FOR DIVISION USE ONLY

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense. Alaska. Gov/BoardOfBarbers Hairdressers Body Piercing Trainee

Notice of Termination of Training in Alaska

12 AAC 09.185(G) requires that within 20 working days after termination of instruction of a body piercing trainee a trainer must notify the department, on a form provided by the department, the date of termination, the total number and types of operations performed by the trainee, and the total number of hours and types of training received by the trainee.

Note: The total hours reported on this form are subject to audit by the board and may be utilized to establish credit hours for transfer/reenrollment and/or completion to qualify an applicant for the examination. **Please return the completed form directly to the Alaska Board of Barbers and Hairdressers at the letterhead address.**

PART I Tra	inee Information			
Trainee Name:			Trainee Permit Number:	
Mailing Address:	P.O. Box or Street	City	State	Zip
Shop Name:		Approved Tr	ainer:	
Date Training Began:		Date Training Terminated:		

Practical Operations

Subject

Minimum # of Practical Operations Required
Operations Required

Practical operations observed by the trainee.

Practical operations in which the trainee participated.

Practical operations performed by the trainee under supervision, but without assistance.

Total Number of Hours Earned for Practical Operations:

PART III Theory Hours

Subject	Minimum # of Theory Hours Required	# of Theory Hours Earned
Safety, sanitation, sterilization, and aseptic.	100	
Anatomy and physiology.	30	
Skin and skin disorders.	10	
Aftercare techniques.	100	
Equipment and supplies.	20	
Alaska statutes and regulations.	10	
Total Number of Theory Hours Earned:		

PART IV Notarized Signat

I certify that the training, as reported on this form,	was held in compliance with	the board's statutes and re	egulations and that
the information reported on this form is true and c	orrect.		

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