

NAIL TECHNICIAN TRAINING AFFIDAVIT

This form must be completed by the school representative

CANDIDATE NAME: _____
(PLEASE PRINT) FIRST MIDDLE LAST

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL LICENSE NUMBER: _____ SCHOOL PHONE NUMBER: _____

ENROLLMENT DATES: FROM _____ TO _____ GRADUATION DATE: _____

<u>SUBJECTS</u>	<u>CREDITS IN HOURS</u>
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).....	_____
State Law (15)	_____
Total Number of Hours.....	_____

(PRINT) NAME OF INSTRUCTOR INSTRUCTOR SIGNATURE DATE

INSTRUCTOR LICENSE NUMBER

(This section must be completed by a notary public)

_____, first being duly sworn, deposes and says that he or she (listed above) is the Instructor of
(PRINT) NAME OF NOTARY

Cosmetology, making the preceding statement, 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

Affix Notary Seal Here