SECONDARY BARBER TRAINING AFFIDAVIT

(High School Programs Only)

					X	
CANDIDATE NAME: _ (PLEASE PRINT)	FIRST	MIDDLE	·····	AST		ATE SIGNATURE
		WIDDLL			CANDIDA	
SHOP / SCHOOL NAME	:					
SHOP / SCHOOL ADDR	ESS:					
SHOP / SCHOOL LICEN	SE NUMBER: _		SHOP / SCH	OOL PHONE N	UMBER:	
ENROLLMENT DATES:		GRADUATION	DATE:	ATE: mm/dd/yyyy		
						mm/dd/yyyy
SUBJECTS						CREDITS IN HOURS
Hygiene and Good Groomin	-	•				
Professional Ethics – ethical						
Bacteriology, Sterilization an						· · · · · · · · · · · · · · · · · · ·
Implements – introduction ar						· · · · · · · · · · · · · · · · · · ·
Shaving – fundamentals and						····
Men's Haircutting – fundame						
shear and comb, thinning, fa	•••					
Cutting and Styling Curly and						· · · · · · · · · · · · · · · · · · ·
Mustaches and Beards – de Shampooing and Rinsing – r						
Hair and Scalp Treatment –						
Facial Treatment – theory of		-				
Razor Haircutting – men's a	-					
Air Waving and Curling – blo						
Permanent Waving – men a					l aftercare	
Men's Hairpieces – fitting, ty						
Disorders of the Skin, Scalp						
Anatomy and Physiology - t	he body and its fur	nctions				
Shop Management						
Retailing						· · · · · · · · · · · · · · · · · · ·
Licensing Laws						
History of Barbering						
Orientation and Introduction		•				
Honing and Stroping						
Chemical Hair Relaxing – Int	-					
Hair Coloring – temporary, p						· · · · · · · · · · · · · · · · · · ·
Electricity and Light Therapy Chemistry – product knowled						· · · · · · · · · · · · · · · · · · ·
Testing		• •				
Total N	umber of Hours					
(PRINT) NAME OF INSTRUCTOR			SIGNATURE OF INSTRUCTOR			
(PRINT) NAME OF SCHOOL OFFICIAL			SIGNATURE OF SCHOOL OFFICIAL			
	002 011 10//12				0///0/12	
(This section must be c	ompleted by a	notary public)				
(PRINT) NAME OF NOT	ARY (Must diffe	, first being duly s r from names listed	sworn, depose <i>I above)</i>	s and says that h	ne or she (listed a	above) is the Instructor of
Barbering making the pre	ceding statemer	nt, and that all state	ements made l	nerein are true in	every respect.	Sworn and subscribe to
before me this	day of			20		
Notary Public in and for th	ne County of		State of	My Com	mission Expires:	

NOTARY SIGNATURE
Created on 11/06/2013 2:17:00 PM