

# VERIFICATION OF ATTENDANCE

## Cosmetology Continuing Education Course Continuing Education & Conferences University of South Carolina

PLEASE PRINT THE INFORMATION AS SHOWN ON YOUR LICENSE USING BLUE OR BLACK INK.  
**ALL FIELDS ARE REQUIRED.**

Have you taken a cosmetology continuing education course?  Yes  No  
Has your name or contact information changed within the past two years?  Yes  No

South Carolina professional license number: \_\_\_\_\_

Last four digits of social security number: \_\_\_\_\_  
(Please **DO NOT** provide your full SSN)

First Name Middle Last Please write your name as it appears on your professional license.

Permanent Mailing Address

City State Zip  
( ) ( )  
Home Phone Number Work Phone Number Email Address

If your name or address has changed, please contact: SC Department of Labor, Licensing and Regulation, Board of Cosmetology, PO Box 11329, Columbia, SC 29211; Phone: (803) 896-4588.

What type of license are you seeking to renew by taking this course? (select only one)

Cosmetologist  Esthetician  Nail Technician  
 Cosmetology Instructor  Esthetician Instructor  Nail Technician Instructor  
 Other (please specify) \_\_\_\_\_

Course Provider: \_\_\_\_\_ Course Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: Incomplete or illegible forms will not be processed/awarded CEU credit.*

(Monitor's use only)

Attendance:

Completion of requirements for receiving credit: Yes No

Monitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_