

**BARBER APPRENTICE VERIFICATION**

**Return form to:  
Office of Professional Regulation  
Board of Barbers & Cosmetologists  
89 Main St., 3<sup>rd</sup> Floor  
Montpelier, VT 05620-3402**

REQUIREMENTS BARBER – 24 Months (2000 HOURS\*)

**SUPERVISOR VERIFICATION**

This is to certify that \_\_\_\_\_ was in regular attendance

from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ months and \_\_\_\_\_ days.

Said apprentice completed an apprenticeship of \_\_\_\_\_ hours as follows.

**PRACTICAL, SUPERVISED PRACTICE & THEORETICAL INSTRUCTION.**

|   | # Hours |
|---|---------|
| Shampooing/Related Chemistry  | _____   |
| Hair Cutting, Hairstyling, and Hair Shaping   | _____   |
| Permanent Waving/Hair Straightening/Related Chemistry   | _____   |
| Basic Esthetician Facial/Makeup/Related Chemistry   | _____   |
| Clipper Cutting   | _____   |
| Straight Razor Shaves and Beard Trim  | _____   |
| Hair Coloring, Including Temporary, Semi-Permanent, Permanent<br>& Reconditioning/Related Chemistry | _____   |
| Instruction/Lectures on Sanitation/Sterilization<br>Hygiene/Anatomy/Laws/Rules/Regulations          | _____   |
| Professional Ethics   | _____   |
| <b>TOTAL HOURS</b>  | _____   |

Name of Apprentice: \_\_\_\_\_

Address of Apprentice: \_\_\_\_\_

Name of Shop: \_\_\_\_\_

Address of Shop: \_\_\_\_\_

Supervisor's Name (Please Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_