SKILLSUSA PENNSYLVANIA PROOF OF TRAINING FORM

COSMETOLOGY UNDER 500

Note: Failure to complete this form may disqualify the competitor from the competition.

- A copy **must** be provided by uploading to the PA State Website by the posted deadline.
- Competitors registered after the posted deadline **must** supply this signed document to the State Chairperson at orientation or on the day of the competition.
- Review the PA State Scope for further instructions pertaining to this competition.

Competitor Name: _____

School: _____

Check one: ☐ Secondary ☐ Postsecondary

☐ **Please check mark that you understand and will adhere to the requirements below.**

This is to certify that the above-named competitor has received training and is competent in the safety and operation of the tools and performance of the job skills required based on the District and State Scope for competition.

By signing below, you confirm the Competitor is below 500 program hours by the following dates:

District Competition Date: _____ / _____ / _____

PA State Competition Date: _____ /_____ / _____

By signing below, you confirm the Competitor has followed the instructions above:

_____

Instructor's signature Print name of instructor Date

_____

Competitor's signature Print name of competitor Date

Reviewed and approved by: _____

Director/Administrator Signature Date