

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

\_\_\_\_\_  
 (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