Rules of
Department of Economic Development
Division 90—State Board of Cosmetology
Chapter 8—Training Hours

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Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 90—State Board of Cosmetology
Chapter 8—Training Hours

4 CSR 90-8.010 Hours

PURPOSE: This rule explains hour requirements.

(1) Minimum—Maximum Hours Accepted.
   (A) Each school, public institution or salon shall define, for its own purposes, what constitutes a full-time, part-time or evening student, instructor trainee or apprentice but will be required to designate one (1) of these classifications for each individual enrolled in its program of study and supply the information to the board on the enrollment form supplied by the board.
   (B) No student, instructor trainee or apprentice shall be permitted to change his/her designated status of enrollment except by the submission of a properly completed change of status form to the board in accordance with 4 CSR 90-3.010(1)(C).

1. A student or licensee receiving credit for training hours in this state may transfer training hours from one classification to another if the appropriate categories are identical and the student/licensee possesses qualifications as set forth in 4 CSR 90-3.010(2)(C).

   (C) All students, instructor trainees and apprentices shall be enrolled in a course of study of no less than three (3) hours per day and no more than eight (8) hours per day with a weekly total that is no less than fifteen (15) hours and no more than forty-eight (48) hours.


*Original authority 1945, amended 1981.
# Affidavit of Cosmetology Training Form

### Applicant Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>1. NAME</td>
<td>First Middle Last Maiden</td>
</tr>
<tr>
<td>2. ADDRESS</td>
<td>Street (Route or Box) CITY</td>
</tr>
<tr>
<td>3. DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>4. SOCIAL SECURITY NUMBER</td>
<td></td>
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<td>5. PHONE NUMBER</td>
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</tbody>
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### Formal Education

- **6. Indicate highest grade completed**
- **7. Date completed**
- **8. Name and address of school in which applicant completed the grade indicated**

### Cosmetology Education and Licensing Information

- **9. Name and address of school attended**
- **10. Enrollment date**
- **11. Completion date**
- **12. Total hours**
- **13. Graduated**
- **14. Graduation date**
- **15. License class**
  - [ ] Class A - Hairdressing & Manicuring
  - [ ] Class C - Hairdressing
  - [ ] Class MO - Manicurist
  - [ ] Class E - Esthetician
- **16. License number**
- **17. Date issued**
- **18. Expiration date**
- **19. Written score**
- **20. Oral score**

### Instructor Education and Licensing Information

- **21. Name and address of cosmetology school where instructor training was received**
- **22. Enrollment date**
- **23. Completion date**
- **24. Total hours**
- **25. License number**
- **26. Date issued**
- **27. Expiration date**
- **28. Written score**
- **29. Oral score**

### State Board Certification

- **30. I hereby certify that the above-named applicant's license is in good standing and that no disciplinary charges are pending against said licensee.**

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>31. Signature</td>
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<tr>
<td>32. Title</td>
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<tr>
<td>33. State</td>
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<td>34. Date</td>
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<tr>
<td>35. State Board Seal</td>
<td></td>
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<tr>
<td>(if state has no seal, please indicate)</td>
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<tr>
<td>36. Originator</td>
<td>MISSOURI STATE BOARD OF COSMETOLOGY</td>
</tr>
</tbody>
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P.O. BOX 1052
JEFFERSON CITY, MISSOURI 65102