

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

## STATE OF DELAWARE BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@delaware.gov</u>

## **VERIFICATION OF SUPERVISION**

This section is to be completed and signed by the Supervisor.

Each supervisor is permitted to supervise two apprentices at a time. The apprenticeship must be approved *before* the apprentice begins accruing hours.

WHEN COMPLETE, UPLOAD THIS DOCUMENT WITH YOUR SERVICE REQUEST TO MANAGE AFFILIATIONS IN DELPROS.

## APPRENTICESHIP INFORMATION

1.	Full Name of Apprentice:					
		First	Middle	Family (Last)		
2.	Name of Supervisor: License Number:					
3.	Do you agree to report the apprenticeship hours accrued by this apprentice when the apprentice leaves your supervision, regardless of the reason for the apprentice's departure? Yes \( \subseteq \text{No} \subseteq \)					
4.	Anticipated Apprenticeship Start Date:					
5.	. How many hours will the apprentice work? hours per day days per week					
Supervisor's Signature:				Date:		