



NCLC LASER CERTIFICATION APPLICATION FORM

Certified Laser Hair Removal Specialist (CLHRS)

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 ETA centers worldwide, or the NCLC office or affiliates. 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: _____

Province/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.

