



**Cosmepedia International Inc.**  
Toll-Free: North America  
Tel: 1(800) 661-7190  
Fax: 1(800) 214-8133  
[www.cosmepedia.com](http://www.cosmepedia.com)

## Verified Professional Application

Please note this is a legal document. You certify all this information is true and correct. If any information is found to be false, you forfeit all monies paid to Cosmepedia International Inc and may be denied membership without refund.

Full name including aliases or maiden name:

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Legal practice or company name (included DBA - Doing Business As):

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Date company was formed / incorporation number:

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Registered office address:

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State registration / business license number:

---

Medical license number:

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Telephone:

---

Alternative:

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Email:

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Medical education institutions / schools attended:

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Area of specialization(s):

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Residency:

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Number of years of dental / medical school training:

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Additional professional education:

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Number of years as a licensed practicing professional:

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Hospital affiliations / allowed access

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Current certifications and contact information for each certifying authority:

Certification:

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Certifying Authority:

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Contact Number

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Certification:

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Certifying Authority:

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Contact Number

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Certification:

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Certifying Authority:

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Contact Number

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Certification:

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Certifying Authority:

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Contact Number

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Current Associations and Contact Information for Each Association:

Association Authority:

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Contact Number

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Association Authority:

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Contact Number

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Association Authority:

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Contact Number

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Association Authority:

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Contact Number

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Please use an additional page(s) if required.

Insurance provider(s):

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Coverage amount in USD(s):

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Is your insurance currently in good standing?

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Have you ever had any disciplinary actions? If YES, please also provide details.

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What other states/provinces or countries have you practiced in? Please list all.

Country: \_\_\_\_\_ State \_\_\_\_\_

Country: \_\_\_\_\_ State \_\_\_\_\_

Country: \_\_\_\_\_ State \_\_\_\_\_

Has your license for anything ever been revoked or suspended for any reason?  
If YES, please provide details.

\_\_\_\_\_

Have you been cleared of charges? Please list years/governing body.

\_\_\_\_\_

Do you have a criminal record? [YES] [NO] (Please circle your choice)

Are there any staff members with a criminal record? [YES] [NO] (Please circle your choice)

**Please fax a signed copy of this application along with a copy of your certifications, registration, license, drivers license, and EMAIL one before and after picture along with a description of each procedure you perform to: [submissions@cosmepedia.com](mailto:submissions@cosmepedia.com)**

SIGNED, SEALED AND DELIVERED  
BY:

**I certify that the information I have provided is true and correct at the time this application is submitted.**

Name of Signatory: \_\_\_\_\_

Initials: \_\_\_\_\_

Title of Signatory: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory



Cosmepedia International Inc. operates the world's first information portal featuring cosmetic service professionals with the most acknowledged experience in their field. Cosmepedia is your exclusive online community that allows consumers to search for cosmetic procedure professionals based on their specialized experience.