

COMMONWEALTH OF KENTUCKY
KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS
111 St. James Court, Suite A
Frankfort, Kentucky 40601

CERTIFICATION OF COSMETOLOGY FIELD TRIP * HOURS

STUDENT'S NAME: _____ PERMIT #: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY: _____ ZIP CODE _____

DATE: _____

LOCATION OF FIELD TRIP: _____

ADDRESS _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

NUMBER OF HOURS OBTAINED THIS FIELD TRIP: _____

DATE OF THIS FIELD TRIP _____

(STUDENT'S SIGNATURE)

(SCHOOL REPRESENTATIVE)
OWNER OR INSTRUCTOR

*IN ACCORDANCE WITH 201 KAR 12:082 SECTION 12.

HOURS MUST BE RECEIVED IN THE OFFICE OF THE BOARD WITHIN TEN (10) DAYS OF THE DATE OF THE FIELD TRIP!!!

ATTENTION SCHOOL: PLEASE KEEP A COPY OF THIS FORM
AT YOUR SCHOOL FOR ACCURACY OF STUDENT HOURS.
