NEVADA STATE BOARD OF COSMETOLOGY

ADVANCED ESTHETICS PRACTICAL EXAM

WEBSITE: NVCOSMO.COM/TESTING-INFORMATION

EMAIL: TESTING@NVCOSMO.COM

PHONE: 702-508-0015

PRACTICAL EXAM RULES

- Students are responsible for bringing all required supplies to complete the exam. Incomplete kits will result in a failed segment.
- Students must sanitize their hands before accessing their kit and before starting all exam segments.
- The kit is considered a clean, dry, closed container for disinfected implements only. Items may not be returned to the kit once removed.
- Each segment is timed and graded separately. Do not begin any service until instructed. Once a segment is completed or time has expired, the examiner will move to the next segment. Step back to indicate completion.
- The kit must remain closed during the duration of the exam.
- You will be given 2 minutes before each segment to set up.
- If an item is dropped, follow proper sanitation procedures. Stop the service immediately and do not use the dropped item. Place the item in its appropriate receptacle. Sanitize your hands, then retrieve a clean, disinfected replacement from your kit before continuing the service while maintaining proper infection control practices. You are permitted to bring “extra” items incase an implement is dropped.
- At the end of each segment you must properly clean and disinfect your station. All used items must be placed in the appropriate receptacles to demonstrate proper disposal of single-use items, soiled implements requiring disinfection, and soiled linens requiring laundering.
- Cheating is strictly prohibited and will result in an automatic failure.
- Talking is strictly prohibited and will result in an automatic failure.

PRACTICAL EXAM SUPPLIES

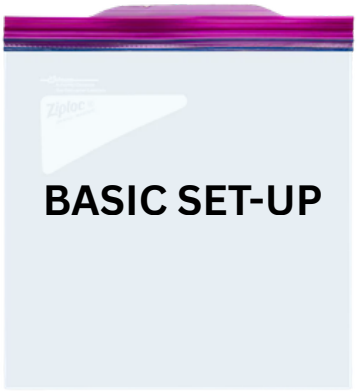
SUPPLY LIST:

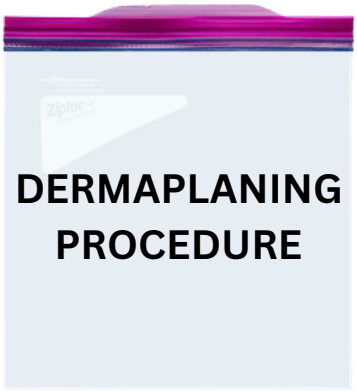
SEE EACH SEGMENT TO DETERMINE QUANTITIES

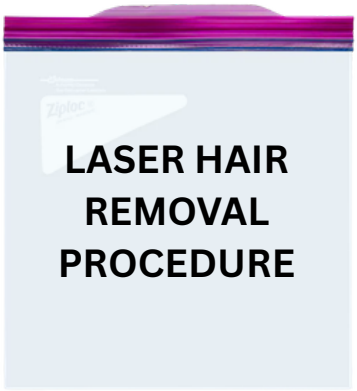
- ☐ Hand Sanitizer
- ☐ A clear plastic container (Approximately 16" x 16" x 16")
- ☐ Gallon-size plastic bags labeled for each segment
- ☐ 1 sandwich-sized plastic bag labeled “biohazard waste”
- ☐ 3 paper bags labeled “Trash”, “Soiled Linen”, & “Items to be disinfected”
- ☐ Labeled Sharps container
- ☐ EPA-registered disinfectant
- ☐ Antiseptic/ Alcohol wipes
- ☐ Gloves
- ☐ Bandages
- ☐ Gauze
- ☐ Mannequin Head
- ☐ Mannequin stand (optional)
- ☐ Headband
- ☐ Towel for draping
- ☐ Paper Towels (optional)
- ☐ Mock Cleanser
- ☐ Mock Antiseptic or Astringent
- ☐ Mock Moisturizer
- ☐ Mock Sunscreen
- ☐ Mock Peel Solution
- ☐ Mock Degreaser
- ☐ Mock Skin Protectant
- ☐ Mock Peel Neutralizer
- ☐ Mock Aftercare
- ☐ Cotton rounds or esti wipes
- ☐ Cotton swabs
- ☐ Scalpel or eyebrow razor
- ☐ Simulated hand piece (must emit light) with simulated cord attached
- ☐ Eye protection (for mannequin)
- ☐ Eye protection (for student/technician)
- ☐ Pencil (white or black)
- ☐ Mock collaboration agreement (Please see the last 2 pages for a copy. For exam purposes, this document does not need to be filled out, but **must** be displayed during the laser segment)

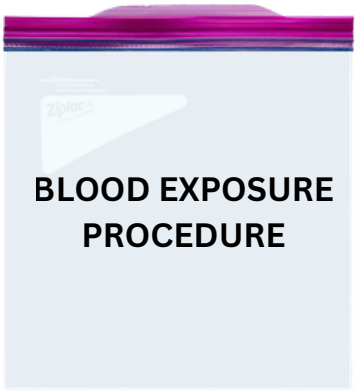
PRACTICAL EXAM SUPPLIES

All supplies used throughout your exam must fit into a clear plastic container (Approximately 16" x 16" x 16").
You will need gallon-sized plastic bags to put your supplies in, for each segment. You will need to label each bag with the segment and service name in English. Every item in your kit must also be labeled in English.



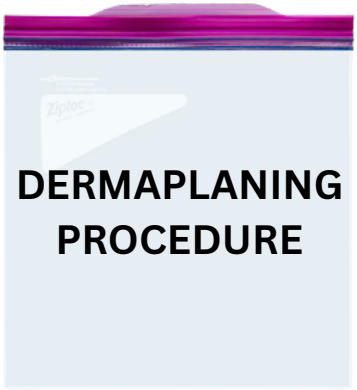






BASIC SET-UP

Prepare and disinfect your work area. Drape your mannequin and set up the basic supplies used throughout the exam. During this time, you will also set up for the Dermaplaning Procedure. Complete this segment in 10 minutes.



*see next page for supply requirements

DERMAPLANING

Perform a skin analysis, prepare the skin, then demonstrate a dermaplaning service. After finishing the segment, clean and disinfect your workstation by following all infection control practices required after a service. Complete this segment in 10 minutes

MOCK CLEANSER

MOCK MOISTURIZER

MOCK SUNSCREEN

HAND SANITIZER

BHA FACIAL PEEL

Perform a skin analysis, prepare the skin, then demonstrate a BHA Facial Peel service. After finishing the segment, clean and disinfect your workstation by following all infection control practices required after a service. Complete this segment in 25 minutes.


MOCK CLEANSER


MOCK DEGREASER

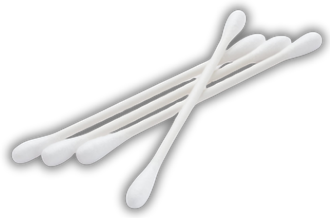

MOCK OCCLUSIVE/ SKIN PROTECTANT


MOCK PEEL SOLUTION


MOCK NEUTRALIZER

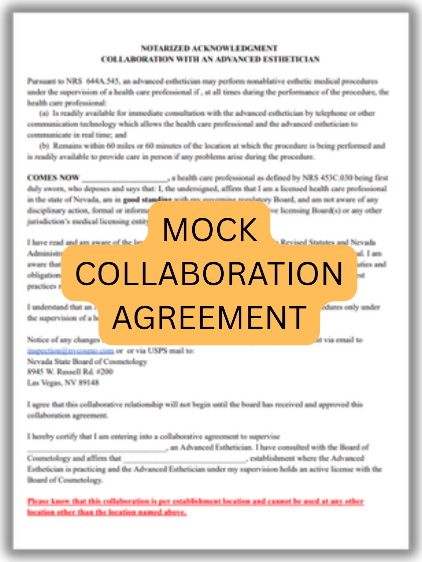

MOCK SUNSCREEN


HAND SANITIZER



LASER HAIR REMOVAL

Perform a skin analysis, prepare the skin, mark the area that you will be lasering (cheek and sideburn), then demonstrate a laser hair removal service on the marked area of your mannequin face. After finishing the segment, clean and disinfect your workstation by following all infection control practices required after a service. Complete this segment in 25 minutes.



NOTARIZED ACKNOWLEDGMENT
COLLABORATION WITH AN ADVANCED ESTHETICIAN

Pursuant to NRS 644A.545, an advanced esthetician may perform nonablative esthetic medical procedures under the supervision of a health care professional if, at all times during the performance of the procedure, the health care professional:

(a) Is readily available for immediate consultation with the advanced esthetician by telephone or other communication technology which allows the health care professional and the advanced esthetician to communicate in real time; and

(b) Remains within 60 miles or 60 minutes of the location at which the procedure is being performed and is readily available to provide care in person if any problems arise during the procedure.

COMES NOW ____________________, a health care professional as defined by NRS 453C.030 being first duly sworn, who deposes and says that: I, the undersigned, affirm that I am a licensed health care professional in the state of Nevada, am in **good standing** with my governing regulatory Board, and am not aware of any disciplinary action, formal or informa … ve licensing Board(s) or any other jurisdiction's medical licensing entity …

I have read and am aware of the la … Revised Statutes and Nevada Administr … al. I am aware that … ties and obligation … practices …

I understand that an … dures only under the supervision of a h …

Notice of any changes … via email to inspection@nvcosmo.com or or via USPS mail to:
Nevada State Board of Cosmetology
8945 W. Russell Rd. #200
Las Vegas, NV 89148

I agree that this collaborative relationship will not begin until the board has received and approved this collaboration agreement.

I hereby certify that I am entering into a collaborative agreement to supervise ______________________________, an Advanced Esthetician. I have consulted with the Board of Cosmetology and affirm that ______________________________, establishment where the Advanced Esthetician is practicing and the Advanced Esthetician under my supervision holds an active license with the Board of Cosmetology.

Please know that this collaboration is per establishment location and cannot be used at any other location other than the location named above.

BLOOD EXPOSURE PROCEDURE

You have sustained a minor cut on the back of your hand. Please identify where the cut is on your hand before you begin. Demonstrate proper infection prevention procedures for blood exposure. Immediately stop the service, retrieve your first aid kit, and remove necessary items without contaminating clean supplies. Put on a clean glove on your non-injured hand. Apply pressure to control bleeding, then clean and properly cover the wound. Dispose of all contaminated materials into a labeled biohazard bag, change gloves as needed, and clean and disinfect your workstation while maintaining proper infection control practices throughout the procedure.

NOTARIZED ACKNOWLEDGMENT
COLLABORATION WITH AN ADVANCED ESTHETICIAN

Pursuant to NRS 644A.545, an advanced esthetician may perform nonablative esthetic medical procedures under the supervision of a health care professional if , at all times during the performance of the procedure, the health care professional:

(a) Is readily available for immediate consultation with the advanced esthetician by telephone or other communication technology which allows the health care professional and the advanced esthetician to communicate in real time; and

(b) Remains within 60 miles or 60 minutes of the location at which the procedure is being performed and is readily available to provide care in person if any problems arise during the procedure.

COMES NOW _____, a health care professional as defined by NRS 453C.030 being first duly sworn, who deposes and says that: I, the undersigned, affirm that I am a licensed health care professional in the state of Nevada, am in **good standing** with my governing regulatory Board, and am not aware of any disciplinary action, formal or informal; pending against me by my respective licensing Board(s) or any other jurisdiction's medical licensing entity.

I have read and am aware of the laws and regulations included in the Nevada Revised Statutes and Nevada Administrative Code for Chapter 644A, concerning the duties of a supervising health care professional. I am aware that I must remain in compliance with my governing Board(s) regulation(s) pertaining to the duties and obligations of a supervising health care professional along with any rules, regulations, policies and best practices restricting supervision based on level of skill or experience and scope of practice.

I understand that an Advanced Esthetician may perform nonablative esthetic medical procedures only under the supervision of a health care professional.

Notice of any changes to this agreement, including termination of supervision, can be sent via email to inspection@nvcosmo.com or or via USPS mail to:
Nevada State Board of Cosmetology
8945 W. Russell Rd. #200
Las Vegas, NV 89148

I agree that this collaborative relationship will not begin until the board has received and approved this collaboration agreement.

I hereby certify that I am entering into a collaborative agreement to supervise _____, an Advanced Esthetician. I have consulted with the Board of Cosmetology and affirm that _____, establishment where the Advanced Esthetician is practicing and the Advanced Esthetician under my supervision holds an active license with the Board of Cosmetology.

Please know that this collaboration is per establishment location and cannot be used at any other location other than the location named above.

WHEREFORE, I set my hands this _____ day of _____, 20_____.

_____ _____

Health Care Professional's Name (Print or Type) | Health Care Professional's Signature

Health Care Professional's **License Type and Number** (MD, DO, PA, APRN) _____
Health Care Professional email address_____
Health Care Professional place of practice address_____
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COMES NOW _____, an Advanced Esthetician, being first duly sworn, who deposes and says that: I, the undersigned Advanced Esthetician, am duly licensed as an Advanced Esthetician in the state of Nevada, and in good standing with the Nevada State Board of Cosmetology. I have read and am aware of the provisions included in the Nevada Revised Statutes and Nevada Administrative Code for Chapter 644A.

I understand that an advanced esthetician may perform nonablative esthetic medical procedures under the supervision of a health care professional.if , at all times during the performance of the procedure, the health care professional:

(a) Is readily available for immediate consultation with the advanced esthetician by telephone or other communication technology which allows the health care professional and the advanced esthetician to communicate in real time; and

(b) Remains within 60 miles or 60 minutes of the location at which the procedure is being performed and is readily available to provide care in person if any problems arise during the procedure.

WHEREFORE, I set my hands this _____ day of _____, 20_____.

_____ _____

Collaborating Advanced Esthetician's Name (Print or Type) | Collaborating Advanced Esthetician's Signature

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State of Nevada
County of _____
The above-named _____
(Health Care Professional)
being first duly sworn, appeared before me on the____ day of _____, 20___, and **in my presence** , executed this document consisting of two (2) pages.

_____
Notary Public

State of Nevada
County of _____
The above-named _____
(Advanced Esthetician)
being first duly sworn, appeared before me on the____ day of _____, 20___, and **in my presence** , executed this document consisting of two (2) pages.

_____
Notary Public