

**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..... _____

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 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