



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) 271-5286

**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.)