



EMPLOYER RECOMMENDATION

USE UPPERCASE

CANDIDATE NAME:

I, _____, recommend that the above named individual be considered as a NCEA Certification Candidate. I believe he/she has an understanding of the Scientific Concepts and Services outlined below.

EMPLOYER NAME: _____ **TITLE:** _____
Print

SIGNATURE: _____ **DATE:** _____

Employer Information

| | |
|-------------------|--|
| Company Name: | |
| Address: | |
| City, State, Zip: | |
| Business Phone: | |
| Email: | |

SCIENTIFIC CONCEPTS:

Sanitation and Infection Control Procedures

Microbiology
Methods of infection control
Levels of infection control
Safety procedures

Advanced Knowledge of Human Physiology and Anatomy

Cells
Tissues
Organs
Body systems and their functions

Skin Histology

Structure and function of the layers of the skin
Epidermis
Dermis
Subcutaneous

Sebaceous Glands
Sudoriferous Glands
Functions of the skin
Protection
Sensation
Temperature regulation
Excretion
Secretion
Absorption

Advanced Knowledge of Skin Conditions and Disorders
Chemistry
Cosmetic Ingredients
Factors that Affect the Skin
Dermatological Terms
Plastic Surgery Terms

SERVICES:

Skin Analysis
Consultation
Skin typing/classification

Exfoliation Methods

Chemical/Physical/Mechanical

Electricity and Use of Various Electrical Equipment

Types of electrical current
Principals of electricity
Advanced electrical equipment
Contraindications and electrical
Equipment safety

Advanced Methods of Hair Removal

Laser
Light

Advanced Facial Treatments

Advanced Body Treatments

Lymphatic Drainage
Pre/Post Operative Treatments