



Board of Cosmetology

Sam Brownback, Governor

**TATTOO/COSMETIC TATTOO 1200 HOURS APPRENTICE FINAL RECORD**

**TATTOO ARTIST** \_\_\_\_\_ **COSMETIC TATTOO ARTIST** \_\_\_\_\_ **TATTOO/COSMETIC TATTOO ARTIST** \_\_\_\_\_

Apprentice Name \_\_\_\_\_  
(Please Print)

Apprentice Address \_\_\_\_\_  
(Please Print)

Apprentice SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

<b>SUBJECT</b>	<b>HOURS</b>
NEEDLES	_____
TATTOO MACHINES, EQUIPMENT, AND SUPPLIES	_____
SAFETY, SANITATION, STERILIZATION, AND BLOOD-BORNE PATHOGENS	_____
BASIC COLOR THEORY AND PIGMENTS	_____
PLACEMENT OF DESIGN	_____
SKIN: DESEASES, DISORDER, AND CONDITIONS	_____
CLIENT HANDLING	_____
BUSINESS OPERATIONS AND KANSAS STATUTES AND REGULATIONS PERTAINING TO PERMANENT COSMETICS AND TATTOOING	_____
CLINICAL PRACTICE	_____
TOTAL PROCEDURES _____	TOTAL HOURS _____

NAME OF TRAINER \_\_\_\_\_

Facility Name and Address of Apprenticeship:  
\_\_\_\_\_  
\_\_\_\_\_

Start date \_\_\_\_\_ Date of Completion \_\_\_\_\_

Signature of Trainer \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Apprentice \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ County \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Notary Seal