



RETEST RECERTIFICATION APPLICATION
PRINT IN BLOCK LETTERS

Table with 3 columns: NCEA RECERTIFICATION CANDIDATE NAME, CERTIFICATION ID, EXPIRATION DATE

Company Name: _____

Address: _____

City: _____ State: _____

Zip _____ + 4 _____ Country: _____

Email: _____

Web: _____

Tel Day: (____) _____ Fax: (____) _____



1. Candidate must have one of the following:

- a) Current ESTHETICIAN LICENSE (attach copy)
b) Current COSMETOLOGY LICENSE (attach copy)
c) LICENSED PROFESSIONAL (attach copy)
d) OTHER PROFESSIONAL with Employer Recommendation

2. Current CPR/AED/First Aid Certification. (attach copy)

3. Current NCEA Individual Membership Certificate. (attach copy)

4. NCEA Certified Credential Certificate. (attach copy)

5. Current Proof of Insurance Certificate.* (attach copy)

* Not currently working with clients? Attach Statement of Professional Insurance

6. Two (2) passport size professional photos. Print your full name on back of both photos.

7. Check made payable to NCEA Certified in the amount of \$375.00 or Amex/Visa/MasterCard

Card# _____ Exp. Date: ____/____/____

CANDIDATE AUTHORIZATION STATEMENT:

I authorize a review and verification of the enclosed documentation. I understand that I will receive my Authorization to Test (ATT) email, only if my records are complete.

Candidate Signature: _____ Date: _____

Mail your completed application with documents to:

NCEA Records Verification, 484 Spring Avenue, Ridgewood, NJ 07450-4624