



# National Council on Laser Certification

## Laser Hair Removal Specialist

### Clinical Case Submission Form

(10 supervised & 10 indirect supervision for Hair Removal Certification)

(or 100 cases total for Advanced Certification of Laser Hair Removal Supervisor)

(Please see instructions on the next page. You may add explanatory notes as attachments if needed. Copy this page for additional cases if needed)

#	Date	Device	Tx #	Client ID	Skin type	Hair Color	Area Treated	J/cm2	Notes on observations or reactions, and supervisor (when applicable)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Supervised by – Name and title of supervisor, plus their signature (for those applicable cases):									
Supervisor Signature:									

Return to: NCLC, PO Box 997, Grove City, OH 43123 or fax: 305.946.0232, or email: [info@lascertification.org](mailto:info@lascertification.org)

This form is intended to be included as part of the Laser Certification Application, and not used by itself.

**INSTRUCTIONS – Laser Hair Removal Specialist (CLHRS) – Case Submission form.**

If you are applying for the Certification for the State of Texas, and you already have that State's license (their certification), then we will accept a copy of that in lieu of you completing this caseload worksheet (since Texas already requires more than this).

Please refer to the Certification Handbook for specific requirements. In general the CLHRS requires submission of 10 directly supervised, and 10 indirectly supervised cases. Laser Hair Removal Supervisors may also use this form to submit an additional 80 cases (100 total).

**Date** – of the treatment listed

**Device** – list what type device was used (not make or model of the equipment) such as Laser, IPL or RF.

At least 10 cases must be done with one type of laser or device (such as Alexandrite). These devices would include:

(YAG) Nd:Yag Laser – 1064nm

(ALEX) Alexandrite Laser – 755nm

(DIODE) Diode laser – 810nm

(RUBY) Ruby laser – 694nm

(IPL) any type Intense Pulsed Light Device

(RF) any type RadioFrequency device used with the IPL or laser

**Tx #** - Treatment Number. Which treatment in the series was it?

**Client ID** – Any way you wish to identify that specific client. It can be their name or an I.D. number that you may use in your practice

**Skin Type**: I-VI

**Hair Color** – self explanatory

**Area Treated** – which area of the body was treated during this treatment?

**J/cm<sup>2</sup>** – Radiant Exposure – Treatment Settings used in this session

**Notes** – Please list any observations you may have made, including any observations of tissue effect or adverse reactions. If this is one of the 10 supervised cases then the supervisor should initial each of those cases.

**Supervisor** – At the bottom of the sheet please print the name and title of the person supervising the cases, and have them sign the form. If more than one supervisor please list all, or attach list. You may also include any separate attachments or notes you believe is useful in reviewing these cases.

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[www.LaserCertification.org](http://www.LaserCertification.org)