



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

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VERIFICATION OF PROVISIONAL PATHWAY EXPERIENCE

INSTRUCTIONS

A Temporary Instructor Permit holder's school Official must complete this form when the Temporary Instructor has completed the required supervised hours, **OR** leaves the school on file, regardless of the reason for the departure.

Upload this completed form including the *Verification of Log Hours* with your application in DELPROS **OR** the school must send both forms directly to the Board Office via emailing to: DOS_DPRCOSMO_BARB@delaware.gov.

APPLICANT INFORMATION – *To be completed by the Temporary Instructor Permit - Provisional Pathway applicant.*

Name: _____ Application Number: _____
Last First

PROVISIONAL PATHWAY EXPERIENCE INFORMATION – *To be completed by the School Official where the Temporary Instructor Permit - Provisional Pathway applicant was employed.*

- Name of School where hours were gained: _____
- School's Professional License/Certification Number: _____
- School Physical Location: _____
Street

City State Zip Code
- The above applicant gained experience at the school above from: _____ / _____ to: _____ / _____
Month Year Month Year
and completed a total of _____ supervised instructor hours.

Attach the below *Verification of Hours Log* to show details.

School Official's Signature: _____ **Date:** _____

State of _____, County or City of _____

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

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

Signature of Notary Public: _____

SEAL

My Commission expires: _____

