



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

CLASS E - ESTHETICIANS
NOTICE OF TERMINATION/CONTRACTUAL FEES

NAME OF STUDENT	STUDENT LICENSE NUMBER
STUDENT ADDRESS	
NAME OF SCHOOL	

SUBJECT	REQUIRED HOURS	PRACTICAL HOURS	(PRE-APPROVED) VIRTUAL EDUCATION <i>THEORY EDUCATION ONLY</i>	IN-CLASSROOM THEORY HOURS	TOTAL HOURS RECEIVED
FACIAL, CLEANSING, TONING, MASSAGING	120				
MAKEUP APPLICATION, ALL PHASES	100				
HAIR REMOVAL	30				
BODY TREATMENTS, AROMATHERAPY, WRAPS	120				
REFLEXOLOGY	35				
COSMETIC SCIENCES, STRUCTURE, CONDITION, DISORDER	85				
COSMETIC CHEMISTRY, PRODUCTS AND INGREDIENTS	75				
SALON MANAGEMENT AND SALESMANSHIP	55				
SANITATION AND STERILIZATION, SAFETY	45				
STATE LAW	10				
MISCELLANEOUS LECTURES AND TEST REVIEW	75				

INSTRUCTION: <ul style="list-style-type: none"> This form is to be completed for students who have discontinued training or graduated. Please mail completed form and original license to: Board of Cosmetology and Barber Examiners, P. O. BOX 1062, Jefferson City, MO 65102. REMINDER: Virtual educational theory hours may not account for more than half of the theory education hours required. 	TOTAL SUBJECT HOURS →
	DATE STUDENT WITHDREW/GRADUATED →

CONTRACTUAL FEES INFORMATION | **I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.**

<input type="checkbox"/> This is to certify that the above named student has paid all contractual fees, pursuant to Chapter 329, RSMo, to this school and is therefore eligible to be scheduled for examinations by the Board of Cosmetology and Barber Examiners. <input type="checkbox"/> This is to certify that the above named student entered into a contract with this school. Upon payment of all said contractual fees I shall file a Certification of Payment of Contractual Fees with the Board of Cosmetology and Barber Examiners within 10 days of said payment. I understand that the above named individual will not be eligible for examination in the State of Missouri until all contractual fees have been paid and I have submitted the required certification.	SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL		NAME OF SCHOOL
	NOTARY PUBLIC EMBOSSER OR BLACK IN RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
		SUBSCRIBED AND SWORN BEFORE ME THIS	
		DAY OF	YEAR
		NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		