**ELECTRIC FILE CERTIFICATION COURSE**

**(ATTACH TO FINAL TRANSCRIPT)**

**STUDENTS ONLY**

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| --- | --- |
| Student Name |  |
| School Name |  |
| School Address |  |

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| **Course Requirement** | **Completion Verified** |
| Course Sign-In Sheet |  |
| Electric File Video Viewing |  |
| Workbook Received |  |
| Workbook Reviewed with Student |  |
| Written Test Passed |  |
| Student Electric File Proficiency |  |

Date of Course Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as licensed by the MS State Board of Cosmetology as an Instructor in Electric File Proficiency, verify that this student has completed all necessary requirements by the MS State Board of Cosmetology and is approved and proficient in the use of Electric File.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor