



Professional Grooming Credentialing Education 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#: ____ _ _ _

| Course Dates (mm/dd/yy) | Course Title | Course Type (eg: private, group class, retreat, vocational, training, handling) | Course length (e.g.: hours) | Course location (e.g.: show name, city/state, school name, city/state or online/virtual) | School or course grade/pass/fail |
|----------------------------|--------------|--|-----------------------------------|---|-------------------------------------|
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I, the candidate, attest that I have attended the above-mentioned courses.

Candidate Printed Name: _____

Candidate Signature: _____ Date: _____