

**SKILLSUSA PENNSYLVANIA
PROOF OF TRAINING FORM**

Cosmetology Under 500 Competition

Note: Failure to complete this form will disqualify the competitor from the competition. Two copies will be required. A copy shall be provided to the competition Chairperson at orientation or on the day of the competition. Review the PA State Scope for instructions. One copy should be placed in the competitor's name badge.

Competitor Name: _____

Check one: _____ Secondary _____ Post-Secondary

School: _____

This is to certify that the above-named competitor has received training and is competent in the safety and operation of the tools and performance of the job skills required based on the District and State Scope for competition.

By signing below, you confirm the Competitor is below 500 program hours by the following dates:

District Competition Date: ____/____/____

PA State Competition Date: ____/____/____

Instructor's signature Print name of instructor Date

Competitor's signature Print name of competitor Date

Reviewed and approved by: _____
Director/Administrator Date

One copy should be placed in the competitor's name badge.