



EMPLOYER RECOMMENDATION
PRINT IN BLOCK LETTERS

NCEA CANDIDATE APPLICANT NAME:	
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I, _____, recommend that the above named individual be considered as a NCEA Certification Candidate. I believe he/she has an understanding of the Scientific Concepts and Services outlined below.

EMPLOYER NAME: _____

TITLE: _____

Print

SIGNATURE: _____

DATE: _____

Employer Information

Company Name:	
Address:	
City, State, Zip:	
Business Phone:	
Direct Email Address:	

SCIENTIFIC CONCEPTS:

Sanitation and Infection Control Procedures
Microbiology
Methods of infection control
Levels of infection control
Safety procedures

Advanced Knowledge of Human Physiology and Anatomy
Cells
Tissues
Organs
Body systems and their functions

Skin Histology
Structure and function of the layers of the skin
Epidermis
Dermis
Subcutaneous
Sebaceous Glands
Sudoriferous Glands
Functions of the skin

Protection
Sensation
Temperature regulation
Excretion
Secretion
Absorption

Advanced Knowledge of Skin Conditions and Disorders
Chemistry
Cosmetic Ingredients
Factors that Affect the Skin
Dermatological Terms
Plastic Surgery Terms

SERVICES:
Skin Analysis
Consultation
Skin typing/classification
Exfoliation Methods
Chemical
Physical/mechanical

Electricity and Use of Various Electrical Equipment
Types of electrical current
Principals of electricity
Advanced electrical equipment
Contraindications and electrical
Equipment safety

Advanced Methods of Hair Removal
Laser
Light

Advanced Facial Treatments
Advanced Body Treatments
Lymphatic Drainage
Pre/Post Operative Treatments