

**A d m i s s i o n s**



**A p p l i c a t i o n**

**Personal Information**

Legal Name (Last, First, Middle Initial) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex:  Male  Female

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**References (2)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Graduate?  Yes, year: \_\_\_\_\_  No, years completed \_\_\_\_\_

College: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Graduate?  Yes, year: \_\_\_\_\_  No, years completed \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Vocational School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Graduate?  Yes, year: \_\_\_\_\_  No, years completed \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

**Program**

Please Check the program desired:

Basic Esthetics

Master Esthetics

Start date of desired program: \_\_\_\_\_



**Licensure And Certification**

Have you ever cancelled enrollment in or been terminated from an educational or training program?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been licensed or certified?  Yes  No

If Yes, by what organization?

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Has your license or certification ever been revoked or suspended?

No  Yes (Please explain, including current litigation, if any):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?

No  Yes (Please explain, including current litigation, if any):

\_\_\_\_\_  
\_\_\_\_\_

**Health** *You may use a separate sheet if necessary.*

Please explain any care you have received from a medical doctor, holistic practitioner, psychotherapist or counselor:

\_\_\_\_\_  
\_\_\_\_\_

Please describe your physical, emotional and mental health:

\_\_\_\_\_  
\_\_\_\_\_

Please explain any hospitalizations, institutionalizations or prescription medications for illness:

\_\_\_\_\_  
\_\_\_\_\_

Excluding antibodies, please detail any prescription medications taken in the last 2 years:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any communicable diseases or conditions within the past 2 years that affect giving or receiving esthetic services:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any substance abuse, including recovery or rehab programs and specific dates of abuse and (ongoing?) recovery:

\_\_\_\_\_  
\_\_\_\_\_

**Supporting Documents** *Following must be submitted with application.*

- Brief Biological Sketch
- Recent Photo
- Your High School Diploma, GED and/or College Transcripts
- Brief description of yourself from a "Best-Friend" perspective
- \$100 Registration Fee

*I have completed this application to the best of my knowledge and state that the information I have given is true and correct.*

*I furthermore agree to comply with the institute's policy that I will not attend classes or perform sessions under the influence of drugs or alcohol.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_