



National Coalition of Estheticians,
Manufacturers/Distributors & Associations



REQUEST NCEA CERTIFIED INACTIVE STATUS

PRINT IN BLOCK LETTERS

NCEA RECERTIFICATION CANDIDATE NAME:		
CERTIFICATION ID NUMBER:		Office use only DATE ACCEPTED:

Company Name: _____

Address: _____

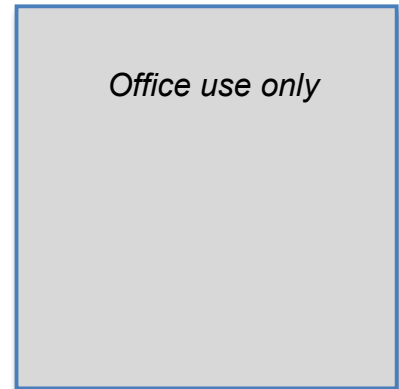
City: _____ State: _____

Zip _____ + 4 _____ Country: _____

Email: _____

Web: _____

Tel Day: (_____) _____ Fax: (_____) _____



NCEA Certified Inactive Statement:

I, _____, respectfully request that the NCEA executive office hold my NCEA Certified credential and mark "INACTIVE". I understand that during this time, I will not be able to have my NCEA Certified Status Verified to any state regulatory board or agency. I further understand that I will not be penalized during this INACTIVE period.

Illness or unable to work

Unemployment

Retirement

Other. Explain _____

Signature: _____ Date: _____

MAIL THIS REQUEST TO:
NCEA Certified
484 Spring Avenue
Ridgewood, NJ 07450-4624