



VERIFICATION OF NCEA CERTIFIED STATUS
PRINT IN BLOCK LETTERS

Table with 2 rows and 2 columns. Row 1: NCEA CERTIFIED PROFESSIONAL NAME: [blank]. Row 2: CERTIFICATION ID NUMBER: [blank] | EXP. DATE: [blank]

Company Name: (If applicable) _____
Address: _____
City: _____ State: _____
Zip _____ + 4 _____ Country: _____
Email: _____
Cell Phone: (____) _____



CANDIDATE STATEMENT:

I, _____, achieved the NCEA Certified Credential on ___/___/___ with an expiration date of ___/___/___. I am requesting verification of my National Esthetician Certification for the state/company of _____.

Candidate Signature: _____ Date: _____

NCEA Office – Please return this completed verification form to:

Contact Person: _____
Full Name of Board/Company: _____
Address: _____
City: _____ State: _____ Zip _____ + 4 _____
Tel: Day: (____) _____

DO NOT WRITE BELOW THIS LINE – For NCEA Certified office use only

I HEREBY CERTIFY, that the above individual has completed the Candidate Requirements as set forth by the NCEA, and achieved a passing score on the National Esthetician Certification Examination.

(seal)

Susanne S. Warfield – Executive Director
201-670-4100 • info@NCEACertified.org

INSTRUCTIONS

1. Complete the **Verification of Certification Form** with your contact information and that of the state regulatory board/company it is to be sent.
2. **PRINT your name on the back of (1) one passport photo and include with this form.**
3. **Include a \$25.00 check/money order payable to NCEA Certified.**
4. **BE ACCURATE, BE NEAT.** We cannot be responsible for errors due to illegible handwriting.
5. **MAIL YOUR COMPLETED FORM TO:**

NCEA Certified
ATT: Verification of Certification
484 Spring Avenue
Ridgewood, NJ 07450-4624

NCEA will verify your NCEA Certified credential status, and return a notarized Verification of Certification document directly to the state regulatory board/company via regular mail.

Follow Us and Stay Connected!



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