

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

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: uses and maintains tools and equipment; performs safety-related activities; performs sanitation, disinfection and sterilization (SDS); consults with clients.	
Performs Salon Operations: completes client consultation; performs front desk responsibilities; establishes business fundamentals.	
Performs Nail Care: assesses hand, foot and nail health; performs manicure; performs pedicure; performs specialized services; finishes nails.	
Performs Skin Care: examines skin; performs body treatment procedures; performs facial; removes unwanted hair; applies makeup and enhancement applications; tints 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)

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