



**CANDIDATE AFFIDAVIT OF EMPLOYMENT FOR SELF EMPLOYED
PRINT IN BLOCK LETTERS**

NCEA CANDIDATE APPLICANT NAME:	
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I, _____, the above named NCEA Certification Candidate have been self-employed as a full-time skin care professional from:

Beginning Date: ____/____/____ Ending Date: ____/____/____
TOTAL: _____ YEARS _____ MONTHS

I have attached a notarized copy of my business, cosmetology or esthetic facility license as required by my state.

** For NCEA purposes, the definition of "full-time" is based on a 30-hour week.*

Your Company Information

Company Name:	
Address:	
City, State, Zip:	
Business Phone:	
Direct Email Address:	
Company Website:	

NAME: _____
Print

TITLE: _____

SIGNATURE: _____

DATE: _____

IMPORTANT:

CANDIDATE AFFIDAVIT OF EMPLOYMENT FOR SELF EMPLOYED must be notarized.