



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
**Board of Barbers and Hairdressers**  
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**BAH**

(For Office Use Only)

**\*\*For Training Completed Inside Alaska Only!\*\***  
**CERTIFICATION OF COMPLETED STUDENT TRAINING FOR  
 BODY PIERCING**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Shop Name: \_\_\_\_\_ Approved Trainer: \_\_\_\_\_

Date Training Began: \_\_\_\_\_ Date Training Completed: \_\_\_\_\_

12 AAC 09.167 requires a student who is receiving training in body piercing to complete a curriculum that consists of at least 1,000 hours of theoretical and practical training. The training must include a minimum of 270 hours of theory instruction in specific subjects and a minimum of 150 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 09.167. I have listed the operations performed and hours earned where indicated:

	<u>Minimum Number of Practical Operations Required</u>	<u>Number of Practical Operations Performed</u>
(1) Practical operations observed by the student; .....	(50)	_____ operations performed
(2) Practical operations in which the student participated .....	(50)	_____ operations performed
(3) Practical operations performed by the student under supervision, but without assistance .....	50)	_____ operations performed

	<u>Minimum Number of Theory Hours Required</u>	<u>Total Number of Theory Hours Earned</u>
(1) Safety, sanitation, sterilization, and aseptic .....	(100)	_____ hours earned
(2) Anatomy and physiology .....	(30)	_____ hours earned
(3) Skin and skin disorders .....	(10)	_____ hours earned
(4) Aftercare techniques .....	(100)	_____ 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: \_\_\_\_\_