Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 241-9288
www.michigan.gov/cosmetology
BPLHelp@michigan.gov

MONTHLY APPRENTICE TIME REPORTING SHEET

Instructions:

1. Complete one apprentice time reporting sheet for each calendar month. DO NOT indicate hours for two months on one sheet.
2. Copy this form to use for each month of the program.
3. Rule 338.2136 requires the practitioner to maintain the apprenticeship records for not less than 7 years after the last date of attendance.
4. MCL 339.1205a states an apprentice is not required to be in attendance for more than 40 hours per week.

PLEASE PRINT CLEARLY **SELECT ONE:** ☐ **CORRECTED HOURS** ☐ **NEW HOURS**

PRACTITIONER AND ESTABLISHMENT INFORMATION		
Practitioner's First Name	Last Name	Practitioner License Number **27-**
Establishment Name (as it appears on Establishment license)		Establishment License Number **27-**
Telephone Number with Area Code	E-Mail Address	

APPRENTICE INFORMATION		
Apprentice's First Name	Last Name	Apprentice's Registration Number

MONTH REPORTING HOURS FOR:	**YEAR REPORTING HOURS FOR:**

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total HOURS for each week
				TOTAL HOURS FOR MONTH			

By signing, you certify that you agree that the information reported reflects the true hours of training you completed for the reporting month.

_____
Apprentice Signature Date

I hereby certify that the information reported herein reflects the true hours the apprentice obtained under my supervision. I understand that any false information may result in the termination of this apprenticeship program and disqualification from all future programs or disciplinary action may be taken.

_____
Practitioner Signature Date

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.