



RETEST ADVANCED RECERTIFICATION APPLICATION

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

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ +4 _____

EMAIL: _____ CELL NUMBER: _____

Attach 2x2
passport
photo here

Complete & send this Retest 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

☐ Application Fee Order ID: _____

CANDIDATE AUTHORIZATION STATEMENT:

I, _____, authorize NCEA to review and verify the attached documentation. I understand that I will receive my Authorization-to-Test (ATT), only if my application is complete. I understand the fee is to verify and manage the required documentation and take the exam. This fee is non-refundable if I supply incomplete documentation and/or do not meet the ATT requirements.

SIGNATURE: _____

DATE: _____