

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA COSMETOLOGY COMMISSION

500 E. Capitol Ave., Pierre, SD 57501
Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

APPRENTICESHIP APPLICATION

Please print or type:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Social Security Number: _____ Email Address: _____

Education: _____ Date: _____
Name of High School or GED

Type of apprenticeship training (check one):

COSMETOLOGY (1,500 hours)

ESTHETICS (600 hours)

NAIL TECHNOLOGY (400 hours)

Suggested Start Date of Apprenticeship (tentative): _____

Name of Instructor: _____

Salon Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

I understand that any cosmetology school training will not be credited towards my apprenticeship. If I am granted an apprentice license, I agree to take continuous training as applicable, receiving no less than 40 hours per week. I also agree to abide by all of the provisions of the Cosmetology Laws and Rules.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____

(SEAL)

Notary Public Signature

NOTE: The following must accompany this application:

- \$25.00 Apprentice application fee (*non-refundable*)
- Copy of driver's license or state-issued ID (showing date of birth and clear photo of apprentice), **OR**
 - Copy of birth certificate and current photograph of apprentice

Office use only:	Apprentice License Number: _____
	Start date: _____

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AFFIDAVIT FOR INSTRUCTOR OF APPRENTICE

I, _____, a licensed Cosmetologist Nail Technician Esthetician
(print or type Instructor Name)

and licensed Instructor in the State of South Dakota, agree to instruct _____
(print or type Apprentice Name)

as an apprentice in both the theory and practical work in the art of
COSMETOLOGY (1,500 hours) ESTHETICS (600 hours) NAIL TECHNOLOGY (400 hours)

I further agree to abide by the provisions of the Cosmetology Laws and Rules as they relate to both the training of an apprentice in a salon and in general practice.

Signature of Instructor

Apprenticeship Application Checklist

The Commission requires the following to be completed before the apprentice interview is conducted. Please return this form and all requested attachments to the Commission office at 217 W. Missouri Ave., Pierre, SD 57501.

An apprenticeship may not begin until approved by the Cosmetology Commission.

1. Salon Name: _____
2. Salon Address: _____
3. Salon Telephone: _____ Email: _____
4. Type of Apprenticeship: Cosmetology Esthetics Nail Technology
5. Instructor Name: _____ Instructor Lic. #: _____

Note: Instructors are not interchangeable. The instructor of record must be the same for the duration of the apprenticeship. A change to the instructor of record must be requested in writing with a detailed explanation for the requested change. Requests will be presented to the Cosmetology Commission for consideration at a regularly scheduled meeting.

6. Apprentice(s) (maximum of two per instructor, maximum of eight apprentices per salon):

1. Name: _____

Address: _____ City: _____

Telephone: _____ Email: _____

2. Name: _____

Address: _____ City: _____

Telephone: _____ Email: _____

7. Proposed starting date: _____

8. Proposed ending date: _____

9. Textbook to be used: _____

Publisher: _____ Copyright Date: _____

10. Student workbook to be used: _____

Publisher: _____ Copyright Date: _____

11. Lesson plans: Self-Prepared: Yes No Purchased: Yes No

If purchased, company name: _____

Note: All lesson plans for cosmetology, nail technology, and esthetics must be ready before the interview.

12. State laws/rules lesson plans and tests completed? Yes No

13. Curriculum requirements understood by instructor and apprentice? Yes No

14. Curriculum schedule for the apprenticeship program must be attached. A sample of a typical schedule should show a plan has been considered for the apprentice's training. The apprentice should receive a combination of academic as well as hands-on experience each day. (Sample: Month 1 – instruction in state laws, safety, infection control, hair. Month 2 – instruction in massage, hair. Month 3 – hair procedures continued, nails, etc. See the required curriculum in step one information)

15. Weekly apprentice training schedule must be attached. Must total 40 hours for the week. The inspector will use this schedule for inspections.

16. Attach a sample of a test that will be given. (Must relate to attached lesson plans)

17. Attach a list of reference materials that will be used. This is a detailed list of the professional magazines, instructional videos, books, etc. that the apprentice will have access to or will be taught from during the course. This does not include the required basic textbook, nor does a listing of a textbook, workbook, or state law books count as instructional materials.

18. Kit supplied and ready: Yes No

19. On a **separate paper**, list the contents of the kit to be provided and attach to this checklist.

20. Salon inspection passed: Yes No Pending

21. Physical requirements ready:

Completely separate classroom Yes No

Whiteboard Yes No

Audio-visual items Yes No

Station(s) Yes No

22. Sign posted stating apprentice working in salon: Yes No

23. Please note that the instructor is responsible for providing the following to the Commission and/or apprentice:

- Weekly Report (timesheets) - **Commission**
- Apprentice Leave Policy - **Apprentice**
- Certification of Completion form – **Commission/Apprentice**
- Curriculum Requirements – **Commission/Apprentice**
- State Law/Rule Book (\$5.00/book / available for download on the Cosmetology Commission website) - **Apprentice**
- Weekly Schedule Form - **Commission**

24. The proposed instructor holds a valid SD instructor license: Yes No

Acknowledgement: By signing this document, I declare under penalty of perjury that the information contained herein has been examined by me, and is, to the best of my knowledge and belief, in all things, true and correct. If approved for the requested apprenticeship, I agree to abide by all the laws and rules of the State of South Dakota governing the practices of cosmetology, esthetics, and nail technology. I also agree to abide by the terms of the apprenticeship as set forth by the Cosmetology Commission.

Signature of Applicant: _____ Date: _____

Signature of Instructor: _____ Date: _____