



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BARBERING AND COSMETOLOGY LICENSING PROGRAM
 35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

HAIR DESIGN COURSE AFFIDAVIT/TRANSCRIPT

To be completed by an authorized school official (Please print legibly)

Student Name: _____	Date of Birth: _____	
Student Address: _____		
STREET	CITY	
STATE	ZIP	
School Name: _____	School Lic #: _____	Exp. Date: _____
School Address: _____		
STREET	CITY	STATE
STATE	CITY	ZIP
Check One: <input type="checkbox"/> Course Complete (1200 Hours) <input type="checkbox"/> CTE Course Complete <input type="checkbox"/> Student Withdrew <input type="checkbox"/> Terminated by the School		
Withdrew/Termination Date (If applicable): _____		
Enrollment Date: _____		Completion Date: _____

Complete this section only if student was granted credit from a school transfer

Transfer School Name: _____	Total Hours Credited: _____
Transfer School Address: _____	
STREET	CITY
STATE	ZIP

COURSE SUBJECT	HOURS	COURSE SUBJECT	HOURS
Bacteriology, hygiene, principles and practices of infection prevention and control, exposure to blood and bodily fluids, sterilization, disinfecting, sanitation, universal precautions; basic first aid and benefits and differences of cleaning, sanitation, disinfecting and sterilizing.		General sciences including, but is not limited to, the following: hygiene; anatomy and physiology; skin structure; growth; nutrition; disorders and diseases; properties of the hair and scalp and basics of chemistry and electricity.	
Business and salon/establishment management including, but is not limited to: the Program laws and applicable rules and unassigned; the study of theory and subjects in which an individual student may be deficient and elective subjects related to the practice of hair design and testing and evaluation.		Hair design practice equipment, tools, use of all implements, and devices including, but is not limited to: styling; facial and scalp treatment equipment; scissors; razors; clippers; trimmers; shaving implements; hair removal devices; dryers; thermal and other irons and their use and safety; sanitation; sterilization and precautions.	
Chemical texture services including, but is not limited to: soft curl permanents; permanent waving and chemical hair relaxing/straightening.		Hairstyling including, but is not limited to: thermal hair styling and straightening; waving; pin and roller curls; wrapping; blow dry styling and comb out techniques.	
Hair replacement systems using human and synthetic hair, wigs and hair pieces including, but is not limited to: measuring; fitting; cleansing; coloring and styling.		Haircutting and hair removal principles and techniques, including but not limited to: cutting, trimming, removal, singeing, and shaving, trimming, or cutting the beard or mustache or removing superfluous hair.	
Hair coloring, tinting, and bleaching.		Shampooing, conditioning, and scalp care.	
Massaging of the scalp, face and neck and giving facials, and scalp treatments, including hand or mechanical appliances.		Total Hours Credited:	

I, as this school's authorized official, hereby certify that all instruction including theory, practice and clinical training in the course areas described in this affidavit was provided to the student named in this affidavit in accordance with the Barbering and Cosmetology Licensing Act and related rules and that hours credited were satisfactorily completed. By signature, the student concurs with the content of this affidavit and affirms to having been provided with the instruction described herein.

Authorized School Official	Date	Student's Signature	Date
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This document will not be accepted if it is in any way defaced, altered, copy, redacted, including use of white out