



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

## COSMETOLOGY 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 (2500 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, principles and practices of infection prevention and control, exposure to blood and bodily fluids, sterilization, sanitation, universal precautions, basic first aid and benefits and differences of cleaning, sanitation and sterilizing.		General sciences including, but is not limited to, the following: hygiene; anatomy and physiology; skin structure; growth; nutrition; disorders and diseases; nail structure; growth; disorders and diseases; properties of the hair and scalp and basics of chemistry and electricity.	
Business and salon/establishment management including, but is not limited to: the Program laws and applicable rules and unassigned; the study of theory and subjects in which an individual student may be deficient and elective subjects related to the practice of cosmetology and testing and evaluation.		Cosmetology practice equipment, tools, implements, and devices including, but is not limited to: styling; manicuring; skin care and scalp treatment equipment; scissors; razors; clippers; trimmers; devices; dryers; thermal and other irons and their use and safety; sanitation; sterilization and precautions.	
Chemical texture services including, but is not limited to: soft curl permanents; permanent waving and chemical hair relaxing/straightening.		Hairstyling including, but is not limited to: thermal hair styling and straightening; finger waving; pin and roller curls; wrapping; blow dry styling and comb out techniques.	
Hair replacement systems using human and synthetic hair, wigs and hair pieces including, but is not limited to: measuring; fitting; cleansing; coloring and styling.		Nail technology including, but is not limited to: manicuring; pedicuring; nail enhancements and their various applications; sanitation; safety and precautions.	
Hair coloring, tinting and bleaching.		Shampooing, conditioning and scalp care.	
Skin care including, but is not limited to: facials and facial massage; hair removal; scalp treatments; cosmetics and make-up applications.		Haircutting principles and techniques, and use of all implements.	
		<b>Total Hours Credited:</b>	

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***