



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

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Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Monthly Report: 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	NUMBER OF OPERATIONS
Number of operations observed:	
Number of operations participated in:	
Number of operations performed under supervision w/o assistance:	

THEORY HOURS	NUMBER OF THEORY HOURS
Number of safety, sanitation, sterilization & aseptic hours earned:	
Number of anatomy & physiology hours earned:	
Number of skin and skin disorders hours earned:	
Number of aftercare techniques hours earned:	
Number of equipment and supplies hours earned:	
Number of Alaska statutes and regulations hours earned:	
Number of emotional & psychological considerations of client hours:	
Number of face shape & color theory hours:	

Signature of Licensed Instructor: <i>(for this reporting month)</i>		License #:	
Printed Name of instructor:		Date:	

I CERTIFY THE CORRECTNESS OF THIS REPORT:

Signature of Student:		Date:	
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