



National Council on Laser Certification

3142 Broadway, Suite 200, Grove City, OH 43123

614.407.8901 www.LaserCertification.org

Certification Renewal Worksheet

Please refer to the Certification Handbook for Renewal Instructions & Requirements

NAME _____

Last

First

Middle

If there is a name change from the last name on file with the NCLC, please provide the previous name below:

PREVIOUS NAME: _____

CURRENT MAILING ADDRESS, EMAIL & PHONE (Please print clearly)

Street _____ City _____ State ____ Zip _____

Province _____ Country _____

Email: _____ Phone _____

TYPE of Laser Certification being renewed: Please check all that apply (\$95 per renewal)

- CLSO/M Certified Medical Laser Safety Officer
- CLO/A Certified Aesthetic Laser Operator
- CLHRS Certified Laser Hair Removal Specialist
- CLHR Supervisor Certified Laser Hair Removal Supervisor
- CLRT Certified Laser Repair Technician

RENEWAL YEAR for this application: _____ (Year that you are submitting this)

(Note - The NCLC is just initiating the April renewal dates, so current applicants may submit their renewal through April of 2019 without penalty, even if they have not previously renewed the Certification. The continued competency requirement would apply just to the last 3 years)

Certification renewal worksheets and the \$95 recertification fee are due by April 30th of the year immediately following the end of the 3 year cycle. Failure to recertify by April 30th will result in "inactive status". To restore status, file the renewal worksheet accompanied with the recertification fee and a late fee of \$50. Late renewals will be accepted until Dec 31st of the year in which the renewal is due (after the April 30th deadline), after which it will be necessary to retake the exam to become active again.

Individuals who were credentialed prior to April 1, 2004 are not required to participate in the continued competency education requirements for recertification, but may do so voluntarily. They still must submit their renewal application with the appropriate fees. (Some States may require participation in the continued competency for licensing whether or not you were originally certified prior to 2004.)

A person who is NOT certified, or who has become INACTIVE due to nonpayment of dues or not meeting renewal requirements may NOT use the Laser Certification designations of the NCLC. Violators will be prosecuted.

When you originally signed your NCLC application for Certification, you agreed to read the Certification Handbook and comply with all policies and regulations, acknowledged that an NCLC Certification does not constitute a license to practice medicine or therapeutic laser procedures, and agreed to indemnify and hold harmless the NCLC, the Council Board and all agents from any and all liability arising from or associated with your NCLC Laser Certification. You agree that if your certification has expired or is revoked, you may NOT represent yourself as Certified by the NCLC nor display the logo or Certificates. Should you violate this policy you agree to pay liquidated damages of attorney fees and travel expenses in enforcing this provision. Each time you recertify you hereby reaffirm these

declarations made on your application or otherwise stated here, and the most current version of the Certification Handbook applies here.

CERTIFICATION APPLICANT SIGNATURE:

Date: _____

Payment Method (circle one): Check enclosed, VISA, Mastercard, Discover, AMEX

Credit Card Number _____ CSC # * _____

(*3-digit number on back of VIS, MC and DISCOVER or 4 digit number on front of AMEX)

Please PRINT name of cardholder:

Expiration Date: _____

Cardholder Signature:

Please read the Certification Handbook at www.LaserCertification.org for more details and discussion of options in meeting the Continuing Competency requirements..

Please select your option in meeting Continuing Competency for this Certification renewal:

___1. Provide proof of completion of a minimum of 24 hours of accredited Continuing Education (CE) acceptable to the NCLC within the previous 3 years. (Note - this may be laser training or training in your own professional area (i.e. medical education, nursing education, biomedical training, etc) - see the discussion in the handbook).

___2. Retake the respective examination for the certification being renewed and achieve a passing score, or obtain a different NCLC Laser Certification which will renew your previous Certifications to the same date. Call or email to schedule an examination, or notify us that you have multiple certifications so that we may synchronize the renewal dates.

___3. Obtain a letter from the applicant's Medical Director (MD, DO, DPM, DVM, DDS) indicating that they have been working under supervision and ongoing training during this period, which will meet this continued competency requirement. (The Medical Director's statement is attached here, if you choose this option).

PLEASE SUBMIT THE DOCUMENTATION TO SUPPORT THE OPTION YOU LISTED ABOVE. These will be primarily copies of accredited Certificates of Training, a copy of your newer NCLC Certification, or the signed Medical Director's statement. You may return this application via mail to NCLC, 3142 Broadway, Suite 200, Grove City OH 43123. USA, or email to info@LaserCertification.org, or fax to 305.946.0232.

COMMENTS: - Please provide any clarifying comments regarding your application.



MEDICAL DIRECTOR'S STATEMENT OF CONTINUED COMPETENCY

National Council on Laser Certification (NCLC)
Renewal of Laser Certification
www.LaserCertification.org

CERTIFICATION RENEWAL APPLICANT'S NAME:

MEDICAL DIRECTOR'S NAME AND PRIMARY STATE OF LICENSING:

Printed Name _____

Professional Credential: (i.e., MD, DO, DVM, DPM, DDS, et al) _____

Primary State of Medical License: _____

As the Medical Director for the aforementioned applicant, I hereby attest that they have been working under my supervision during this last 3 year period for renewal, and have been undergoing routine continuing education in either laser/IPL and/or their professional area of practice, that will meet or exceed the 24 hours over 3 years requirement of the NCLC for recertification. They have been under my supervision from (Month/Year) _____ to _____.

(Note - if they have NOT been working under the same medical supervision for the entire 3 years, the applicant may submit multiple medical director's statements that cover the 3 year period)

Signature:

Date: _____

Medical Director's address and phone for questions or verification related to this application:

Street _____ City _____

State _____ Zip _____ Province _____ Country _____

Phone _____

Email (optional) _____