STATE BOARD OF COSMETOLOGY

Telephone: 717-783-7130 Fax: 717-705-5540

E-mail: <u>st-cosmetology@state.pa.us</u> Website: <u>www.dos.state.pa.us/cosmet</u> **Mailing Address:**

State Board of Cosmetology PO Box 2649 Harrisburg, PA 17105-2649 **Courier Address:**

State Board of Cosmetology 2601 North Third Street Harrisburg, PA 17110

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, who will instruct 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.

The licensed cosmetology salon owner 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 INFORM	IATION						
Name of Apprentice:							
Date of Birth:	Social Security #:			Aŗ	oprentice 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 Jan., Feb., Mar. (due by April 15)	Apri	cond Quarter il, May, June ue by July 15)	Third Quarte July, Aug., So (due by October	ept.	Fourth Quarter Oct., Nov., Dec. (due by January 15)		

SECTION 3 - SA	LON INFORMATION				
Salon Name:		Salon License	Salon License #:		
Salon Address:		I			
	CENSE NUMBERS OF T				
Name:	nsees must be working in the salor	License #			
Name:		License #	License #		
		•			
SECTION 4 – HO	URS				
EARNED HOURS	TOTAL PREVIOUS HOURS	HOURS THIS QUARTER	TOTAL HOURS TO DATE		
THEORY					
PERFORMANCE					
		TOTAL OF ALL EARNED H	IOUDS TO DATE.		
		TOTAL OF ALL EARNED I	OURS TO DATE.		
SECTION 5 - OA	тн				
By signing below, I verify t	hat this form is in the original f	format as supplied by the Depa	artment of State and has not been		
altered or otherwise modification information pursuant to 18	ied in any way. I am aware of	the criminal penalties for tamp	ering with public records or		
•	the statements in this application	on are true and correct to the b	est of my knowledge,		
information and belief, and	l that I am of good moral chara §4904 relating to unsworn falsi	cter. I understand that any fals	se statement made is subject to		
revocation of my license or		neation to authornes and may	result in the suspension of		
		CT.	-		
Signature of Owner	 Date		<u>CT-</u> License Number		
	2				
Signature of Apprentic	 e Date				
Signature of Apprentic	e Date				