



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Cosmetology**  
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llr.sc.gov/cosmo

**POST SECONDARY SCHOOL PROGRAM**  
**ESTHETICIAN 450-HOUR TRAINING AFFIDAVIT**

This form must be completed by a school representative.

**SCHOOL INFORMATION**

School Name: \_\_\_\_\_ License No.: SCH \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Esthetics Instructor: \_\_\_\_\_ License No.: \_\_\_\_\_

**CANDIDATE INFORMATION**

Full Name: \_\_\_\_\_ Last 5 of social: \_\_\_\_\_

**Enrollment:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

SUBJECT	REQ HOURS	HOURS
<b>Professional Practices</b>	<b>50</b>	
Bacteriology and Sanitation		
Business Practices		
<b>Sciences</b>	<b>120</b>	
Histology of Skin		
Dermatology		
Structures and Functions of Human Systems		
<b>Facial Treatments</b>	<b>125</b>	
Facial Massage		
Electrical Current-Facial Treatments		
Other Kinds of Facial Treatments		
<b>Hair Removal</b>	<b>50</b>	
Depilatories		
Tweezing		
Waxing		
Threading		
Unassigned: Specific Needs		
<b>Makeup</b>	<b>50</b>	
Purpose and Effects		
Supplies and implements		
Preparation		
Procedures		
Safety Measures		

SUBJECT	REQ HOURS	HOURS
<b>Body Wraps</b>	<b>40</b>	
Purpose and Effects		
Types of Treatments		
Supplies and Instructions		
Preparation		
Procedure		
Safety Measures		
<b>SC State Laws, Rules, Regulations and Codes</b>	<b>15</b>	
<b>Total Hours:</b>	<b>450</b>	

### INSTRUCTOR ATTESTATION

I, the below named instructor, first being duly sworn, declare that I am the instructor of esthetics and all information provided by me herein is true to the best of my knowledge.

\_\_\_\_\_  
Print Instructor Name

\_\_\_\_\_  
Signature of Instructor

### SCHOOL OFFICIAL ATTESTATION

I, the below named school official, first being duly sworn, declare that I am the named school official and all information provided by the esthetician instructor and the school herein is true to the best of my knowledge.

\_\_\_\_\_  
Print School Official Name/Title

\_\_\_\_\_  
Signature of School Official

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

{Seal}

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_