



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**BAH**

FOR DIVISION USE ONLY

**Board of Barbers and Hairdressers**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardofBarbersHairdressers@Alaska.Gov

Website: *ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers*

## Student Record for Manicuring

This form must be completed by the instructor and signed by both the instructor and student. The original document must be received by the department before the license can be issued.

### PART I Student Information

<b>Student Name:</b>	Last	First	Middle
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Date of Birth:</b>		<b>Social Security Number:*</b>	

\*AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

### PART II 12-Hour Manicuring Training Information

<b>Name of School Attended:</b>		<b>Date Enrolled:</b>	
<b>Title of Book Used:</b>		<b>Date Training Completed:</b>	
12 AAC 09.144. Manicuring School Curriculum. A student who is enrolled in a course of manicuring must complete a curriculum that consists of at least 12 hours of instruction or training that includes the following subjects for the minimum number of hours specified.			
<b>Subject</b>	<b>Minimum Number of Hours Required</b>	<b>Number of Hours Completed</b>	
Bacteria	1		
Infectious agents and infection	2		
Sanitation	3		
Harmful products and protection	2		
Anatomy and physiology	2		
Nail disorders	2		
<input type="checkbox"/> The above-named student successfully passed the 12-hour manicuring examination.			
<b>Exam Administered Date:</b>		<b>Total Hours:</b>	

**PART III Student Signature**

As the student named in this report, I certify that I received the training and passed the examination as reported on this form and that the training was held in compliance with the statutes and regulations governed by the Board of Barbers and Hairdressers. I further certify that the information reported on this form is true and correct.

**Student Signature:****Date Signed:****PART IV Instructor Signature**

As the instructor responsible for providing the training, I certify that the training, as reported on this form, was held in compliance with the board's statutes and regulations and that the above-named student passed the required examination. I further certify that the information reported on this form is true and correct.

**Instructor  
Signature:****Date Signed:**