



National Council on Laser Certification

Aesthetic Laser Operator

Clinical Case Submission Form v2001

(10 supervised & 10 indirect supervision for Aesthetic Laser Operator Certification)

(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	Type Procedure	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 (for those applicable cases):									

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

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

INSTRUCTIONS – Aesthetic Laser Operator (CLO-A) – 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).

(NOTE: If you are applying from Texas, then you must FIRST meet that State's requirement as a Senior technician PRIOR to taking the NCLC Certification exams. They won't accept the NCLC Certification unless you do it in that sequence. That's for their Laser Hair Removal license for which the Aesthetic Laser Operator Certification applies)

Date – of the treatment listed

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

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

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

Type of Procedure – i.e. hair removal, skin rejuvenation, fractional skin resurfacing, tattoo removal, vascular or pigmented lesions, etc.

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

J/cm² – Radiant Exposure – Treatment Settings used in this session.

(If using in-motion techniques then you can just list the total energy delivered to what size area, OR temperatures measured, as appropriate)

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. 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