

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.

5/2024

Student Information

Name: _____

Birth Date: _____ SSN: _____

Course Information

Course Type:

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

Transfer Hours:

If applicable

_____ School Transferred From

_____ Number of Hours

Date Course Completed:

_____ MM/DD/YYYY

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 owner or 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:

Number of Service Quotas Completed

(Not applicable to Hair Technicians)

Service	Completed	Required
Shampooing		300
Scalp/Hair Conditioning		150
Hair Design Shaping		75
Chemical Hair Control <small>includes 6 chemical relaxers</small>		60
Hair Coloring		50
Hair Styling		300
Manicuring <small>Includes 10 artificial, of which 3 are sculptured</small>		50
Facial		60
Makeup Application		40
Facial Waxing <small>Includes 10 with hard wax and 10 with soft wax</small>		20
Body Waxing <small>Includes 10 with hard wax and 10 with soft wax</small>		20
Eyelash Extensions <small>Includes 1 full application, 1 chemical removal and 1 patch test</small>		3

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: