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  E-mail: 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.

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Classroom Hrs</th>
<th>Practical Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men’s Hairdressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s Hairdressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cosmetics / Make-Up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail Care (Manicure, Pedicure, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aesthetics / Skin Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Number of Hours per Day</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Days per Week</td>
<td></td>
</tr>
<tr>
<td>Number of Weeks per Year</td>
<td></td>
</tr>
<tr>
<td>Other Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for your assistance.