

MEDICAL MICROPIGMENTATION TRAINING VERIFICATION FORM

EXAMINEE INFORMATION

Name: _____ Social Security Number: ____-____-____

EXAMINEE TRAINING & COMPETENCY SET EVALUATION INFORMATION

Instructor: Please select each successful written competency set evaluation and indicate the number of training hours completed. For skills challenge candidates, document competency set retake attempts.

Examinees that do not pass all competency set evaluations within the testing guidelines must retrain and repeat the testing process.

	# of Hours	Competency Set		# of Hours	Competency Set
<input type="checkbox"/>	_____	1) Safety & Aseptic Techniques	<input type="checkbox"/>	_____	5) Color Theory
		2) Theory & Application of Micropigmentation	<input type="checkbox"/>		6) Professionalism
<input type="checkbox"/>		3) Client Consultation Services	<input type="checkbox"/>		7) Micropigmentation Procedures on Clients
<input type="checkbox"/>		4) Knowledge of Facial Anatomy, Physiology, & Disease	1st Retake Area #: _____		Date: _____
			2nd Retake Area #: _____		Date: _____

I verify that the above named student has completed the training program indicated on this form and has successfully completed each competency set evaluation.

Training Director Signature

_____/_____/_____
Date

Date Examinee completed training program: ____/____/____

Training Facility Name: _____

Training Facility Address: _____

City, State, Zip: _____

Training Facility Phone #: _____