



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**ESTHETICIAN APPRENTICE MONTHLY TIME REPORT**

BOARD OF COSMETOLOGY AND 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.

**RETURN COMPLETED FORM TO:** BOARD OF COSMETOLOGY AND BARBER EXAMINERS  
 P.O. BOX 1062  
 JEFFERSON CITY, MO 65102

**APPRENTICE INFORMATION**

NAME OF SALON	SALON LICENSE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
NAME OF APPRENTICE	
APPRENTICE HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)	

**HOURS ACCUMULATED INFORMATION**

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

SUBJECT	HOURS REQUIRED	HOURS EARNED THIS MONTH	TOTAL HOURS TO DATE
FACIALS, CLEANSING, TONING, MASSAGING	240		
MAKEUP APPLICATION, ALL PHASES	200		
HAIR REMOVAL	60		
BODY TREATMENTS, AROMATHERAPY, WRAPS	240		
REFLEXOLOGY	70		
COSMETIC SCIENCES, STRUCTURE, CONDITION, DISORDER	170		
COSMETIC CHEMISTRY, PRODUCTS & INGREDIENTS	150		
SALON MANAGEMENT AND SALESMANSHIP	110		
SANITATION AND STERILIZATION, SAFETY	90		
STATE LAW	20		
MISCELLANEOUS LECTURES AND TEST REVIEW	150		
<b>TOTAL HOURS ▶</b>	<b>1500</b>		

APPRENTICE INSTRUCTOR SIGNATURE ▶	DAYS ABSENT	WRITTEN EXAM GRADE
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