

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

Esthetician – Skin Care Technician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Performs Common Occupational Skills: use and maintain tools and equipment; perform safety related activities	
Demonstrates Business Management: complete client information card; perform reception duties; perform salon management functions	
Performs Nail Care: assess hand, foot and nail health; perform manicure; perform pedicure; perform specialized services; finish nails	
Performs 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)	Apprentice/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)

Revised July/22