



THE STATE
of **ALASKA**

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

BAH

FOR DIVISION USE ONLY

Barbers and Hairdressers Program
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: BoardOfBarbersHairdressers@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Monthly Report: Tattoo and Permanent Cosmetic Coloring Trainees

Name of Trainee: _____	Name of Shop: _____
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Report hours for:	Year: _____	Month: _____	Write in training hours for each day below:																														
HOURS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

PRACTICAL OPERATIONS:	<i>Number of Operations</i>
1. Number of practical operations performed:	_____
2. Number of operations observed:	_____
3. Number of operations participated in:	_____
4. Number of operations performed under supervision without assistance:	_____

THEORY HOURS:	<i>Number of Theory Hours</i>
1. Number of safety, sanitation, sterilization, and aseptic hours earned:	_____
2. Number of anatomy and physiology hours earned:	_____
3. Number of skin and skin disorders hours earned:	_____
4. Number of aftercare techniques hours earned:	_____
5. Number of equipment and supplies hours earned:	_____
6. Number of Alaska statutes and regulations hours earned:	_____

Signature of the licensed instructor for this reporting month:	
Printed Name of Licensed Instructor: _____	License #: _____
Signature of Licensed Instructor: _____	Date: _____

I certify the correctness of this report:	
Signature of Student: _____	Date: _____