



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: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPRENTICESHIP INSTRUCTION SHEET

Selecting a Shop/Salon and Supervisor

Before applying for an apprenticeship, you must find a sponsor to supervise your apprenticeship. The supervisor must hold a current Delaware license as a Cosmetologist, Master Barber, Barber, Nail Technician, Electrologist or Aesthetician. In addition, the supervisor must be qualified to supervise an apprentice as follows:

- A Cosmetologist, Master Barber, Barber, Nail Technician, Electrologist or Aesthetician may supervise an apprenticeship in their own type of licensure. For example, a Cosmetologist may supervise a Cosmetologist Apprentice.
- A Master Barber may also supervise a Barber Apprentice.
- A Cosmetologist may also supervise a Nail Technician Apprentice or Aesthetician Apprentice.
- A Cosmetology Instructor may supervise a Barber or Master Barber Apprentice only if the Cosmetology Instructor has completed 35 hours of training in shaving.

A supervisor is permitted to supervise no more than **two** apprentices at a time.

The shop/salon selected must hold a current *professional* [Cosmetology/Barbering Establishment license](#). It must employ at least one person licensed in the profession in which the apprentice is being trained. A shop owner *cannot* work as an apprentice in his/her own shop ([24 Del. C. §5121 \(d\)](#)).

Choosing Master Barber vs. Barber

The application asks you to choose Master Barber or Barber. In Delaware, a Master Barber is allowed to perform chemical processing but a Barber is not.

Filing the Application

- ☐ Submit completed, signed and notarized [Application for Apprenticeship](#).
 - ***The apprentice applicant, shop/salon owner and person who will be supervising the apprentice's training must all sign the application form.***
- ☐ Enclose the [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Submit proof that you have a high school education equivalent to completing at least the 10th grade. Arrange for the Board office to receive one of the following as proof of your high school education:
 - If you went to high school *in the U.S. or a U.S. territory*, arrange for the Board office to receive your GED certificate **or** an official high school transcript.
 - The high school must send the transcripts *directly* to the Board office.
 - If your document is not in English, you must arrange for the Board office to receive a translation.
 - If you went to school *outside the U.S. or its territories*, arrange for the Board office to receive a credential evaluation to determine if your education is equivalent to Delaware's requirement.
 - Agencies that provide credentialing and translation services are listed on www.naces.org.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Documenting Apprenticeship Hours

The supervisor and apprentice should maintain records of the hours accrued on the [Verification of Apprenticeship Hours](#) form at the end of the application.

LICENSE TYPE	HOURS	PERIOD DURING WHICH HOURS MUST BE COMPLETED
Cosmetologist	3000	18 months – 36 months
Barber	3000	18 months – 36 months
Master Barber	3000	18 months – 36 months
Nail Technician	600	6 weeks – 12 months
Electrologist	600	15 weeks – 12 months
Aesthetician	1200	30 weeks – 24 months

- If the apprentice leaves the supervision of the sponsor approved for the internship before the apprenticeship ends, the supervisor must submit the [Verification of Apprenticeship Hours](#) form to show the hours accrued under his/her supervision.
- If the apprentice is unable to complete the required hours within the required time frame, submit a request for extension to the Board *in writing before* the apprenticeship ends. Include a statement explaining why the apprenticeship was not completed. The Board will not accept requests submitted after the apprenticeship ends. See Section 3.9 of the Board's [Rules and Regulations](#).

Applying for Licensure and Registering for the Examination

When the apprenticeship hours are completed,

- The supervisor submits the [Verification of Apprenticeship Hours](#) form to the Board office to show the hours accrued.
- The apprentice contacts Professional Credential Services, Inc. (PCS), the testing service, to complete the application for examination and to register for the exam. The application/registration must be filed no later than 60 days before the examination date. For information about applying and registering, see [Examinations](#).

Direct all questions about the examination to [Professional Credential Services, Inc.](#)!



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: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPRENTICESHIP

You must submit this application and it must be approved *before* you begin an apprenticeship.

TYPE OF APPRENTICESHIP

1. I am applying for an apprenticeship as a(n) (check one):
☐ Cosmetologist ☐ Barber (Non-Chemical) ☐ Master Barber ☐ Nail Technician ☐ Aesthetician ☐ Electrologist
2. Were you previously approved for an apprenticeship in Delaware? Yes ☐ No ☐

IDENTIFYING INFORMATION

3. Full Name: _____
First Middle Family (Last)
4. Other Names Used: ☐ None _____
5. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
6. Do you have a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter the SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
7. Mailing Address: _____
Street

City State Zip
8. Phone: _____ Email: _____ ☐ None

EDUCATION INFORMATION

9. High School Attended: _____ Grade Completed: _____
Submit proof that you have a high school education equivalent to completing at least the 10th grade. The *Instruction Sheet* explains which documents are acceptable depending on where you went to high school.

DISCLOSURES

10. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense in which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ If yes, submit a detailed explanation. Also, submit a certified copy of your criminal history record from *each* jurisdiction where you have been convicted or pardoned. If you have a Delaware criminal history, see [State Bureau of Identification](#) for information on obtaining the record.
11. Are criminal charges against you pending in any jurisdiction? Yes ☐ No ☐ If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.

12. Have you received any administrative penalties (disciplines) against your professional license(s) such as fines, formal reprimands, license suspension or revocation, probationary limitations, or been a party to a 'consent agreement' containing conditions that a Board has placed on your professional conduct and practice, including any voluntary surrender of a license? Yes ☐ No ☐ **If yes, submit a detailed explanation. Include copies of all appropriate records.**
13. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
14. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Enclose copies of all relevant records.**

INFORMATION ABOUT SHOP/SALON WHERE APPRENTICESHIP TO BE SERVED

This section is to be completed and signed by the shop owner.

The shop or salon must have on staff at least one person licensed in the profession in which this apprentice's instruction is being provided. A shop owners *cannot* work as an apprentice in his or her own shop.

Name of Shop: _____ Phone: _____

Location Address: _____
Street

City State Zip

Owner Name(s): _____

Owner Address: _____
Street

City State Zip

Professional (*not* Business) License Number of Shop/Salon: **M9** - _____

Shop Owner's Signature: _____ Date: _____

SUPERVISION INFORMATION

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.

Name of Supervisor: _____ License Number: _____ - _____

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 ☐ No ☐

Anticipated Apprenticeship Start Date: _____

How many hours will the apprentice work? _____ hours per day _____ days per week

Supervisor's Signature: _____ Date: _____

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I hereby certify that the information given by me in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license.

I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Applicant: _____ **Date:** _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

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

Signature of Notary Public: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

VERIFICATION OF APPRENTICESHIP HOURS

INSTRUCTIONS

An apprentice's approved supervisor completes and submits this form to the Board office above when the apprentice:

- completes the required apprenticeship hours, **OR**
- leaves his/her supervision, regardless of the reason for the departure.

APPRENTICESHIP INFORMATION

1. Full Name: _____
First Middle Family (Last)
2. Type of Apprenticeship Served (check one):
☐ Cosmetologist ☐ Master Barber ☐ Barber ☐ Nail Technician ☐ Aesthetician ☐ Electrologist
3. Name of Shop Where Apprenticeship Served: _____
4. Shop's *Professional* License Number: **M9-** _____
5. *Location* Address: _____
Street

City State Zip

STATUS OF APPRENTICESHIP

6. Supervisor's Name: _____
7. DE *Professional* License Number: ____ - _____
8. The above-named apprentice worked under my supervision from _____ to _____ and
completed a total of _____ hours.
Month/year Month/year Number

Attach Apprenticeship Log to show details.

Supervisor'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: _____

APPRENTICESHIP LOG

Use this log to record apprenticeship hours completed. You may record the hours on a daily, weekly or monthly basis.

[illegible]

Copy additional sheets as needed.