

**IDAHO STATE BOARD OF COSMETOLOGY
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
BOISE, IDAHO 83720-0063**

APPLICATION FOR STUDENT DEMONSTRATOR PERMIT

I hereby apply for a permit to temporarily __Practice __ Demonstrate or __ Teach cosmetology (check one):

Please be sure that all of the following objective requirements for a permit to practice, demonstrate, or teach cosmetology have been met. Submit the following checklist with your application.

Yes	No	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	Name of Event
<input type="checkbox"/>	<input type="checkbox"/>	Address of Event
<input type="checkbox"/>	<input type="checkbox"/>	Dates and times of event
<input type="checkbox"/>	<input type="checkbox"/>	Explanation of what activities or techniques will be demonstrated
<input type="checkbox"/>	<input type="checkbox"/>	Description of how event complies with the Board's laws and rules
<input type="checkbox"/>	<input type="checkbox"/>	Number of hours of credit students will receive
<input type="checkbox"/>	<input type="checkbox"/>	Name of School or Apprentice Instructor
<input type="checkbox"/>	<input type="checkbox"/>	Name of licensed instructor attending event
<input type="checkbox"/>	<input type="checkbox"/>	Names of students attending event
<input type="checkbox"/>	<input type="checkbox"/>	Mailing address, phone number, SS or EIN, e-mail address of school/apprentice instructor
<input type="checkbox"/>	<input type="checkbox"/>	Notarized signature of applicant or authorized agent

Sanitation requirements if event is held outside

<input type="checkbox"/>	<input type="checkbox"/>	Access to restroom facilities
<input type="checkbox"/>	<input type="checkbox"/>	Water supply or comparable substitute, sanitizer, disinfectant, single-use towelettes, disposable facial wipes, bottled water, etc
<input type="checkbox"/>	<input type="checkbox"/>	First-aid kit readily accessible
<input type="checkbox"/>	<input type="checkbox"/>	Cutting, braiding, arranging, etc. only – No use of chemicals that alters the internal Structure of the hair

APPLICATION FOR STUDENT DEMONSTRATOR PERMIT

Idaho Licensed School of cosmetology or Idaho licensed instructor on behalf of an apprentice _____

Name of Event _____ to be held from _____ to _____
beginning time & date ending time & date

Address of Event _____
street city state zip

Name of Individual or Entity(s) Sponsoring event _____

Please provide a detailed explanation of event and what is to be performed _____

Explain how this complies with the Board's laws and rules regarding demonstration permits and outside school hours:

As the instructor, I have approved _____ # of hours to count toward education. _____
Instructor signature

Applicant/Sponsor's Phone # _____ SS # or E.I.N # _____ E-mail address _____

I hereby make application for Student Demonstrator Permits for the following persons:

Licensed Instructor attending the event: _____ License # _____

Student Name _____ Student Name _____ Student Name _____

Student Name _____ Student Name _____ Student Name _____

Student Name _____ Student Name _____ Student Name _____

Use an additional page if needed

The application should be received at the Bureau at least thirty (30) days prior to the time and date of the demonstration or instruction, but not less than seven (7) business days.

NOTE: If event is to be held outside of a facility, then a brief explanation as to what services will be done and how sanitization will be maintained must be attached.

AFFIDAVIT

I hereby certify that those named above are currently enrolled as students or as an apprentice and are engaged in a program of instruction or apprenticeship in cosmetology and shall be under the supervision of a licensed instructor at all times; I further certify that I have read and agree to abide by the Idaho Laws & Rules governing the practice of cosmetology; I further certify that prior to any demonstration or instruction at the event noted, I will inform each participating student or apprentice of the sanitary rules for shops and schools; I further certify that during the event noted the required facilities and products necessary to properly clean and sanitize instruments will be available to and used by the participating students or apprentice named above; Said facilities and products shall include access to hot and cold running water and restroom facilities, and board approved hospital grade sanitation products which are available and in use; I further certify that the information recorded hereon is correct to the best of my knowledge and belief. If signing as an authorized agent, I certify that I am authorized to sign this application on behalf of the licensee.

Print school owner, agent, or instructor name

Signature of owner, agent or instructor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____