

## License Transfer Course Completion Certificate

Pursuant to MN Rule 2105.0183 Subpart 2, this certificate must be used for Minnesota license applicants who have been licensed in another state for less than three years and whose state license certification letter verifies less than 1,550 hours of training for a cosmetologist, less than 600 hours for an esthetician, less than 350 hours for a nail technician and less than 14 hours for an eyelash technician.

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 applicant.

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. This certificate is valid for one year from the date the Practical Skills Test is passed. If the test was passed more than one year ago, the student must return to the school to retake the test.

9/2023

### Student Information

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

### School Information

Name: \_\_\_\_\_  
Location: \_\_\_\_\_

### Practical Skills Test Examiner(s)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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:

### Course Information

#### Course Type:

- 1,550 hour Cosmetologist Training  350 hour Nail Technician Training  
 600 hour Esthetician Training  14 hour Eyelash Technician Training

#### Date Course Completed:

\_\_\_\_\_  
MM/DD/YYYY

#### Transfer Hours:

\_\_\_\_\_  
Relevant Training Hours Accepted  
From Other State

#### MN School Hours:

\_\_\_\_\_  
Number of Hours Completed  
In MN School

### 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: