



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BARBERING AND COSMETOLOGY LICENSING
 35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

NAIL TECHNOLOGY TRAINEE AFFIDAVIT/TRANSCRIPT

To be completed by Qualified Supervisor (Please print legibly)

Trainee Name: _____	Date of Birth: _____
Trainee Address: _____	
STREET	CITY
STATE	ZIP
Supervisor Name: _____	Practice Lic#: _____
Establishment Lic#: _____	
Establishment Address: _____	
STREET	CITY
STATE	ZIP

Check One: Course Complete (400 Hours) Trainee Discontinued Training Training Terminated by the Supervisor

Discontinued/Termination Date (If applicable): _____

Enrollment Date: _____ **Completion Date:** _____

Complete this section only if trainee was granted credit from a school or training transfer

Transfer School/Establishment Name: _____ Total Hours Credited: _____

Transfer School/Establishment Address: _____

STREET CITY STATE ZIP

SUBJECT	HOURS	SUBJECT	HOURS
Bacteriology, hygiene, physiology, anatomy principles and practices of infection prevention and control, exposure to blood and bodily fluids, sterilization, disinfection, sanitation, universal precautions, basic first aid and benefits and differences of cleaning, sanitation, disinfecting and sterilizing.		Nail technology practice equipment, tools, implements, devices, nail enhancements and their various applications.	
Science and theory of nail technology and pedicuring; nail structure and growth, nutrition, disorders and diseases; and artificial nails and their applications.		Business and salon/establishment management including, but is not limited to: the Program laws and applicable rules; unassigned; the study of theory and subjects in which an individual student may be deficient and elective subjects related to the practice of nail technology, and testing and evaluation.	
		Total Hours Credited:	

I, as the authorized Qualified Supervisor, hereby certify that all instruction and training including theory, practice and clinical training in the subject areas described in this affidavit was provided to the trainee named in this affidavit in accordance with the Barbering and Cosmetology Licensing Act and related rules and that hours credited were satisfactorily completed. By signature, the trainee concurs with the content of this affidavit and affirms to having been provided with the instruction described herein.

 Authorized Qualified Supervisor Date

 Trainee's Signature Date

This document will not be accepted if it is in any way defaced, altered, copy, redacted, including use of white out