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**Virginia Board for Barbers and Cosmetology  
ESTHETICIAN/MASTER ESTHETICIAN -  
EXPERIENCE VERIFICATION FORM**

**ESTHETICIAN and MASTER ESTHETICIAN Only -  
Verification of Experience gained outside the Commonwealth of Virginia**

**Section A** - To be completed by the applicant.

**Section B** - To be completed by one of the individuals listed below who will verify the applicant's work experience.

1. Spa Owner
2. Spa Manager/Supervisor
3. Licensed Esthetician/Master Esthetician
4. Self-Employment \* : \_\_\_\_\_

\* If "self-employment" is chosen, your experience may be reviewed by the Board and this will result in a delay of your application being processed.

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**Section A: Applicant**

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1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
Last (required)                      First (required)                      Middle                      Generation

2. Provide **one** of the following identification numbers\*:

☐ **Social Security Number** and/or                      -                      -

☐ **Virginia** DMV Control Number

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Mailing Address (PO Box accepted) \_\_\_\_\_

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

4. Contact Numbers

\_\_\_\_\_  
Primary Telephone

\_\_\_\_\_  
Alternate Telephone

5. Email Address \_\_\_\_\_

Email address is considered a public record and will be disclosed upon request from a third party.

6. Select the License type you are applying for: ☐ Esthetician or ☐ Master Esthetician

7. I, the undersigned, certify that the foregoing answers and statements are true, and that I have not suppressed any information that might affect the Board's decision to approve this application. I also understand that providing false information may result in denial of a license or possible disciplinary action.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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## 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 \_\_\_\_\_