



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

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Permanent Cosmetic Coloring Trainee

Quarterly Report Form

A trainer must submit a report on each trainee under the trainer’s supervision, on a form provided by the department, no later than the 15th day after the calendar quarter. The report must include, the exact number of hours of theoretical instruction and exact number and type of practical operations completed by the trainee during the previous quarter.

The quarterly report must maintain continuity from month-to-month from the date the training begins to the date of termination or completion of the course of training regardless of attendance by the trainee.

PART I Trainee Information

| | | | |
|--------------------------|--|-------------------------------|--|
| Trainee Name: | | Trainee Permit Number: | |
| Shop Name: | | | |
| For the Month of: | | Year: | |

PART II Hours of Attendance

| Hours of Attendance - Days of the Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|------------------------------------|----|----|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|----|----|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours for Current Month: | | | | | | | | | | | Total Hours for Last Month: | | | | | | | | | | | Total Hours to Date: (Current + Last Month) | | | | | | | | | | |

PART III Practical Operations

| Subject | Number of Practical Operations Performed This Month/Quarter |
|--|---|
| Practical operations observed by the trainee. | |
| Practical operations in which the trainee participated. | |
| Practical operations performed by the trainee under supervision, but without assistance. | |

PART IV Theory Hours

| Subject | Number of Theory Hours Earned This Month/Quarter |
|---|--|
| Safety, sanitation, sterilization, and aseptic. | |
| Anatomy and physiology. | |
| Skin and skin disorders. | |
| Aftercare techniques. | |
| Equipment and supplies. | |
| Alaska statutes and regulations. | |
| Emotional & psychological considerations of client. | |
| Face shape & color. | |

PART V Signature

| | | | |
|---|--|---------------------|--|
| I certify that the above information is true and correct to the best of my knowledge. | | | |
| Trainee Printed Name: | | | |
| Trainee Signature: | | Date Signed: | |
| Trainer Printed Name: | | | |
| Trainer Signature: | | Date Signed: | |



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