



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
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**APPRENTICE PROGRAM
Weekly Time Sheet**

Hours Accrued for: Body Piercing Apprentice Program Tattoo Apprentice Program

PLEASE PRINT CLEARLY OR TYPE:

Student Name: _____

Sponsor Name: _____ Artist # _____

Identify the number of curriculum hours acquired in each category for each day

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Date								
Microbiology								
Sanitation and Disinfection								
Safety								
Bloodborne Pathogen Standards								
Professional Standards								
Body Piercing/ Tattooing Education								
Total								

Turn this form in with the Quarterly Progress Report

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.)