



**Kansas Board of Cosmetology**  
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**NOTICE OF COMPLETION INSTRUCTOR**

**INSTRUCTIONS**

This form is to be completed in its entirety for any student that has received hours at your school in the instructor training program.

**STUDENT PERSONAL DATA (PLEASE TYPE)**

STUDENT NAME (LAST, FIRST, MIDDLE)	STUDENT SOCIAL SECURITY NUMBER
	LAST FOUR NUMBERS
STUDENT ADDRESS (STREET, CITY, STATE, ZIP)	
SUBMITTING SCHOOL NAME AND ADDRESS	

**TRANSFER HOURS INFORMATION (LEAVE BLANK IF NO HOURS HAVE BEEN TRANSFERRED)**

TRANSFERRED FROM	TOTAL HOURS	TRANSFER OF HOURS FORM SUBMITTED	
		YES ____	NO ____
		YES ____	NO ____
		YES ____	NO ____

**SUBMITTING SCHOOL TRAINING INFORMATION**

LIST TOTAL HOURS OBTAINED AT THE SUBMITTING SCHOOL FOR ABOVE-NAMED APPRENTICE IN EACH SUBJECT AREA DO NOT INCLUDE TRANSFER HOURS

TRAINING START DATE	TOTAL HOURS	GRAD/TERM DATE	TOTAL HOURS
SUBJECT		SUBJECT	
THE PROFESSIONAL TEACHER		TESTING AND EVALUATION	
STUDENT MOTIVATION AND LEARNING		EVALUATION	
METHODS, MANAGEMENT AND MATERIALS		SUBJECT:	
SUBJECT:		TOTAL SUBJECT HOURS	

**CONTRACTUAL INFORMATION** **Check one**

<input type="checkbox"/>	This document certifies that the above-named student entered into a contract with this school. All contractual fees have been paid and all assignments have been completed. Therefore, all hours are being released for inclusion toward the hours required for Instructor licensure pursuant to K.S.A. 65-1903.
<input type="checkbox"/>	This document certifies that the above-named apprentice entered into a contract with this school. The apprentice has not paid all contractual fees to this school. It is understood that the above-named apprentice may not be eligible for licensure in the State of Kansas until all contractual requirements have been met. The undersigned school owner/agent agrees and understands that upon payment of all said contractual fees, an updated Notice of Completion showing the release of said training hours shall be submitted to the Board within 10 days.

**CERTIFICATION**

I DECLARE UNDER PENALTY OF PERJURY IN THE STATE OF KANSAS THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED AGENT	OFFICIAL TITLE	DATE
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