



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Cosmetology
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484
 llr.sc.gov/cosmo

**POST SECONDARY SCHOOL PROGRAM
 COSMETOLOGY TRAINING AFFIDAVIT**

SCHOOL INFORMATION

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

CANDIDATE INFORMATION

Full Name: _____ Last 5 of social: _____
Enrollment: FROM: _____ TO: _____ Graduation Date: _____

| SUBJECT | REQ HOURS | 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 | 1055 | |
| 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 | | |

| SUBJECT | REQ HOURS | HOURS |
|---|-----------|-------|
| SC State Laws, Rules, Regulations and Codes | 15 | |
| Threading | 10 | |
| Unassigned: Specific Needs | 20 | |
| | | |
| | | |
| | | |
| Total Hours: | | |

INSTRUCTOR ATTESTATION

I, the below named instructor, first being duly sworn, declare that I am the instructor of cosmetology 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 cosmetology 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: _____