



POST SECONDARY SCHOOL PROGRAM
ESTHETICIAN 600-HOUR TRAINING AFFIDAVIT

This form must be completed by a school representative.

SCHOOL INFORMATION

School Name: _____ License No.: SCH _____
Full Address: _____ Phone: _____
Esthetics Instructor: _____ License No.: _____

CANDIDATE INFORMATION

Full Name: _____ Last 5 of social: _____
Enrollment: FROM: _____ TO: _____ Graduation Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

SUBJECT	REQ HOURS	HOURS
Professional Practices	50	
Bacteriology and Sanitation		
Business Practices		
Sciences	130	
Histology of Skin		
Dermatology		
Structures and Functions of Human Systems		
Facial Treatments	175	
Facial Massage		
Electrical Current-Facial Treatments		
Other Kinds of Facial Treatments		
Hair Removal	60	
Depilatories		
Tweezing		
Waxing		
Threading		
Unassigned: Specific Needs		
Makeup, Eyelash and Eyebrows	100	
Purpose and Effects		
Supplies and implements		
Preparation		
Procedures		
Safety Measures		

SUBJECT	REQ HOURS	HOURS
Body Wraps	40	
Purpose and Effects		
Types of Treatments		
Supplies and Instructions		
Preparation		
Procedure		
Safety Measures		
SC State Laws, Rules, Regulations and Codes	15	
Unassigned: Specific Needs	30	
Total Hours:		

INSTRUCTOR ATTESTATION

I, the below named instructor, first being duly sworn, declare that I am the instructor of esthetics and all information provided by me herein is true to the best of my knowledge.

Print Instructor Name

Signature of Instructor

SCHOOL OFFICIAL ATTESTATION

I, the below named school official, first being duly sworn, declare that I am the named school official and all information provided by the esthetician instructor and the school herein is true to the best of my knowledge.

Print School Official Name/Title

Signature of School Official

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Signature: _____

Print Notary Name: _____

{Seal}

Notary Public for the State of: _____

Commission Expiration Date: _____