

# Certificate of Training

**STUDENT INFORMATION -- List name as stated on the Cosmetology Section's records.**

<b>1</b>	Student Id Number	<b>2</b>	Student Permit Number	<b>3</b>	Social Security Number					
<b>4</b>	Last Name			First Name			Middle Name			
<b>5</b>	Phone ( )	Gender MALE      FEMALE		Race (Circle One)	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native

**TRAINING INFORMATION – Only report the information pertaining to this permit/enrollment period.**

<b>6</b>	School Id	Name of Beauty School				City					
<b>7</b>	Type of Cosmetology Training <u>CIRCLE ONE</u>		COSMETOLOGY		MANICURE		INSTRUCTOR		AESTHETICIAN		ELECTROLOGY
<b>8</b>	Month Dropped	Hours	<b>9</b>	Previous Month	Hours						
		Days			Days						
<b>10</b>	Matriculation Date		<b>11</b>	Date dropped/completed training		<b>12</b>	Number of Theory Hours		<b>13</b>	Total Number of Hours Completed	

**HOURLY SUBJECT BREAK-DOWN**

COSMETOLOGY TRAINING	
SUBJECT	HOURS
Hygiene & Sanitation (80)	
Related Science (120)	
Hairdressing (1000)	
Manicuring (100)	
Cosmetic Therapy (100)	
Salesmanship (50)	
Shop Department (50)	

AESTHETICS TRAINING	
SUBJECT (Theory/Clinic)	HOURS
Chemistry (40)	
Physiology (35)	
Bacteriology & Sanitation (35)	
Intro. To Skin Care (45)	
Skin Care (150)	
Makeup & Corrective Makeup (50)	
Eye Brow & Lashes (40)	
Hair Removal (Superfluous Hair) (40)	
Safety Precautions (20)	
Prof. & Personality Development (20)	
Management (20)	
Salesmanship (15)	
State Law & Rules (10)	
Testing Evaluation (15)	
Instructor's Discretion (65)	

ELECTROLOGY TRAINING	
SUBJECT (Lic. Cos/Not Lic.)	HOURS
Bacteriology, Sterilization, Sanitation (25/50)	
Hair (20/40)	
Disorders of Skin, Hair (20/40)	
Electricity (25/50)	
Electrology (150/200)	
State Law (10/20)	
Skin (25/50)	
Neurology and Angiology (20/40)	
Development of Practice (15/30)	
Instructor's Discretion (40/80)	

INSTRUCTOR TRAINING	
SUBJECT	HOURS
Preparatory Training (50)	
Class Attendance (100)	
Conducting Theory Class (50)	
Conducting Practical Cos. Class (300)	
Method of Keeping Student Records (10)	
Individual training/Practice of Cos. (90)	

MANICURE TRAINING	
SUBJECT	HOURS
Health, Sanitation & Infection Control (75)	
Related Science (75)	
Manicuring & Pedicuring (200)	
Advance Nail Technology (200)	
Career Development (50)	

**HOURLY CERTIFICATION – Only report the hours received during this permit/enrollment period.**

<b>14</b>	Tuition paid in full. YES      NO	<b>15</b>	Number of Certified Hours	<b>16</b>	Number of Uncertified Hours
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**If there is a balance due on the tuition then a "certification of balance due on tuition form" must be attached. Non-payment of tuition is the only reason to withhold hours according to law. Instructor or School Owner must complete this section.**

***I certify the student and I have reviewed the most recent version of the Candidate Information Bulletin (CIB) for examination.***

<b>17</b>	Instructor/School Owner Printed Name	<b>18</b>	Signature of Instructor/School Owner	<b>19</b>	Today's Date
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**Any person who willfully makes false statements regarding training is subject to disciplinary action before the Cosmetology Technical Advisory Committee.**

**SCHOOL SEAL**

Arkansas Department of Health  
 Cosmetology Section  
 4815 West Markham, Slot 8  
 Little Rock, AR 72205  
 501-682-2168

**CERTIFICATION OF BALANCE DUE ON TUITION**

This form must be attached to any certificate of training form which reflects that certification of hours is being withheld from a student. Failure to provide certification that a balance is due on tuition will result in the release of said hours by the Cosmetology Section.

**STUDENT INFORMATION**

Student ID#	Student Name	Student SSN	Contract Begin Date	Contract End Date

**ENROLLMENT INFORMATION**

Name of School Attended	Matriculation Date	Drop Date (last day of physical attendance)	Total Number of hours completed during enrollment	Type of Training

**TUITION**

Total Tuition For complete Course	*Adjusted tuition given drop date	Total Amount Paid on Tuition	<u>Balance owed on tuition</u>	Hours held pending receipt of balance owed on tuition

**\*If the tuition has been adjusted then the school must show how the adjusted tuition was calculated.**


**EXPENSES**

<b>The school must report the total expenses (excludes tuition) charged to the student's account during the enrollment period. Certification of hours cannot be withheld for expenses incurred.</b>			
Itemized Expense Item	Amount Charged	Amount Paid	Balance
Registration Fee			
Kit			
Books			
Other Expenses (must be itemized)			

**CERTIFICATION STATEMENT**

I certify that I have copies of receipts which show how all funds paid in this student's name were applied to this student's account (i.e. receipts reflect funds collected for tuition, books, registration fees, etc.) and according to my records this student owes a balance on the tuition for the course. I further certify that upon receipt of the balance on the tuition reflected above I will certify, within 5 days, the hours that are being held at this time. I understand that failure to certify said hours within the time specified will result in said hours being released by the Cosmetology Section.

Instructor Supervisor/School Owner printed name	Instructor Supervisor/School Owner Signature	Today's Date
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