



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Cosmetology**  
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 llr.sc.gov/cosmo

## VOCATIONAL 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
<b>Science of Cosmetology</b>	<b>310</b>	
Sanitation and Sterilization		
Personal Hygiene and Grooming		
Professional Ethics		
Public Relations, Salesmanship and Psychology		
Anatomy		
Dermatology		
Trichology		
Nail Structure		
Chemistry		
Safety Precautions		
<b>Practice of Cosmetology</b>	<b>670</b>	
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, Make-up, and Hair Removal (Safety)		

SUBJECT	REQ HOURS	HOURS
<b>Academic Hours</b>	<b>540</b>	
English Language Arts		
Math		
Science		
Economics or Government		
Technology		
<b>SC State Laws, Rules, Regulations and Codes</b>	<b>15</b>	
<b>Unassigned: Specific Needs</b>	<b>5</b>	
<b>Total Hours:</b>		

**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: \_\_\_\_\_