



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Experience Affidavit

Form with fields: First Name, MI, Last Name, Maiden Name

I hereby certify that I have practiced as a(n) (check all that apply):

- Esthetician, Eyelash Technician, Nail Technician

for a period of not less than two years prior to July 1, 2020, and I attest that I am compliant with the infection prevention and control plan guidelines prescribed by the Department pursuant to Section 19a-231 of the Connecticut General Statutes.

I further certify that I have read and am familiar with the laws of the State of Connecticut concerning the practice of the profession(s) for which I am applying.

I attest under the penalties of the Connecticut General Statutes, Sections 53a-157b, that the information provided in this application is the truth to the best of my knowledge and belief.

Applicant Signature

Date



Department of Public Health
Practitioner Licensing & Investigation Unit
Appearance Enhancement Program
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