

**KANSAS BOARD OF COSMETOLOGY**

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

**INSTRUCTOR-IN-TRAINING
VERIFICATION FORM****Instructions**

1. Submit this Form to the Board upon completion of the 100 Hours - Teaching Skills and Methodology.
2. You will receive the Permit upon receipt by the Board of this Form. The permit is issued from the start date of enrollment (or additional training) and expires on the last day of the month, six months following issuance.
3. You may not supervise students and count towards the instructor to student ratio until your Permit is posted in the school.
4. 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.

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

Applicant Verification

I verify that I am currently licensed to practice the profession in which I am seeking instruction.

Applicant's Signature	Date Signed
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School Verification

I verify that the Applicant has completed the 100 Hours of Teaching Skills and Methodology.

Start Date of 100 Hours – Teaching Skills and Methodology	Completion Date of 100 Hours – Teaching Skills and Methodology	
School Owner or Instructor's Signature	Printed Name	Date Signed

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.

Applicant's Signature	Date Signed
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