



Kansas Board of Cosmetology
 714 SW Jackson Suite 100 Topeka, KS 66603
 Telephone: (785) 296-3155 Fax: (785) 296-3002
 Email: Kboc@ks.gov Website: www.kansas.gov/kboc

TRANSFER OF BGHF I 7 HCF TRAINING HOURS FROM ANOTHER SCHOOL

INSTRUCTIONS

1. This form is to be completed in its entirety for any instructor who desires training obtained in another state or school be credited toward Kansas curriculum requirements.
2. Submit the completed form to the Board office at the address below with a copy of the training document submitted from the appropriate agency/school from which the student is transferring.
Kansas Board of Cosmetology, 714 SW Jackson Suite 100, Topeka Ks 66603-3751.
3. 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.

APPRENTICE PERSONAL DATA All information must be typed

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

AGENCY/SCHOOL FROM WHICH INSTRUCTOR IS TRANSFERRING

TRAINING INFORMATION All information must be typed

LIST HOURS YOU WOULD LIKE SPECIFICALLY CREDITED IN EACH SUBJECT AREA
 PLEASE NOTE THE BOARD IS UNABLE TO RECOGNIZE ANY TRAINING HOURS COVERING ANOTHER STATE'S LAW.

SUBJECT	HOURS TO CREDIT	SUBJECT	HOURS TO CREDIT
THE PROFESSIONAL TEACHER		TESTING AND EVALUATION	
STUDENT MOTIVATION AND LEARNING		EVALUATION	
METHODS, MANAGEMENT AND MATERIALS			
		TOTAL HOURS TO CREDIT	

TO BE COMPLETED BY KANSAS SCHOOL:

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED AGENT	DATE
NAME, EMAIL, AND ADDRESS OF SCHOOL	For office use