



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
 PO Box 110806, Juneau, AK 99811-0806
 Phone: (907) 465-2550
 Email: BoardOfBarbersHairdressers@Alaska.Gov
 Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Termination of Student Training

Permanent Cosmetic Coloring (PCC) in Alaska

Student's Name				Apprentice Permit #	
Mailing Address	Street/PO Box	City	State	Zip Code	
Shop Name			Approved Trainer:		

<i>ONLY provide dates for training that occurred within Alaska.</i>	Date Training Began	Date Training Terminated

PRACTICAL HOURS	Hours Required	# of Operations	Hours Earned
Practical operations observed by a student	25		
Practical operations in which a student participated	25		
Practical operations performed by student under supervision, but without assistance	25		

THEORY HOURS	Hours Required	Total Theory Hours Earned
Safety, sanitation, sterilization, and aseptic	45	
Anatomy and physiology	10	
Skin and skin disorders	10	
Aftercare techniques	30	
Equipment and Supplies	10	
Alaska statues and regulations	10	
Emotional/psychological considerations client	5	
Face shape and color theory	5	

12 AAC 09.185(G) requires that within 20 working days after termination of instruction of a tattoo and permanent cosmetic coloring 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.

Total Number of Practical Operations Hours Earned:	
Total Number of Theory Hours Earned:	

By my signature below, I certify the above-named student received instruction and training in the shop in the subjects required by 12 AAC 09.168. I have listed the operations performed and hours earned where indicated.

I further 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.

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.

Name of Trainer:			
Signature of Trainer:		Date:	
<div style="border: 1px dashed black; padding: 5px; width: fit-content;">Notary Stamp</div>	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary's Signature:		My Commission Expires: