



**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  
 VERIFICATION FORM**

**Instructions**

1. Submit this Form to the Board upon completion of the 100 Hours - Teaching Skills and Methodology. This Form must also be submitted if you are requesting an additional permit because you have not completed the training program and passed the exam within six months.
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 and Verification Form must be filed if you do not complete the training and pass the exam 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
-----------------------	-------------

**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

**Request for Additional Training**

Only complete this section if you are requesting another Instructor-in-Training permit because you have not completed the training and passed the instructor exam within six months. **You will also need to complete the Instructor-in-Training Permit Application.**

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

Applicant's Signature	Date Signed
-----------------------	-------------

**Payment**

Submit a check or money order payable to the Kansas Board of Cosmetology or complete the following:

AMOUNT AUTHORIZED <b>\$15.00</b>	CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DSC <input type="checkbox"/> AMEX	ACCOUNT NUMBER 	EXPIRATION DATE 
Cardholder Name (Please print)	Card Holder's Zip Code	Cardholder Signature	Daytime Phone Number