KY BOARD of COSMETOLOGY

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Certification of Extracurricular Event Hours – *Group Form*

⚠️ **ONE LOCATION PER FORM**

This form may be used for (1) event location.

If students travel to multiple locations, a separate Group Form is required for each location.

☐ **Charitable Event** ☐ **Educational Show** ☐ **Field Trip**

School Name: _____ School License #: _____

Salon License # (If App.): _____ Salon/Event Name: _____

Event Address: _____
STREET ADDRESS

_____ _____ _____
CITY STATE ZIP CODE

Event Date: _____ Event Hours Expected/Completed: _____

Event Coordinator (EC) License # (If Applicable): _____

EC Name (Printed): _____ EC Signature: _____

Event Description (What services or activities were performed):

_____

School administrators are **required to complete this form** and submit through the student's record in the school portal at least **five (5) business days prior to the event start date**. *Please note: Signatures are not required for the initial submission*. Monitor email for the status of the request.

Upon completion of the event, this form must be **resubmitted fully completed with all required signatures** through the student's record in the school portal. Hours must be entered on the same day as submission for accuracy. All documentation must be received through the portal **no later than ten (10) business days following the event date** per **201 KAR 12:082**.

_____ _____/_____/_____
School Representative Signature MM DD YY

Revised 08/19/2026

Student Acknowledgement

Student Name	Student Permit #	Student Signature	Date