



NOTICE OF COMPLETION NAIL TECHNOLOGY

INSTRUCTIONS

1. This form is to be completed in its entirety for any apprentice who has discontinued training or graduated in KS.
2. If only reporting that an apprentice has met all contractual requirements complete the following sections:
 Apprentice Personal Data, Contractual Information and Certification.
3. Mail the completed form and apprentice license to:
 Kansas Board of Cosmetology, 714 SW Jackson Suite 100, Topeka Ks 66603-3751.

APPRENTICE PERSONAL DATA All information must be typed

APPRENTICE NAME (LAST, FIRST, MIDDLE)	APPRENTICE SOCIAL SECURITY NUMBER*
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APPRENTICE ADDRESS (STREET, CITY, STATE, ZIP)

SCHOOL NAME AND ADDRESS

TRAINING START DATE	DATE OF APPRENTICE TERMINATION OR GRADUATION

TRAINING INFORMATION All information must be typed

LIST TOTAL ACCUMULATED HOURS FOR ABOVE-NAMED APPRENTICE IN EACH SUBJECT AREA

SUBJECT	TOTAL HOURS	SUBJECT	TOTAL HOURS
SCIENTIFIC CONCEPTS		BUSINESS PRACTICES	
MANICURING SKILLS		STATE LAW	
ARTIFICIAL NAILS		TOTAL SUBJECT HOURS	

CONTRACTUAL INFORMATION Check one

- This document certifies that the above-named apprentice entered into a contract with this school. All contractual fees have been paid and all assignments have been completed. Therefore, all hours are being released for inclusion toward the 350 hours required for licensure pursuant to K.S.A. 65-1903.
- This document certifies that the above-named apprentice entered into a contract with this school. The apprentice has not paid all contractual fees to this school and/or completed all assignments. Upon payment of all said contractual fees and/or completion of all assignments, a Notice of Training Completion shall be submitted to the Kansas Board of Cosmetology within 10 days of said completion. It is understood that the above-named apprentice will not be eligible for examination in the state of Kansas until all contractual requirements have been met and required certification has been submitted.

CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY IN THE STATE OF KANSAS THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED AGENT/DATE	NAME AND ADDRESS OF SCHOOL