



STATE OF DELAWARE
Board of Cosmetology and Barbering

CANNON BUILDING
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DOVER, DELAWARE 19904-2467

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BARBER APPRENTICE CURRICULUM REPORT

Instructions

The approved **Apprentice Teacher** must complete this form when the apprentice:

- completes the required apprenticeship hours, or
- leaves their supervision for any reason.

The apprentice must upload this completed form as a Service Request in **DELPROS**.

Licensure Requirements for Earning Hours

Apprentice hours may only be earned when all of the following licenses are active:

- apprentice
- shop or salon
- apprentice teacher

Changes in Apprenticeship

A new apprentice application is required if the apprentice changes:

- the shop or salon where they are apprenticing, **or**
- the apprentice teacher

Barber Apprenticeship Requirements

- A total of **3000 hours** must be completed.
- Hours must be earned over **no fewer than 18 months** and **no more than 36 months**.
- The apprentice license will be "closed" once all required hours are submitted and approved.

Barber Curriculum Information – To be completed by the Apprentice Teacher.

1. Apprentice Name: _____ License Number: _____
2. Apprentice Teacher Name: _____ Teacher License Number: _____
3. Salon/Shop Name: _____ Shop/Salon License Number: _____
4. Salon/Shop Location: _____
5. Apprentice completed the hours listed below from _____ to _____
MM/DD/YYYY MM/DD/YYYY

Barber Curriculum continued...

Required Theory Hours	Required Practical Hours	Curriculum Content	Hours Completed
100	--	History of barbering; industry laws/regulations	
125	--	Professional image	
200	--	Bacteriology	
190	100	Sterilization/sanitation	
100	125	Implements/tools/equipment	
60	--	Properties/disorders of the skin	
200	100	Hair and scalp treatment	
125	40	Facial massage/treatment	
125	50	Shaving	
220	200	Haircutting	
90	--	Mustache/beard design	
140	100	Permanent wave	
50	60	Chemical relaxing	
100	80	Hair coloring	
120	40	Men's hairpieces	
20	20	Manicuring	
50	30	Electricity/light therapy	
40	--	Chemistry	
		TOTAL HOURS COMPLETED =	

Apprentice Teacher Signature: _____ **Date:** _____

Apprentice Signature: _____ **Date:** _____

Salon/Shop Professional in Charge Signature: _____ **Date:** _____

AFFIDAVIT

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that they are the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2____.

NOTARY
SEAL

Signature of Notary Public: _____

My Commission expires: _____

The apprentice must upload this completed form as a Service Request in DELPROS.