



NCLC LASER CERTIFICATION APPLICATION FORM

Certified Laser Repair Technician

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 Professional Medical Education Assn. at 614-883-1739 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. 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. When you take the exam you will be notified of your score and pass/fail status prior to leaving the facility. Upon successful completion you will receive your documents of Laser Certification within approximately 3 weeks from NCLC. See the handbook for more specifics.

** 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

