

**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*