

Foreign Transfer Course Completion Certificate

Pursuant to MN Rule 2105.0183 Subpart 3, this certificate must be used for Minnesota license applicants who have training and experience in another country who have not been licensed in the United States. These applicants must apply to a Minnesota school as a transfer student for an evaluation of their training and cosmetology background to identify if any additional training is required to obtain a course completion certificate. Any documentation the school considers must first be submitted to Aequo International for evaluation. Please review the Foreign Transfer Guide and Foreign Transfer License Application for all licensing requirements.

The Minnesota school must certify the hours which were accepted upon transfer into the school and any hours completed at the school. The Practical Skills Test must be administered by the Minnesota school and passed by the student. This certificate is valid for one year from the date the Practical Skills Test is passed. This certificate must be reviewed, signed, and notarized by the student and School Owner or Designated School Manager (DSM). 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.

9/2023

Course Information	
Course Type:	
<input type="checkbox"/> 1,550 hour Cosmetologist Course	<input type="checkbox"/> 350 hour Nail Technician Course
<input type="checkbox"/> 600 hour Esthetician Course	<input type="checkbox"/> 14 hour Eyelash Technician Course
Transfer Hours:	
	Relevant Training Hours Accepted from Other Country
MN School Hours:	
	Number of Hours Completed in MN School
Hours Credited from Work Experience:	
	Explanation of Hours Must Be Included in School's Report
Date Course Completed:	
	MM/DD/YYYY

Minnesota School Information

Name: _____

Location: _____

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 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: _____

Notary Certification for Student

This instrument was acknowledged before me on _____ by

MM/DD/YYYY

Printed Student Name

Signature: _____

Notary Seal:

Student Information

Name: _____

Birth Date: _____ SSN: _____

Training Evaluation Documentation

The following reports are attached to this Course Completion Certificate:

- MN School Report—Evaluation of Student's Cosmetology Background
- Aequo International Evaluation Report

Important: If the school's report certifies any information that is not explicitly verified within the Aequo International report, the application may be subject a Board Licensing Committee review.

Practical Skills Test Examiner(s)

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

Practical Skills Test Results

Hair Care Segment	Date Passed	Total Score	Passing Score
Shampoo			16/21
Layered Haircut			17/22
Blow Dry Style			11/14
Thermal Style			11/14
Foil			19/25
Color			19/25
Relaxer			18/23
Permanent Wave			17/22
Skin Care Segment			
Eyebrow Wax			18/24
Facial			18/24
Makeup Application			11/14
Nail Care Segment			
Manicure			15/20
Artificial Nail Application			12/15
Artificial Nail Removal			15/20
Eyelash Extension Segment			
Eyelash Extensions Application & Removal			31/41

School Owner or DSM Certification

I certify, under penalty of MN 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 School Owner or DSM

This instrument was acknowledged before me on _____ by

MM/DD/YYYY

Printed School Owner or DSM Name

Signature: _____

Notary Seal: