

**NAIL TECHNICIAN APPRENTICE VERIFICATION**

**Return form to:  
Office of Professional Regulation  
Board of Barbers & Cosmetologists  
National Life Building, North, FL2  
Montpelier, VT 05620-3402**

REQUIREMENTS MANICURIST - 8 MONTHS (600 Hours\*)

**SUPERVISOR VERIFICATION**

This is to certify that \_\_\_\_\_ was in regular attendance  
from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ months and \_\_\_\_\_ days.

Said apprentice completed an apprenticeship of \_\_\_\_\_ hours as follows.

**PRACTICAL, SUPERVISED PRACTICE & THEORETICAL INSTRUCTION.**

|  | # Hours |
|--|---------|
| Manicuring/Related Chemistry   | _____   |
| Sculptured Nail, Nail Tip, Nail Wrap Application/Related Chemistry   | _____   |
| Pedicuring/Related Chemistry   | _____   |
| Sanitation/Sterilization Techniques and habits for all<br>equipment, supplies, general & specific Chemical & waste storage areas | _____   |
| Sanitary personal Health & Hygiene understanding & habits.   | _____   |
| Laws/Rules/Regulations   | _____   |
| Safe Chemical storage, use, and disposal & reference material requirements   | _____   |
| Professional Ethics  | _____   |
| <b>TOTAL HOURS</b>   | _____   |

Name of Apprentice: \_\_\_\_\_

Address of Apprentice: \_\_\_\_\_

Name of Shop: \_\_\_\_\_

Address of Shop: \_\_\_\_\_

Supervisor's Name (Please Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**ESTHETICIAN APPRENTICE VERIFICATION**

**Return form to:**

**Office of Professional Regulation  
Board of Barbers & Cosmetologists  
National Life Building, North, FL2  
Montpelier, VT 05620-3402**

REQUIREMENTS ESTHETICIAN - 12 MONTHS (800 Hours\*)

**SUPERVISOR VERIFICATION**

This is to certify that \_\_\_\_\_ was in regular attendance  
from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ months and \_\_\_\_\_ days.  
Said apprentice completed an apprenticeship of \_\_\_\_\_ hours as follows.

**PRACTICAL, SUPERVISED PRACTICE & THEORETICAL INSTRUCTION**

|  | # Hours |
|--|---------|
| Facial Treatment/Related   | _____   |
| Treatments for Facial and Body Hair/Related Chemistry  | _____   |
| Makeup Services/Related Chemistry  | _____   |
| Sanitation & Sterilization techniques & habits for all equipment, supplies,<br>general & specific chemical & waste storage areas. Laws/Rules/Regulations | _____   |
| Sanitary personal health & hygiene understanding & habits  | _____   |
| Safe Chemical storage, use, and disposal & reference material requirements   | _____   |
| Professional Ethics  | _____   |
| <b>TOTAL HOURS</b>   | _____   |

Name of Apprentice: \_\_\_\_\_

Address of Apprentice: \_\_\_\_\_

Name of Shop: \_\_\_\_\_

Address of Shop: \_\_\_\_\_

Supervisor's Name (Please Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**COSMETOLOGY APPRENTICE VERIFICATION**

**Return form to:**

**Office of Professional Regulation  
Board of Barbers & Cosmetologists  
National Life Building, North, FL2  
Montpelier, VT 05620-3402**

**REQUIREMENTS COSMETOLOGY – 24 Months (2000 HOURS\*)  
SUPERVISOR VERIFICATION**

This is to certify that \_\_\_\_\_ was in regular attendance  
from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ months and \_\_\_\_\_ days.

Said apprentice completed an apprenticeship of \_\_\_\_\_ hours as follows.

**PRACTICAL, SUPERVISED PRACTICE & THEORETICAL INSTRUCTION.**

|   | # Hours |
|---|---------|
| Shampooing/Related Chemistry  | _____   |
| Hair Cutting, Hairstyling, and Hair Shaping   | _____   |
| Hair Coloring, Including Temporary, Semi-Permanent, Permanent<br>& Reconditioning/Related Chemistry                                 | _____   |
| Permanent Waving/Hair Straightening/Related Chemistry   | _____   |
| Hair analysis & Scalp treatments  | _____   |
| Facials/Makeup/Related Chemistry  | _____   |
| Waxing  | _____   |
| Manicuring/Pedicuring/Related Chemistry   | _____   |
| Sanitation & Sterilization techniques & habits for all equipment, supplies,<br>general & specific chemical and waste storage areas. | _____   |
| Sanitary personal health & hygiene understanding & habits<br>Laws/Rules/Regulations   | _____   |
| Safe chemical storage, use, & disposal & reference material requirements  | _____   |
| Professional Ethics   | _____   |
| <b>TOTAL HOURS</b>  | _____   |

Name of Apprentice: \_\_\_\_\_

Address of Apprentice: \_\_\_\_\_

Name of Shop: \_\_\_\_\_

Address of Shop: \_\_\_\_\_

Supervisor's Name (Please Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**BARBER APPRENTICE VERIFICATION**

**Return form to:  
Office of Professional Regulation  
Board of Barbers & Cosmetologists  
National Life Building, North, FL2  
Montpelier, VT 05620-3402**

REQUIREMENTS BARBER – 24 Months (2000 HOURS\*)  
SUPERVISOR VERIFICATION

This is to certify that \_\_\_\_\_ was in regular attendance  
from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ months and \_\_\_\_\_ days.  
Said apprentice completed an apprenticeship of \_\_\_\_\_ hours as follows.

**PRACTICAL, SUPERVISED PRACTICE & THEORETICAL INSTRUCTION.**

|   | # Hours |
|---|---------|
| Shampooing/Related Chemistry  | _____   |
| Hair Cutting, Hairstyling, and Hair Shaping   | _____   |
| Permanent Waving/Hair Straightening/Related Chemistry   | _____   |
| Basic Esthetician Facial/Makeup/Related Chemistry   | _____   |
| Clipper Cutting   | _____   |
| Straight Razor Shaves and Beard Trim  | _____   |
| Hair Coloring, Including Temporary, Semi-Permanent, Permanent<br>& Reconditioning/Related Chemistry | _____   |
| Instruction/Lectures on Sanitation/Sterilization<br>Hygiene/Anatomy/Laws/Rules/Regulations          | _____   |
| Professional Ethics   | _____   |
| <b>TOTAL HOURS</b>  | _____   |

Name of Apprentice: \_\_\_\_\_

Address of Apprentice: \_\_\_\_\_

Name of Shop: \_\_\_\_\_

Address of Shop: \_\_\_\_\_

Supervisor's Name (Please Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_