



CANDIDATE APPLICATION

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

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____ +4 _____

EMAIL: _____ CELL NUMBER: _____



Complete & send this Candidate Application

Email to: applications@NCEACertified.org

☐ Current Esthetician/Cosmetologist/Other License/Employer Recommendation

☐ Current CPR/AED/First Aid Certificate

☐ Current Proof of Insurance Certificate

CANDIDATE AUTHORIZATION STATEMENT:

I authorize a review and verification of my application. I understand that I will receive my Authorization to Test (ATT) email, **only** if my application is complete with supporting documents.

SIGNATURE: _____

DATE: _____