



MISSISSIPPI STATE BOARD OF COSMETOLOGY  
**CERTIFICATION OF PRACTITIONER EMPLOYMENT**

(Please complete one form for each place of employment.)

Salon, School, or Business Name		
Employment Start & End Dates		
Street Address		
City, State, Zip		
Supervisor's Name		
Supervisor's Phone		
Supervisor's Email		
Practitioner's Name		
Practitioner's Email Address		
Practitioner's Phone Number		
Last 4 Digits of Practitioner's Social Security #		
Practitioner License(s) State, #, & Issue/Exp. dates while working for this employer.		
Check Practitioner Duties Performed	Cosmetology	
	Esthetics	
	Manicure	
	Instructor	
	Salon Owner	
	Other:	
Average Work Schedule	Monday	Hours:
	Tuesday	Hours:
	Wednesday	Hours:
	Thursday	Hours:
	Friday	Hours:
	Saturday	Hours:

We do hereby attest that this is a true and accurate statement of employment.

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

Please complete, scan, and email form to ATTN: RECIPROCITY at [info@msbc.state.ms.us](mailto:info@msbc.state.ms.us)