



Professional Grooming Credential Relevant Experience Eligibility 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.

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

Candidate Printed Name: _____

Candidate Signature: _____ Date: _____