



National Council on Laser Certification (NCLC)

Laser Hair Removal Specialist

Clinical Case Submission Form v2402

(10 supervised & 10 indirect supervision for Hair Removal Certification)

(or 100 cases total for Advanced Certification of Laser Hair Removal Supervisor)

APPLICANT'S NAME: (Print) _____ **Date:** _____

These cases are submitted by the applicant and verified by the listed Supervisor. They are submitted TO the NCLC but DO NOT ORIGINATE from the NCLC. Verification of an individual's laser certification should be made solely on the issued certification, and not of these supportive case logs. Any additional verification of these case logs that are required should be verified by the applicant and the Supervisor – not the NCLC. If the NCLC issues a Certification, then that is evidence that we accepted these case logs.

(Page 1 of 3 - Please see instructions on the third page. You may add explanatory notes as attachments if needed. Copy this page for additional cases if needed) 10 Cases.

#	Date	Device	Tx #	Client ID	Skin type	Hair Color	Body Area	J/cm2	In-Motion or Stamping Technique	Notes on observations or reactions. Supv initials.
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Cases Supervised by: Name & title of supervisor: (Clearly Print) _____

Signature: _____ **Date Signed** _____

Email: (Clearly Print) _____

Best Contact Phone Number: _____

Address: _____ **City** _____ **State/Province** _____

Zip/Postal Code _____ **Country** _____

Return to: NCLC, PO Box 997, Grove City, OH 43123, USA or fax: 01.305.946.0232, or email: info@lascertification.org

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Page 2 Laser Hair Removal Specialist Case Log. Copy these case logs and submit additional pages if needed. 10 Cases:

#	Date	Device	Tx #	Client ID	Skin type	Hair Color	Body Area	J/cm2	In-Motion or Stamping Technique	Notes on observations or reactions
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Were these cases Directly or Indirectly Supervised per the instructions? ___ Indirectly ___ Directly ___ Not Supervised
(The "not supervised" is only for those submitting cases in excess of the 20 for the "hair removal supervisor" certification)

Is the Supervisor (direct or indirect) the same person as listed for cases 1-10? ___ Yes ___ No

If not then please list the contact information for the additional supervisor below: (not applicable if not supervised)

INSTRUCTIONS – Laser Hair Removal Specialist (CLHRS) – Case Submission form.

If you are applying for the Certification for the State of Texas USA, and you already have that State's license (their certification), then we will accept a copy of that in lieu of you completing this caseload worksheet (since Texas already requires more than this).

(NOTE: If you are applying from Texas, USA, then you must FIRST meet that State's requirement as a Senior technician PRIOR to taking the NCLC Certification exams. They won't accept the NCLC Certification unless you do it in that sequence.)

Please refer to the Certification Handbook for specific requirements. In general the CLHRS requires submission of 10 directly supervised, and 10 indirectly supervised cases. Laser Hair Removal Supervisors may also use this form to submit an additional 80 cases (100 total).

Date – of the treatments

Device – list what type device was used (not make or model of the equipment) such as Laser Type, or IPL. (ie: Nd:yag, Diode, Alex, etc.)

At least 10 cases must be done with one type of laser or device (such as Alexandrite). These devices would include:

(YAG) Nd:Yag Laser – 1064nm

(ALEX) Alexandrite Laser – 755nm

(DIODE) Diode laser – 810nm

(Multi-DIODE) Diode laser with more than 1 wavelength – ie 1064nm, 755nm, 810nm

(RUBY) Ruby laser – 694nm

(IPL) any type Intense Pulsed Light Device

Tx # - Treatment Number. Which treatment in the series was it? 1st? Third? Etc.

Client ID – Any way you wish to identify that specific client. It can be their name or an I.D. number that you may use in your practice

Skin Type: I-VI

Hair Color – self explanatory

Area Treated – which area of the body was treated during this treatment?

J/cm² – Radiant Exposure – Treatment Settings used in this session

(If using in-motion techniques then you can just list the total energy delivered to what size area, OR temperatures measured, as appropriate)

In-Motion or Stamping Technique – Stamping is pulse by pulse laid side by side. In-motion is rapid firing of the device while the handpiece is continuously moved

Notes – Please list any observations you many have made, including any observations of tissue effect or adverse reactions. **If this is one of the 10 supervised cases then the supervisor should initial each of those cases.**

Supervisor – At the bottom of the sheet please print the name and title of the person supervising the cases, and their specific contact information for verification of the cases. If more than one supervisor please list all or attach list. You may also include any separate attachments or notes you believe is useful in reviewing these cases.

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www.LaserCertification.org