



# Professional Grooming Credential Relevant Field Study Eligibility Statement

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 digits of SS#: \_\_\_\_  
(MM) (DD) (YYYY)

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 the above-mentioned information is accurate.

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

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