



**EMPLOYER RECOMMENDATION**  
**PRINT IN BLOCK LETTERS**

**CANDIDATE NAME:**

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:** \_\_\_\_\_  
Print

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Employer Information**

<b>Company Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Business Phone:</b>	
<b>Direct Email Address:</b>	

**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**