



LOUISIANA STATE BOARD OF COSMETOLOGY
STUDENT ENROLLMENT APPLICATION

INSTRUCTIONS

THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS AND THOSE SEEKING ADDITIONAL TRAINING. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION. (REFER TO X'ED BOXES AT RIGHT)

NEW	TRANSFER	ADDL. TRAINING
X		
X		
X		
X	X	X

1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
2. PROOF OF EDUCATION (MUST HAVE COMPLETED 10TH GRADE OR EQUIVALENT) PHOTOCOPY OF DIPLOMA(S) OR TRANSCRIPT(S).
3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" X 2".
4. \$10.00 ENROLLMENT FEE. (FIRST "IN STATE" TRANSFER AT NO CHARGE)

TO BE COMPLETED BY APPLICANT – Applicant must read, speak, and understand English

1. NAME (LAST, FIRST, MI, MAIDEN)		2. SOCIAL SECURITY NUMBER	
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			
4. DATE OF BIRTH	5. TELEPHONE NUMBER	6. EDUCATION	7. YEAR LAST GRADE WAS COMPLETED
MO. DAY YEAR		CIRCLE LAST GRADE COMPLETED 8 9 10 11 12 GED ()	
8. SCHOOL WHERE LAST GRADE WAS COMPLETED		9. SCHOOL ADDRESS (CITY AND STATE)	

10. CHARACTER REFERENCES

NAME	ADDRESS (STREET, CITY, STATE, ZIP, PHONE NUMBER)
a.	
b.	

11. IF ANSWERS TO QUESTIONS, 1 OR 2 ARE YES, PLEASE EXPLAIN.

HAVE YOU	1. EVER BEEN ENROLLED IN A LOUISIANA COSMETOLOGY SCHOOL? IF YES, ATTACH CERTIFICATION OF CONTRACTUAL FEES.	YES	NO
	2. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER OR MANICURIST IN LOUISIANA OR ELSEWHERE?	<input type="checkbox"/>	<input type="checkbox"/>

12. EXPLANATION

I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SCHOOL

13. COSMETOLOGY SCHOOL NAME	14. SCHOOL LICENSE NUMBER
15. SCHOOL ADDRESS	16. TELEPHONE NUMBER

17. FOR THE FOLLOWING COURSE	18. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY
<input type="checkbox"/> COSMETOLOGY <input type="checkbox"/> ESTHETICS <input type="checkbox"/> FULL-TIME	SUNDAY
<input type="checkbox"/> COSMETOLOGY INSTRUCTOR <input type="checkbox"/> BRUSH UP <input type="checkbox"/> PART-TIME	MONDAY
<input type="checkbox"/> MANICURIST <input type="checkbox"/> ADVANCED <input type="checkbox"/> EVENING	TUESDAY
	WEDNESDAY
	THURSDAY
	FRIDAY
	SATURDAY

19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE LOUISIANA STATE BOARD OF COSMETOLOGY AND I WILL BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE IN ACCORDANCE WITH LOUISIANA ADMINISTRATIVE CODE 46:XXXI.715. I UNDERSTAND THAT AT THE TIME OF STATE BOARD EXAMINATION, IF THE EXAM TEAM DETERMINES THAT I CANNOT UNDERSTAND, READ, AND SPEAK ENGLISH, I WILL NOT BE ALLOWED TO TAKE THE EXAM.

APPLICANT SIGNATURE ► _____

TO BE COMPLETED BY COSMETOLOGY SCHOOL

20. THE ABOVE NAMED APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING _____ WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.	
21. NAME OF SCHOOL	
22. SIGNATURE OF OWNER OR REGISTRAR	



LOUISIANA STATE BOARD OF COSMETOLOGY
 NOTICE OF TERMINATION

STUDENT

INSTRUCTIONS PLEASE TYPE OR PRINT LEGIBLY

1. THIS FORM IS TO BE COMPLETED FOR EITHER STUDENT OR INSTRUCTORS WHO HAVE DISCONTINUED TRAINING.
 2. MAIL COMPLETED FORM AND LICENSE TO: LOUISIANA STATE BOARD OF COSMETOLOGY,
 11622 SUNBELT COURT, BATON ROUGE, LA 70809
- LICENSE MUST BE ATTACHED OR TERMINATION WILL NOT BE ACCEPTED.**

STUDENT PERSONAL DATA

NAME OF STUDENT

STUDENT ADDRESS STREET CITY ZIP CODE STATE

NAME OF SCHOOL

TRAINING INFORMATION

LAST DATE OF PHYSICAL ATTENDANCE OF STUDENT	TOTAL NUMBER OF MONTHS ATTENDED	TOTAL HOURS
---	---------------------------------	-------------

LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED STUDENT IN EACH OF THE SUBJECT AREAS:

COSMETOLOGY COURSE		MANICURING COURSE		ETHICS COURSE	
SUBJECT	TOTAL HOURS	SUBJECT	TOTAL HOURS	SUBJECT	TOTAL HOURS
AIRCUTTING, FINGER WAVES, WIGGERS, PIN CURLS, AIR DESIGN, COMBOUS		MANICURIST, THERAPY PREPARATION, BACTERIOLOGY, STERILIZATION, SANITATION, HYGIENE, PERSONALITY, PEDICURING, BONES, MUSCLES OF ARM/HAND		PROFESSIONAL PRACTICES BACTERIOLOGY, STERILIZATION, SANITATION, PROFESSIONAL ETHICS, BUSINESS PRACTICES	
AIRSTYLING				SCIENCES HISTOLOGY OF SKIN, DERMATOLOGY PHYSIOLOGY, CHARACTERISTICS OF THE SKIN, NUTRITION & FUNCTIONS OF HUMAN SYSTEMS, COSMETIC CHEMISTRY, ANATOMY	
SHAMPOO & RINSES				FACIAL TREATMENTS FACIAL MASSAGE, ELECTRICAL CURRENT FACIAL TREATMENTS, OTHER FACIAL TREATMENTS	
DYEING, COLORING, TINTING, BLEACHING				HAIR REMOVAL	
PERMANENT WAVES, HAIR RELAXING				MAKEUP	
STATE BOARD RULES		OIL & LACTOL MAINCURE FIRST AID, EQUIPMENT & SUPPLIES, ADVERTISING, PROFESSIONAL ETHICS SALESMANSHIP ACTUAL PRACTICE OF MANICURING		BODY TREATMENT	
SAFETY MEASURES, SHOP MANAGEMENT, RETAILING, PEOPLE SKILLS, CLIENT CONSULTATION					
ANATOMY PHYSIOLOGY, BACTERIOLOGY, SANITATION					
SKIN CARE, HAIR CARE, FACIAL MASSAGE & TREATMENT					
BASIC MANICURING					
TOTAL HOURS		TOTAL HOURS		TOTAL HOURS	

SCHOOL

CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE.

SCHOOL SEAL

SIGNATURE OF SCHOOL DATE

STUDENT AGREEMENT

I AGREE THAT THE HOURS AND MONTHS CREDIT GIVEN ARE CORRECT AND I HAVE RECEIVED A COPY OF THIS TERMINATION.

SIGNATURE OF STUDENT DATE

Area for stamp or seal, including text like 'LOUISIANA STATE BOARD OF COSMETOLOGY' and 'NOTARY PUBLIC'.



STATE OF LOUISIANA
 BOARD OF COSMETOLOGY
CERTIFICATION OF CONTRACTUAL FEES

SECTION I OR II MUST BE COMPLETED BY SCHOOL OWNER OR AUTHORIZED SCHOOL PERSONNEL.
 OFFICIAL SIGNATURE MUST BE NOTARIZED.

SECTION I – CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES

STUDENT NAME (LAST, FIRST, MI, MAIDEN, SS #)

This is to certify that the above named student has paid all contractual fees, pursuant to Louisiana R.S. 37:508.B to this school and is therefore eligible to be scheduled for examination or transfer by the Louisiana State Board of Cosmetology.

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL

NAME OF SCHOOL

NOTARY PUBLIC EMBOSSER SEAL

STATE

PARISH, CITY

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

19

USE RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

DO NOT CUT THIS FORM IN HALF

SECTION II – CERTIFICATION OF NON-PAYMENT OF CONTRACTUAL FEES

STUDENT NAME (LAST, FIRST, MI, MAIDEN)

This is to certify that the above named student entered into a contract with this school on or after August 21, 1992 and has not paid all contractual fees, pursuant to Louisiana R.S. 37:508.B/37:542.C to this school. Upon payment of all said contractual fees I shall file a Certification of Payment of Contractual Fees with the Louisiana State Board of Cosmetology within 10 days of said payment. I understand that the above named individual will not be eligible for examination or transfer in the state of Louisiana until all contractual fees have been paid and I have submitted the required certification.

SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL

NAME OF SCHOOL

NOTARY PUBLIC EMBOSSER SEAL

STATE

PARISH, CITY

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

19

USE RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)



State of Louisiana

Louisiana State Board of Cosmetology
11622 Sunbelt Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbclouisiana.gov

Bobby Jindal
Governor

Frances K. Hand, Chairman
Denham Springs, LA

Sarah Kennison
Lake Charles, LA

Taquilla F. Hamilton
Harvey, LA

Carolyn L. Robicheaux
Baldwin LA

Stephen Young
Executive Director

Vivian L. Glaze, Vice Chairman
Pineville, LA

Geneva L. Jones
Benton, LA

Michael Horning
Franklinton, LA

Student Registration Transfer Hours

Date _____

Student Name _____

Student Social Security Number _____

School Name _____

Number of Total Transfer Hours _____

Number of Hours Accepted by School _____

State and School Transferring From _____

Signature of School Representative _____

- Please be advised that certification from the State Board of Cosmetology of the transferring state must already be in our office (preferred) or accompany this request. (unopened)



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Pineville, LA

Geneva L. Jones
Benton, LA

Michael Horning
Franklinton, LA

Ira Weber
Metairie, LA

Notarized Letter to Relinquish Hours

I _____ am relinquishing a total of _____ hours in the
Course Curriculum _____ (cosmetology, manicurist, esthetician, etc.)

These hours were obtained at _____ Beauty School an approved school
of the State Board of Cosmetology.

Student Signature: _____

Notary of Public

ID# _____

Signature of Notary

Date _____

Interesting registration information:

1. Re-enroll applications can be mailed, faxed, or emailed. Only the front page is needed for a re-registration.
2. Out of state transfer hours are only transferable if earned/clocked within the last three years. (See Section 595 (5)(D))
3. Black and white copies are sufficient for registration. The colored copy rules pertain to testing.
4. Only one photo is needed with registration applications.
5. The contract/agreement between the student and school is not needed for registration purposes.
6. Certification of hours should come directly to the board. Requesting a transcript (which also provides you with the accrued hours total may be more efficient to evaluate the potential student's hours. The student can request an additional copy for your school or you may request that I provide you with a copy, as it is your choice.
7. S.S. Administration no longer issues the document that the board was temporarily accepting in lieu of the social security card. Because of this, only a copy of the social security will be accepted. Please keep this in mind when allowing students to register without having their social security cards.
8. Emailed and faxed documents are not originals.
9. Registration violations will be paid prior to the renewing of school licenses.

Prevention of returned registration applications:

1. The address field should contain the numeric address as well as the city, state, and zip code.
2. The appropriate photo size can be figured by attaching the photo in the top left hand corner of the application. If the name and social security fields are visible, the photo size is fine.
3. High school/college transcripts should be signed and/or sealed (embossed). Pencil shading the seal then copying it prevents sending the students original document in with registration.
4. Emailing me prior to enrolling a transfer student can prevent the return of applications due to contractual fees owed. Most times the student assumes they are cleared because they rec'd financial aid at the previous school.



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Executive Director

Michelle M. Hays
Pineville, LA

Geneva L. Jones
Benton, LA

Eliza "Jill" Hebert
Breaux Bridge, LA

Ira Weber
Metairie, LA

MEMORANDUM

TO: COSMETOLOGY SCHOOLS

FROM: LOUISIANA STATE BOARD OF COSMETOLOGY

RE: MORE NIC TESTING INFO

DATE: April 11, 2016

After speaking again with the testing company, the fee for the NIC will be \$83. This will be the fee for the retake as well.

Also, we were just informed that the Board office must approve each student for National retakes as well. We are sending out a new application for the National retake exam with this memo. It will be mailed, faxed, and emailed. Please start using this new application for all national retakes.

We will be updating you with any new information we receive.

APPLICATION FOR NATIONAL EXAM

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check one

- Cosmetology
- Manicurist
- Esthetician
- Instructor
- Alternative Hair

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Social Security #: _____

Student License (L) #: _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Name of Beauty School: _____

School Address: _____

Hours of Attendance at School: _____ Signature of Instructor: _____

Please make sure the following is included along with this application:

- Bottom portion of Student License
- Hourly Report
- Recent COLOR photo of applicant

Applicant Signature: _____ Date: _____

• **NO MONEY REQUIRED WITH THIS APPLICATION**

APPLICATION FOR NATIONAL EXAM RETAKE

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check one

- Cosmetology
- Manicurist
- Esthetician
- Instructor
- Alternative Hair

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Age: _____ **Birthdate:** _____ **Social Security #:** _____

Student License (L) #: _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Name of Beauty School: _____

School Address: _____

Hours of Attendance at School: _____ **Signature of Instructor:** _____

Applicant Signature: _____ **Date:** _____

• **NO MONEY REQUIRED WITH THIS APPLICATION**

**Louisiana State Board of Cosmetology
APPLICATION FOR PRACTICAL AND STATE EXAM**

INSTRUCTIONS/PLEASE TYPE OR PRINT LEGIBLY

1. INCLUDE INITIAL LICENSE FEE OF \$25 FOR RESIDENT AND \$50 NON RESIDENT.
2. INCLUDE TESTING FEES OF \$50 (\$25 FOR PRACTICAL EXAM & \$25 FOR STATE EXAM).
3. INCLUDE STUDENT LICENSE, CERTIFICATION OF PAYMENT OF CONTRACTUAL FEES, A RECENT COLOR PHOTO AND HOURLY REPORT. THESE MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED.
4. MAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO: LOUISIANA STATE BOARD OF COSMETOLOGY, 11622 SUNBELT COURT, BATON ROUGE, LOUISIANA 70809.

APPLICANT PERSONAL DATA

I hereby make application for license by examination to practice:

- COSMETOLOGY
- MANICURIST
- ESTHETICAN
- INSTRUCTOR
- ALTERNATIVE HAIR

Student License (L) #: _____

Social Security #: _____

Full Name: _____

Telephone Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant's Individual Email Address: _____

Name of Beauty School: _____

School Address: _____

School License Number: _____ Total Number of Hours Completed: _____

Date Enrolled: _____ Date Completed Training: _____

I UNDERSTAND THAT IF I FAIL TO SHOW FOR MY SCHEDULED EXAMINATION WITHOUT PROPER NOTIFICATION, A SEVEN DAY NOTICE OR 24 HOURS EMERGENCY NOTICE, I WILL BE REQUIRED UPON REAPPLICATION TO SUBMIT A \$25.00 ADMINISTRATIVE FEE.

Applicant

Date

If you have a disability and may require some accommodation in taking this examination, be sure to fill out the "Request for Accommodation" form along with the application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodations on-site.

APPLICATION FOR RETAKE EXAM(S)

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check one:

- State Retake
- Practical Retake

Please check one

- Cosmetology
- Manicurist
- Esthetician
- Instructor
- Alternative Hair

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Social Security #: _____

Student License (L) #: _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Name of Beauty School: _____

School Address: _____

Hours of Attendance at School: _____ Signature of Instructor: _____

Please make sure the following is included along with this application:

- Bottom portion of Student License
- Hourly Report
- Recent COLOR photo of applicant
- \$25.00 fee per exam

A fee of \$25.00 per exam must accompany this application. Fees are non-refundable. All remittances must be made in the form of a Money Order, Certified or cashier's check, payable to Louisiana State Board of Cosmetology. I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a \$25.00 no show fee for each exam missed.

Applicant Signature: _____ Date: _____

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.

APPLICATION FOR NO SHOW EXAM(S)

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check one:

- State
- Practical
- State Retake
- Practical Retake

Please check one

- Cosmetology
- Manicurist
- Esthetician
- Instructor
- Alternative Hair

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Social Security #: _____

Student License (L) #: _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Name of Beauty School: _____

School Address: _____

Hours of Attendance at School: _____ Signature of Instructor: _____

Please make sure the following is included along with this application:

- Bottom portion of Student License
- Hourly Report
- Recent COLOR photo of applicant
- \$25.00 fee per exam

A fee of \$25.00 per exam must accompany this application. Fees are non-refundable. All remittances must be made in the form of a Money Order, Certified or cashier's check, payable to Louisiana State Board of Cosmetology. I understand that if I fail to show for my scheduled examination without proper notification, a seven day notice or 24 hour emergency notice, I will be required upon re-application to submit a \$25.00 no show fee for each exam missed.

Applicant Signature: _____ Date: _____

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.

Documentation for Disability Related Needs

If you have a learning disability, psychological disabilities, or other hidden disabilities that requires an accommodation in testing, please have this section completed by an appropriate professional (doctor, psychiatrist, or psychologist) to certify that your disability condition requires the requested test accommodations.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATIONS PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known (Test Applicant) _____ since (Date) _____ in my capacity as (Professional Title) _____.

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (Check all that apply)

_____ Large print test

_____ Extended Time:

_____ Time and a half

_____ Double Time

_____ Separate Testing area

_____ Other (please specify):

Signed: _____ Date: _____

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodations in testing will be considered strictly confidential and will not be shared with any outside source without your expressed written permission.

Name: _____

Address: _____

Phone #: _____ SS#: _____

Accommodations requested for the _____ examination.

Please check all that apply:

_____ Accessible testing site

_____ Braille **request has to be placed ONE MONTH in advance.*

_____ READER as accommodation for visual impairment.

_____ READER as accommodation for learning disability.

_____ Sign language Interpreter

_____ Extended Time

_____ Time and a half

_____ Double Time

_____ Separate Testing area

_____ Other: _____

Comments: _____

Signed: _____ Date: _____

****Some accommodation requests may require additional documentation.**



Kathleen B. Blanco
Governor

State of Louisiana
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Juanita Allwell
Ferriday LA

Sue Burch
Shreveport LA

Michael Horning
Franklinton LA

Jackie Burdette
Executive Director

Fabian Bordelon, Vice Chairman
Baton Rouge LA

Traci Bruno
Lafayette LA

Taquilla Hamilton
New Orleans LA

Jill Waggoner
Montegut LA

Stephen Young
Assistant Director

INSTRUCTOR QUARTERLY ROSTER

NAME: _____

ADDRESS: _____

LICENSE#: _____

NAME: _____

ADDRESS: _____

LICENSE#: _____

NAME: _____

ADDRESS: _____

LICENSE#: _____

SCHOOL NAME: _____

ADDRESS: _____

(Circle the appropriate month and indicate the proper year)

FOR: MARCH, JUNE, SEPTEMBER, DECEMBER YEAR: _____



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Student Field Trips, Workshops, Shows and Community Service Reporting Form

Student Name _____

SSN _____

Name of School _____

Please select the proper type and use the two-letter code:

Field Trip- FT Workshop- WS
Show- SH Community Service- CS

Type of Trip Taken	Date of Trip	Location	Number of Hours Credited	Name/SSN of Instructor Accompanying Students

Signature of Student _____ Date _____

Signature of Senior Instructor _____ Date _____