



THE STATE
of **ALASKA**

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

BAH

FOR DIVISION USE ONLY

Board of Barbers and Hairdressers

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Email: BoardOfBarbersHairdressers@Alaska.Gov

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Permanent Cosmetic Coloring (PCC) 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 permanent cosmetic coloring 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 Trainee Information

Trainee Name:		Trainee Permit Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Shop Name:		Approved Trainer:	
Date Training Began:		Date Training Terminated:	

PART II Practical Operations

Subject	Minimum # of Practical Operations Required	# of Practical Operations Performed
Practical operations observed by the student.	25	
Practical operations in which the student participated.	25	
Practical operations performed by the student under supervision, but without assistance.	25	
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.	45	
Anatomy and physiology.	10	
Skin and skin disorders.	10	
Aftercare techniques.	30	
Equipment and supplies.	10	
Alaska statutes and regulations.	10	
Emotional and psychological considerations of client.	5	
Face shape and color theory.	5	
Total Number of Theory Hours Earned:		

PART IV Notarized Signature

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

<div style="border: 1px dashed gray; padding: 10px; width: fit-content; margin: auto;"> Notary Stamp </div>	Trainer Printed Name:			
	Trainer Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	