

# 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 Journeyperson	
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> _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Performs Common Occupational Skills:</b> use and maintain tools and equipment; perform safety related activities; perform sanitation, disinfection, and sterilization (SDS); consult with clients.	
<b>Demonstrates Business Management:</b> complete client information card; perform reception duties; perform salon management functions	
<b>Performs Nail Care:</b> assess hand, foot and nail health; perform manicure; perform pedicure; perform specialized services; finish nails	
<b>Performs 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>Performs Enhancing Nails – Powder/Liquid (Acrylic) Systems:</b> perform enhancement services; use tips and forms; perform fills and maintenance; remove enhancements; performs gel toe service; 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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Revised July/22