CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
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BOARD OF COSMETOLOGY AND BARBERING

VERIFICATION OF APPRENTICESHIP HOURS

The approved supervisor of the apprentice completes and submits this form to the Board office at the address above when the apprentice

- **completes the required apprenticeship hours, OR**
- **leaves his/her supervision, regardless of the reason for the departure**.

APPRENTICESHIP INFORMATION

1. Full Name: _____ _____ _____
   First Middle Family (Last)

2. Type of Apprenticeship Served (check one):

   ☐ Cosmetologist ☐ Barber ☐ Nail Technician ☐ Aesthetician ☐ Electrologist

3. Name of Shop Where Apprenticeship Served:_____

4. Shop's *Professional* License Number: **M9-** _____

5. *Location* Address: _____
   Street

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

STATUS OF APPRENTICESHIP

6. Supervisor's Name: _____

7. DE *Professional* License No: **M** _____

8. The above-named apprentice worked under my supervision from _____ to _____ and
   Month - Year Month – Year
   completed a total of _____ hours.
   Number

Attach *Apprenticeship Log* to show details.

Supervisor's Signature: _____ Date: _____

APPRENTICESHIP LOG

Use this log to record apprenticeship hours completed.
You may record the hours on a daily, weekly or monthly basis.

FROM THIS DATE (mm/dd/yyyy format)	TO THIS DATE (mm/dd/yyyy format)	TOTAL HOURS WORKED	Supervisor Signature	Apprentice Signature

Copy additional sheets as needed.