



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Cosmetology
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POST SECONDARY SCHOOL PROGRAM NAIL TECHNICIAN TRAINING AFFIDAVIT

SCHOOL INFORMATION

School Name: _____ License No.: SCH _____

Full Address: _____ Phone: _____

Nail Technician Instructor: _____ License No.: _____

CANDIDATE INFORMATION

Full Name: _____ Last 5 of social: _____

Enrollment: FROM: _____ TO: _____ Graduation Date: _____

| SUBJECT | REQ HOURS | HOURS |
|--|--------------|-------|
| Sanitation & Safety Measures | 75 | |
| Bacteriology | | |
| Sanitation | | |
| Safety Precaution | | |
| Anatomy & Physiology | 30 | |
| Nail Shapes, Structure, Growth | | |
| Bones, Muscles, Nerves | | |
| Skin | | |
| Blood Circulation | | |
| Nail Technology | 105 | |
| Preparation | | |
| Equipment and Implements | | |
| Supplies | | |
| Procedures | | |
| Pedicure | | |
| Artificial Nails | 50 | |
| Power Equipment | 25 | |
| SC State Laws, Rules, Regulations and Codes | 15 | |
| | | |
| Total Hours | | |

INSTRUCTOR ATTESTATION

I, the below named instructor, first being duly sworn, declare that I am the instructor of nail technology 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 nail technician 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: _____