



PROOF OF TRAINING DOCUMENT INSTRUCTIONS

Complete this form in accordance with the instructions below and include additional pages and documents as necessary. The California Board of Barbering and Cosmetology (Board) cannot process the document unless all applicable requested information is provided.

PROGRAM TITLE (TO BE COMPLETED BY STUDENT)

1. Choose **ONE** program title which applies and check the appropriate box.

SECTION A – STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)

2. SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION: Provide your Social Security Number or Individual Taxpayer Identification Number.
3. DATE OF BIRTH: Provide your date of birth (Month/Day/Year) – **YOU MUST BE AT LEAST 17 YEARS OLD.**
4. NAME: Provide your Last Name, First Name, and Middle Name (if applicable). Your name must completely match your name on the application for examination.
5. ADDRESS: Provide a mailing address where you can receive documents from the Board. Note that government mail is NOT forwarded by the Post Office.
6. TELEPHONE NUMBER: Provide a current telephone number, including area code.
7. E-MAIL ADDRESS (**OPTIONAL**): Provide a current e-mail address if you would like to receive correspondence and updates from the Board.

SECTION B – SCHOOL INFORMATION (TO BE COMPLETED BY SCHOOL)

8. SCHOOL NAME: Provide the full name of the Board approved school.
9. SCHOOL CODE: Provide the school code issued by the Board.
10. ADDRESS: Provide the full physical address of the school including city and zip code.
11. AUTHORIZED SCHOOL REPRESENTATIVE: Provide the full name of the school representative authorized to be contacted regarding the Proof of Training Document.
12. SCHOOL REPRESENTATIVE'S TELEPHONE NUMBER: Provide the full telephone number, including area code (and extension if applicable) for the school representative.
13. SCHOOL REPRESENTATIVE'S E-MAIL ADDRESS: Provide the official e-mail address for school representative.
14. DATE TRAINING STARTED: Provide the month, day, and year the student's training began at this school.
15. HOURS COMPLETED AT THIS SCHOOL: Provide the number of hours the student completed at this school.
16. DATE TRAINING COMPLETED: Provide the month, day, and year the student's training was completed at this school.
17. TOTAL OF ALL TRAINING HOURS COMPLETED: Provide the number of hours the student completed. This includes the total hours from all schools attended.

SECTION C – CERTIFICATION (TO BE COMPLETED BY STUDENT AND SCHOOL)

18. SIGNATURE OF STUDENT AND DATE: The student provides their signature and the date they signed the form (Month/Day/Year).
19. PRINTED NAME AND TITLE OF AUTHORIZED SCHOOL REPRESENTATIVE: Provide the printed full name of the authorized school representative who completed Section B of the form.
20. SIGNATURE OF AUTHORIZED SCHOOL REPRESENTATIVE AND DATE: The authorized school representative who completed Section B of the form, provides their signature and the date they signed the form (Month/Day/Year).

SECTION D – TRAINING RECEIVED AT ANOTHER BOARD APPROVED SCHOOL (TO BE COMPLETED BY SCHOOL LISTED IN SECTION B) – (For a student that transferred from one Board-approved school and program to another.)

21. PROGRAM TITLE: Choose **ONE** program title which applies and check the appropriate box.
22. SCHOOL'S NAME (SCHOOL NO. 1): Provide the name of the school where the student previously attended.
23. SCHOOL CODE: Provide the school code issued by the Board where the student previously attended.
24. DATE TRAINING STARTED: Provide the date the student started training at the previously attended school (Month/Day/Year).
25. LAST DATE OF ATTENDANCE: Provide the last date the student attended the previous school (Month/Day/Year).
26. TOTAL HOURS OF TRAINING ACCEPTED: Provide the total number of hours being accepted by your school from the student's previous school.
27. SCHOOL'S NAME (SCHOOL NO. 2): Provide the name of the second school where the student previously attended.
28. SCHOOL CODE: Provide the school code issued by the Board where the student previously attended.
29. DATE TRAINING STARTED: Provide the date the student started training at the second previously attended school (Month/Day/Year).
30. LAST DATE OF ATTENDANCE: Provide the last date the student attended the second previous school (Month/Day/Year).
31. TOTAL HOURS OF TRAINING ACCEPTED: Provide the total number of hours being accepted by your school from the student's second previous school.

SECTION E – CREDITS FROM PROGRAM TRANSFER (TO BE COMPLETED BY SCHOOL LISTED IN SECTION B) – (For a student who transferred credit from a different field of study from another school.)

32. PROGRAM TITLE FOR SCHOOL NO. 1 IN SECTION D: Choose **ONE** program title which applies from School No.1 in Section D and check the appropriate box.
 - a. If the student listed is licensed by the Board, list their license number in the space provided, and only include the total hours of credit accepted by your school.
 - b. If the student is NOT licensed by the Board, provide BOTH total hours of training received by School No. 1 in Section D and the total hours of credit accepted by your school.
33. TOTAL HOURS OF TRAINING RECEIVED: Provide the total number of hours of training student received from School No. 1 in Section D.

34. TOTAL HOURS OF CREDIT ACCEPTED BY YOUR SCHOOL: Provide the total number of credit hours your school is accepting from School No. 1.
35. DATE TRAINING STARTED: Provide the date the student started training at the previously attended School No. 1 (Month/Day/Year).
36. LAST DATE OF ATTENDANCE: Provide the last date the student attended the previous School No. 1 (Month/Day/Year).
37. PROGRAM TITLE FOR SCHOOL NO. 2 IN SECTION D: Choose **ONE** program title which applies from School No. 2 in Section D and check the appropriate box.
38. TOTAL HOURS OF TRAINING RECEIVED: Provide the total number of hours of training student received from School No. 2 in Section D.
39. TOTAL HOURS OF CREDIT ACCEPTED BY YOUR SCHOOL: Provide the total number of credit hours your school is accepting from School No. 2.
40. DATE TRAINING STARTED: Provide the date the student started training at the previously attended School No. 2 (Month/Day/Year).
41. LAST DATE OF ATTENDANCE: Provide the last date the student attended the previous School No. 2 (Month/Day/Year).

SECTION F – OUT OF STATE TRAINING/EXPERIENCE (TO BE COMPLETED BY SCHOOL LISTED IN SECTION B)

42. STATE OR COUNTRY WHERE HOURS WERE RECEIVED: Provide the State or Country where the student listed in Section A received any out of state training.
43. TOTAL HOURS OF CREDIT ACCEPTED BY YOUR SCHOOL: Provide the total number of hours your school is accepting from the student's out of state training.

Notice to Applicants and Schools

For Applicants: This completed form must be submitted to the Board of Barbering and Cosmetology (Board) with your application for examination (application) as a barber, cosmetologist, esthetician, electrologist, hairstylist or manicurist as required by Title 16, California Code of Regulations (CCR) section 909 or your application will be rejected as incomplete (Business and Professions Code (BPC) section 7345). The information requested on this form is mandatory pursuant to BPC sections 30, 31, 7321, 7321.5, 7322, 7324, 7326, and 7330 and Title 16 CCR section 909. The information provided will be used to determine qualifications for licensure, for identification purposes, and for compliance with tax and family support obligations. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at ~~2420 Del Paso Rd~~ 1625 N. Market Blvd., Suite 400 ~~202~~, Sacramento, CA 95834, or by telephone at (916) 574-7570.

For Schools: The student identified in Section A below is applying for examination to become licensed as a barber, cosmetologist, esthetician, electrologist, hairstylist or manicurist in California. To qualify for examination, the applicant is required to provide proof of completion of training at a Board-approved school. Please check the appropriate boxes below relating to the training the applicant completed at your school. Please review the information provided in the paragraph above under "Notice to Applicants and Schools" regarding the requirements for collecting this information, the circumstances under which the information may be disclosed or withheld from disclosure, and where the personal information collected on this form is maintained.



PROOF OF TRAINING DOCUMENT

PROGRAM TITLE (Choose One)

BARBER
 COSMETOLOGIST
 HAIRSTYLIST
 ESTHETICIAN
 ELECTROLOGIST
 MANICURIST

SECTION A: STUDENT INFORMATION

| | |
|---|--|
| Social Security Number or Individual Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date of Birth (must be at least 17 years old) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> |
|---|--|

| | | |
|---|------------|-------------|
| Last Name <i>(please print clearly)</i> | First Name | Middle Name |
|---|------------|-------------|

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

| | |
|---|------------------------------|
| Telephone Number (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Email Address (not required) |
|---|------------------------------|

SECTION B: SCHOOL INFORMATION - Please provide the information requested below regarding the training provided by your school for the student listed in Section A.

| | |
|-------------|--|
| School Name | School Code Issued by the Board <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-------------|--|

| | | |
|---------|------|----------|
| Address | City | Zip Code |
|---------|------|----------|

| | | |
|----------------------------------|--|-------------------------------|
| Authorized School Representative | School Representative's Telephone Number Ext: | School Representative's Email |
|----------------------------------|--|-------------------------------|

| | | |
|---|---|---|
| Date Training Started at This School | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> | Hours Completed at This School <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|---|

| | | |
|---|---|--|
| Date Training Completed at This School | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> | Total of all Training Hours Completed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|--|

SECTION C: CERTIFICATION

We, the undersigned, certify under penalty of perjury under the laws of the State of California that all information contained on this document and on any attachments is true and correct.

| | |
|----------------------|------|
| Signature of Student | Date |
|----------------------|------|

Printed Name and Title of Authorized School Representative

| | |
|---|------|
| Signature of Authorized School Representative | Date |
|---|------|

SECTION D: TRAINING RECEIVED AT ANOTHER BOARD APPROVED SCHOOL - If any part of this section is not applicable, leave blank.

PROGRAM TITLE

BARBER COSMETOLOGIST HAIRSTYLIST ESTHETICIAN ELECTROLOGIST MANICURIST

School's Name (School No. 1)

School Code Issued by the Board

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

Date Training Started

| | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | Day | | Year | | | | | |

Last Date of Attendance

| | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | Day | | Year | | | | | |

Total Hours of Training Accepted

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

School's Name (School No. 2)

School Code Issued by the Board

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

Date Training Started

| | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | Day | | Year | | | | | |

Last Date of Attendance

| | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | Day | | Year | | | | | |

Total Hours of Training Accepted

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

SECTION E: CREDITS FROM PROGRAM TRANSFER - If any part of this section is not applicable, leave blank.

Program title for School No. 1 in **Section D**:

BARBER COSMETOLOGIST HAIRSTYLIST ESTHETICIAN ELECTROLOGIST MANICURIST

If licensed, only fill out hours completed/accepted information and list license number here: _____

Total Hours of Training Received at School No. 1

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Total Hours of Credit Accepted by Your School

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Date Training Started

| | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | Day | | Year | | | | | |

Last Date of Attendance

| | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | Day | | Year | | | | | |

Program title for School No. 2 in **Section D**:

BARBER COSMETOLOGIST HAIRSTYLIST ESTHETICIAN ELECTROLOGIST MANICURIST

Total Hours of Training Received at School No. 2

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Total Hours of Credit Accepted by Your School

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Date Training Started

| | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | Day | | Year | | | | | |

Last Date of Attendance

| | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | Day | | Year | | | | | |

SECTION F: OUT OF STATE TRAINING/EXPERIENCE - If this section is not applicable, leave blank.

State or Country Where Hours Were Received

Total Hours of Credit Accepted by Your School

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|