



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
MANICURING APPRENTICE MONTHLY TIME REPORT

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	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
NAME OF APPRENTICE	APPRENTICE LICENSE #
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
MANICURING, HAND AND ARM MASSAGE, AND TREATMENT OF NAILS	440		
SALESMANSHIP AND SHOP MANAGEMENT	40		
SANITATION AND STERILIZATION	40		
ANATOMY	20		
STATE LAW	20		
STUDY OF THE USE & APPLICATION OF CERTAIN CHEMICALS	80		
MISCELLANEOUS LECTURES AND TEST REVIEW	160		
TOTAL HOURS ▶	800		

APPRENTICE INSTRUCTOR SIGNATURE ▶	DAYS ABSENT	WRITTEN EXAM GRADE
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