



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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Certification of Completed Student Training For Tattooing and Permanent Cosmetic Coloring in Alaska

Student Name:			
Address:			
Shop Name:		Approved Trainer:	

Only provide dates for training that occurred within Alaska.	Date Training Began	Date Training Completed
	_____	_____

Minimum Number of Practical Operations Required	Number of Operations	Hours Earned
(1) Practical operations observed by student (50)	_____	_____
(2) Practical operations in which student participated (50)	_____	_____
(3) Practical operations performed by student under supervision, but without assistance (50)	_____	_____

Minimum Number of Theory Hours Required	Total Theory Hours Earned
(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)	_____

12 AAC 09.185(h) requires that within 30 days of completion of tattooing and permanent cosmetic coloring instruction, the trainer shall submit a certificate of completion, documenting the theory hours and practical operations.

12 AAC 09.169 requires 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. The remaining hours may be obtained through a combination of theory hours and practical operations or just practical operations.

Total Number of Practical Operations Hours Earned:	
Total Number of Theory Hours Earned:	

By my signature below, I certify the above-named student received instruction and training in the shop in the subjects required by 12 AAC 09.169. I have listed the operations performed and hours earned where indicated.

I further 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.

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.

Name of Trainer:			
Signature of Trainer:		Date:	
<div style="border: 1px dashed black; padding: 5px; width: fit-content;">Notary Stamp</div>	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary's Signature:		My Commission Expires: