



## **NCLC LASER CERTIFICATION APPLICATION FORM**

# Incremental Examination for Certified Aesthetic Laser Operator (CLO/A)

This is available ONLY to those who already hold an NCLC Certification of CERTIFIED LASER HAIR REMOVAL SPECIALIST (or Supervisor). It is an incremental test of 25 questions.

**NOTE:** Since content from both the Hair Removal Exam, and Aesthetic Laser exam will have been covered at the completion of this incremental exam, then your resulting Certification Certificate that will be issued will include BOTH CLO/A AND CLHRS.

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 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.

*\* 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.): \_\_\_\_\_

**WE WILL NEED TO CONFIRM THAT YOU ALREADY HOLD A CURRENT CLHRS CERTIFICATION**

(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. Hours of training at formal Laser Safety and/or Medical/Aesthetic Laser Courses: \_\_\_\_\_ hours.

SINCE YOU ALREADY HOLD A LASER HAIR REMOVAL CERTIFICATION, that accounts for 16 hours, but you must show evidence of the additional 8 hours of training that was not in your originally submitted 16 hours. If your original application for the Hair Removal Certification had 24 hours or more submitted with it, then just write that in above, and we'll verify it by pulling your record.

(as listed in requirement 4 in the handbook – 24 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)

C. 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](mailto:info@lascertification.org)

**Credit Card Payment:**

**PLEASE GO TO OUR WEBSITE AND CLICK THE “PAYMENTS” LINK, FOR SECURE ONLINE PAYMENT**

In the Remarks section of that online payment form just indicate who you are and what the payment is for and we'll associate it with this application form. You can then just scan and email back this application if you like.

\* Fees:                      Incremental Exam – \$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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National Council on Laser Certification™

3142 Broadway, Ste 200, Grove City, OH 43123

Tel: 305.407.8901, Fax: 305.946.0232, E-mail: [Info@LaserCertification.org](mailto:Info@LaserCertification.org), Website: [www.LaserCertification.org](http://www.LaserCertification.org)