



**Section B: Verifier** (Completed by an individual who can attest to the applicant's experience listed above in Section A.)

1. Verifier's Information:

Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Indicate which of the following best describes your relationship to the applicant: (Select **all** that apply)

Spa Owner

Spa Manager/Supervisor

Licensed Professional:     Esthetician     Master Esthetician

License Number \_\_\_\_\_ State/Jurisdiction \_\_\_\_\_

Client for self-employed applicant (if requested by the board)

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

- This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed Esthetician or Master Esthetician within the Commonwealth of Virginia. Your response is appreciated.

4. Provide the date(s) of when this experience was obtained: \_\_\_\_\_

5. I certify, to the best of my knowledge, all information provided on this form is true and accurate. I understand that providing false information may result in the applicant being denied a license or possible disciplinary action brought against them.

Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_