



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Verification of On-the-Job Cosmetology Trades Instructor Training

To be submitted by applicants who, while employed by a licensed or recognized school, completed an on-the-job instructor training program conducted by a licensed instructor at the school.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: First Middle Last

License Number: License Type:

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE OFFICIAL PROGRAM REPRESENTATIVE.)

Name of School:

Address: City: State: Zip:

Phone: () - Email:

Dates of Employment: to

How many hours did the applicant work per week?

How many total hours did the applicant participate in their On-the-Job Training program?

Describe the applicant's duties: (attach additional form if needed)

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If not re-hirable, please explain:

ATTESTATION:

I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a-707. I further certify that the applicant is qualified and competent to practice as a licensed instructor for (select one):

- Cosmetologist/Barber Barber Esthetician Electrologist Nail Technician Hair Designer

I further certify that the applicant is qualified and competent to practice as a licensed instructor.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: Date:

Printed name of certifying individual: