



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BARBERING AND COSMETOLOGY
LICENSING PROGRAM
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

COSMETOLOGY TRAINEE AFFIDAVIT

FOR STUDENTS AFFECTED BY THE UNPLANNED CLOSING OF MR. BERNARD'S SCHOOL OF HAIR FASHION, INC.

This form is to be completed by the qualified supervisor. List the trainee hours completed by the person named in this affidavit. Please print clearly and legibly

TRAINEE NAME: _____ LICENSE NUMBER: _____

QUALIFIED SUPERVISOR: _____ LICENSE NUMBER: _____

NAME OF ESTABLISHMENT AT WHICH THE TRAINEE TRAINED: _____

ESTABLISHMENT ADDRESS: _____

DATE TRAINEE STARTED: _____ END DATE: _____

<i>COURSE</i>	<i>HOURS</i>	<i>COURSE</i>	<i>HOURS</i>
Hygiene, sanitation, anatomy, chemistry		Manicuring & pedicuring	
Chemical hair relaxing		Permanent waving	
Cosmetic therapy, scalp treatment, use of cosmetics, makeup & facial massage, skin care with and without machines, superfluous hair removal		Finger waving, molding, roller placement & pin curls	
Electrical devices, equipment/implements		Shop management, laws and rules	
Shampoo		Psychology & human relations	
Hair cutting styling & shaping with all implements		Hair coloring & bleaching	
Wiggery		Unassigned	
		Total trainee hours satisfactorily completed	

TOTAL SCHOOL HOURS CREDITED FROM MR. BERNARD'S SCHOOL OF HAIR FASHION, INC:

Check One Box Below:

- Satisfactorily completed all required trainee hours
- Withdrawal by Trainee Trainee was terminated by Qualified Supervisor

I, as the Qualified Supervising Cosmetologist, hereby certify that the instruction and training as contained in this affidavit was provided and received by the above named trainee and was satisfactory. The training and instruction provided to the trainee is in accordance with the applicable rules established by the Barbering and Cosmetology Licensing Program.

 Signature of Approved Qualified Supervisor Signature of Trainee Date