Missouri Esthetician Training Affidavit

APPLICANT: _____
First Middle Last

SCHOOL: _____
Name

ADDRESS: _____
Street City State Zip

_____ _____ _____
Date of Enrollment Completion Date of Training School License #

Breakdown of Hours

SUBJECTS **TOTAL HOURS**

Facials, Cleansing, Toning, Massaging …….…. _____
Makeup Application, all phases ……..……. _____
Hair Removal ……..…. _____
Body Treatments, Aroma Therapy, Wraps …….……. _____
Reflexology ……...……... _____
Cosmetic Sciences, Structure, Condition Disorder……..……. _____
Cosmetic Chemistry, Products, & Ingredients...…….…….. _____
Salon Management and Salesmanship ……..……... _____
Sanitation, Sterilization, Safety…….……...…… _____
State Law…….. _____
Misc Lectures and Test Review…… _____

Total of Subject Hours…… _____

The undersigned applicant, being duly sworn, deposes and says that he/she is the person who executed the application that all statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understood this affidavit.

_____
SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL

_____ _____
NOTARY PUBLIC'S SIGNATURE NOTARY'S STAMP OR SEAL

Subscribed and sworn to before me this _____ day of _____, 20 _____ My commission expires: _____