



MISSISSIPPI STATE BOARD OF COSMETOLOGY
PO Box 55689, Jackson, MS, 39296

2/10/2021

<h2 style="text-align: center;">NAIL CERTIFICATION COURSE APPLICATION FOR COURSE APPROVAL</h2>
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Date of Application: _____

Date of Nail Certification Course: _____

Physical Address of Course(s): _____

Name of Facility

MS

Street Address

City

State

Zip

Time(s) of Nail Certification Course(s): _____

MSBC requires that nail certification courses be a minimum of 3 hours in length.

Multiple courses can be offered on the same day. Example: Class A 9 AM - Noon, Class B 1 PM to 4 PM.

Number of Participants Enrolled: _____

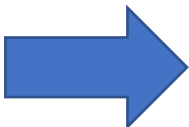
MSBC requires nail certification courses to have a minimum of 3 participants enrolled per course.

MSBC Official Monitor's Name: _____

Instructor's Name: _____

Instructor License # & Expiration Date: _____

MSBC requires course instructors to provide each successful course participant an official certificate of course completion & to email a copy of all certificates awarded (in pdf file format) to MSBC within 2 weeks of course completion to info@msbc.state.ms.us



Instructor's Signature _____

MSBC Monitor's Signature: _____

Please complete, sign, print, scan and email application to
info@msbc.state.ms.us