# STATE BOARD OF COSMETOLOGY

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## QUARTERLY HOUR REPORTS FOR APPRENTICES

### INSTRUCTIONS

This report is to be submitted by the cosmetology salon owner on a quarterly basis. All information must be provided as requested. The salon owner, the cosmetology teacher instructing the apprentice and the apprentice must all sign this report under SECTION 5.

Please print all requested information. When the apprentice has completed the entire 2000-hour apprentice program, it is the responsibility of the apprentice to request an examination application and certification of completion of the program from the Board office which must accompany the completed examination application. Upon completion of the program and when requesting the certification of completion of the program from the Board, the apprentice must return his/her apprentice permit. (Note: if apprentice holds an active PA limited cosmetology license, that individual will be given credit for the hours previously earned. I.e. a cosmetologist student holding an active nail technician license will be waived from 200 hours of the required 2000 hours.)

The licensed cosmetology teacher shown under SECTION 5 of this report MUST be the teacher that was listed (approved) on the **Application for Registration as an Apprentice Cosmetologist**. Any change of teacher must be approved through the Board office.

### SECTION 1 – APPRENTICE INFORMATION

| Name of Apprentice: | | |
|---|---|---|
| **Date of Birth:** | **Social Security #:** | **Apprentice Permit #:** |

### SECTION 2 – YEAR & QUARTER

| Please indicate the YEAR the hours were earned: | | | |
|---|---|---|---|
| Quarterly hour reports are due as listed below. Please indicate the quarter for which this report is being submitted: | | | |
| ☐ **First Quarter**<br>**Jan., Feb.,Mar.**<br>*(due by April 15)* | ☐ **Second Quarter**<br>**April, May, June**<br>*(due by July 15)* | ☐ **Third Quarter**<br>**July, Aug.,Sept.**<br>*(due by October 15)* | ☐ **Fourth Quarter**<br>**Oct., Nov., Dec.**<br>*(due by January 15)* |

## SECTION 3 – SALON INFORMATION

| | |
|---|---|
| **Salon Name:** | **Salon License #:** |
| **Salon Address:** | |

| NAME AND LICENSE NUMBERS OF TWO REQUIRED ADDITIONAL LICENSEES: These licensees must be working in the salon at all times while the apprentice is being trained. | |
|---|---|
| Name: | License # |
| Name: | License # |

## SECTION 4 – HOURS

| EARNED HOURS | TOTAL PREVIOUS HOURS | HOURS THIS QUARTER | TOTAL HOURS TO DATE |
|---|---|---|---|
| **THEORY** | | | |
| **PERFORMANCE** | | | |

**TOTAL OF ALL EARNED HOURS TO DATE:_____**

## SECTION 5 - OATH

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

_____ _____

Signature of Salon Owner Date

_____ _____ CT-_____

Signature of Teacher of Apprentice Date License Number

_____ _____

Signature of Apprentice Date