



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
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WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR APPRENTICESHIP INSTRUCTION SHEET

Selecting a Shop/Salon and Supervisor

Before applying for an apprenticeship, the apprentice applicant must find a sponsor to supervise his/her apprenticeship. The supervisor must hold a current Delaware license as a cosmetologist, barber, nail technician, electrologist or aesthetician. In addition, the supervisor must be qualified to supervise the apprentice. For example, a Cosmetologist may supervise an apprentice in any field, but a Nail Technician may supervise only nail technician apprentices. A supervisor is permitted to supervise only one apprentice at a time.

The shop/salon selected must hold a current *professional* license as well as the required business license(s). The shop/salon must employ at least one person licensed in the profession in which the apprentice's training is being provided.

Filing the Application

Submit:

- completed, signed and notarized application form. ***The apprentice applicant, shop/salon owner and person who will be supervising the apprentice's training must all sign the application form.***
- processing fee by check or money order made payable to State of Delaware. See Fee Schedule on dpr.delaware.gov - click on *Cosmetology* and then on *Fee Schedule*.
- if you are a high school graduate, certified copy of diploma or GED or official transcript sent directly from school to Board office
- if you did not graduate from high school, official transcript or letter - showing completion of 10th grade - sent directly from school to Board office

Documenting Apprenticeship Hours

The supervisor and apprentice should maintain records of the hours accrued on the *Verification of Apprentice Hours* form at the end of the application.

| LICENSE TYPE | HOURS | PERIOD DURING WHICH HOURS MUST BE COMPLETED |
|-----------------|-------|---|
| Cosmetologist | 3000 | 18 months – 24 months |
| Barber | 3000 | 18 months – 24 months |
| Nail Technician | 250 | 6 weeks – 24 months |
| Electrologist | 600 | 15 weeks – 36 months |
| Aesthetician | 600 | 15 weeks – 36 months |

If the apprentice leaves the supervision of the sponsor approved for the internship before the end of the apprenticeship, the supervisor must submit the *Verification of Apprentice Hours* form to show the hours accrued under his/her supervision.

If the apprentice is unable to complete the required hours within the required timeframe, submit a request for extension to the Board *in writing before* the apprenticeship ends.

Applying for Licensure and Registering for the Examination

When the apprenticeship hours are completed, the supervisor submits the *Verification of Apprentice Hours* form to the Board office to show the hours accrued.

The applicant contacts PCS, the testing service, to obtain an application for licensure and to register for the exam. The application/registration must be filed no later than 60 days before the examination date. For information on the examination and testing dates, visit <http://www.nictesting.org/testing.htm> or call (888) 822-3272.

Direct all questions about the examination to the testing service!

12. Do you have any impairment related to drugs or alcohol that would limit your practice of cosmetology?
 Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No **If yes, submit a certified copy of your criminal history record.**

INFORMATION ABOUT SHOP/SALON WHERE APPRENTICESHIP TO BE SERVED (to be completed by Owner)

The shop or salon must have on staff at least one person licensed in the profession in which this apprentice's instruction is being provided.

14. Name of Shop: _____ Phone: _____

15. Location Address: _____
 _____ Street

 _____ (City) _____ (State) _____ (Zip)

16. Owner Name(s): _____

17. Owner Address: _____
 _____ Street

 _____ City _____ State _____ Zip

18. *Professional* (not Business) License Number of Shop/Salon: **M9** - _____

Shop Owner's Signature: _____ **Date:** _____

SUPERVISION INFORMATION (to be completed by Supervisor)

Each supervisor is permitted to supervise only one apprentice at a time.

19. Name of Supervisor of Apprentice: _____

20. License Number of Supervisor: **M** _____

21. Do you agree to report the apprenticeship hours accrued by this apprentice when the apprentice leaves your supervision, regardless of the reason for the apprentice's departure? Yes No

22. Anticipated Apprenticeship Start Date: _____ **The apprenticeship must be approved *before* the apprentice begins accruing hours.**

23. How many hours will the apprentice be working? _____ hours per day _____ days per week
 • **If more than 10 hours per day or more than 40 hours per week, submit an agreement signed by apprentice and supervisor outlining the work plan.**

Supervisor's Signature: _____ **Date:** _____

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I hereby certify that the information given by me in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license.

I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Applicant: _____ Date: _____

State of _____

County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission expires _____

Signature of Notary Public

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