## **CERTIFICATE BY STUDENT**

	attended										
from the day of	until the day of ,										
continuously, with the follow	attended until the day of , wing exceptions:										
	·										
•	haraby and by that the foregoing convic										
a correct account of the cou	, hereby certify that the foregoing copy is										
a correct account or the col	urse completed by me at has been at all times under the personal supervision of										
a licancad instructor, and l	I further state that the information contained herein is										
true and correct to the best											
and correct to the best	of my knowledge.										
(Student)											
	(2.22,										
Subscribed and sworn to be	efore me this day of ,										
SEAL	Notary Public Official Signature										
	Expiration Date:										
18.1	ICTRUSTORS OF REISONTE										
IIN	ISTRUCTORS CERTIFICATE										
I	, hereby certify that I am a licensed										
instructor in harbering / cos	smetology in										
school that I have instruc	cted the above named person and that the foregoing										
	rrect record of the instruction obtained and the practice										
performed by (student).											
	(Instructor)										
Subscribed and sworn to b	pefore me this day of ,										
	; <u></u>										
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

## Cosmetology

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 Cosmetology School
Last Day of Attendance
Name & Location of Cosmetology School

Cosmetology

	STUDENT			SCHOOL	-	DATE OF ADMISSION					DATE OF COMPLETION					DAYS PRESENT				
MONTH AND YEAR	Disinfection	Laws and Rules	Creative Hair Styles: Wet Set Thermal/ Finger Wave/ Braiding / Free Style	Scalp Treatment	Permanent Waves – All Methods	Haircutting / Shaping Razor & Scissors	Bleaching	Tinting	Semi- Permane Tempora Color	nt/ Frost	ng jhts	Facials, Makeup and Arches	Manicures Plain & Oil	Pedicures	Artificial Nails	Theory Grade	Practical Grade	Total Theory Hours	Total Practical Hours	Grand Total Hours
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F	REMARKS:					LIST	LIST OF INSTRUCTORS FOR ENTIRE COURSE:								<u>VIOIVI FI</u>	<u>OUKS</u>	REQUIR	KED =		1600
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