## **CERTIFICATE BY STUDENT**

	attended										
from the day of _	until the day of ,										
continuously, with the fo	ollowing exceptions:										
	·										
I.	, hereby certify that the foregoing copy is										
a correct account of the	course completed by me at										
that my work at the sch	ool has been at all times under the personal supervision of										
	nd I further state that the information contained herein is										
true and correct to the b	pest of my knowledge.										
	(Student)										
	(Gladon)										
Subscribed and sworn t	o before me this day of ,										
SEAL	Notany Dublia Official Cignatura										
SEAL	Notary Public Official Signature Expiration Date:										
	Expiration Date.										
	INSTRUCTORS CERTIFICATE										
I	, hereby certify that I am a licensed										
instructor in barbering /	cosmetology in										
school, that I have ins	tructed the above named person and that the foregoing										
	correct record of the instruction obtained and the practice										
performed by	(student).										
	(hadrada A										
Cuborihad and awarn	(Instructor)										
Subscribed and SWOM	to before me this day of ,										
SEAL	Notary Public Official Signature										
	Expiration Date:										

## IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD

Idaho Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Website: https://dopl.idaho.gov

E-mail: bcb@dopl.idaho.gov

## STUDENT RECORD OF INSTRUCTION

## **BARBER STYLIST**

This record shall be maintained by the school and verified by both the student and an instructor of the school. The record shall be kept to date and available upon request for inspection by the Bureau during school hours.

This is the only official record of training and shall be submitted to the Bureau within thirty (30) days of the student's completion of training.

Name
Address
Date & Place of Birth
Date of Admission to Barber School
Last Day of Attendance
Name and Location of Barber School

Barber Stylist

STUDENT		SCHOOL				DATE OF ADMISSION D.						DATE OF	DATE OF COMPLETION			DAYS PRESENT			
MONTH AND YEAR	Haircut	Style / Blow Dry	Shampoo	Perm. Wave	Shave / Beard Trim	Facial / Massage	Color / Bleach / Rinse	Hair or Scalp Treatment	Curling Iron	Disinfection / Hygiene	Laws and Rules		Practical Work Grades	Theoretical Work Grades	Practical Work Hours	Theoretical Work Hours	Grand Total Hours		
TOTAL																			
TOTAL													MINI	MUM HOUR	S REQU	IRED =	1500		
REMARKS:						LIST OF INSTRUCTORS FOR ENTIRE COURSE:													
						-													
						-													