



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

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Email: BoardOfBarbersHairdressers@Alaska.Gov

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Certification of Complete 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	Practical Operations 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(h) requires that within 30 days of completion of permanent cosmetic coloring instruction, the trainer shall submit a certificate of completion, documenting the theory hours and practical operations.

12 AAC 09.168 requires a student who is receiving training in permanent cosmetic coloring must complete a curriculum that consists of at least 250 hours of training.

The training must include a minimum of 125 hours of theory instruction and a minimum of 75 hours of practical operations. The remaining hours may be obtained through a combination of theory hours and practical operations or just practical operations.

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: