State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Barbers and Hairdressers
P.O. Box 110806
Juneau, Alaska 99811-0806
(907) 465-2547
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BAH

(For Office Use Only)

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

CERTIFICATION OF COMPLETED STUDENT TRAINING FOR TATTOOING & PERMANENT COSMETIC COLORING

Student Name: _____

Address: _____

Shop Name: _____ Approved Trainer: _____

Date Training Began: _____ Date Training Completed: _____

12 AAC 09.169 REQUIRES a student who is receiving training in tattooing and permanent cosmetic coloring must complete a curriculum that consists of at least 380 hours of training. The training must include a minimum of 130 hours of theory instruction and a minimum of 150 hours of practical operations. The remaining 100 hours of training may be obtained through a combination of theory hours and hours of practical operations or just hours of practical operations.

By my signature below, I certify the above-named student received instruction and training in this shop in the subjects required by 12 AAC 09.169. I have listed the operations performed and hours earned where indicated:

	Minimum Number of Hours of Practical Operations Required	Number of Hours of Practical Operations Earned
(1) Practical operations	(150)	_____ hours of practical operations

	Minimum Number of Theory Hours Required	Total Number of Theory Hours Earned
(1) Safety, sanitation, sterilization, and aseptic	(50)	_____ hours earned
(2) Anatomy and physiology	(30)	_____ hours earned
(3) Skin and skin disorders	(10)	_____ hours earned
(4) Aftercare techniques	(10)	_____ hours earned
(5) Equipment and supplies	(20)	_____ hours earned
(6) Alaska statutes and regulations	(10)	_____ hours earned

Overall Total Number of 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

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.

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: _____