



**INSTRUCTOR-IN-TRAINING PERMIT APPLICATION**

**Instructions**

1. Complete and submit this application and pay the \$15.00 non-refundable at least 7 days **BEFORE** starting the Instructor-In-Training program.
2. Submit the "[Instructor-in-Training Verification Form](#)" to the Board upon completion of the 100 Hours - Teaching Skills and Methodology.
3. A permit will be issued upon receipt of the completed verification form from the start date of enrollment (or additional training). The permit will expire on the last day of the month, six months following the start date of enrollment.
4. You may not supervise students and count towards the instructor to student ratio until your permit is posted in the school.
5. The permit is valid for six months; Prior to the expiration of the permit, a new application must be filed to request additional training if you do not complete the training and pass exams before the expiration of the permit.
6. Please click [here](#) to review Board Policy 001-17 Instructors-in-Training. Hours may be denied if policy is not followed.

Program	Enrollment	Notice of Intent
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> 300 Hours	I am enrolling in an instructor training course and I hereby submit my notice of intent to become an Instructor-in-Training. I am submitting my Notice of Intent at least seven (7) days prior to the start of the training program.
<input type="checkbox"/> Nail Technology	<input type="checkbox"/> 450 Hours	
<input type="checkbox"/> Esthetics	<input type="checkbox"/> 600 Hours	
		<b>Start Date of 100 Hours – Teaching Skills and Methodology:</b> _____

**Request for Additional Training**

Only complete this section if you are requesting another Instructor-in-Training permit because you have not completed the training within six months. **Complete this form and submit the non-refundable \$15.00 fee.**

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

Reason training could not be completed within six months: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant**

Name		Email	
Address		City	State
Phone		Date of Birth	Zip
		*Social Security Number	License No.
		***-**-****	

\* Disclosure is mandatory for licensure and authorized by K.S.A. 74-148 and K.S.A. 74-139. It is used to verify identity and license individuals lawfully residing in the U.S. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicant's social security number and address.

**School**

Name		License No.	
Address		City	Phone
		State	Zip

**Payment \$15.00**

**Credit Card Payment \$15**

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

Order ID # \_\_\_\_\_

**Check or Money Order Payment \$15**

- 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.

**Attestation** I declare under penalty of perjury that I have read and understand this form and that the information provided on this form is true and correct.

Signature	Date Signed
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