



NCLC LASER CERTIFICATION APPLICATION FORM

Certified Laser Hair Removal Specialist

Note: Candidate Qualifications for Laser Certifications are detailed in the NCLC Candidate Handbook along with examination procedures. Please read this before completing an application to ensure your eligibility. For clarification of any requirement please contact the NCLC at 305-407-8901 or info@LaserCertification.org. Ineligible applications will be returned less a \$50 processing fee. Within approximately 2 weeks of receipt by the NCLC you will be notified of your eligibility. Once notified, you will have 90 days to schedule an examination at your convenience at any of 755 centers worldwide, or the NCLC office. If you fail to apply for an examination appointment within the 90 days you will be required to reapply and resubmit the application & testing fee. Upon successful completion you will receive your documents of Laser Certification within approximately 3 weeks from NCLC. See the handbook for more specifics.
NOTE FOR Texas Applicants: If you are applying to the State of Texas, USA, for licensing as a Laser Hair Removal Professional, they will accept the NCLC Certification AS LONG AS you have first met their requirement as a Senior Technician. Otherwise you'll have to re-take the Certification Exam after you've obtained that Senior Tech status.
** Please Note that when attending selected training courses of Professional Medical Education Assn or NCLC affiliated programs, that advance application is not required and exams will be administered at the course. You will receive an application just prior to the exam and may return it with the exam.*

PLEASE TYPE OR PRINT LEGIBLY

DATE: _____

A. Personal Info (Name as you would like it printed on the Certification Certificate)

Name (First, MI, Last, any credential – i.e. R.N.): _____

Sponsoring Business (if any) – If your employer is paying for the training or exam, please list their correct name here:

(Address where correspondence, test results, certificates & renewal notices will be sent: Home ____ Office/Work ____

Address: _____ Apt or Suite No. ____

City: _____ State: ____ Zip: _____ Birth Date: _____

Country (if outside the USA) _____

License Number (if applicable): _____ Daytime Telephone: (____) _____

Email Address: (Required for notification of eligibility): _____

B. Do you hold other NCLC Laser Certifications? _ NO _ YES If so, what? _____

C. Is this a retest, where the lower fee applies? _ NO _ YES

Is this a conversion of an SCMHR Hair Removal Certification? _ NO _ YES

If so then there is no charge for the conversion - simply submit the application and a copy of your SCMHR Certificate. You may disregard the further requirements in this application, since they are equivalent.

D. Number of Cases being submitted for review (20 required) _____

(You should fax or mail a note from your employer, supervisor or other written record verifying cases. Use the Case log form available on our website. 10 cases are to be under direct supervision and the remainder under indirect supervision. You do not have to submit the cases prior to taking the examination if you have 16 hours or more of training. You may follow-up later with case submissions. If you have a laser hair removal license from a State which requires the equivalent or more number of cases, then you may submit a copy of your license in lieu of completing our case worksheet.)

An Advanced Certification of “Laser Hair Removal Supervisor” is available to those who subsequently submit an additional 80 cases of unsupervised hair removal treatments, for a total of 100 treatments.

_____ I am submitting these additional cases for the Advanced Certification at this time

E. Hours of training at formal Laser Safety and/or Medical/Aesthetic Laser Courses: _____ hours.
(as listed in requirement 2 in the handbook – 16 hrs required – home-study portions count toward this)
(Please submit a copy of your Certificates of Attendance showing the courses, sponsors, and educational hours. Those attending an affiliated training program where the NCLC test is administered may omit this – we’ll already have it on file)

*NOTE – Those who successfully obtain the CLHRS Certification, and upon the completion of an additional 8 hours of training, may take the incremental 25 question Certification Examination for Certified Aesthetic Laser Operator.

F. Payment Method – check one:

Check (attached) Credit Card (below) Purchase Order # _____
 Other (credits from courses or other arrangements – must be verified) _____

Checks are made payable to: **National Council on Laser Certification**, 3142 Broadway, Ste 200, Grove City, OH 43123
Fax: 305-946-0232, E-mail: info@lascertification.org

Credit Card Payment:	
Name on the Card: _____	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Card #: _____	Expiration Date: _____
Card Holders Signature: _____	3 Digit code on back: _____
* Fees: Application Fee - \$50, plus:	
	Testing Fee - 1 st time fee for CLHRS: \$185
	Retesting fee – all exams: \$100
Credit Card Payments will be processed through our parent nonprofit organization: Professional Medical Education Assn.	
The course I am taking has included this in their testing fee and payment will come from the course provider: _____	

I certify that I have read the NCLC Candidate Handbook, and understand and agree to all NCLC policies. Any decisions made by the NCLC will be final. The information I have supplied in this application is true and correct. I authorize the NCLC and its agents to make any inquiries necessary to validate my eligibility for certification. I affirm that the NCLC has in no way represented this Laser Certification as a clinical certification or license to practice medicine in any way, and hereby hold harmless and release from all liability the NCLC, its parent organization Professional Medical Education Assn. inc., and the Council Board and agents. I agree that if my certification expires or is revoked, I may NOT represent myself as Certified by the NCLC nor display the logo or Certificates. Should I violate this policy I agree to pay liquidated damages of actual attorney fees and travel expenses in enforcing this provision.

G. Applicants Signature (REQUIRED): _____

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