

STATE BOARD OF COSMETOLOGY

Telephone: 833-367-2762
 Fax: 717-705-5540
 E-mail: st-cosmetology@pa.gov
 Website: 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 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 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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> <u>First Quarter</u>
Jan., Feb., Mar.
<i>(due by April 15)</i> | <input type="checkbox"/> <u>Second Quarter</u>
April, May, June
<i>(due by July 15)</i> | <input type="checkbox"/> <u>Third Quarter</u>
July, Aug., Sept.
<i>(due by October 15)</i> | <input type="checkbox"/> <u>Fourth Quarter</u>
Oct., Nov., Dec.
<i>(due by January 15)</i> |
|---|---|--|--|

SECTION 3 – SALON INFORMATION

Salon Name:	Salon License #:
Salon Address:	
NAME AND LICENSE NUMBERS OF TWO REQUIRED ADDITIONAL LICENSEES: Two 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 Owner	_____ Date	CT-_____ License Number
_____ Signature of Apprentice	_____ Date	