

Please read this  
ENTIRE form

*Sisterlocks*<sup>®</sup>  
**Consultant Re-Certification**  
Registration 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: \$175     R-Certified: \$200     \$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)