

# 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 – Skin Care 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>Performs Common Occupational Skills:</b> use and maintain tools and equipment; perform safety related activities	
<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 Skin Care:</b> examine skin; body treatment procedures; perform facial; remove unwanted hair; apply makeup and enhancement applications; tint eyebrows and eyelashes.	
<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 July/22