

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(s): \_\_\_\_\_

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

<b>Office use only:</b>	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

\*\*\* The instructor must sign this statement in the presence of a notary.

Subscribed and sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_ 20 \_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public Signature

## 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: \_\_\_\_\_