



**STATEMENT OF PROFESSIONAL INSURANCE**  
**PRINT IN BLOCK LETTERS**

**CANDIDATE NAME:**

The statement below is applicable for skin care professionals who are currently not practicing skin care and do not have current professional liability insurance. Should the above named NCEA Candidate resume practice, they agree to renew and maintain professional liability insurance coverage.

**STATEMENT**

I, \_\_\_\_\_, verify that I have met the NCEA Candidate requirements related to professional skin care experience as outlined below. I am not actively practicing as a licensee on consumers. I agree to start/renew professional liability insurance coverage should I resume.

**NAME:** \_\_\_\_\_

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

**Print**

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

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

**Current Employer Information**

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