

POST SECONDARY SCHOOL PROGRAM COSMETOLOGY TRAINING AFFIDAVIT

This form must be completed by the school representative.

CANDIDATE NAME: _____ X _____
 (PLEASE PRINT) FIRST MIDDLE LAST CANDIDATE SIGNATURE

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL LICENSE NUMBER: _____ SCHOOL PHONE NUMBER: _____

ENROLLMENT DATES: FROM _____ TO _____ GRADUATION DATE: _____

SUBJECTS

CREDITS IN HOURS

Science of Cosmetology (400)

Sanitation and Sterilization.....	_____
Personal Hygiene and Grooming.....	_____
Professional Ethics.....	_____
Public Relations, Salesmanship and Psychology.....	_____
Anatomy.....	_____
Dermatology.....	_____
Trichology.....	_____
Nail Structure.....	_____
Chemistry.....	_____
Safety Precautions.....	_____

Practice of Cosmetology (1,055)

Shampoos and Rinses.....	_____
Scalp and Hair Care - Treatments.....	_____
Hair Shaping.....	_____
Hair Styling.....	_____
Thermal Pressing, Thermal Curling, Wiggery	
Roller Placement, Molding, Pin Curling.....	_____
Nail Technology.....	_____
Chemical (Cold) Waving, Chemical Relaxing or Straightening.....	_____
Hair Tinting (Coloring) and Lightening (Bleaching).....	_____
Facial – Skin Care and Make-up.....	_____

South Carolina State Law: Rules, Regulations, Code (15)

Threading (10) _____

Unassigned: Specific Needs (20) _____

Total Number of Hours..... _____

 (PRINT) NAME OF INSTRUCTOR

 SIGNATURE OF INSTRUCTOR

 (PRINT) NAME OF SCHOOL OFFICIAL

 SIGNATURE OF SCHOOL OFFICIAL

(This section must be completed by a notary public)

_____, first being duly sworn, deposes and says that he or she (listed above) is the Instructor of
 (PRINT) NAME OF NOTARY

Cosmetology, making the preceding statement, and that all statements made herein are true in every respect.

Sworn and subscribe to before me this _____ day of _____ 20_____.

Notary Public in and for the County of _____, State of _____ My Commission Expires: _____

 NOTARY SIGNATURE

Affix Notary Seal Here