



STATEMENT OF PROFESSIONAL INSURANCE

PRINT IN BLOCK LETTERS

NCEA RECERTIFICATION APPLICANT NAME:	
CERTIFICATION ID NUMBER	

STATEMENT

I, _____, verify that I am not actively practicing as a skin care professional and providing services on consumers. I understand that NCEA Certified credentialing requires professional liability insurance coverage. should I begin practicing again, It is my responsibility to obtain professional liability insurance.

NAME: _____

TITLE: _____

Print

SIGNATURE: _____

DATE: _____

Current Employer Information

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