

# Teacher Program Application



Name : \_\_\_\_\_ Date: \_\_\_\_\_  
Company (if any): \_\_\_\_\_ Member #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**1. I have completed the following level(s) of HSMG Soapmaker Certification:**

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> None           | <input type="checkbox"/> MP Basic    | <input type="checkbox"/> Cosmetic Basic    |
| <input type="checkbox"/> CP/HP Basic    | <input type="checkbox"/> MP Advanced | <input type="checkbox"/> Cosmetic Advanced |
| <input type="checkbox"/> CP/HP Advanced | <input type="checkbox"/> MP Expert   | <input type="checkbox"/> Cosmetic Expert   |
| <input type="checkbox"/> CP/HP Expert   | <input type="checkbox"/> MP Master   | <input type="checkbox"/> Cosmetic Master   |
| <input type="checkbox"/> CP/HP Master   |                                      |  |

**2. I have professional liability insurance currently in force:**

- as an add-on to my HSCG member benefit insurance.
- through another company: \_\_\_\_\_ (Company Name)

**3. I have delivered approximately \_\_\_\_\_ teaching hours to date.** (Documentation is attached).

**4. By entering this program I agree that:**

- a) All information that I have submitted is true to the best of my knowledge.
- b) I have the required number of hours of teaching for the level that I am applying for.
- c) I will maintain a current Professional Liability Insurance Policy.
- d) I understand that the HSCG is not endorsing me as a Teacher and that it is up to me to ensure that I am qualified to teach any classes that I offer.
- e) I understand that I am permitted to use the HSCG Teacher Badges only so long as I am a member in good standing with the HSCG, and that if my membership expires all logos shall be immediately removed from my product, website, blog and all print materials.
- f) I understand that should my membership expire I will lose my listings and status as an HSCG Teacher. I further understand that reinstatement is in accordance with the HSCG Policies *Teacher Program* and *Certification*, which are available on the HSCG Website..

\_\_\_\_\_  
Signature

For OFFICE USE ONLY

Application received on \_\_\_\_\_  Mail  Fax

Reviewed by \_\_\_\_\_  Disapproved  Approved

DB Entry on \_\_\_\_\_