

# STATE BOARD OF COSMETOLOGY

Telephone: 833-367-2762  
 Fax: 717-705-5540  
 E-mail: [st-cosmetology@pa.gov](mailto:st-cosmetology@pa.gov)  
 Website: [www.dos.pa.gov/cosmet](http://www.dos.pa.gov/cosmet)

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

**Physical Address:**  
 State Board of Cosmetology  
 2525 N 7th Street, Suite 330  
 Harrisburg, PA 17110

## QUARTERLY HOUR REPORTS FOR STUDENTS

**INSTRUCTIONS**

1. All information must be typed.
2. All cosmetology schools are required to submit a quarterly hour report to the State Board of Cosmetology by January 15, April 15, July 15 and October 15.
3. A separate report must be completed for each curriculum. The State Board of Cosmetology cannot recognize hours earned in excess of the number of required curriculum hours.
4. Each report must contain an alphabetical listing of all students who earned hours in that curriculum during the quarter. Computer print-outs are acceptable provided all student information as shown on the report is included, and provided the print-outs are on 8½” by 11” paper.
5. If submitting computer print-outs, one Board report form must be included to be used as a cover sheet, properly signed and notarized.

<b>School Name:</b>		<b>School License #</b>	
<b>School Address:</b>			
<b>QUARTER</b> (check applicable block)			
<input type="checkbox"/> Jan., Feb., Mar. YEAR: _____	<input type="checkbox"/> Apr., May, June YEAR: _____	<input type="checkbox"/> July, Aug., Sept. YEAR: _____	<input type="checkbox"/> Oct., Nov., Dec. YEAR: _____
<b>COURSE OF STUDY</b> (check applicable block)			
<input type="checkbox"/> Nail Technician	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Teacher
<input type="checkbox"/> Natural Hair Braider			

**TEACHERS NAMES AND LICENSE NUMBERS:** Note: If you are including more than one Board report form or computer print outs, please provide each teacher’s name and license number only once. Do not repeat names and license numbers on subsequent documents.

TEACHER’S NAMES	LICENSE NUMBERS

TEACHER’S NAMES	LICENSE NUMBERS

Student Name	Social Security Number *	Initial Date of Enrollment	Total Previous Hours	Hours Earned this Quarter	Total Hours Earned To-Date

\* - Does not need to be Social Security number; may be any unique identifying number known to the student.

Affidavit  
 State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ )

Before me the subscriber personally appeared \_\_\_\_\_ to me known, who being duly sworn according to law, does depose and say that 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.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
 Notary Public's Signature

\_\_\_\_\_  
 Signature - School Owner

\_\_\_\_\_  
 Signature - School Supervisor

\_\_\_\_\_  
 License Number - School Supervisor