



**KANSAS BOARD OF COSMETOLOGY**  
 714 SW Jackson, Suite 100 • Topeka, KS 66603  
 Telephone: (785) 296-3155 • Fax: (785) 296-3002  
 E-mail: [Kboc@ks.gov](mailto:Kboc@ks.gov) • Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

**TRANSFER OF ESTHETIC TRAINING HOURS BETWEEN SCHOOLS**

**INSTRUCTIONS**

1. This form is to be completed for any student who would like training they obtained in another school to be credited toward training they will be receiving in your school to meet Kansas curriculum requirements.
2. This form is to be submitted to the Board within 30 days after enrollment of a transfer student per: K.A.R. 69-3-26.
3. If the hours being transferred are from another state the training document provided by that state is to be included with the transfer form. A copy of the training document is to be kept by the receiving school. **KBOC will only recognize training hours verified by the state regulatory Board of the state in which they were obtained. KBOC must be able to verify training hours directly with the regulatory Board. Unverified training will not be accepted.**
4. Once the hours have been reviewed a written determination of approved hours to be credited toward the Kansas curriculum requirements will be returned to the school.
5. This form is to be submitted to the Board upon request per: K.A.R. 69-3-7 (a)(1).
6. This form is to be supplied to another school should the student discontinue your program for any reason per: K.A.R. 69-3-7 (a)(2).
7. This form is to be supplied to the student upon the student's request per:K.A.R. 69-3-7 (a)(3).

**SCHOOL DATA** All information must be typed

NAME OF SCHOOL RECEIVING HOURS

SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)

SCHOOL ADMINISTRATOR	START DATE
----------------------	------------

**APPRENTICE PERSONAL DATA** All information must be typed

APPRENTICE NAME (LAST, FIRST, MIDDLE)	APPRENTICE SOCIAL SECURITY NUMBER ***-**-****
---------------------------------------	--

APPRENTICE ADDRESS (STREET, CITY, STATE, ZIP)

SCHOOL FROM WHICH APPRENTICE IS TRANSFERRING (NAME) (CITY) (STATE)

**TRAINING INFORMATION** All information must be typed

LIST HOURS THIS SCHOOL IS ACCEPTING. CREDIT SPECIFICALLY IN ALL SUBJECT AREAS.

SUBJECT	HOURS TO CREDIT	SUBJECT	
INFECTION CONTROL (60)		ADVANCED SKIN TREATMENTS (140)	
SKIN ANATOMY AND PHYSIOLOGY (200)		TEMPORARY HAIR REMOVAL (40)	
SKIN ANALYSIS AND CONSULTATION (120)		MAKE UP (60)	
SKIN TREATMENTS (240)		BUSINESS PRACTICES (30)	
BODY TREATMENTS (40)		STUDENT SPECIFIC NEEDS (50)	

FOR TRANSFER BETWEEN KANSAS SCHOOLS ONLY-	STATE LAW (20)	
*REQUIRED-	TOTAL HOURS TO CREDIT	

**TO BE COMPLETED BY A KANSAS SCHOOL**

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED AGENT	DATE	OFFICE USE ONLY
---	------	-----------------