



NCLC LASER CERTIFICATION APPLICATION FORM

Certified Medical Laser Safety Officer

Note: Candidate Qualifications for Laser Certifications are detailed in the NCLC Certification 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, including 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.
** 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 a BLS CMLSO Certification? NO YES

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

D. Length of experience in the field (1 year required working with lasers in some capacity) _____

(You should fax or mail a note from your employer, supervisor or other written record verifying experience. You do not have to meet the experience prior to taking the examination if you have 15 hours or more of training. You may follow-up later with experience)

E. Educational Background – (as listed in the handbook – choose the one easiest to document)
(Please send a copy)

Applicants shall satisfy ONE of the following background/educational requirements:

- a. 4 year degree from an accredited institution,
OR –
- b. Medically related degree or credentials such as RN, CBET, RRT, CST, PA etc.
OR -
- c. 2 year AS degree or high school diploma AND substantial experience in laser safety and/or operation,

F. Hours of training at formal Laser Safety and/or Medical/Aesthetic Laser Courses: _____ hours.

(as listed in in the handbook – 15 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)

G. 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@lasercertification.org

Credit Card Payment:

Name on the Card: _____

- Visa MasterCard American Express Discover

Card #: _____ Expiration Date: _____

Card Holders Signature: _____ 3 Digit code on back: _____

- * Fees:
- Application Fee - \$50, plus:
 - Testing Fee - 1st time fee for CLSO/M: \$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 and regulations. 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 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.

H. Applicants Signature (REQUIRED): _____

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