



PROTECT PEOPLE & PROMOTE BUSINESS

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CERTIFICATION OF COMPLETION OF NATURAL HAIR CULTIVATION APPRENTICESHIP TRAINING PROGRAM

Authority: P.A. 299 of 1980, as amended

This form must be submitted directly to this office by the supervising practitioner at the end of the apprenticeship program. If this form is submitted by the apprentice, it will not be accepted.

Table with 3 columns: Effective Date, Establishment Name, Apprentice Name; Completion Date, Establishment Identification Number, Apprentice Registration Number.

Remainder of form to be completed by the Practitioner

CERTIFICATION AND SIGNATURE

I certify the apprentice named above has successfully completed a supervised Natural Hair Cultivation training program that satisfies the requirements of Administrative Rule R 338.2163(b), and MCL 339.1205(5) of the Occupational Code, 1980 PA 299, as amended, consisting of the following:

- Not less than 6 months in a Natural Hair Cultivation training program and obtained the required minimum practical applications (MPAs).

I certify under penalty of perjury the information is true and complete.

Signature of Practitioner

Date

Print Name

Practitioner's License Number

FOR OFFICE USE ONLY
Number of Hours in Program
Number of Months in Program