# Missouri Instructor Training Affidavit

APPLICANT: _____
First Middle Last

SCHOOL: _____
Name

ADDRESS: _____
Street City State Zip

_____ _____ _____
Date of Enrollment Completion Date of Training School License #

**Breakdown of Hours**

**SUBJECTS** **TOTAL HOURS**

Basic principles of student teaching as applied to cosmetology, to include teaching principles, lesson planning, curriculum planning, and class outlines ……. _____

Psychology as applied to cosmetology: personality in teaching, teacher evaluation, counseling, laws of learning, and speech.....……... _____

Business experience or management: classroom management, record keeping, buying and inventorying supplies, and state law ...…… _____

Practice teaching in both theory and practical……..... _____

**Total of Subject Hours…… _____**

**The undersigned applicant, being duly sworn, deposes and says that he/she is the person who executed the application that all statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understood this affidavit.**

_____
SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL

_____ _____
NOTARY PUBLIC'S SIGNATURE NOTARY'S STAMP OR SEAL

Subscribed and sworn to before me this _____ day of _____, 20 _____ My commission expires: _____