



# Professional Grooming Credentialing Relevant Field Study Attestation Statement

(refer to PGC Candidate Handbook for specific forms required)

Candidate's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Candidate's Address: \_\_\_\_\_  
(Street Address/PO Box, City, State, Zip)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Phone Number)

Candidate's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM) (DD) (YYYY)

Last 4 digits of SS#: \_\_\_\_ \_ \_ \_

**Please describe your particular field study experience below. Please refer to the Eligibility Requirements in your Handbook for information required pertaining to each type of experience.**

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I, the candidate, attest that I have attended the above-mentioned courses.

Candidate Printed Name: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_