

**PROTECTIVE  
HEALTH  
SERVICES**

Oklahoma State Department of Health  
Consumer Protection Division  
Body Piercing & Tattooing  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-5243  
FAX: (405) 271-3458

**QUARTERLY APPRENTICESHIP PROGRESS REPORT**

The licensed supervising artist shall keep accurate records of the apprentice hours. The supervising artist shall complete and submit this form to the Department every three (3) months. Hours shall not be credited for any hours received prior to registering with the Department.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Name of Supervising Licensed Artist: \_\_\_\_\_

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

\_\_\_\_\_  
Street Location                      City                      State                      Zip                      (Area Code) Telephone Number

Quarter Beginning Date                      Quarter Ending Date

Date Supervision Began: \_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of hours accumulated by Apprentice for this quarter: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an apprentice ceases training prior to the completion of twelve (12) months, the supervising artist shall notify the Department in writing within fourteen (14) days. The apprentice license must be returned to this office if the training ceases.

I certify that the information given on this Application by me is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Licensed Supervising Artist's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date