BAH

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF BARBERS AND HAIRDRESSERS
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For Division Use Only

*****For Training Completed Inside Alaska Only!*****

CERTIFICATION OF COMPLETED STUDENT TRAINING FOR BODY PIERCING

Student Name: _____

Address: _____

Shop Name: _____ Approved Trainer: _____

Date Training Began: _____ Date Training Completed: _____

12 AAC 09.167 requires a student who is receiving training in body piercing to complete a curriculum that consists of at least 1,000 hours of theoretical and practical training. The training must include a minimum of 270 hours of theory instruction in specific subjects and a minimum of 150 practical operations.

By my signature below, I certify the above-named student received instruction and training in this shop in the subjects required by 12 AAC 09.167. I have listed the operations performed and hours earned where indicated:

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

Total Number of Hours Earned for Practical Operations: _____

		Minimum Number of Theory Hours Required	Total Number of Theory Hours Earned
(1)	Safety, sanitation, sterilization, and aseptic	(100)	_____ hours earned
(2)	Anatomy and physiology	(30)	_____ hours earned
(3)	Skin and skin disorders	(10)	_____ hours earned
(4)	Aftercare techniques	(100)	_____ hours earned
(5)	Equipment and supplies	(20)	_____ hours earned
(6)	Alaska statutes and regulations	(10)	_____ hours earned

Total Number of Theory Hours Student Earned: _____

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.

_____ _____
Printed Name of Trainer Trainer Signature Date

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.

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of _____,
this _____ day of _____, _____.

NOTARY SEAL _____
Notary Public
My Commission Expires: _____