

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
PSI Services LLC - Virginia Barber Cosmetology Program
 P.O. Box 887
 Wheat Ridge, CO 80034
 Telephone No.: 1-855-229-9302
 Email: vacos@psionline.com
 Website: www.psionline.com



Virginia Board for Barbers and Cosmetology
TRAINING VERIFICATION FORM

Instructions:

Applicants: Complete all questions below and then obtain the required signature. This form can be uploaded to the exam vendors website at the same time the exam application is submitted. If you are unable to apply online, send this form, along with your exam application to **PSI Services LLC** at the address listed above.

Verifiers: **Training Verification** section must be signed by a school instructor.

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Riddle Cameran Alexis
 Last (required) First (required) Middle Generation

2. Provide at least **one** of the following identification numbers*:

☐ **Social Security Number** or ☐ **Virginia DMV Control Number**

6 8 8 0 5 8 3 1 3

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Date of Birth 09/02/2004
 MM/DD/YYYY

4. Contact Numbers 252-455-3282 252-207-1534
 Primary Telephone Alternate Telephone

5. Email Address Cameranriddle@gmail.com
 Email address is considered a public record and will be disclosed upon request from a third party.

6. Applicant's Signature [Signature] Date 3-23-2023

TRAINING VERIFICATION: *Completed and verified by School Instructor*

1. Name of School Institute of Epidermal Cell Therapy
2. Mailing Address (PO Box accepted) 445 N Battlefield Blvd. Suite O
Chesapeake VA 23330
 City State Zip Code
3. Street Address (PO Box not accepted) 445 N Battlefield Blvd. Suite O VA 23320
Chesapeake
 City State Zip Code
4. School's Virginia License Number 1 2 6 7 0 0 0 0 5 3 Expiration Date 05-31-2023
5. Course of Study Master Esthetics
6. Training Hours Completed 600 Are transfer hours included? ☒ No ☐ Yes
7. Dates Attended From: 10-2-2022 To: 03-16-2023
 MM/DD/YYYY MM/DD/YYYY
8. Instructor Name Deborah Ann Waters Instructor's VA License Number 1265000019
9. Instructor Signature [Signature] Date 03-23-2023