Check or Money Order Payable to the Kansas Board of Cosmetology
- 3). Mail form and payment to the Board office at the address provided above.

**Attestation** 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
-----------	-------------

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