SECONDARY BARBER TRAINING AFFIDAVIT

(High School Programs Only)

| CANDIDATE NAME: (PLEASE PRINT) | FIRST | MIDDLE | LAST | | X | CANDIDATE SIGNATURE |
|--|----------------------|---------------------------------------|---------------------------------------|-----------------------|-----------|---|
| SHOP / SCHOOL NAME: | | | | | | |
| SHOP / SCHOOL ADDRE | ESS: | | | | | |
| SHOP / SCHOOL LICENSE NUMBER: SHOP / SCHOOL PHONE NUMBER: | | | | | | |
| ENROLLMENT DATES: | FROM | TO | | GRADUATION | DATE: _ | mm/dd/yyyy |
| | | | | | | mm/dd/yyyy |
| SUBJECTS Hygiene and Good Grooming Professional Ethics – ethical | - | | | | | CREDITS IN HOURS |
| Bacteriology, Sterilization and Implements – introduction and | | | | | | |
| Shaving - fundamentals and | preparation | | | | | |
| Men's Haircutting – fundame | ntals, implements, p | reparation, tapered | d cuts, clipper te | chniques, | | |
| shear and comb, thinning, facial types and modern trends | | | | | | |
| Cutting and Styling Curly and Over – Curly Hair – Hair structure, special problems and methods | | | | | | |
| Mustaches and Beards – des | | | | | | |
| Shampooing and Rinsing – n | | | | | | |
| Hair and Scalp Treatment – I | | _ | | | | |
| Facial Treatment – theory of massage, benefits and results, procedures and nerves | | | | | | |
| Razor Haircutting – men's and women's, principles, types of razors and safety | | | | | | |
| | | | | | | |
| Permanent Waving – men ar | | - | | | attercare | |
| Men's Hairpieces – fitting, typ | | | | | | |
| Disorders of the Skin, Scalp | | | | | | |
| Anatomy and Physiology – the | - | | | | | |
| Shop Management Retailing | | | | | | |
| Licensing Laws | | | | | | |
| History of Barbering | | | | | | |
| Orientation and Introduction | | | | | | |
| Honing and Stroping | | • | | | | |
| | | | | | | |
| Chemical Hair Relaxing – Introduction, chemical processing and safety precautions | | | | | | |
| Electricity and Light Therapy | | | | | | |
| Chemistry – product knowled | - | | | | | |
| Testing | | - | | | | |
| Academics | | | | | | |
| | | | | | | |
| Total Nu | umber of Hours | | | | | |
| | | | | | | |
| (PRINT) NAME OF INSTI | RUCTOR | | SIGNATUR | RE OF INSTRUC | TOR | |
| (PRINT) NAME OF SCH | OOL OFFICIAL | | SIGNATU | RE OF SCHOOL | OFFICIA | L |
| | | (This section mus | t be completed | by a notary public | c) | |
| (PRINT) NAME OF NOTARY | (Must differ from n | , first ames listed above) | being duly swor | n, deposes and say | s that he | or she (listed above) is the Instructor |
| of Barbering making the pred | eding statement, ar | nd that all statemen | ts made herein | are true in every res | spect. Sw | orn and subscribe to before me this |
| | day of | | | 20 | No | otary Public in and for the County of |
| | , State of | My Commissi | on Expires: | | · | |
| | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | |

NOTARY SIGNATURE Created on 12/09/2013 2:17:00 PM