



ADVANCED RECERTIFICATION APPLICATION

FULL LEGAL NAME: (as is appears on your license)

ADDRESS:

CITY: _____ STATE: _____

ZIP: _____ +4 _____

EMAIL: _____ CELL NUMBER: _____



Complete & send this Advanced Recertification Application

Email to: applications@NCEACertified.org

- Current Esthetician/Cosmetologist/Other License/Employer Recommendation
- Current CPR/AED/First Aid Certificate
- Current Proof of Insurance Certificate
- [COA-Approved Continuing Education Completion](#)
- Advanced Study Section (*Signature page only*)
- [Application Fee: \\$150](#) Order ID: _____

CANDIDATE AUTHORIZATION STATEMENT:

I, _____, authorize NCEA to review and verify the attached documentation. I understand that I will receive my Advanced NCEA Certified credential to the address on this application, only if my application is complete. I understand the fee is to verify and manage the required documentation. This fee is non-refundable if I supply incomplete documentation and/or do not meet the Advanced Recertification Application requirements.

SIGNATURE: _____

DATE: _____