

Advanced Practice Esthetics Course Completion Certificate

This certificate must be reviewed, signed, and notarized by the student and School Owner or Designated School Manager (DSM); any portions that are not applicable may be left blank. This form must not be altered after it is notarized and must not contain any white out or redactions. Any inaccurate information will result in a delay in licensure.

Student Information

Name: _____
 Birth Date: _____ SSN: _____

School Information

5/2019

Name: _____
 Location: _____

Course Information

Course Completed? (check box)

500 hour Advanced Practice Esthetician Training

Transfer Hours:

If applicable _____ School Transferred From _____
 _____ Number of Hours _____

Date Course Completed:

_____ MM/DD/YYYY

Practical Skills Test Examiner(s)

If there were multiple, please list each and specify which sections each examined.

Practical Skills Test Results

	Test Date	Passed
Advanced Exfoliation: Chemical Peel		Y / N
Advanced Exfoliation: Machine or Device		Y / N
Advanced Skin Care Techniques		Y / N
Skin Needling		Y / N

Number of Service Quotas Completed

Advanced Exfoliation Chemical Peels	Completed	Required
Beta Hydroxy Acid Peel (BHA)		10
Alpha Hydroxy Acid Peel (AHA)		10
Trichloroacetic Acid Peel (TCA)		2
Other Peels <small>may include any of those above, blends or another type of advanced exfoliation chemical peel</small>		8
Advanced Exfoliation Machine or Device Treatments		
Dermaplaning, microdermabrasion, hydrodermabrasion or other advanced exfoliation machine or device treatment		30
Electrical Energy Treatments		
Direct Current		5
Indirect Current		5
Light Energy		5
Sound Energy		5
Other Energy Treatments <small>may include any of those above or another type of advanced electrical energy treatment</small>		10
Other Services		
Skin Needling Treatments		10
Advanced Extractions		3
Lymphatic Drainage Treatments		20

Certification of Information

The student and School Owner or Designated School Manager (DSM) must sign this certificate under the observation of a Notary Public after the full course of training and Practical Skills Test are complete. The student certification does not need to occur on the same day as the DSM certification, but both must occur after the course and test are complete. This section cannot be completed electronically.

Student Certification

I certify, under penalty of MN Statute 155A.33, Subd. 4-6, I passed the Practical Skills Test and course as documented above and all information provided on this form is true and accurate.

Printed Name: _____

Signature: _____ Date: _____

School Owner or DSM Certification

I certify, under penalty of MN Statute 155A.33, Subd. 4-6, that this student passed the Practical Skills Test and course as documented above and that all information shown on this form is true and accurate.

Printed Name: _____

Signature: _____ Date: _____

Notary Certification for Student

This instrument was acknowledged before me on _____ by _____
MM/DD/YYYY

Printed Student Name

Signature: _____

Notary Seal:

Notary Certification for School Owner or DSM

This instrument was acknowledged before me on _____ by _____
MM/DD/YYYY

Printed School Owner or DSM Name

Signature: _____

Notary Seal: