



INSTITUTE OF
Epidermal Cell Therapy

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: _____



Admissions Application

Email: Deborahwaters@estheticstherapy.com

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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Has your license or certification ever been revoked or suspended?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 - Emailed only Block 1 & 4
- ☐ Recent Photo- Passport Picture with white background
- ☐ Your High School Diploma, GED and/or College Transcripts
- ☐ Brief description of yourself from a "Best-Friend" perspective
- ☐ \$50 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: _____

