
Nail Specialty Trainee Qualifying Course Approval Renewal Application

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

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1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to the study material or procedures for taking attendance?

Yes* No **If Yes*, attach explanation of change.**

2. Has or will there be a change in any final examination?

Yes* No **If Yes*, attach the final examination, answer key, reference source and page and subject matter category.**

3. Indicate names and signatures of persons authorized to sign course completion certificates.

PRINT NAME

SIGNATURE OF COORDINATOR

SIGNATURE

(_____) _____
BUSINESS PHONE NUMBER

PRINT NAME

E-MAIL ADDRESS (if any)

SIGNATURE

DATE

A fee of \$20 will be charged for any check returned by a bank for insufficient funds.