

**SKILLSUSA PENNSYLVANIA  
PROOF OF TRAINING FORM**

**Cosmetology Under 500 Competition**

**Note: Failure to complete this form will disqualify the competitor from the competition. Two copies will be required. A copy shall be provided to the competition Chairperson at orientation or on the day of the competition. Review the PA State Scope for instructions. One copy should be placed in the competitor's name badge.**

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

Check one:    \_\_\_\_\_ Secondary    \_\_\_\_\_ Post-Secondary

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

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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Instructor's signature	Print name of instructor	Date
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Competitor's signature	Print name of competitor	Date
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Reviewed and approved by: _____	Date
Director/Administrator	

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One copy should be placed in the competitor's name badge.