

EARLY THEORY CANDIDATES ONLY

COSMETOLOGY SCHOOL / SALON TRAINING AFFIDAVITS

SCHOOL CERTIFICATE - Check the appropriate box and then complete (type or print legibly except otherwise indicated)

NOTE: If you have trained in more than one school, a separate training certificate must be completed by each school.

COSMETOLOGIST

Successfully complete a minimum of a 900-hour course of instruction in a licensed school of cosmetology

ESTHETICIAN

Successfully complete a minimum of a 250-hour course of instruction in esthetics in a licensed school of cosmetology

NATURAL HAIR BRAIDER

Successfully complete a minimum of a 250-hour course of instruction in hair braiding in a licensed school of cosmetology

NAIL TECHNICIAN

Successfully complete a minimum of a 150-hour course of instruction in nail technology in a licensed school of cosmetology

COSMETOLOGIST TEACHER, ESTHETICS TEACHER, NATURAL HAIR BRAIDING TEACHER, AND NAIL TECHNOLOGY TEACHER

Successfully complete a 400-hour course of instruction in cosmetology, natural hair braider, esthetics, or nail technician teacher curriculum in a licensed school of cosmetology

This certificate is to be completed by a licensed cosmetology teacher. Include the TOTAL number of hours spent successfully completing all program requirements.

Number of Formal Training Hours: _____ in (category) _____

School Name: _____

Address: _____

School License # _____ School Telephone #: _____

Current Pennsylvania Cosmetology License Number (if applicable): _____

Earned hours from ___ / ___ / ___ to ___ / ___ / ___ (Application will be ineligible unless hours have already been completed)

I, being duly sworn according to law, do attest that

Candidates name (as it appears on the application)

S.S. #

has satisfactorily completed all program requirements. In my professional assessment, I believe this candidate is fully qualified to take the licensure examination for which he/she applied.

Name of School Supervisor/Cosmetology Teacher: _____

Signature of above _____ Date ___ / ___ / ___

License number of above: _____

Subscribed and sworn before me this _____ day of _____, 20____

notary stamp

Notary Public's Signature and Seal

COSMETOLOGY SCHOOL / SALON TRAINING CERTIFICATE

SCHOOL CERTIFICATE - Check the appropriate box and then complete (type or print legibly except otherwise indicated)

NOTE: If you have trained in more than one school, a separate training certificate must be completed by each school.

COSMETOLOGIST

- Successfully complete a minimum of a 1,250-hour course of instruction in a licensed school of cosmetology
- Successfully complete a minimum of 2,000 hours of an apprenticeship in a cosmetology salon

ESTHETICIAN

- Successfully complete a minimum of a 300-hour course of instruction in esthetics in a licensed school of cosmetology

NATURAL HAIR BRAIDER

- Successfully complete a minimum of a 300-hour course of instruction in hair braiding in a licensed school of cosmetology

NAIL TECHNICIAN

- Successfully complete a minimum of a 200-hour course of instruction in nail technology in a licensed school of cosmetology

COSMETOLOGIST TEACHER, ESTHETICS TEACHER, NATURAL HAIR BRAIDING TEACHER, AND NAIL TECHNOLOGY TEACHER

- Successfully complete a 500-hour course of instruction in cosmetology, natural hair braider, esthetics, or nail technician teacher curriculum in a licensed school of cosmetology

This certificate is to be completed by a licensed cosmetology teacher. Include the TOTAL number of hours spent successfully completing all program requirements.

Number of Formal Training Hours: _____ in (category) _____

School/Salon Name: _____

Address: _____

School/Salon License # _____ School/Salon Telephone #: _____

Current Pennsylvania Cosmetology License Number (if applicable): _____

Earned hours from ___ / ___ / ___ to ___ / ___ / ___ (Application will be ineligible unless hours have already been completed)

I, being duly sworn according to law, do attest that

Candidates name (as it appears on the application)

S.S. #

has satisfactorily completed all program requirements. In my professional assessment, I believe this candidate is fully qualified to take the licensure examination for which he/she applied.

Name of School Supervisor/Cosmetology Teacher: _____

Signature of above _____ Date ___ / ___ / ___

License number of above: _____

Subscribed and sworn before me this _____ day of _____, 20____

Notary Stamp:

Notary Public's Signature and Seal