

## 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 COURSE AFFIDAVIT/TRANSCRIPT

To be completed by an authorized school official (Please print legibly)

Student Name:		Date of Birth:				
Student Address:						
STREET CITY		7	STATE	ZIP		
School Name:	School Lic #:		Exp. Date:			
School Address:STREET				ZIP		
	CITY		STATE			
Check One: $\Box$ Course Complete (200 Hours)	$\Box$ CTE C	ourse Comple	ete	ithdrew   Terminat	ed by the School	
Withdrew/Termination Date ( <i>If applicable</i> ):						
Enrollment Date:	Compl	etion Date:_		_		
*Complete this sec	tion only if si	udent was gi	anted credit from a	school transfer*		
Transfer School Name:			Total Hours Credited:			
Transfer School Address: STREET		CITY				
COURSE SUBJECT		HOURS		TRSE SUBJECT	HOURS	
Bacteriology, hygiene, principles and practices of infection			Business and establishment management			
prevention and control, exposure to blood and bodily fluids,			including, but is not limited to: state laws and			
sterilization, disinfecting, sanitation, universal precautions,			rules; the study of theory in subjects in which a			
basic first aid and benefits and differences of cleaning,			student may be deficient and elective subjects related to the practice of nail technology.			
sanitation, disinfecting and sterilizing. ("C")			related to the pract	ice of nail technology.		
Nail technology, including artificial nails.			Pedicuring.			
Nail technology practice equipment, implements	s tools and		General sciences in	cluding, but is not limited	l to	
devices, and their use, safety, sanitation, disinfection and			the following: hygiene; anatomy and physiology			
precautions.				nutrition, disorders and	°5)	
productions.			diseases. ("C")	districti, discretes dire		
			Total Hours Cr	edited:		
, as this school's authorized official, hereby certify that a						
iffidavit was provided to the student named in this affidations credited were satisfactorily completed. By signature						
he instruction described herein.	re, the student	concurs with t	ne content of this arrida	ivit and arm ins to having be	en provided with	
ne instruction described herein.						
authorized School Official Dai	to		Student's Signature	n		
uthorized School Official Date	iC .		Student's Signature	υ	Oate	

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