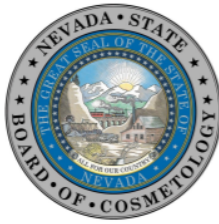


State of Nevada
Board of Cosmetology
8945 W. Russell Rd #100
Las Vegas, NV 89148
Phone (702) 508-0015



State of Nevada
Board of Cosmetology
740 Del Monte Lane, Ste. 12
Reno, NV 89511
Phone (775) 688-1442

www.nvcosmo.com

AFFIDAVIT OF 150 HOURS OF PRACTICAL EXPERIENCE

I, _____ do hereby declare that I am a licensed
(print Health Care Professional's name)

Health Care Professional as defined by NRS 453C.030. I hereby affirm that I provided

supervision over _____ for at least 150 hours of practical
(print Esthetician/Cosmetologist name)

experience as an operator of lasers for medical or esthetic purposes during

(From) _____ (To) _____
(MM/DD/YYYY) (MM/DD/YYYY)

**Practical hours earned after 1/1/2022 will not be accepted.

Health Care Professional's Name _____

Health Care Professional Licensing State, License Type, and License Number (Required): _____

Health Care Professional's Business Name _____

Health Care Professional 's SOS Business ID # _____ (Starts with NV#####)**NV only

I understand that providing false or untrue information in any part of my application to the Board for licensure is fraudulent misrepresentation and grounds for disciplinary action by the Board pursuant to NRS 644A.850. I also understand that, if the Board finds that grounds for disciplinary action exist, NRS 644A.850 permits the Board to order any of the following disciplinary sanctions: refuse to issue or renew a license, revoke or suspend a license, place a licensee on probation, impose a fine of not more than \$2,000, or any combination of these actions.

NRS 453C.030 defines a health care professional is defined as a physician, physician's assistant, or APRN. Must include complete and accurate licensing information. Affidavits with inaccurate information cannot be processed.

(Signature of Health Care Professional (Notary Required) (Date)

Subscribed and sworn to before me this _____ day of _____

Notary Public's Signature and Seal _____

County of _____ State of _____