



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Experience Affidavit

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 compliant with the infection prevention and control plan guidelines prescribed by the Department pursuant to Section 19a-231 of the Connecticut General Statutes.

I further certify that I have read and 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 application is the truth to the best of my knowledge and belief.

Applicant's Electronic Signature
(Type)

Date Signed



Department of Public Health
Practitioner Licensing & Investigation Unit
Appearance Enhancement Program
410 Capitol Avenue
MS#12APP, P.O.BOX 340308
Hartford, CT 06134-0308

Phone: (860) 509-7603

Fax: (860) 509-8457

