



Kansas Board of Cosmetology
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INSTRUCTOR-IN-TRAINING VERIFICATION FORM

Instructions

1. * Submit this Form to the Board upon completion of the 100 Hours - Teaching Skills and Methodology.
2. 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 (or additional training).
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; 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.
5. Please click [here](#) to review Board Policy 001-17 Instructors-in-Training. Hours may be denied if policy is not followed.

* Hours must be entered in the testing company portal.

Applicant

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

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	

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.

Applicant's Signature	Date Signed