Creating a State of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Protective Health Services / Consumer Protection
1000 NE 10th St., Oklahoma City, OK 73117
Telephone: (405) 271-5243
Fax: (405) 271-3458

APPRENTICE PROGRAM
Quarterly Progress Report

This form should be submitted every quarter with the Weekly Time Sheets

Hours Accrued for: ☐ Body Piercing Apprentice Program ☐ Tattoo Apprentice Program

PLEASE PRINT CLEARLY OR TYPE:

Student Name: _____ _____ _____
First MI Last

Primary Phone: _____ Email Address: _____

PROGRAM INFORMATION

Sponsoring Artist: _____ Artist License # _____

Shop Name: _____ Shop License # _____

Program Start Date: _____ Quarter Start: _____ Quarter End: _____

ACQUIRED HOURS

Identify the total number of curriculum hours acquired this quarter in each of following categories

Microbiology: _____ Bloodborne Pathogen Standards: _____

Sanitation and Disinfection: _____ Professional Standards: _____

Body Piercing or Tattooing Education: _____ Safety: _____

Quarter Total: _____

Comments:_____

_____

_____

_____

I HEREBY CERTIFY this form contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____

(Please retain a copy of the completed form for your records.)

FOR OSDH USE ONLY

This signature acknowledges that the applicant meets the requirements to be licensed as an artist in the designated category.

Sanitarian Signature:_____ _____ **Date:** _____
RS#