



Graduate Placement Self Certification Form

I, _____, certify that I am a licensed professional in the field of cosmetology arts & sciences.

Check One:

- ☐ I am/was employed by a business in the field of cosmetology arts and sciences.
 - Provide the name of the business where you work here: _____
- ☐ I am/was self –employed in the field of cosmetology arts and sciences and have my independent contractor license.
 - Provide the name of the business where you work here: _____
 - If applicable: Provide the name of your business here: _____
- ☐ I am/was self –employed in the field of cosmetology arts and sciences and have my independent contractor license as well as my Certificate of Identification (aka Freelance)
 - Provide the name of your business/certificate of identification name here: _____
 - I confirm I have been performing services for at least 1 month
 - I confirm I provided a copy (attached) of my photo identification

Check One: I graduated from the Phagans' Cosmetology College located in:

- ☐ Bend
- ☐ Salem
- ☐ Medford
- ☐ Corvallis
- ☐ Grants Pass

Graduate Signature Date

Phagans' Team Member Signature Date