



FOR DIVISION USE ONLY

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

#### **Board of Barbers and Hairdressers**

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Email: *BoardOfBarbersHairdressers@Alaska.Gov* Website: *ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers* 

# **Manicurist Advanced Endorsement Student Affidavit**

### of Completed Training (To be used when a student has <u>completed</u> their training.)

12 AAC 09.130(f) requires that within five working days after completion by a student of a course of study, the school owner shall submit to the board an affidavit showing the total number of operations, and the total number of hours of training and theoretical instruction completed by the student, and the date of completion of the course. This affidavit will serve as certification by the school that the student meets eligibility requirements necessary for examination for licensure. **Please return the completed form directly to the Alaska Board of Barbers and Hairdressers at the letterhead address.** 

**Note:** To be considered for the examination, the application, quarterly reports, Affidavit of Training and fees must be <u>complete</u> and <u>received</u> in the division by the required examination deadline for which the applicant wishes to be scheduled. See 12 AAC 09.005 and AS 08.13.080. School owners: you must follow 12 AAC 09.130 for the submission of reports.

#### PART I Student Information

Student Name:			Student Permit Number:	
Mailing Address:	P.O. Box or Street	City	State	Zip
School Name:				
Date Enrolled:			Date Completed:	

## PART II Subjects

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**Total Hours of Training Received:** 

## PART IV Notarized Signature

I hereby certify that the above-named student obtained the following hours of training in accordance with 12 AAC 09.148. The total number of hours completed is indicated above.

This affidavit serves as certification by the school that the student meets training requirements necessary for examination for licensure as required by 12 AAC 09.130(f).

Notary Stamp	Instructor or School Owner Name:		
	Instructor or School Owner Signature:		
	Notary Public for State of:	Subscribed and Sworn to Before me on this Day:	
	Notary Signature:	My Commission Expires:	