



RECERTIFICATION APPLICATION
PRINT IN BLOCK LETTERS

NCEA RECERTIFICATION APPLICANT NAME:		
CERTIFICATION ID NUMBER:		Office use only NEW EXP. DATE:

Please print clearly. This address will be used for ALL Certification & Membership Documentation.

Company Name: _____

Address: _____

City: _____ State: _____

Zip _____ + 4 _____ Country: _____

Email: _____

Web: _____

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



NCEA ReCertification Application Requirements

The following documents are attached to my Recertification Application:

1. Candidate must meet a, b, c or d:

a) Current ESTHETICIAN or MASTER LICENSE (Attach copy)

b) Current COSMETOLOGY LICENSE (Attach copy)

c) LICENSED PROFESSIONAL (Attach copy)

d) OTHER PROFESSIONAL with **RECERTIFICATION RECOMMENDATION**.

Note: Some state licenses do not allow you to copy them. You will need to provide a notarized document.

2. Current CPR/AED/First Aid Certification. (Attach copy)

3. Current NCEA Individual Membership Certificate. (Attach copy)

4. NCEA Certified Certificate. (Attach copy)

5. Proof of Insurance Certificate.*(i.e. Attach copy of Declaration/Occurrence Page)

* If you are not practicing skin care and do not have current professional liability insurance, complete the **STATEMENT OF PROFESSIONAL INSURANCE**.

6. Two (2) passport photos. Size 2" x 2" showing head & shoulders. No dark glasses.

Print your full name on back of both photos.

NCEA Recertification Application Continued...

7. RECERTIFICATION SECTION KNOWLEDGE REVIEW (Attach Knowledge Review)

*Purchase a Recertification Section on <http://nceacertified.tv/recertification-requirements>

8. COA-APPROVED CONTINUING EDUCATION COMPLETION

*Completion of 12 COA-Approved units required every 3 years. A CE Program can only be submitted once. Find Live & Online Courses on <http://nceacertified.tv/find-approved-providers>

9. Check made payable to NCEA Certified in the amount of \$150.00.

CANDIDATE AUTHORIZATION STATEMENT:

I, _____, have attached to my ReCertification Application the required documentation. I authorize NCEA to review and verify the enclosed documentation. I understand that I will receive my NCEA Certified certificate to the address on this application, only if my application is complete and satisfactory. I understand there is a fee to verify and manage the required documentation. This fee is non-refundable if I supply incomplete documentation or do not meet the ReCertification Application requirements.

Candidate Signature: _____ **Date:** _____

BE ACCURATE, BE NEAT. We cannot be responsible for errors due to illegible handwriting.

DO NOT SEND ORIGINALS. *NCEA or its agents will not be responsible for returning any documentation required for Recertification.*

MAIL YOUR COMPLETED APPLICATION TO:

**NCEA Certified Recertification
484 Spring Avenue
Ridgewood, NJ 07450-4624**



CORPORATE OFFICES:

484 Spring Avenue • Ridgewood • NJ 07450-4624
Tel: 201.670.4100 • Fax: 201.670.4265

NCEA Certified & Commission on Accreditation
info@NCEACertified.org www.NCEACertified.org

NCEA Membership & Regulatory Standards
nceaorg@aol.com www.NCEA.tv