



MANICURE STUDENT RECORD
 NORTH DAKOTA STATE BOARD OF COSMETOLOGY
 SFN 61735 (09-2021)

Student's Name						Date of Birth	
Address				City		State	ZIP Code
School Name				Registration Date		Completion Date	
Weeks	Cleaning, Disinfecting and Safety	Manicuring, Pedicuring, and Application of Artificial Nails	Study of Theory, Law, and Cleaning/ Disinfecting	Related Subjects	Unassigned	Total Hours	<u>TOTAL HOURS TO DATE</u>
	45 hours	200 hours	45 hours	35 hours	25 hours		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							

TOTAL HOURS COMPLETED

--	--	--	--	--	--	--

This student record has been completed as required by the State Board of North Dakota Law pertaining to the Practice of Manicurist and State Rules and Regulations for licensure in Manicure.

School's Final Grade

Theory	State Law	Practical Evaluation
--------	-----------	----------------------

Student's Signature	Date
---------------------	------

AFFIDAVIT OF SCHOOL

The School Representative being duly sworn deposes and says that he/she is the Manager or Owner (identified below) of the Cosmetology School (identified below), and that the Applicant (named below) has been in regular attendance as a student in said school and has completed the minimum required hours of Instruction for Manicurist.

Name of School Manager or Owner	Name of Cosmetology School	
Name of Applicant	Hours of Completion	Date Graduated

NOTARY SECTION

In this State of	County of
------------------	-----------

Before me personally appeared the Manager or Owner (identified below) whose signature is affixed to this application, and made oath and says that all of the foregoing statements are true and correct.

Name of Manager or Owner of Cosmetology School
--

Signature of Manager or Owner

Signed and sworn to before me this	Date	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date		

Submit completed form to:
ND State Board of Cosmetology
4719 Shelburne St Suite 1
Bismarck, ND 58503

Questions:
Email: bocinfo@nd.gov
Call: (701) 224-9800
www.ndcosmetology.com