



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

HAIRDRESSER/COSMETOLOGY/BARBER SCHOOL AFFIDAVIT OF HOURS

NOTE: Any hours completed at other schools are not to be included in this affidavit. Any such hours are to be certified directly by the school(s) at which the hours were completed.

This is to certify that _____ was in regular attendance at
Student's Name
the _____ from ____/____/____ to ____/____/____
Name of School and Location *Beginning Date* *Ending Date*
for a total of _____ months and _____ days and that said student completed a course of study
consisting of _____ hours.

NOTARIZATION

I certify that these hours include only those actually completed at the above mentioned school and that said hours were satisfactorily completed. I further certify that the coursework completed at this school is acceptable for purposes of licensure in Connecticut.

Signature of Dean or Owner Email: _____

On this _____ day of _____ 20____.

_____ (**Dean or Owner's Name**) personally appeared before me,
who being duly sworn says that the statements made herein are true in every respect.

Sworn to before me this _____ day of _____ 20____.

_____ *My commission expires* _____
Signature Of Notary Public *Date*

**THIS FORM MUST BE SUBMITTED DIRECTLY BY THE HAIRDRESSING / COSMETOLOGY /
BARBER SCHOOL TO:**

Department of Public Health
Hairdresser / Barber Licensure
410 Capitol Ave., MS# 12APP
P.O. Box 340308
Hartford, CT 06134-0308
Fax: (860) 509-8457
oplc.dph@ct.gov