GEORGIA STATE BOARD OF COSMETOLOGY
237 COLISEUM DRIVE
MACON, GA 31217

_6_APPHRS

# TRANSCRIPT OF ESTHETICIAN APPRENTICE TRAINING

It is hereby certified that_____
Apprentice Last Name Apprentice First Name Apprentice Middle Name

Apprentice License. #_____

Salon Name _____ Salon License No._____

Completed the following hours from _____ to _____
MM/DD/YYYY MM/DD/YYYY

Master Signature _____ Master License No. _____

Apprentice Signature_____

Hours can only be obtained during the period of time that the apprentice is licensed. If an apprentice changes master supervisor or salon where he/she is apprenticing, a new apprentice application must be submitted. If the salon changes ownership, name or location causing a new license number to be issued, a new apprentice application must be submitted. Hours can only be obtained during the period of time that the apprentice, master and salon license are active. Only one apprentice renewal is allowed.

| Hours Required | Courses | Hours Completed |
|---|---|---|
| 300 hrs. | *PROFESSONAL PRACTICES* | |
| *40 hrs.* | *PROFESSIONAL ETHICS* | |
| *160 hrs.* | *BUSINESS PRACTICES* | |
| *640 hrs.* | SCIENCES | |
| *150 hrs.* | *BODY TREATMENT* | |
| *230 hrs.* | *FACIALS* | |
| *180 hrs.* | *MAKE-UP* | |
| *150 hrs.* | *HAIR REMOVAL* | |
| *150 hrs.* | *SPA/SALON MANAGEMENT* | |
| **2000 hrs.** | **TOTAL HOURS** | |

Sworn to and subscribed before me

This _____day of _____20_____

**NOTARY SEAL**

_____
**Notary Signature**
My commission expires on _____/_____/_____