

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Experience Affidavit

INSTRUCTIONS TO THE APPLICANT:

1. Print this form and complete PART I.
2. Have the supervising licensed practitioner or business owner complete Part II of this form, and both the applicant and the supervisor must sign the form.
3. Upload the completed form when submitting your application online.

PART I: TO BE COMPLETED BY THE APPLICANT

First Name	M.I.	Last Name

I hereby certify that I have practiced as a(n) (check all that apply):

Esthetician

Eyelash Technician

Nail Technician

for a period of not less than two years prior to July 1, 2020, and I attest that I am familiar with the laws of the State of Connecticut concerning the practice of the profession(s) for which I am applying.

I attest under the penalties of the Connecticut General Statutes, Sections 53a-157b, that the information provided in this affidavit is the truth to the best of my knowledge and belief.

Signature of Applicant	Date

PART II: TO BE COMPLETED BY THE SUPERVISING LICENSED PRACTITIONER OR BUSINESS OWNER.

First Name:		Last Name:	
Practitioner's License Number:			
Email Address:			

Name of facility where the applicant practiced:			
Address of facility:			
City:		State:	

I hereby attest under the penalties of the Connecticut General Statutes, Sections 53a-157b, that the information provided in this affidavit is the truth to the best of my knowledge and belief.

Signature of Supervisor/Business Owner	Date