

# THE STATE of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

#### **Board of Barbers and Hairdressers**

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

## **Body Piercing, Tattooing, or Permanent Cosmetic Coloring (PCC) License Application Instructions**

Please read the instructions before completing the application. Faxed or emailed applications will not be accepted.

Sec. 08.13.070. License required. A person may not (2) practice barbering, hairdressing, hair braiding, manicuring, esthetics, body piercing, tattooing, or permanent cosmetic coloring except in a shop or school licensed under this chapter unless exempted under AS 08.13.160(d) or permitted under AS 08.13.160(e).

#### Minimum hour requirements for licensure:

- Body Piercing: 1,000 hours of training in a training program approved by the board.
- **Tattooing:** 1,000 hours of training in a training program approved by the board.
- PCC: 250 hours of training in a training program approved by the board.

#### LICENSURE BY EXAMINATION

The written examination is scheduled through Prov. Approved candidates will be notified by this office and Prov that they are ready to schedule their examination. Exam fees will be paid directly to Prov. Candidate bulletin can be found on the Board's website at: *ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers* 

NIC website: https://nictesting.org/ Prov website: https://provexam.com/

An applicant who fails the written examination three times or more will be required to complete additional hours of training. See 12 AAC 09.075(f).

#### The following must be received by the division 30 days before the examination date:

#### 1. APPLICATION

A completed application, signed and notarized (#08-4464, pages 1-3).

#### 2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee:	\$150.00
Initial License Fee:	\$180.00
Total Fees Due:	\$330.00

**Note:** The initial license fee may be submitted now, or upon passing the examination. If you want to receive licensure in both areas (i.e., Body Piercing, Tattooing or Permanent Cosmetic Coloring), two application forms including two exam fees, two application fees and two license fees must be submitted.

The written examination fee should be paid directly to Prov: https://provexam.com/

#### 3. VERIFICATION OF TRAINING

If training was completed in Alaska, you do not need to submit verification of your training. If training was completed outside of Alaska, you must contact your school or instructor, if apprenticeship, or state board to request original or certified true copies of student records verifying training received in accordance with 12 AAC 09.167 or 12 AAC 09.169 and Alaska Statute (AS) 08.13.082(d).

If your training was obtained outside of Alaska, please complete the Affidavit Confirming Study of the Statute and Regulation Booklet form (#08-4464f). This form and the statute and regulations are available on the board's website or contact the division for the most current forms.

#### 4. VERIFICATION OF CPR AND BLOODBORNE PATHOGENS TRAINING

A copy of current cards issued by the American Red Cross, the American Heart Association or a similar organization approved by the board, verifying training courses in cardiopulmonary resuscitation (CPR) and bloodborne pathogens.

#### **TEMPORARY LICENSE**

The board may issue a temporary license to practice Body Piercing, Tattooing or Permanent Cosmetic Coloring to an applicant who has completed their training, is qualified to take the examination, and has submitted an application. The temporary license allows an applicant to practice under the supervision of a person who is currently licensed in the field of practice for which the applicant is applying.

**Note:** Temporary licenses are valid for 120 days and are nonrenewable. An individual may not receive more than one temporary license for each area of practice.

#### The following must be received by the division before your application for Temporary License can be reviewed:

#### 1. APPLICATION

A completed application, signed and notarized (#08-4464, pages 1-3).

#### 2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee:	\$150.00
Temporary License Fee:	\$100.00
Total Fees Due:	\$250.00

#### 3. STATEMENT OF RESPONSIBILITY

A Statement of Responsibility form (#08-4464a) completed by the individual for whom you will be working.

#### LICENSURE BY WAIVER OF EXAMINATION

The following must be received by the division before your application for Licensure by Waiver of Examination can be reviewed:

#### 1. APPLICATION

A completed application, signed and notarized (#08-4464, pages 1-3).

#### FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee:	\$150.00
Initial License Fee:	\$180.00
Total Fees Due:	\$330.00

#### 3. VERIFICATION OF TRAINING – OUT OF STATE TRAINING

A completed Verification of Training for Tattooing form (#08-4464b), Verification of Training for Body Piercing form (#08-4464c), or Verification of Training for Permanent Cosmetic Coloring form (#08-4464d) documenting training received outside of Alaska only.

You must have passed a written examination in another state where you have been licensed or are currently licensed. If you did not pass a written examination, it will be necessary for you to do so in Alaska before receiving your license.

#### 4. AFFIDAVIT – STUDY OF ALASKA STATUTES & REGULATIONS

If your training was obtained outside of Alaska, please complete the Affidavit Confirming Study of the Statute and Regulation Booklet form (#08-4464f). This form and the statute and regulations are available on the board's website or contact the division for the most current forms.

#### 5. VERIFICATION OF LICENSURE

A completed Verification of Licensure form (#08-4464e) sent directly from the state board where you are currently licensed. Please note that your out-of-state license must be current when your Alaska license is issued.

#### 6. VERIFICATION OF CPR AND BLOODBORNE PATHOGENS TRAINING

A copy of current cards issued by the American Red Cross, the American Heart Association or a similar organization approved by the board, verifying training courses in cardiopulmonary resuscitation (CPR) and bloodborne pathogens.

#### **TEMPORARY PERMIT**

An applicant holding a current valid license to practice body piercing or tattooing and permanent cosmetic coloring in another state may be granted a temporary permit. The permit is valid for a maximum of six months or until the board either issues a permanent license or rejects the application.

#### The following must be received by the division before your application for Temporary Permit can be reviewed:

#### 1. APPLICATION

A completed application, signed and notarized (#08-4464, pages 1-3).

#### 2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee:	\$150.00
Temporary Permit Fee:	\$100.00
Permanent License Fee:	\$180.00
Total Fees Due:	\$430.00

#### 3. VERIFICATION OF CURRENT LICENSE

A notarized copy of a current license from another state is required. Your out-of-state license must be current when Alaska issues your permanent license. If your license lapses before Alaska issues your permanent license, you will be required to renew your out-of-state license.

#### **BAH Information**

It is against the law to perform Tattooing and Permanent Cosmetic Coloring on a minor. Body piercing on a minor may not be done without prior written permission from the minor's parent or legal guardian and the presence of the parent or legal guardian during the body piercing procedure.

If you own a shop or are an independent contractor, you must apply for a shop owner license issued by the board. A state business license is also required. Please contact the Business License section at (907) 465-2550 or online at *BusinessLicense.Alaska.Gov*.

#### **EXAMINATION INFORMATION:**

The written examination is scheduled through Prov. Approved candidates will be notified by this office and Prov that they are ready to schedule their examination. Exam fees will be paid directly to Prov. Candidate bulletin can be found on the Board's website at: *ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers*.

NIC website: https://nictesting.org/ Prov website: https://provexam.com/

#### SPECIAL ACCOMMODATIONS FOR EXAMINATION:

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must contact Prov directly at: <a href="https://provexam.com/">https://provexam.com/</a>

#### **General Information**

#### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

#### **LICENSE TERM:**

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on August 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

#### **PROFESSIONAL FITNESS QUESTIONS:**

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

#### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

#### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

#### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

#### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

#### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

#### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

#### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

#### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov* 

#### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

#### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

#### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: RegulationsAndPublicComment@Alaska.Gov

#### **Definitions: AS 08.13.220**

- **I. "Barbering"** means shaving, trimming, or cutting, styling, curling, permanent waving, bleaching, coloring, cleansing, or chemically straightening the beard or hair of a living person for a fee and for cosmetic purposes;
- **II.** "Non-chemical barbering" means shaving, trimming, cutting, styling, or curling the beard or hair of a living person for a fee and for cosmetic purposes;
- **III.** "Hairdressing" means performing, for a fee, the following services for cosmetic purposes: (a) trimming or cutting the beard of a living person; and (b) arranging, styling, dressing, curling, temporary waving, permanent waving, cutting, singeing, bleaching, coloring, cleansing, conditioning, or similar work on the hair of a living person;
- **IV.** "Hair braiding" means braiding natural hair, natural fibers, synthetic fibers, and hair extensions, trimming hair extensions for braiding purposes, and attaching natural and synthetic hair by braiding for cosmetic purposes and for a fee; "hair braiding" does not include styling wigs or making wigs;
- **V.** "Esthetics" means the use of the hands, appliances, cosmetic preparations, antiseptics, or lotions in massaging, cleansing, stimulating, or similar work on the scalp, face or neck, including skin care, make-up, and temporary removal of superfluous hair, for cosmetic purposes for a fee;
- VI. "Manicuring" means, for a fee, to cut, trim, polish, color, tint, or cleanse a natural or artificial nail; affix material by artificial means to a natural nail for the addition to or extension of the natural nail; cleanse, treat, or beautify the hands or feet for cosmetic purposes; or otherwise treat the nails of the hand or foot;
- **VII.** "Limited esthetics" means to perform for a fee for cosmetic purposes; temporary removal of superfluous hair on the face or neck, including eyebrow arching by use of wax; or application of makeup or false eyelashes;\*
- **VIII.** "**Tattooing**" means the process by which the skin is marked or colored to form indelible marks, figures, or decorative designs for nonmedical purposes by inserting or ingraining an indelible pigment into or onto the skin, microblading, or microneedling;
- **IX.** "Permanent cosmetic coloring" means tattooing for the purpose of simulating hair or makeup, such as permanent eyeliner, lip color, eyebrows, and eyeshadow;
- **X.** "Body piercing" means puncturing the body of a person by aid of needles or other instruments designed to be used to puncture the body for the purpose of inserting jewelry or other objects in or through the human body, except that, for purposes of this chapter, "body piercing" does not include puncturing the external part of the human ear.
  - \*A person licensed as a hairdresser may practice manicuring and limited esthetics under the hairdresser license.

BAH



FOR D	IVISION	USE	ONLY

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### **Body Piercing, Tattooing, or Permanent Cosmetic Coloring**

## License Application

PART I App	lication Type	
Applying By:	Examination Waiver of Examination	
License Category:	☐ Body Piercing ☐ Tattooing ☐ Permanent Cosmetic Coloring	
PART II Pay	ment of Fees	
Required Fees:	<ul><li>□ Nonrefundable Application Fee</li><li>□ Initial (Permanent) License Fee</li></ul>	\$150.00 \$180.00
Temporary Permit:	In addition to the above, I would like to request a Temporary License or Permit.	\$100.00
Full Legal Name:	sonal Information  Last First  mes used (maiden, nicknames, aliases). If any documentation will be received in a prior na	Middle me, you must
	ue copy of the documentation showing proof of legal name change(s).	me, you must
Other Name		
Mailing Address:	P.O. Box or Street City State	Zip
Contact Phone:	Date of Birth:	
and Professional Licensing,	oosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to chech good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain	ck my email account o
Email Address:	Select One: Send my Correspond	ondence Electronically ondence by Mail
	Note: If both boxes are selected above, you will receive correspondence electronically.	
States Social Security Numb	R: AS 08.01.060 requires you to provide your United ber. It is considered confidential information and will may be used to verify inter-state licensure.	

<b>PART IV</b>	Training Inform	ation		
Name o	f School or Shop	Address	Dates Attended	Total Hours

### PART V Professional License(s)

Please list all states in which you currently hold or have ever held a license or permit.

State	License or Permit Number	License or Permit Category	Issue Date	Expiration Date

FOR DIVISION USE ONLY

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### **Notary Signature Page**

### PART VI Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		ribed and Sworn to e me on this Day:	
Ĺ	Notary Signature:		My Commission Expires:	



### of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

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## Statement of Responsibility (To be used ONLY if applying for a temporary license while awaiting examination.)

<b>──→</b> Applicant:	Please complete for whom you w	e the identifying information below ill be working.	w and forward a	a copy of this f	form to the individual
Applicant Name:					
Area of Practice:					
> Superviso	<b>r:</b> Please comple	te this bottom part for the applica	nt identified abo	ove.	
Supervisor Name:			Alaska Licens Number:	e	
Currently Licensed As:	☐ Tattooist	Permanent Cosmetic Colo	orist 🔲	Body Piercer	
Name of Shop:					
Phone Number:			Shop License Number:		
Shop Physical Address:	Street	City		State	Zip
Shop Mailing Address:	P.O. Box or Street	City		State	Zip
will be conducted at the sof Barbers and Hairdresse I understand that the about the further understand that	shop named above a ers. ve-named examinat the temporary lice is not eligible to rec	the above-named examination app and will be held in compliance with tion applicant must work under my case is valid for 120 days from the ceive licensure within the 120 days the temporary license.	the statutes and direct supervisidate of issue ar	d regulations son and within and is nonrenev	my physical presence.
Notary Stamp	Supervisor Printed Name:				
	Supervisor Signature:			Date Signed:	
	Notary Public for State of:		Subscribed and Before me on		
	Notary Signature:	,	My (	Commission	



Applicant:

## of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

#### **Board of Barbers and Hairdressers**

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

## Verification of Training for Tattooing (ONLY for Training Received Outside of Alaska)

below and forward a copy of this form to your trainer.				
Applicant Name:			Enrollment Date:	
Name of Training Shop or School:			Date Training Completed:	
Shop or School Mailing Address:	P.O. Box or Street	City	State	Zip

The person listed above is applying for licensure in Alaska and states that he/she obtained training from you or your organization. The Alaska Board of Barbers and Hairdressers must verify the hours earned by the applicant. We have listed Alaska's subject requirements. Please compare the different subject areas and, to the best of your ability, indicate the hours of practical operations and theory hours obtained by the applicant. A total of 1,000 hours of training is required, with a minimum of 270 theory hours in specific topics and a minimum of 150 hours of practical operations. The remaining hours may be obtained in theory hours, practical hours, or a combination of both.

This form is for training received outside of Alaska only. Please complete the identifying information

Please complete this bottom part for the applicant identified above and return the form and a copy of your syllabus or course outline that provides information regarding subjects taught directly to the Alaska Board of Barbers and Hairdressers at the letterhead address.

Trainer Name:				
Trainer Phone Number:			Certification, tion or License Number:	
Trainer Mailing Address:	P.O. Box or Street	City	Sta	ate Zip
	Subject	Total Number Theory Hours Earned	Minimum Theory Required by S	
Safety, sanitation, ste	rilization, and aseptic		10	00
Anatomy and physiology			3	0
Skin and skin disorders			1	0
Aftercare techniques			10	00
Equipment and supplies			2	0

Subject	Total Number Practical Hours Earned	Minimum Practical Hours for Tattoo Required by State of Alaska
Practical operations observed by student		50
Practical operations in which the student participated		50
Practical operations performed by the student under supervision, but without assistance		50

Notary Stamp	Trainer Printed Name:		
	Trainer Signature:		
	Notary Public for State of:	subscribed and Sworn to Before me on this Day:	
	Notary Signature:	My Commission Expires:	

#### 12 AAC 09.169. TATTOOING TRAINING REQUIREMENTS

- (a) A student who is receiving training in tattooing and permanent cosmetic coloring must complete a curriculum that consists of at least 1,000 hours of training. The training must include a minimum of 270 hours of theory instruction and a minimum of 150 hours of practical operations.
- (b) The 270 hours of theory instruction required in (a) of this section must include the following:

Subject	Minimum Number of Hours
(1) Safety, sanitation, sterilization, and aseptic	100
(2) Anatomy and physiology	30
(3) Skin and skin disorders	10
(4) Aftercare techniques	100
(5) Equipment and supplies	20
(6) Alaska statutes and regulations	10

- (c) The 150 hours of practical operations required in (a) of this section must include:
  - (1) 50 practical operations observed by the student;
  - (2) 50 practical operations in which the student participated; and
  - (3) 50 practical operations performed by the student under supervision, but without assistance.
- (d) In addition to the requirements of (a) and (c) of this section, an applicant must successfully complete training equivalent to that required for completion of courses certified by the American Red Cross, the American Heart Association or a similar organization approved by the board in
  - (1) Cardio cardiopulmonary resuscitation (CPR); and
  - (2) Bloodborne pathogens



Applicant:

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## Verification of Training for Body Piercing (ONLY for Training Received Outside of Alaska)

		•		
Applicant Name:			Enrollment Date:	
Name of Training Shop or School:			Date Training Completed:	
Shop or School Mailing Address:	P.O. Box or Street	City	State	Zip

below and forward a copy of this form to your trainer.

•	
$\longrightarrow$	Trainer

The person listed above is applying for licensure in Alaska and states that he/she obtained training from you or your organization. The Alaska Board of Barbers and Hairdressers must verify the hours earned by the applicant. We have listed Alaska's subject requirements. Please compare the different subject areas and, to the best of your ability, indicate the hours of practical operations and theory hours obtained by the applicant. A total of 1,000 hours of training is required, with a minimum of 270 theory hours in specific topics and a minimum of 150 hours of practical operations. The remaining hours may be obtained in theory hours, practical hours, or a combination of both.

This form is for training received outside of Alaska only. Please complete the identifying information

Please complete this bottom part for the applicant identified above and return the form and a copy of your syllabus or course outline that provides information regarding subjects taught directly to the Alaska Board of Barbers and Hairdressers at the letterhead address.

Trainer Name:				
Trainer Phone Number:			Certification, ation or License Number:	
Trainer Mailing Address:	P.O. Box or Street	City	Sta	ate Zip
	Subject	Total Number Theory Hours Earned	-	ours for Body Piercing State of Alaska
Safety, sanitation, ster	rilization, and aseptic		10	00
Anatomy and physiology			3	30
Skin and skin disorders			1	0
Aftercare techniques			10	00
Equipment and supplies			2	20

Subject	Total Number Practical Hours Earned	Minimum Practical Hours for Body Piercing Required by State of Alaska
Practical operations observed by student		50
Practical operations in which the student participated		50
Practical operations performed by the student under supervision, but without assistance		50

Notary Stamp	Trainer Printed Name:	
	Trainer Signature:	
	Notary Public for State of:	ribed and Sworn to e me on this Day:
i Li	Notary Signature:	My Commission Expires:

#### 12 AAC 09.167. BODY PIERCING TRAINING REQUIREMENTS

- (a) A student who is receiving training in body piercing must complete a curriculum that consists of at least 1,000 hours of theoretical and practical training. The training must include a minimum of 270 hours of theory instruction and a minimum of 150 practical operations.
- (b) The 150 hours of practical operations required in (a) of this section must include:
  - (1) 50 practical operations observed by the student;
  - (2) 50 practical operations in which the student participated; and
  - (3) 50 practical operations performed by the student under supervision, but without assistance.
- (c) The 270 hours of theory instruction required in (a) of this section must include the following:

Subject	Minimum Number of Hours
(1) Safety, sanitation, sterilization, and aseptic	100
(2) Anatomy and physiology	30
(3) Skin and skin disorders	10
(4) Aftercare techniques	100
(5) Equipment and supplies	20
(6) Alaska statutes and regulations	10

- (d) In addition to the requirements of (a) (c) of this section, an applicant must successfully complete training equivalent to that required for completion of courses certified by the American Red Cross, the American Heart Association, or a similar organization approved by the board, in
  - (1) Cardio cardiopulmonary resuscitation (CPR); and
  - (2) Bloodborne pathogens



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### **Verification of Training for Permanent Cosmetic Coloring (PCC)** (ONLY for Training Received Outside of Alaska)

Applica	below and forward a co	py of this form to your trainer.		
Applicant Name:			Enrollment Date:	
Name of Training Shop or School:			Date Training Completed:	
Shop or School Mailing Address:	P.O. Box or Street	City	State	Zip

$\longrightarrow$	Trainer
_	Hanner

The person listed above is applying for licensure in Alaska and states that he/she obtained training from you or your organization. The Alaska Board of Barbers and Hairdressers must verify the hours earned by the applicant. We have listed Alaska's subject requirements. Please compare the different subject areas and, to the best of your ability, indicate the hours of practical operations and theory hours obtained by the applicant. A total of 250 hours of training is required, with a minimum of 125 theory hours in specific topics and a minimum of 75 hours of practical operations. The remaining hours may be obtained in theory hours, practical hours, or a combination of both.

This form is for training received outside of Alaska only. Please complete the identifying information

Please complete this bottom part for the applicant identified above and return the form and a copy of your syllabus or course outline that provides information regarding subjects taught directly to the Alaska Board of Barbers and Hairdressers at the letterhead address.

Trainer Name:					
Trainer Phone Number:			Certification, tion or License Number:		
Trainer Mailing Address:	P.O. Box or Street	City	State Zip		
	Subject	Total Number Theory Hours Earned	Minimum Theory Hours for PCC Required by State of Alaska		
Safety, sanitation, sterilization, and aseptic			45		
Anatomy and physiology			10		
Skin and skin disorders			10		
Aftercare techniques			30		
Equipment and supplies			10		
Emotional and psychological considerations of client			5		
Face shape and color theory			5		

Subject	Total Number Practical Hours Earned	Minimum Practical Hours for PCC Required by State of Alaska
Practical operations observed by student including: eight lips, eight eyeliners, eight eyebrows, and may include microblading		25
Practical operations in which the student participated including: eight lips, eight eyeliners, eight eyebrows, and may include microblading		25
Practical operations performed by the student under supervision, but without assistance including: eight lips, eight eyeliners, eight eyebrows, and may include microblading		25

Notary Stamp	Trainer Printed Name:			
į	Trainer Signature:			
	Notary Public for State of:		ibed and Sworn to me on this Day:	
i   L	Notary Signature:		My Commission Expires:	

#### 12 AAC 09.168. PERMANENT COSMETIC COLORING TRAINING REQUIREMENTS

- (a) A student who is receiving training in permanent cosmetic coloring must complete a curriculum that consists of at least250 hours of training. The training must include a minimum of 125 hours of theory instruction and a minimum of 75 hours of practical operations, including the number of practical operations under (c) of this section, during which the trainer must be physically present in the shop.
- (b) The 125 hours of theory instruction required under (a) of this section must include the following:

Subject	Minimum Number of Hours
(1) Safety, sanitation, sterilization, and aseptic	45
(2) Anatomy and physiology	10
(3) Skin and skin disorders	10
(4) Aftercare techniques	30
(5) Equipment and supplies	10
(6) Emotional and psychological considerations of the client	5
(7) Face shape and color theory	5

- (c) The 75 hours of practical operations required in (a) of this section must include:
  - (1) 25 practical operations observed by the student including: eight lips, eight eyeliners, and eight eyebrows and may include microblading;
  - (2) 25 practical operations in which the student participated including: eight lips, eight eyeliners, and eight eyebrows and may include microblading; and
  - (3) 25 practical operations performed by the student under supervision, but without assistance including: eight lips, eight eyeliners, and eight eyebrows and may include microblading.
- (d) In addition to the requirements of (a) (c) of this section, an applicant must successfully complete training equivalent to that required for completion of courses certified by the American Red Cross, the American Heart Association or a similar organization approved by the board in
  - (1) Cardio cardiopulmonary resuscitation (CPR); and
  - (2) Bloodborne pathogens



of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

#### **Board of Barbers and Hairdressers**

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

### **Verification of Licensure**

$\longrightarrow$	Applicant:

Please complete the identifying information below and forward a copy of this form to the state board in which you hold a current license. Some states require a fee for completion of license verification; you may wish to check with the state board prior to submitting this form for completion. If the state where you are currently licensed is not the state in which you received your training and/or examination, please send a copy of this form to the state where you received your training and/or examination as well as the state where you are currently licensed.

Applicant Name:					
License Number:				Date of Birth:	
Applicant Signature:					
Ticensing Agency or State Board:  Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Barbers and Hairdressers at the letterhead address or emain the completed form to boardofbarbershairdressers@alaska.gov.					
Licensee Name:				State or Jurisdiction:	
Type of License Granted:				Total Hours:	
License Number:			Licensed By:	☐ Exam	Reciprocity/Endorsement
Issue Date:			Expiration Date:		
Written Exam Administered:	Yes	□ No		Date of Exam:	
Name of Exam:				Exam Score:	
Apprenticeship or School Attended:					
Dates Attended:				Hours:	
Has there been any final disciplinary action take (If yes, please provide a copy of the disciplinary action docur			s licensee?	Yes	No
List Derogatory Information, If Any:					
Board Seal	Board Agency Name:				
	Printed Name:				Title:
i !	Signature:				Date Signed:



# THE STATE of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

#### **Board of Barbers and Hairdressers**

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

You must read the current statute and regulations booklet available on the Board's website:

### **Affidavit Confirming Study of the Statute and Regulations Booklet**

→ Applicant:	ProfessionalLice	ense.Alaska.Gov/BoardOfBarbersH	airdresse	ers	
• •	After you have	read the current booklet, please co	omplete	the information belo	ow.
Applicant Name:					
Date on Cover of Statutes and Regulations Booklet:					
•	Regulations bookl	(6) or 12 AAC 09.169(6), I certify the et as dated above for at least 10 hond correct.		e studied the Alaska	Board of Barbers and
' Notary Stamp II	Applicant Printed Name:				
	Applicant Signature:				
	Notary Public for State of:			bed and Sworn to me on this Day:	
I: 'I	Notary Signature:			My Commission Expires:	

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Fo	orm
All major credit cards are accepted Include this credit card payment for	For security purposes, <u>do not email</u> credit card information. m with your application.
Name of Applicant or Licensee:	
Program Type:	License Number (if applicable):
I wish to make payment by credit ca	ard for the following (check all that apply):  AMOUNT
Application Fee:	
License or Renewal Fee: _	
Other (name change, wall co	ertificate, fine, duplicate license, exam, etc.):
1	
	TOTAL:
Name (as shown on credit card): _	
Mailing Address:	
Phone Number:	Email <i>(optional)</i> :
Signature of Credit Card Holder:	
08-4438 Rev 12/26/18	Credit Card Payment Form (all major cards accepted
	yment cannot be processed unless all fields are completed!
1. Account Number:	All four fields <b>MUST</b> be completed!
<ol> <li>Expiration Date:</li> <li>Billing ZIP Code:</li> <li>Security Code:</li> </ol>	This section will be destroyed after the payment is processed.