



2140 Hamilton Street  
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# Form 6A Verification of on the Job Experience

**PLEASE PRINT CLEARLY**

Apprentice/Tradesperson \_\_\_\_\_ PSE# \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer (Firm Name) \_\_\_\_\_ Name and Certificate Number of Supervising Journey person \_\_\_\_\_

Address of Employer \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

<b>Esthetician - Nail Technician</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Common Occupational Skills:</b> use and maintain tools and equipment; perform safety related activities; perform sanitation, disinfection, and sterilization; consult with clients.	
<b>Business Management:</b> complete client information card; perform reception duties; perform salon management functions.	
<b>Nail Care:</b> assess hand, foot and nail health; perform manicure; perform pedicure; perform specialized services; finish nails.	
<b>Enhancing Nails – Gel Systems:</b> perform enhancement services; use tips and forms; perform fills and maintenance; remove enhancements; perform gel toe service; perform esthetic correction of nails; perform decorative nail services.	
<b>Enhancing Nails – Powder/Liquid (Acrylic) Systems:</b> perform enhancement services; use tips and forms; perform fills and maintenance; remove enhancements; perform esthetic correction of nails; perform decorative nail services.	
<b>Total Hours</b>	

I Certify The Above Hours Are Accurate \_\_\_\_\_  
 Date (DD/MM/YY) \_\_\_\_\_ Apprentice/Tradesperson (signature) \_\_\_\_\_

I Certify The Above Hours Are Accurate \_\_\_\_\_  
 Date (DD/MM/YY) \_\_\_\_\_ Employer Representative (signature) \_\_\_\_\_

\_\_\_\_\_  
 Employer Representative (print name clearly)

<b>For Commission Use Only</b> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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