

APPRENTICESHIP PROGRAM

Record of Theory and Practical Instruction / Services for Apprentice or Instructor

Date	Theory Instruction	Practical Instruction	# of Client Services Performed	Instructor's Initials	Student's Initials
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TOTALS					

Student's Name: _____ Signature: _____ Date: _____

Instructor's Name: _____ Signature: _____ Date: _____