



National Coalition of Estheticians,
Manufacturers/Distributors & Associations



**COA-APPROVED CONTINUING EDUCATION COMPLETION
PRINT IN BLOCK LETTERS**

NCEA RECERTIFICATION CANDIDATE NAME:	
CERTIFICATION ID NUMBER	

Date:	Course Description:	COA Approval Number(s)	# of CE Units

TOTAL UNITS _____

I, _____, the above named NCEA ReCertification Candidate verify that I have completed the requirement of 12 COA-Approved Continuing Education units listed above. I understand this statement of COA Approved Continuing Education Completion is part of my permanent NCEA Certification Records.

Print Name
NAME: _____

SIGNATURE: _____ **DATE:** _____