



Rules of
Department of Economic
Development
Division 90—State Board of Cosmetology
Chapter 5—Apprentices

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 90—State Board
of Cosmetology
Chapter 5—Apprentices**

4 CSR 90-5.010 Apprentices

PURPOSE: This rule explains qualifications and requirements for apprentices.

(1) Same Qualifications as Students. All persons desiring to enter a program of apprenticeship training in Missouri shall satisfy all general requirements of students as set forth in Chapter 3 of these regulations (except where noted otherwise in these regulations).

(2) In order for an apprentice to be enrolled for training by a qualified supervisor the following criteria must be met:

(A) Complete an apprentice enrollment application. Apprentice applicants must comply with 4 CSR 90-3.010;

(B) Submit the apprentice enrollment application to the board at least two (2) weeks prior to the anticipated commencement of the apprentice's training. No apprentice shall receive credit for training received at the apprentice shop until the apprentice enrollment application is approved and received by the board and both the apprentice license and the apprentice supervisor certificate are received and conspicuously posted in the apprentice shop;

(C) All apprentices shall be under the supervision of the approved apprentice supervisor except as provided in 4 CSR 90-4.010(6)(A);

(D) Subjects of apprenticeship study shall conform to columns B, C and D in 4 CSR 90-2.010(5)(A); and

(E) The apprentice license shall have a photograph attached which has been taken within the last two (2) years and shall be conspicuously posted. The apprentice license is not transferable.

*AUTHORITY: section 329.230, RSMo (1994). * This version of rule filed June 26, 1975, effective July 6, 1975. Amended: Filed Nov. 30, 1994, effective May 28, 1995. Amended: Filed Dec. 14, 1995, effective June 30, 1996.*

**Original authority 1945, amended 1981.*

Op. Atty. Gen. No. 332, Casey (9-1-67). Board of Cosmetology does not have authority to waive statutory

requirement that apprentice or student be at least seventeen years of age.

Op. Atty. Gen. No. 223, Casey (6-1-67). A registered cosmetology school cannot require its students to pass a final examination before releasing the students' hours and allowing the students to take their state board examination. The right to a state license is not dependent upon the completion of any school's course, but only upon having the qualifications required by section 329.050, RSMo (Supp. 1965) as determined by the board.

Op. Atty. Gen. No. 58, McBrayer (10-5-59). A person who trains an apprentice in any of the classified occupations governed by the cosmetology laws of this state is not required to obtain an instructor's license to teach the classified occupations. To train an apprentice, one need only be a registered operator.



MISSOURI STATE BOARD OF COSMETOLOGY
APPRENTICE ENROLLMENT APPLICATION

AP

APPROVAL DATE INSPECTORS INITIALS

INSTRUCTIONS

THIS FORM MUST BE USED TO ENROLL ALL APPRENTICES IN A SHOP, INCLUDING NEW AND TRANSFERS. PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR APPRENTICE TYPE ALONG WITH THIS COMPLETED APPLICATION (REFER TO X'ED BOXES AT RIGHT).

- 1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
2. PROOF OF EDUCATION (MUST HAVE SUCCESSFULLY COMPLETED 10TH GRADE WITH AT LEAST 10 HIGH SCHOOL CREDITS): PHOTOCOPY OF DIPLOMA(S), TRANSCRIPT(S), OR GED CERTIFICATION.
3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" x 2".
4. \$15.00 ENROLLMENT FEE.
5. STATE INSPECTOR MUST DATE AND INITIAL THIS APPLICATION.

Table with columns NEW and TRANSFER, and rows corresponding to instructions 1-5.

TO BE COMPLETED BY APPLICANT

1. NAME (FIRST, MIDDLE, LAST) 2. SOCIAL SECURITY NUMBER
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)
4. DATE OF BIRTH 5. TELEPHONE NUMBER 6. EDUCATION 7. YEAR LAST GRADE WAS COMPLETED
8. SCHOOL WHERE LAST GRADE WAS COMPLETED 9. SCHOOL ADDRESS (CITY AND STATE)

10. CHARACTER REFERENCES

Table with columns NAME and ADDRESS (STREET, CITY, STATE, ZIP) for character references a and b.

11. IF ANSWERS TO QUESTIONS 1, 2, OR 3 ARE YES, PLEASE EXPLAIN. YES NO
HAVE YOU 1. EVER BEEN ENROLLED IN A MISSOURI COSMETOLOGY SCHOOL?
2. EVER BEEN AN APPRENTICE IN A MISSOURI COSMETOLOGY SHOP?
3. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER OR MANICURIST IN MISSOURI OR ELSEWHERE?

12. EXPLANATION

I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING COSMETOLOGY SHOP

13. COSMETOLOGY SHOP NAME 14. SHOP LICENSE NUMBER CURRENT LICENSE POSTED?
15. SHOP ADDRESS 16. SHOP TELEPHONE NUMBER
17. APPRENTICE SUPERVISOR 18. LICENSE NUMBER CURRENT LICENSE POSTED?
19. SUBSTITUTE SUPERVISOR 20. LICENSE NUMBER CURRENT LICENSE POSTED?
21. FOR THE FOLLOWING COURSE
22. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY

23. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE MISSOURI STATE BOARD OF COSMETOLOGY AND I WILL NOT BE ALLOWED CREDIT FOR SHOP ATTENDANCE UNTIL I HAVE BEEN ISSUED AND THE SHOP RECEIVES MY APPRENTICE LICENSE.
APPLICANT SIGNATURE

TO BE COMPLETED BY SHOP OWNER

24. THE ABOVE-NAMED APPLICANT HERewith MAKES APPLICATION FOR ENROLLMENT INTO MY SHOP WITH AN ANTICIPATED START DATE OF OR UPON RECEIPT OF THE APPRENTICE LICENSE, WHICHEVER IS LATER. WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.
25. NAME OF SHOP 26. SIGNATURE OF OWNER OR MANAGER DATE



STATE OF MISSOURI
BOARD OF COSMETOLOGY
MANICURING APPRENTICE MONTHLY TIME REPORT

FOR MONTH OF	YEAR
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INSTRUCTIONS

1. THIS FORM IS TO BE USED FOR REPORTING THE NUMBER OF HOURS EARNED BY EACH APPRENTICE FOR EACH MONTH.
2. THE ORIGINAL COPY (WHITE) MUST BE SUBMITTED BY THE 10TH OF THE FOLLOWING MONTH TO THE ADDRESS BELOW.
3. RETAIN THE SECOND PAGE (YELLOW) FOR YOUR RECORDS AND GIVE THE STUDENT THE PINK COPY.

RETURN COMPLETED FORM TO: MISSOURI STATE BOARD OF COSMETOLOGY
P.O. BOX 1062
JEFFERSON CITY, MO 65102

APPRENTICE INFORMATION

NAME OF SALON

ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME OF APPRENTICE

APPRENTICE HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOURS ACCUMULATED INFORMATION

INDICATE THE NUMBER OF HOURS ACCUMULATED FOR EACH SUBJECT LISTED BELOW.

SUBJECT	HOURS REQUIRED	HOURS EARNED THIS MONTH	TOTAL HOURS TO DATE
MANICURING, HAND AND ARM MASSAGE, AND TREATMENT OF NAILS	440		
SALESMANSHIP AND SHOP MANAGEMENT	40		
SANITATION AND STERILIZATION	40		
ANATOMY	20		
STATE LAW	20		
STUDY OF THE USE & APPLICATION OF CERTAIN CHEMICALS	80		
MISCELLANEOUS LECTURES AND TEST REVIEW	140		
TOTAL HOURS ►	780		

APPRENTICE INSTRUCTOR SIGNATURE ▶	DAYS ABSENT	WRITTEN EXAM GRADE
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MO 419-1682 (8-95)

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