



Board of Cosmetology

Sam Brownback, Governor

ELECTROLOGY SHOP APPRENTICE INSTRUCTOR APPLICATION

Complete this application and submit to the Board office. The following must be included with this completed form:

- The nonrefundable \$75 fee
- A curriculum which demonstrates compliance with KAR 69-3-8(a)(4)
- A daily class schedule for a full time or part time student
- An inventory of all instruction equipment to be provided and used in the instruction and training. KAR 69-5-6

1. Name: _____
(Last) (First) (Middle)

2. Address: _____
(City) (St) (Zip)

Phone: _____ Email: _____

3. KS License No.: _____ Issue Date: _____
(Applicant must be licensed at least three years)

4. Facility License No. _____

5. Are you the facility owner or manager? _____

6. Will you charge the student tuition for your teaching services? _____
KSA 65-1903 Tuition for an electrology shop apprentice shall not be charged.

7. **Credit Card Payment \$75**

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

Order ID # _____

Check or Money Order Payment \$75

- 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.

If approved, and upon receipt of a completed apprentice license application from the student. You will be issued a training license only for the period of training.

KAR 69-5-6;69-5-15; 69-5-16

- The apprentice will be under my direct supervision at all times
- The apprentice will not work on the public until completion of 200 hours of instruction and training.
- The apprentice will wear identification which clearly indicates the public that the person is in electrology training.
- I will maintain a daily student record verifying attendance and practice services completed
- I will maintain a final student record which verifies the curriculum requirements and hours successfully completed by the student.

I declare under penalty of perjury under the laws of the State of Kansas that the above information provided is true and correct.

Applicant Signature (Sign or Type) Date

Save your completed form and email it to michaela.ewing@ks.gov