

**CERTIFICATE BY STUDENT**

\_\_\_\_\_ attended \_\_\_\_\_  
from the \_\_\_\_ day of \_\_\_\_\_ until the \_\_\_\_ day of \_\_\_\_\_,  
continuously, with the following exceptions: \_\_\_\_\_  
\_\_\_\_\_.

I, \_\_\_\_\_, hereby certify that the foregoing copy is  
a correct account of the course completed by me at \_\_\_\_\_  
that my work at the school has been at all times under the personal supervision of  
a licensed instructor, and I further state that the information contained herein is  
true and correct to the best of my knowledge.

\_\_\_\_\_  
(Student)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL \_\_\_\_\_  
Notary Public Official Signature  
Expiration Date: \_\_\_\_\_

**INSTRUCTORS CERTIFICATE**

I, \_\_\_\_\_, hereby certify that I am a licensed  
instructor in barbering / cosmetology in \_\_\_\_\_  
school, that I have instructed the above named person and that the foregoing  
statement is a true and correct record of the instruction obtained and the practice  
performed by \_\_\_\_\_ (student).

\_\_\_\_\_  
(Instructor)

Subscribed and sworn 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: [bcg@dopl.idaho.gov](mailto:bcg@dopl.idaho.gov)

**INSTRUCTOR STUDENT RECORD OF INSTRUCTION**

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 of Birth
Name and Location of School You Are Attending
Date of Admission to School

# Instructor

STUDENT		SCHOOL					DATE OF ADMISSION			DATE OF COMPLETION OR DISCONTINUANCE	
MONTH AND YEAR	Lesson Planning	Audio/Visual Aid Preparation	Theory Class	Practical Demonstrations	Testing and Evaluation Theory	Testing and Evaluation Practical	Clinic Floor Supervision	Disinfection	Laws and Rules	Related Subjects	Total Daily Hours
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
<b>TOTAL</b>											
								<b>MINIMUM HOURS REQUIRED =</b>		<b>500/ 1000</b>	
REMARKS:		LIST OF INSTRUCTORS FOR ENTIRE COURSE:									