



BA Re-Certification Application

(Maintaining active certification is required to preserve your BA status.)

First/Last Name: _____ Date: _____

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

Valid email: _____ Phone (optional): _____

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

Original BA class date (if known): _____ Location: _____

Evaluation and approval of this completed form, along with all required documents, registers you as a Sisterlocks Brand Ambassador for a 2-year period. Includes your official BA page which must be kept current. BAs in good standing have access to preferred distributor status and are eligible for advancement to additional certifications and trainer levels.

End Date on your expiring certificate: _____ / _____ (Mo/Yr)

FEES: CHECK ALL APPLICABLE BOXES:

- | | |
|---|---|
| <input type="checkbox"/> R-Certified (included) | <input type="checkbox"/> Brand Ambassador \$250 |
| <input type="checkbox"/> Trichology Analyst (included) | <input type="checkbox"/> Late Fee \$50 |
| <input type="checkbox"/> Sisterlocks Evaluator (included) | TOTAL FEES ENCLOSED = _____ |

NOTE: If you are INACTIVE, (i.e. over 6 months late on recertification) you are required to take a Refresher Course before your Re-Certification will become effective. Check here if this applies to you:

This mail-in form is incomplete without payment. Payment Attached
 Payment made online (ORD# _____)

Please submit the following items with this form. (Do not omit items or your file will be returned.)

1. BA Agreement (Available online)
2. Documentation for ONE client with mature Sisterlocks (1-year or more):
 - Copy of your Client Information Card (or your comparable client records)
 - Photos documenting your work
 - Consultant Evaluation Questionnaire (to be completed confidentially by your client and submitted to you in a sealed envelope, then sent by YOU to Sisterlocks along with all paperwork and pictures.)

For copies of all required forms go to <http://infocenter.sisterlocks.com> and find the "Forms/Downloads" link.

My signature below indicates that I have read and understood this document and I agree to abide by all conditions and guidelines set forth therein. 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 re-certification will be resolved within the jurisdiction of the legal Sisterlocks Home Office.

Signature: _____ Date: _____

CHECKLIST: Please submit these documents with your Re-Certification Application:

- Signed BA Agreement Form Client Photos Consultant Evaluation Questionnaire (Client completes confidentially)