



Master Esthetics Application Checklist

Complete the following checklist and return it with your application. It is your responsibility to ensure that all items are completed. Please note that any missing information will render your file incomplete, and you will not be considered a possible candidate for this program.

Please **initial** or write N/A on each of the following statements:

_____ I have completed the Bridgerland academic assessment exam and enclosed a copy of the Assessment & Learning Center score sheet given to me by the Assessment Center Technician.

OR

_____ I have a composite ACT score of 17 or a composite SAT score of 930 taken no more than four years prior to enrollment and have enclosed a copy of the score. (Contact Student Services for your copy of ACT/SAT documentation.)

_____ I have completed the Master Esthetics Application Form, including the Goal Statement and sealed Reference Evaluation forms.

_____ I understand that in order to receive a point for completing a degree, the degree must have been awarded from a regionally accredited college or university.

_____ I have submitted an official transcript from where I originally completed Cosmetology/Barbering or Basic Esthetics. Transcripts may be submitted either by mail (please send Attn: Master Esthetics Department Head) or in a sealed official envelope with your application.

NOTE: If you completed Cosmetology/Barbering at Bridgerland during high school or as an adult, you must request an official Bridgerland transcript by visiting our website [here](#). (Allow 3-5 business days for processing transcripts once information/payment has been received. Official Bridgerland transcripts are \$3 each.)

_____ I have included a copy of my current Cosmetology or Basic Esthetics license.

_____ I have initialed or placed N/A on every line of this application checklist.

Please include this form with your application. If you have questions concerning the application process, please contact the Master Esthetics Department Head at (435) 237-0094.

Signature of Applicant

Date



Master Esthetics Application Form

(Please print legibly in black or blue ink)

Full Name (First Middle (Maiden) Last) _____

Home Address _____

City, State, Zip _____

Mailing Address (if different from above) _____

Email Address _____ Date of Birth _____

Cell Phone _____ Home Phone _____

Emergency Contact: Name _____ Phone _____

Education

List colleges attended (beginning with most recent). Degrees must be from a regionally accredited college or university to be considered for application points.

Name of School	Dates of Attendance		Degree?	
	From	To	Yes	No

Industry Training (Must have current license to be awarded point)

Licensed Cosmetologist Yes No Date of Expiration _____

Licensed Basic Esthetician Yes No Date of Expiration _____

If "Yes," please include a copy of your current license with your application to be awarded a point.

Cosmetology and/or Basic Esthetician Work Experience

List most recent employment first. If none, indicate by N/A.

Employer _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description	
Dates of employment: From – To: _____	
Employer _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description	
Dates of employment: From – To: _____	

IMPORTANT! Be Sure to Read the Following:

Applicants who have been convicted of a felony or any drug related charges; have been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse; or may pose a threat to themselves, clients, or to the public health, safety, or welfare because of any circumstances or conditions, should determine their eligibility status with the Division of Occupational and Professional Licensing. Locate an Application for Criminal History Determination on <https://dopl.utah.gov/cosmo/>

The Division of Occupational and Professional Licensing makes the final decision on issue of license to practice in the State of Utah.

References

List the names of the three professional people who will be completing your Reference Evaluation forms. These must be people who are now or who have been your employer, supervisor, former instructor, or community leader. They must have known you for at least six months and cannot be related to you. **At least two reference forms are required** for your application to be considered, but you must have three reference forms returned to receive the potential maximum of three points.

Name _____	
Address _____	
Institution	Position
Name _____	
Address _____	
Institution	Position
Name _____	
Address _____	
Institution	Position

