



Certified Instructor Application 2008

My Name: _____

Leave this blank:

Date Reviewed

by: _____
 Credentials Officer

Doing Business As: _____ Year Started _____

Previous DBA: _____ Year Started _____

Street Address: _____

City/State/Zip: _____

Home Tel	Office Tel	Cellphone	email	website

Year Trained: _____	AAM Board Exam Passed- Year: _____	<i>5 YEAR MINIMUM REQUIRED</i> Practicing Five Years: ___ Yes ___ No If less, specify: _____
Year Started Practice: _____	Name of Insurance Carrier: Year First Insured: _____	My native Language is: Circle One English ___ Spanish ___ French ___ Korean ___ Other _____
I comply with all City, State and County laws? ___ Yes ___ No	I am an active member of: ___ AAM ___ SPCP ___ Other _____	I follow CDC and OSHA standards in my facility: ___ Yes ___ No
I teach the following system: ___ Disposable ___ Autoclave		

Please estimate how many of each procedure, including touch-ups, you've done.

Eyebrows	
Eyeliner	
Lipliner	
Full Lipcolor	
Camouflage	
Cheek Blush	
Eye Shadow	

What method do you teach?

Manual	
Rotary	
Coil	

Confirm that you have the following credentials on file or available upon request:

Training Certificates	Insurance Applications	Insurance Policy	Client Records	Licenses as Required
Industry Memberships	Proof of Occupancy	DBA or Corp Documents	TB Test and dates	Other: List

I hereby affirm that I meet all the requirements to become an Academy Certified Instructor and all the information submitted in this document is true and correct as of **this day signed below**. I agree to support the mission of the Academy and notify the AAM of any changes in my contact information. I understand that this information will be used to determine my status as a qualified Candidate for Certified Instructor Status. I have received a copy of the Instructors Program Packet and if approved, I agree to abide by the educational standards set forth by the AAM. I understand that if I have submitted any information, which is false or misleading, or I fail to meet the requirements of the AAM, it is cause to disqualify me and or expel me from the Academy.

Academy Contact: tel 800/441-2515 fax 561/392-3323

SS# _____

Signature _____

Date _____