

# 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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<b>TOTALS</b>					

Student's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_