



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

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 Required

Date