

**STATE OF MONTANA
BOARD OF COSMETOLOGISTS
RECORD OF ATTENDANCE FOR CONTINUING EDUCATION**

NAME OF LICENSEE _____ **LICENSE #** _____

COURSE TITLE _____ **DATE OF REQUEST** _____

NAME OF COURSE INSTRUCTOR _____

NAME OF COURSE SPONSER _____

HOURS OF ATTENDANCE _____ (Recorded in ½ hr increments, breaks not included)

I hereby certify that the above named individual has completed the aforementioned course.

Instructor's Signature **(date)**

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(Please attach Instructor Biography and Coarse Outline (syllabus))