



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.

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.