



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPRENTICE QUARTERLY TIME REPORT – BARBER**

STATE BOARD OF COSMETOLOGY & BARBER EXAMINERS  
 FOR MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

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**INSTRUCTIONS**

1. THIS FORM IS TO BE USED FOR REPORTING THE NUMBER OF HOURS EARNED BY EACH APPRENTICE FOR EACH MONTH.
2. THE ORIGINAL COPY (WHITE) MUST BE SUBMITTED BY THE 10TH OF THE FOLLOWING MONTH TO THE ADDRESS BELOW.
3. RETAIN THE SECOND PAGE (YELLOW) FOR YOUR RECORDS AND GIVE THE STUDENT THE PINK COPY.

**BOARD OF COSMETOLOGY AND BARBER EXAMINERS, P.O. BOX 1062, JEFFERSON CITY, MO 65102**

**APPRENTICE INFORMATION**

NAME OF BARBER SHOP	SHOP LICENSE NUMBER
ADDRESS	
NAME OF APPRENTICE	
APPRENTICE HOME ADDRESS	

**HOURS ACCUMULATED INFORMATION**

INDICATE THE NUMBER OF HOURS ACCUMULATED FOR EACH SUBJECT LISTED BELOW.

SUBJECT	HOURS REQUIRED	HOURS EARNED THIS QUARTER	TOTAL HOURS TO DATE
HISTORY	10		
PROFESSIONAL IMAGE	10		
BACTERIOLOGY	10		
STERILIZATION AND SANITATION	40		
IMPLEMENTS, TOOLS, AND EQUIPMENT	30		
PROPERTIES AND DISORDERS OF THE SKIN	30		
TREATMENT OF HAIR AND SCALP	40		
FACIAL MASSAGE AND TREATMENTS	10		
SHAVING	70		
HAIRCUTTING	850		
HAIRSTYLING	650		
MUSTACHE AND BEARD DESIGN	10		
PERMANENT WAVING	60		
CHEMICAL HAIR RELAXING AND SOFT CURL PERMANENTS	60		
HAIR COLORING	60		
HAIR PIECES	10		
CHEMISTRY	10		
ANATOMY AND PHYSIOLOGY	10		
SALESMANSHIP AND SHOP MANAGEMENT	10		
STATE LAW	20		
<b>TOTAL HOURS</b>	<b>2,000</b>		

APPRENTICE INSTRUCTOR	DAYS ABSENT	WRITTEN EXAM GRADE
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