

## Admissions Application Page 1

Campus Location:

- ☐ Alexandria, VA  
☐ Chesapeake, VA  
☐ Virginia Beach, VA



### 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: \_\_\_\_\_

**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: \_\_\_\_\_

**Course of Study** (Please Check degree/program desired)

#### Degrees:

- ☐ Associates of Science in Epidermal Therapy  
☐ Bachelors of Science in Epidermal Therapy

#### Programs:

- ☐ Basic Esthetics  
☐ Master Esthetics  
☐ Medical Esthetics  
☐ Makeup Artistry Color Theory  
☐ Electrology & Laser Hair Removal  
☐ Spa Business Development

Start date of desired study: \_\_\_\_\_



### 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Has your license or certification ever been revoked or suspended?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
- ☐ \$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: \_\_\_\_\_