

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	Y SELE	RECTED H	OURS	NEW H	IOURS					
PRACTITIONER A	AND ESTA	BLISHMEN	T INFORMA	TION						
Practitioner's First Name Last I				st Name				Practitioner License Number 27-		
Establishment Name (as it appears on Establishment license)					Establishment License Number 27-					
Telephone Number with Area Code E-Ma					Address					
APPRENTICE INF		N								
Apprentice's First Name Last Nar							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 ag	ree that the ir	nformation rep	oorted ref	lects the tr	ue hours of t	raining you	u completed for	the reporting month.	
Apprentice Signature Date										
									ion. I understand that ograms or disciplinary	
Practitioner Signature	:		Date							