



TRAINING VERIFICATION FORM To be completed by the training center only

Section 1: Instructions

(A) Please answer the questions below and return this form to International Education Research Foundation, Inc. (IERF).
(B) Please include an official copy of the transcript. If one is not available or if it does not include hours information, please fill in the reverse of this form. Reference any details of practical training completed as part of the program at your institution.
(C) Also include official copies of any supporting records available regarding the studies completed by the applicant at the time of training (e.g., program information, curriculum, study plan, course descriptions, etc.).
(D) All documents 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: info@ierf.org
All records received from the institution(s) of study will become the property of IERF and will not be returned to the applicant.

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 requested details 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.

<i>Subjects</i>	<i>Classroom Hrs</i>	<i>Practical Hrs</i>
Men's Hairdressing		
Women's Hairdressing		
Shaving		
Cosmetics / Make-Up		
Nail Care (Manicure, Pedicure, etc.)		
Esthetics / Skin Care		
Electrolysis		
Waxing		
Safety / Sanitation / Sterilization		
Other (please specify below)		

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

**Section 4.**

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.*