



National Coalition of Estheticians,  
Manufacturers/Distributors & Associations



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

NCEA RECERTIFICATION APPLICANT 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 will become part of my permanent NCEA Certification Records.

**Print Name**  
NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**NCEA Membership & Regulatory Standards**  
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