



2140 Hamilton Street
 REGINA SK S4P 2E3
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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

Esthetician – Skin Care Technician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Common Occupational Skills: use and maintain tools and equipment; perform safety related activities; perform sanitation, disinfection, and sterilization; consult with clients.	
Business Management: complete client information card; perform reception duties; perform salon management functions.	
Nail Care: assess hand, foot and nail health; perform manicure; perform pedicure; perform specialized services; finish nails.	
Skin Care: examine skin; body treatment procedures; perform facial; remove unwanted hair; apply makeup and enhancement applications; tint eyebrows and eyelashes.	
Total Hours	

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) Apprenticeship/Tradesperson (signature)

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

 Employer Representative (print name clearly)

For Commission Use Only Time Assessed: _____ Approved By: _____ Date: _____ (DD/MM/YY)
