

**COSMETIC THERAPY
FORM 2 - CERTIFICATE OF EDUCATION**

Instructions to school: Please complete the form and return to the State Medical Board of Ohio at the above address. **Please note that form is not to be completed prior to graduation.** Also, submit a copy of the applicant's diploma.

This certifies that _____ received a diploma from
Name of Applicant, print legibly

_____ on _____
Name of Cosmetic Therapy School date of graduation (mo/day/yr)

I further certify that he/she has completed instruction in Cosmetic and that his/her instruction included: practical and theoretical instruction in Cosmetic and the following as related to Cosmetic: Anatomy, Physiology, Pathology, Ethics, Clinical Program, and Hygiene and such other subjects as the Board deems necessary and appropriate to Cosmetic. The course of instruction was for a period of not less than _____ months and minimum of _____ clock hours.

Dates of attendance _____ to _____
mo/day/yr mo/day/yr

SCHOOL SEAL

(If school has no seal, indicate and have form notarized)

Name (please print)

Signature of President, Dean or Secretary or their designee
(NAME STAMPS ARE NOT ACCEPTABLE)

Position