



## EYELASH EXTENSION CERTIFICATION PROGRAM RECOGNITION

State Form 53059 (R / 8-22)

Indiana Department of Health

Recognition should only be obtained by certification programs for eyelash extension specialists. Examples of entities that may offer certification programs can include, but are not limited to, individual small businesses, such as schools, beauty salons, or lash manufacturers who operate eyelash extension certification programs for the public.

SECTION 1 – PROGRAM CONTACT INFORMATION					
Program Name					
Address (number, street, apt., P.O. box)					
City	State	ZIP Code			
Telephone Number	Email Address				
SECTION 2 – PROGRAM OWNER CONTACT INFORMATION					
Program Owners Name					
Address (number, street, apt., P.O. box)					
City	State	ZIP Code			
Telephone Number	Email Address				
Has your program been recognized as an Eyelash Extension certification program by IDOH before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION 3 – COMPLIANCE WITH SECTION 11. A					
Place an initial in each designated box to confirm compliance.					
Initial	Certification Program Time Required:				
	<ul style="list-style-type: none"><li>15 hours minimum of theory and demonstration</li></ul>	<ul style="list-style-type: none"><li>30 hours minimum of actual practice</li></ul>	<ul style="list-style-type: none"><li>45 hours minimum of total theory, demonstration, and actual practice</li></ul>		
Initial	Certification Program Includes Training on the Below Topics:				
	<ul style="list-style-type: none"><li>Proper application techniques for eyelash extension</li></ul>	<ul style="list-style-type: none"><li>Methods and procedures related to the application of eyelash extension</li></ul>			
	<ul style="list-style-type: none"><li>Appropriate sanitization and disinfection</li></ul>	<ul style="list-style-type: none"><li>Prevention of cross-contamination</li></ul>	<ul style="list-style-type: none"><li>Proper safety practices</li></ul>		
	<ul style="list-style-type: none"><li>Adhesives (including ingredients and contraindications)</li></ul>				
	<p>Education on consulting clients to include both verbal and physical examination of conditions listed: Inform clients of potential risk associated with eyelash extensions. Clients with the following conditions must be advised to seek a physician consultation.</p> <table border="0"><tr><td><ul style="list-style-type: none"><li>Lack of natural lash hair (very sparse natural lash hairs)</li><li>Alopecia areata – a condition that causes full or partial hair loss that can impact eyelashes and eyebrows</li><li>Chemotherapy hair loss</li><li>Mechanically damaged lashes</li></ul></td><td><ul style="list-style-type: none"><li>Trichotillomania – a stress or anxiety-induced urge to pull out your hair, including your eyelashes</li><li>Poor lash health (short, thin, or fragile lashes).</li><li>Allergies to adhesives or adhesive ingredients</li><li>Eye infection</li><li>Recovering from an eye procedure or surgery</li></ul></td></tr></table>			<ul style="list-style-type: none"><li>Lack of natural lash hair (very sparse natural lash hairs)</li><li>Alopecia areata – a condition that causes full or partial hair loss that can impact eyelashes and eyebrows</li><li>Chemotherapy hair loss</li><li>Mechanically damaged lashes</li></ul>	<ul style="list-style-type: none"><li>Trichotillomania – a stress or anxiety-induced urge to pull out your hair, including your eyelashes</li><li>Poor lash health (short, thin, or fragile lashes).</li><li>Allergies to adhesives or adhesive ingredients</li><li>Eye infection</li><li>Recovering from an eye procedure or surgery</li></ul>
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Initial	Evaluation method must consist of a practicum and a written examination.				
	<p>i. The individual shall perform and eyelash extension service on a model with an instructor present to ensure the following criteria are met:</p> <ol style="list-style-type: none"><li>The ability to create a map or blueprint to plan out the application procedure.</li><li>The ability to apply one eyelash extension to one natural eyelash.</li><li>The ability to apply the eyelash extension and the adhesive without making contact with the client's skin.</li><li>The ability to apply the appropriate amount of eyelash extensions in total on a client.</li><li>The ability to complete the service of applying eyelash extension from start to finish in the appropriate amount of time. The time frame should depend on the lash manufacture and adhesive manufacture recommendations.</li><li>The ability to appropriately utilize tape during an eyelash extension service.</li></ol> <p>ii. The practicum shall be evaluated on a pass-fail basis. The ability to demonstrate all techniques in stated above shall constitute a failure.</p>				

	iii. The written portion of the test shall be designed to incorporate all topics listed in this section. Individuals must obtain a score of 80% or higher on the written examination to pass. iv. Failure of any portion of the certification examination shall result in a remediation activity consisting of ten (10) hours of additional education before the student reattempts the certification examination. a. Remediations should cover gaps in education indicated by the failed certification examination. v. Certification examinations shall not be offered to individuals until all 45 hours of training are completed.
<b>STATEMENT AND SIGNATURE OF APPLICATION(S)</b>	
<b>By signing this application, I certify all information submitted on this application is true and accurate. I certify that I will comply with all applicable Indiana rules governing Eyelash Extension specialists.</b>	
Printed Name of Owner or Authorized Representative	
Signature of Owner or Authorized Representative	Date

CERTIFICATION STATEMENT FOR REQUIRED DOCUMENTATIONS	
<b>Initial</b>	<i>By insertion of initials in each applicable box below and by my signature, I certify that the required documentation will be maintained and be submitted to Indiana Department of Health to be recognized as a certified program</i>
	Course curriculum
	Attendance and make-up policy
	Evaluation method
	Hiring policy for instructors
<b>Initial</b>	<b>Please indicate below what qualifications are accepted for instructors hired at your facility and check all that apply. If 'Other', please provide explanation.</b>
	Licensed Esthetician with two years of practical experience applying eyelash extensions <ul style="list-style-type: none"> <li>Evidence of training should include the submission of applicable licenses or certifications with related curriculum or transcript as evidence of eyelash extension specific subject matter</li> </ul>
	Licensed Cosmetologist with Eyelash Extension Certification from an IDOH-recognized program with two years of practical experience applying eyelash extensions
	Certified Eyelash Extension Specialist from an IDOH recognized program with two years of practical experience applying eyelash extensions
	Manufacturer's Representative with two years of practical experience applying eyelash extensions <ul style="list-style-type: none"> <li>Evidenced of training should include the submission of applicable licenses or certifications with related curriculum or transcript as evidence of eyelash extension specific subject matter</li> </ul>
	Other

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SELECT METHOD OF SENDING DOCUMENTATION TO INDIANA DEPARTMENT OF HEALTH
Email: <a href="mailto:eyelashcert@health.in.gov">eyelashcert@health.in.gov</a>  Fax: 317-234-2812  Mail: Attention to: Indiana Department of Health 2 N Meridian St. Indianapolis, IN 46204 Attention: Epidemiology Resource Center, Selig 7