

GOVERNMENT OF THE DISTRICT OF COLUMBIA



OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF COSMETOLOGY

FORMAL EDUCATION CERTIFICATE

This is to certify that _____,
(Applicant's Name)

_____, was in regular attendance
(Social Security Number)

at the _____ from _____
(Name of School) (Exact Date)

to _____, a total of _____ months and _____ days
(Exact date)

and that a certificate of graduation was issued to the student on _____

upon completion of a course consisting of _____ hours including
_____.
(Specify subjects)

Instructor's Signature & License Number

Signature of Principal

(School Seal)

Date Issued _____

Return the completed form to: Pearson VUE
Dept. DC-Cosmetology
Metro-Plex II, Suite 400
8201 Corporate Drive
Landover, MD 20785