



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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BAH

For Division Use Only

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

**TERMINATION OF STUDENT TRAINING FOR
 BODY PIERCING**

Student Name: _____

Address: _____

Shop Name: _____ Approved Trainer: _____

Date Training Began: _____ Date Training Completed: _____

12 AAC 09.185(G) requires that within 20 working days after termination of instruction of a body piercing trainee a trainer must notify the department, on a form provided by the department, the date of termination, the total number and types of operations performed by the trainee, and the total number of hours and types of training received by the trainee.

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.

	<u>Minimum Number of Practical Operations Required</u>	<u>Number of Practical Operations Performed</u>
(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: _____

	<u>Minimum Number of Theory Hours Required</u>	<u>Total Number of Theory Hours Earned</u>
(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

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: _____