

VERIFICATION OF ATTENDANCE

Cosmetology Continuing Education Course

PLEASE PRINT THE INFORMATION AS SHOWN ON YOUR LICENSE USING BLUE OR BLACK INK. ALL FIELDS ARE REQUIRED.

Have you taken a cosmetology continuing education course? Yes No

Has your name or contact information changed within the past two years? Yes No

Name/address change, contact: SC Dept. of LLR, Board of Cosmetology, PO 11329, Columbia, SC 29211 • (803) 896-4588

South Carolina professional license number: _____

Last four digits of social security number: _____

(Please **DO NOT** provide your full SSN)

Your name as it appears on your professional license: First Name Middle Last

Permanent Mailing Address

City State Zip

() ()

Home Phone Number Work Phone Number Email Address

What type of license are you seeking to renew by taking this course? (select only one)

- Cosmetologist Esthetician Nail Technician
 Cosmetology Instructor Esthetician Instructor Nail Technician Instructor
 Other (please specify) _____

Course provider: _____ Course date: _____

Participant signature: _____ Date: _____

PLEASE NOTE: INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED/AWARDED CEU CREDIT.

(Monitor's use only)

Attendance: _____

Completion of requirements for receiving credit: Yes No

Monitor's signature: _____ Date: _____