



## Permanent Cosmetics Apprenticeship Log

### 100 Hour Theory Training – Practical Hours Based on Areas of Practice

Sponsor Name:	Establishment:
---------------	----------------

### Areas of Training

<input type="checkbox"/> Eye Brow Technique – 20 hours	<input type="checkbox"/> Tattoo Lightening – 10 hours
<input type="checkbox"/> Eyeliner technique - 20 hours	<input type="checkbox"/> Scalp Micropigmentation – 20 hours
<input type="checkbox"/> Lip technique – 20 hours	<input type="checkbox"/> Scar Camouflage – 40 hours
<input type="checkbox"/> Beauty Mark Technique – 10 hours	

### Introduction to Permanent Cosmetics – 5 Hours

<b>History of Tattooing as it Applies to Permanent Cosmetics</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials

Comments:

<b>Overview of the Different Types of Machines and Devices</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials

Comments:

<b>State Laws and Regulations for Permanent Cosmetic Practitioners</b>	Total Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials

Comments:



# Professional Standards and Client Care – 10 Hours

<b>Client Expectations</b>	Total Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Medical Expectation</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Consent and Disclosure Form</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Record Keeping</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>HIPPA Standards</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Photography</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials



Comments:			
<b>Office Set-up – 5 Hours</b>			
<b>Understanding Establishment Requirements</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>General Equipment</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Table, Chair, Work Surface, and Lighting</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Safety and Sanitation – 30 Hours</b>			
<b>Definition of Terms</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Discuss Acceptable Forms of Sterilization</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials



Comments:			
<b>Proper Use of Chemical Agents, Antiseptics, Disinfectations, and Fumigants</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>OSHA and CDC Guidelines Regarding Bloodborne Pathogens</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Hand Washing Stations</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Hepatitis B Vaccination</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Personal Protective Equipment such as Gloves and Proper Attire to Avoid Cross Contamination</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Sanitary Measures during Procedure Set-up and Clean-up</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials



Comments:			
<b>Client Preparation – 10 Hours</b>			
<b>Preparing the Clients Skin</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Ways of marking the Skin</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Anesthetics used Before, During, and After Procedures</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Color Pigment Theory – 10 Hours</b>			
<b>Knowledge of Skin Type and Undertones</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Pigment Care such as Expiration, Storage, and Mixing</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials



Comments:			
<b>Use of Safety Sheets</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Skin Anatomy – 15 Hours</b>			
<b>Understanding of Skin and Layers</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Healing Process of the Skin and its Care</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Disease, Disorders, and Conditions such as: Infection Herpes simplex. Shingles, Moles, Warts, Freckles, Psoriasis, Eczema, and Reactions</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Machine/Needle Theory – 10 Hours</b>			
<b>Operation, Maintenance, and Instrument Storage</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials



Comments:			
<b>Proper Needle Handling and Disposal</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Groups, Numbers and Configurations</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Pre-Sterilized, Single Use</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Business Set-up – 5 Hours</b>			
<b>Basic Business and Social Media Guidelines</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>Legal Requirements</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			



<b>Insurance/Liability</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			
<b>New Mexico Laws and Regulations</b>	Hours of Training:	Methods of Training:	
Date Started	Date Completed	Apprentice Initials	Sponsor Initials
Comments:			

## Direct Supervision- Practical Hours

<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening			
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation			
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage			
<input type="checkbox"/> Beauty Mark Technique				
Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials
Client Name:				
Training Description (additional information can be provided on a separate paper):				
<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening			
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation			
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage			
<input type="checkbox"/> Beauty Mark Technique				
Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials
Client Name:				
Training Description (additional information can be provided on a separate paper):				





<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):

<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):

<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):



<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):

<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):

<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):



<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):

<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):

<input type="checkbox"/> Eye Brow Technique	<input type="checkbox"/> Tattoo Lightening
<input type="checkbox"/> Eyeliner technique	<input type="checkbox"/> Scalp Micropigmentation
<input type="checkbox"/> Lip technique	<input type="checkbox"/> Scar Camouflage
<input type="checkbox"/> Beauty Mark Technique	

Time Started	Time Completed	Total Hours	Apprentice Initials	Sponsor Initials

Client Name:

Training Description (additional information can be provided on a separate paper):

**\*\* PLEASE PRINT ADDITIONAL PRACTICAL LOG AS NEEDED TO COMPLETE HOURS REQUIRED\*\***

