



STUDENT INSTRUCTOR RECORD
NORTH DAKOTA STATE BOARD OF COSMETOLOGY
SFN 61737 (11-2022)

Student's Name		Date of Birth	
Address	City	State	ZIP Code
School Name	Registration Date	Completion Date	

Weeks	Theory	Demonstrations	Clinic Floor Supervision	Basics Instruction	Cleaning and Disinfecting	Total Hours	<u>TOTAL HOURS TO DATE</u>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							

TOTAL HOURS COMPLETED

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This student record has been completed as required by the State Board of North Dakota Law pertaining to the Student Instructor for Cosmetology and State Rules and Regulations for Instructing in Cosmetology.

Student's Signature	Date
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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 as an Instructor.

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
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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