



## VERIFICATION OF NCEA CERTIFIED CREDENTIAL

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

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ +4 \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

### CANDIDATE STATEMENT:

I achieved the NCEA Certified Credential on \_\_\_/\_\_\_/\_\_\_ and it will expire on \_\_\_/\_\_\_/\_\_\_.

Credential ID# \_\_\_\_\_ [Order ID#](#) \_\_\_\_\_

### Please verify my credential to the state/company:

Contact Person: \_\_\_\_\_

Full Name of Board/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ +4 \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 National Coalition of Estheticians Association certification program, and achieved a passing score on the NCEA Certified credentialing Examination.

\_\_\_\_\_  
**S. Warfield – Executive Director**  
**National Coalition of Estheticians Association**

Attach 2x2  
passport  
photo here