

**POST SECONDARY SCHOOL PROGRAM  
NAIL TECHNICIAN 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**

**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)**..... \_\_\_\_\_

**South Carolina State Law, Rules, Regulations and Codes (15)**..... \_\_\_\_\_

**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 Nail Technology, making the  
(PRINT) NAME OF NOTARY

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*