



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
BARBERING AND COSMETOLOGY LICENSING PROGRAM
 35 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0035
 TEL: (207)624-8603 – FAX: (207)624-8666

SUPERVISOR'S AFFIDAVIT

Trainee's Name:	
Supervisor's Name:	License Number of Supervisor:
Establishment or Booth Name:	Establishment or Booth License Number:
<p>QUALIFYING SUPERVISOR CERTIFICATION AND SIGNATURE</p> <p><u>THIS SECTION MUST BE COMPLETED BY THE QUALIFYING SUPERVISOR</u></p> <p><u>NOT BY THE TRAINEE</u></p> <p><u>This section must be attached with the online application</u></p> <ul style="list-style-type: none"> In addition to the requirements set forth under Rule Chapter 23 for Trainees, I understand my responsibilities with maintaining a current and accurate trainee instruction log and for periodically evaluating and assessing the trainee's progress. The training log shall provide a detailed day-by-day description of the trainee's instruction, accrual hours of instruction, subjects taught, type and method of instruction, and services performed on individual clients. Upon a trainee's successful completion of hours or upon the trainee's termination, I will submit a transcript of hours credited on a form prescribed by the Program within ten (10) days. If I assign an Alternate Supervisor, I understand that the Alternate Supervisor must first be approved by the program, and I understand that I am responsible for overseeing the Alternate Supervisor. <p>Pursuant to Program Rules, Chapter 23 (4)(2)(A) The proposed qualified supervisor and the alternate supervisor shall hold a Maine license in the practice appropriate area and shall demonstrate at least three (3) years of active licensed practice in such practice area within the five (5) years preceding the date of trainee application.</p> <p>Read the statement below and sign where indicated as your certification of the information provided on this application.</p> <p>By signing in this application, I agree to abide by the Maine Barbering and Cosmetology Licensing Program Laws and Rules and all of the State Laws and Rules related to the practice of Barbering and Cosmetology. I certify that I have obtained and read the laws and rules as listed above in this application and that I will periodically or as necessary revisit these documents to insure that I am current with Maine laws and rules. I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief.</p>	
Printed Name of Qualifying Supervisor	
Signature of Qualifying Supervisor	Date