



**TRAINING VERIFICATION FORM To be completed by the training center only**

**Section 1: Instructions**

Please answer the questions below and return this form to International Education Research Foundation, Inc. (IERF).  
Fill in the names of the courses and hours completed by the applicant using the spaces provided on the reverse of this form.  
Please provide information on practical experience and/or apprenticeships if they are part of the program at your institution.  
Note that this form should be sent directly to IERF at the following address:

Post Office Box 3665  
Culver City, California 90231-3665  
U.S.A.  
Website: [www.ierf.org](http://www.ierf.org) E-mail: [barco@ierf.org](mailto:barco@ierf.org)

**Section 2: Please print or type.**

Name of Student: \_\_\_\_\_

Name of Training Center: \_\_\_\_\_

Address of Training Center: \_\_\_\_\_

\_\_\_\_\_ City State Zip/Postal Code Country

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Program of Study Attended by Individual: \_\_\_\_\_

Length of Program (Please specify whether the length is in years, semesters, or weeks or hours.): \_\_\_\_\_

Language of Instruction: \_\_\_\_\_

Were practical and written examinations included in the program of study? \_\_\_\_\_

Name of Degree, Diploma, or Certificate Awarded: \_\_\_\_\_

Date that the Degree, Diploma, or Certificate was Awarded: \_\_\_\_\_

Is the person eligible to practice barbering/cosmetology in the country of study? \_\_\_\_\_

Studies Verified by (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affix School Seal Here

**BARBERING AND COSMETOLOGY TRAINING VERIFICATION FORM**

To be completed by the training institution only.

**Section 3.**

Please fill in the names of the courses and the hours completed by the applicant in the spaces provided below, if a training record is not available. Please be sure that the hours provided below correspond to any hours information that may already be provided on the applicant's training certificate (if applicable). Discrepancies in the hours of training will cause severe delays in the evaluation process.

*Subjects* *Classroom Hrs*    *Practical Hrs*

Men's Hairdressing		
Women's Hairdressing		
Cosmetics / Make-Up		
Nail Care (Manicure, Pedicure, etc.)		
Aesthetics / Skin Care		
Electrology		
Other (please specify below)		

Total Hours: \_\_\_\_\_

**Section 4.**

If the total hours exceed an average of 1600 hours per year of full-time study, please provide a breakdown of the schedule below.

Number of Hours per Day	
Number of Days per Week	
Number of Weeks per Year	
Other Comments:	

*Thank you for your assistance.*