



## Canadian Cosmetics Careers Association

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Phone/Fax 416-410-9175 - www.cosmetics.ca

### NATIONAL COSMETICIAN ACCREDITATION PROGRAM

#### RETAILER / VENDOR TRAINING FORM

1. Cosmetician's Name: \_\_\_\_\_
  
2. Cosmetician's Store and Location (and Line if applicable):  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Training Company / Line: \_\_\_\_\_
  
4. Seminar Type: \_\_\_\_\_
  
5. Date (s): \_\_\_\_\_
  
6. Length (1/2 Day / Full Day / 2 or 3 Day...): \_\_\_\_\_
  
7. Trainer: \_\_\_\_\_
  
8. Trainer's Signature: \_\_\_\_\_

**Cosmetician:** Please fill in items **1** through **7** prior to attending the Seminar. At the end of the Seminar, have the Trainer sign item 8.

**Trainer:** By signing this form (8), you are acknowledging that the above Cosmetician attended the full length Training Seminar, and that the Cosmetician was successful in achieving the Seminar's learning objective(s).