



Consultant Re-Certification

Registration Form

Please read this
ENTIRE form

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Last 4 digits of SS#: XXX - XX - _____ (This is your Sisterlocks reference number)

Original Certification Date (if known): _____

Email: _____ Phone (optional): _____

Evaluation and approval of this completed form along with all required documents registers you as a Certified Sisterlocks Consultant for a 2-year period, and may include retroactive periods. Also includes your 2-year listing on the official online Certified Consultant Registry and preferred pricing on products and accessories.

Expiration Date from your most recent certificate: _____ MM/DD/YYYY

CHECK ALL APPROPRIATE BOXES:

Certified: \$125 R-Certified: \$150 \$50 Late Fee, if applicable (Enclosed? **OR** Pre-Paid?)

TOTAL PAYMENT: \$ _____ Enclosed Paid Online (Order ID # _____)

NOTE: If you are INACTIVE you are required to take a Refresher Course (Online or 4-Day) before your Re-Certification will become effective. Check here if this applies to you:

Please submit the following items with this form.

Please do not omit items, or your file will be returned

1. Re-Certification Agreement
2. Documentation Required for ONE client with mature Sisterlocks (1-year or more)
 - Copy of your Client Information Card (or similar client records)
 - Client Photos showing Standard Sectioning Method. (Send current photos, NOT original ones.)
 - Consultant Evaluation Questionnaire (*to be completed confidentially by Client and submitted to you in a sealed envelope, then sent by YOU to Sisterlocks along with your paperwork.*)

My Signature below indicates that I have read and I accept all of the conditions and guidelines set forth in the documents presented to me for re-certification. I agree to carry out my function in accordance with these conditions and guidelines. I understand that to keep my certification active I must maintain the standards of practice outlined by Sisterlocks. Any grievances or legal action related to my certification will be resolved within the jurisdiction of the Sisterlocks Home Office.

Signature

Date

CHECKLIST: Documents included with this form:

- Signed Re-Certification Agreement Client Photos (See training class Workbook for required picture views)
- Consultant Evaluation Questionnaire (Your client completes this confidentially)