



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**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfBarbersHairdressers@Alaska.Gov](mailto:BoardOfBarbersHairdressers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers)

## Student Instructor Notice of Termination of Training

This form is to be used when a student has not completed their training.

12 AAC 09.130(e) requires that within 20 working days after termination of instruction of a student a school owner must notify the department, on a form provided by the department, of the termination. The termination report must include the date of the student's enrollment, the date of termination, the total number and types of operations performed by the student, and the total number of hours and types of training received by the student. The termination report is subject to audit and may be utilized to establish credit hours for transfer and reenrollment under 12 AAC 09.135. **Please return the completed form directly to the Alaska Board of Barbers and Hairdressers at the letterhead address.**

### PART I Student Information

<b>Student Name:</b>		<b>Student Permit Number:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>School Name:</b>			
<b>Date Enrolled:</b>		<b>Date Terminated:</b>	

### PART II Training Information

Subject	Number of Hours of Instruction
Rules and regulations of the board.	
Preparatory theoretical instruction, including teaching techniques, lesson planning, methods of instruction, evaluation of instruction, student recordkeeping, state recordkeeping, and school operation.	
Supervision of desk, booking appointments, and assigning students for clinic services.	
Clinic floor supervision under the direct supervision of licensed instructor.	
Presentation of theoretical subjects in a classroom situation.	

**PART II Training Information (continued)**

Subject	Number of Hours of Instruction
Presentation of practical subjects in a classroom situation.	
Supervision of clinic floor.	
<b>Total Hours of Training Received:</b>	

**PART III Signature**

I hereby certify that the above-named student obtained the following instruction in accordance with 12 AAC 09.165. The total number of hours of instruction is indicated above.

I understand that this termination report is subject to audit and may be utilized to establish credit hours for transfer and reenrollment under 12 AAC 09.135.

Notary Stamp	<b>Instructor or School Owner Printed Name:</b>		
	<b>Instructor or School Owner Signature:</b>		
	<b>Notary Public for State of:</b>	<b>Subscribed and Sworn to Before me on This Day:</b>	
	<b>Notary Signature:</b>	<b>My Commission Expires:</b>	