



Verification of Formal Education Graduation

To be submitted by applicants who graduated from a recognized school.
Please Note: If you qualify for licensure by endorsement, you do not need to submit this form.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

EDUCATION INFORMATION (TO BE COMPLETED BY AN OFFICIAL PROGRAM REPRESENTATIVE)

Program Start Date: _____ Program End Date: _____
MM/DD/YYYY MM/DD/YYYY

Hours of training at this school: _____

Hours transferred from another school*: _____

Hours accepted for Master Esthetics from Eligible license (if applicable): _____

Total hours of all training: 0

Name of School: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Email: _____

**If verifying hours transferred from another school, please complete the following:*
Name of School: _____ License Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) ____ - _____ Email: _____
Program Start Date: _____ Program End Date: _____
MM/DD/YYYY MM/DD/YYYY

ATTESTATION:

I certify that the applicant named above has successfully completed a program of education and service counts as outlined in R156-11a.

I further certify that the applicant is qualified and competent to practice as a licensed _____

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of School official: _____ Date: _____

Printed Name: _____ Title _____

(seal)

- Please affix the school seal to the left and place this form in an envelope with the school seal over the envelope flap.
- Please send the sealed envelope directly to DOPL or provide it to the applicant to include in their application.
- Alternatively, the school may email this form to b2@utah.gov.