

POST SECONDARY SCHOOL PROGRAM ESTHETICIAN 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: _____
(mm/dd/yyyy)

<u>SUBJECTS</u>	<u>CREDITS IN HOURS</u>
Professional Practices (50)	
Bacteriology and Sanitation.....	_____
Business Practice.....	_____
Sciences (120)	
Histology of Skin.....	_____
Dermatology.....	_____
Structures and Functions of Human Systems.....	_____
Facial Treatments (125)	
Facial Massage.....	_____
Electrical Current-Facial Treatments.....	_____
Other Kinds of Facial Treatments.....	_____
Hair Removal (50)	
Depilatories.....	_____
Tweezing.....	_____
Waxing.....	_____
Threading.....	_____
Unassigned: Specific Needs.....	_____
Makeup (50)	
Purpose and Effects.....	_____
Supplies and Implements.....	_____
Preparation.....	_____
Procedures.....	_____
Safety Measures.....	_____
Body Wraps (40)	
Purpose and Effects.....	_____
Types of Treatments.....	_____
Supplies and Instruments.....	_____
Preparation.....	_____
Procedure.....	_____
Safety Measures.....	_____
South Carolina State Law, Rules, Regulations and Codes (15)	_____
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 – name must differ from any name listed above)

_____, first being duly sworn, deposes and says that he or she (listed above) is the Instructor of Esthetics, making the preceding statement, and 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