

## APPLICATION FOR EXAMINATION & LICENSURE

Please complete this application form (we have included a checklist to help you verify completion – see #1) and mail to Professional Credential Services (PCS) at the address on the **Payment Form**. For the practical examination, your application and ALL documentation must be RECEIVED prior to the application deadline of the practical examination you wish to take. Applications are processed daily for theory examinations administered at PSI Testing Centers. Late or incomplete applications will be processed for the next scheduled practical examination. If you have not received an admission notice within seven (7) days prior to the examination date, call PCS toll-free at 888-822-3272 to make an inquiry. For more information, please review the *Candidate Information Bulletin* online at [pcshq.com](http://pcshq.com). **The State Board has the final authority to approve the issuance of a license.**

### 1. APPLICATION CHECKLIST

Please check that the following is complete and enclosed prior to mailing (Note: Incomplete applications will not be considered.)

- ☐ Section 2 (Personal information – Social security number and date of birth must be entered in this section)
- ☐ Section 3 (Examination(s) must be selected)
- ☐ Section 4 (Correct fees must be attached or credit card information provided) (Note: Personal checks are not accepted)
- ☐ Section 5 (Please select a test month)
- ☐ Section 6 (If requesting accommodations, box must be checked and all documentation must be attached to application)
- ☐ Section 7 (Indicate the method for which you are qualified – must be completed).
- ☐ Section 8 (Carefully read and answer all conviction and disciplinary questions).
- ☐ Section 9 (Must read, sign, have signature notarized and attach 2x2 photo where indicated).

For a list of required documentation, please review the Candidate Information Bulletin which can be downloaded online at <http://www.pcshq.com>.

**\*NOTE: Candidates must register with the full legal name as it appears on their government issued identification. The name on the identification must be the same as the name used to register for the examination(s).**

### 2. TYPE OR PRINT LEGIBLY IN INK

\_\_Mr. \_\_Mrs. \_\_Ms. \_\_Miss

\_\_\_\_\_  
 Name (Last, First, MI)

\_\_\_\_\_  
 Social Security Number  
 ( )

\_\_\_\_\_  
 Street Address or Box Number

\_\_\_\_\_  
 Daytime Telephone Number  
 ( )

\_\_\_\_\_  
 City, State, ZIP Code

\_\_\_\_\_  
 Home Phone Number

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 E-Mail Address

\_\_\_\_\_  
 Mother's Maiden Name

### 3. PLEASE CHECK EXAMINATION TYPE[S] YOU ARE APPLYING FOR

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Cosmetology Theory    | <input type="checkbox"/> CROSSOVER to Cosmetology    | <input type="checkbox"/> Nail Technician Theory    | <input type="checkbox"/> Esthetician Theory    |
| <input type="checkbox"/> Cosmetology Practical | Have a current Master Hair Care License for at least | <input type="checkbox"/> Nail Technician Practical | <input type="checkbox"/> Esthetician Practical |
| <input type="checkbox"/> Theory AND Practical  | two years (must take practical examination only)     | <input type="checkbox"/> Theory AND Practical      | <input type="checkbox"/> Theory AND Practical  |

\*\*\*\*\*INSTRUCTOR Candidates – Refer to your Candidate Information Bulletin for additional eligibility requirements ([www.PCSHQ.com](http://www.PCSHQ.com))\*\*\*\*\*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cosmetology Instructor Theory    | <input type="checkbox"/> Esthetician Instructor Theory    | <input type="checkbox"/> Nail Technician Instructor Theory    |
| <input type="checkbox"/> Cosmetology Instructor Practical | <input type="checkbox"/> Esthetician Instructor Practical | <input type="checkbox"/> Nail Technician Instructor Practical |
| <input type="checkbox"/> Theory AND Practical             | <input type="checkbox"/> Theory AND Practical             | <input type="checkbox"/> Theory AND Practical                 |

☐ **REINSTATEMENT:** If your license has been expired for less than four (4) years please contact the board at (803) 896-4588. If your license has been expired longer than four (4) years please complete this application and take both the theory and practical examinations. License # \_\_\_\_\_. Indicate on the previous page which practical examination you are required to take. Reinstatement candidates must pay fees listed below (same as First-Time fees). You must also submit a 2"x2" photo, affidavit of eligibility, and 2 forms of identification (driver's license, birth certificate, US passport, or social security card). One form of identification must include a photo.

☐ **ENDORSEMENT:** I hold an active license in the following state: \_\_\_\_\_ License # \_\_\_\_\_  
Have you previously passed a national NIC *theory* examination? (circle one) YES NO  
Have you previously passed a national NIC *practical* examination? (circle one) YES NO

\*See Endorsement Candidate Information Bulletin (<http://www.pcshq.com>) for a information on how to properly endorse an out of state license South Carolina.

**4. FEES (The following fees also include your license fee)**

First-time applicant fees listed below include LLR processing and 2-year license fee of \$45. PCS collects LLR fees and submits to LLR on a routine basis. Re-examination candidate should call PCS to re-apply. (1-888-822-3272)

\*\*Reinstatement candidates must submit First-Time Candidate Fees as defined below.

- ☐ First-Time Candidate Fee for both Theory & Practical Examinations: \$165
- ☐ First-Time Candidate Fee for Instructor Practical Only: \$130
- ☐ First-Time Candidate Fee for both Theory & Practical Instructor Examinations: \$195

**5. PRACTICAL EXAMINATION SITE – Select a month you wish to take your practical exam**

In order to test in the month selected, PCS must receive your COMPLETE application prior to the application deadline date of the practical examination date selected. Please see the PCS web site (<http://www.pcshq.com>) for a detailed list of examination dates and application deadlines. The exact location of the practical examination site will be identified on your *Admission Notice*, which you will receive approximately 7-10 business days prior to the examination date:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

**6. SPECIAL ACCOMMODATIONS FOR CANDIDATES WITH DISABILITIES**

- ☐ Check **ONLY** if you are requesting special accommodations. You may obtain an ADA Accommodations Form online at <http://www.pcshq.com> or from your school. All required documentation **MUST** be included with this application.

**7. PROFESSIONAL TRAINING QUALIFICATIONS**

Name of Cosmetology/Manicure/Esthetic School Attended \_\_\_\_\_  
(Instructors must list training information concerning their initial license type)  
Street Address of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email of School: \_\_\_\_\_ Enrolled from \_\_\_\_\_ to \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Month/Day/Year

! If you are applying with PCS prior to the completion of your training hours, please list your approximate date of completion under Graduation Date.

! Instructor/Reinstatement candidates must complete this section and list at least the month/year training was completed.

**8. DISCIPLINARY QUESTIONS / LAWS**

• Have you been found guilty or entered a plea of nolo contendere for any crime in this or any other state? **THIS PAGE OF THE APPLICATION WILL BE RETURNED IF YOU DO NOT ANSWER THIS QUESTION, AND YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.**

- ☐ YES  
☐ NO

• Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any board or agency in this or any other state? **THIS PAGE OF THE APPLICATION WILL BE RETURNED IF YOU DO NOT ANSWER THIS QUESTION, AND YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.**

- ☐ YES  
☐ NO

❖ If you answered "Yes" to the question regarding court convictions, you must submit to PCS one of the following:

a) Candidates with convictions that occurred in the state of South Carolina must obtain a SLED report.  
\*Contact South Carolina Law Enforcement Division. Phone: 803-737-9000 Address: P.O. Box 21398 Columbia, SC 29221  
Web site: [www.sled.sc.gov](http://www.sled.sc.gov).

b) Candidates with convictions that occurred outside of the state of South Carolina must obtain a criminal history report from the local law enforcement office.

**Your license will not be issued until this information is received by PCS and reviewed by the Board.**

❖ If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to PCS.  
**Your license will not be issued until this information is received by PCS and reviewed by the Board.**

**SOUTH CAROLINA LAWS, RULES and REGULATIONS**

You must select one of the following:

- ☐ I have read, understand and agree to comply with South Carolina's Board of Cosmetology Laws, Rules and Regulations.
- ☐ I have not reviewed the South Carolina Board of Cosmetology Laws, Rules and Regulations. However, I understand that it is my responsibility to be aware and knowledgeable of the laws and rules that govern my profession. I will locate a current copy, read, understand and agree to the above mentioned documents prior to taking my first examination.

Download SC Laws here - <http://www.llr.state.sc.us/POL/Cosmetology/index.asp?file=laws.htm>

9. INFORMATION CONSENT AND WAIVER AGREEMENT

I understand that all information in this document is a public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except any item designated with this symbol (\*).

I understand that any omission, inaccuracy or failure to make full disclosure in this application may be deemed sufficient reason to withhold license or renewal, suspend or revoke a license if issued by the Board. I understand that the Board may make such inquiry and investigation concerning my record or background as the Board in its judgment deems proper, and further agree to furnish any additional information that may be requested by the Board.

I understand that various cosmetology and/or nail products are to be used during certain sections of cosmetology (and related) practical examinations for licensure.

I agree that in the event of an illness and/or injury that precludes my completion of the examination, any claim I may have will be limited to a refund of the examination fee paid. I agree that I shall hold harmless the State of South Carolina, its employees, agents and independent contractors (state) from any and all claims, injury, loss, damage, suits, actions, liabilities, and costs of any kind for any and all claims by any party arising directly or indirectly from any acts or omissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the State with regard to any use or misuse of said Products during this examination and I release, with informed consent, the State from any liability with respect to the same.

I verify that the information contained on this application form and all supporting documentation is true and correct. I am aware of the criminal penalties for tampering with public records or information pursuant to South Carolina law.

I understand that I must meet the application deadline and that the application must be complete by the application deadline in order to take the practical examination at the location and date desired. I also understand that if I do not appear with proper identification at the scheduled time and date for either the theory or the practical examination(s), all fees will be forfeited. I agree that any claim is limited to the examination fee paid in the event that the theory or practical examination(s) are cancelled. I ascertain by my signature below that I agree with the conditions noted on this application and in the most current *Candidate Information Bulletin* ([www.pcshq.com](http://www.pcshq.com)). I also ascertain that my signature below releases my score and personal information to my school and to the State Board.

I understand my signature below serves as acknowledgement that my social security number will be used as my unique identifier for the purpose of reporting results to the state licensing agency and my school of graduation for licensing purposes. I further agree to release Professional Credential Services, Inc. (PCS) and its subcontractors from any liability arising from the use of my social security number as my unique identifier as required by the state with which I am applying for licensure.

\_\_\_\_\_  
Candidate Signature [date]

\_\_\_\_\_  
Parent's Signature (if candidate is a minor) [date]

Attach a 2 x 2  
Passport Type Photo  
(color, head &  
shoulder)  
[no photocopies]

\*\*\*\*\*  
NOTARY SECTION

\_\_\_\_\_, first being duly sworn, deposes and says that  
(PRINT) NAME OF NOTARY (Must differ from all names listed within this application)

Candidate (listed above) is making the preceding statements, 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

[NOTARY STAMP]



## PAYMENT FORM

Applicant Name: \_\_\_\_\_

Social Security Number (Mandatory): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fees are non-refundable and non-transferable  
Personal checks are not accepted**

Payment must be by certified check or money order (payable to PCS) or credit card (MasterCard/VISA Only). Please record your social security number on the check. Place a check mark in the appropriate box indicating the type of payment.

Payment Type:    ☐ Cashier's Check/Money Order    ☐ Credit Card (complete information below)

If paying by credit card:    ☐ MasterCard    ☐ VISA    Authorized payment amount: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**\*If your credit card is declined, you will be required to submit a cashier's check or money order.**

**Return this Payment Form with Examination Application.  
DO NOT staple your payment to this form.**

**Note: This document will be shredded after it has been processed.**

Mail Examination Application and Payment Form to:  
Professional Credential Services / South Carolina Cosmetology  
P.O. Box 198768 (U.S. Postal Service)  
Nashville, Tennessee 37219-8689  
150 Fourth Avenue North, Suite 800 (Courier Delivery)  
Nashville, Tennessee 37219-2496  
Toll free: (888) 822-3272 (615) 312-3782  
Fax: (615) 846-0153  
Web Site: <http://www.pcshq.com>

### AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

#### **Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ☐ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ☐ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. ☐ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. ☐ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ☐ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. ☐ I am a US citizen, not physically present or employed in the United States.
  - b. ☐ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: \_\_\_\_\_; Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Permanent Resident Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Employment Authorization Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.
- ☐ Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

\_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

*The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

06/28/12 Affidavit of Eligibility

**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: \_\_\_\_\_  
(mm/dd/yyyy)

**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.....

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 - 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 Cosmetology, making the  
(PRINT) NAME OF NOTARY  
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*



**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)

**SUBJECTS**

**CREDITS IN HOURS**

**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

(PRINT) NAME OF NOTARY

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

# POST SECONDARY SCHOOL PROGRAM NAIL TECHNICIAN 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)

## SUBJECTS

## CREDITS IN HOURS

### **SANITATION & SAFETY MEASURES (75)**

Bacteriology.....  
Sanitation.....  
Safety Precaution.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **ANATOMY & PHYSIOLOGY (30)**

Nail Shapes, Structure, Growth.....  
Bones, Muscles, Nerves.....  
Skin.....  
Blood Circulation.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **NAIL TECHNOLOGY (105)**

Preparation.....  
Equipment and Implements.....  
Supplies.....  
Procedures.....  
Pedicure.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Artificial Nails (50).....

Power Equipment (25).....

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 Nail Technology, making the  
(PRINT) NAME OF NOTARY  
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



**SOUTH CAROLINA BOARD OF COSMETOLOGY**

**AFFIDAVIT OF COMPLETION**

**Student Information**

Print Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

**Training Information**

The above student has completed the one of the following (please check which applies):

\_\_\_ Cosmetology: 1,500 hours      \_\_\_ Nail Tech: 300 hours      \_\_\_ Esthetician: 450 hours

Date of Completion: \_\_\_\_\_  
mm.dd.yyyy

**Affirmation Statement**

*This section should be completed by school instructor or school official.*

I, \_\_\_\_\_  
Name of Instructor/School Official swear or affirm that I am authorized to report the  
aforementioned student's information to the State Board of Cosmetology on behalf of

\_\_\_\_\_  
School Name which is licensed to do business in South Carolina. I also swear  
that the information provided is true and correct to the best of my knowledge.

Instructor or School Official Signature: \_\_\_\_\_

**Notary Section**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public Name: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Notary Public Expiration: \_\_\_\_\_

Notary Seal