

# Form 6A

## Verification of on the Job Experience

**PLEASE PRINT CLEARLY**

Apprentice/Tradesperson	PSE#/MyATC#		
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>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	<b>Trade Time Exposure In Hours</b>
<b>Type of Work</b> (please print)	
<b>Performs common occupational skills:</b> Uses and maintains tools and equipment, performs safety related activities, sanitation, disinfection and sterilization, consults with clients.	
<b>Performs salon operations:</b> Completes client consultation cards, performs front desk responsibilities, establishes business fundamentals.	
<b>Performs nail care:</b> Assesses hand, foot and nails, performs manicures, pedicures, specialized services, finishes nails.	
<b>Performs nail enhancements:</b> performs nail enhancement services, and 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> Time Assessed: _____ Approved By: _____ Date: _____ <span style="float: right;">(DD/MM/YY)</span>
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Revised November 2023