

DATE:

NCLC LASER CERTIFICATION APPLICATION FORM

Certified Aesthetic Laser Operator (CLO/A)

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 or secured online testing 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

A. Personal Info (Name	as you would like it printe	ed on the	Certificat	tion Certificate	e)	
Name (First, MI, Last, any c	redential – i.e. R.N.):					
Sponsoring Business (if any) – If your employer is pay	ying for tl	ne trainin	g or exam, ple	ease list their	correct name here:
(Address where corresponde	ence, test results, certificat	es & rene	wal notic	ces will be sen	it: Home	Office/Work
Address:					4	Apt or Suite No
City:		State:	Zip	:	Birth Date:	
Province/Country (if outside	e the USA)					
License Number (if applical	ble):		Daytime	Telephone: (_)	
Email Address: (Required for	or notification of eligibility	y):				
B. Do you hold other NCLC	Laser Certifications?	NO	YES	If so, what?		
NOTE: If you already hold	an NCLC Laser Hair Ren					

NOTE: If you already hold an NCLC Laser Hair Removal Certification, and you are requesting just the Incremental 25 question exam for Aesthetic Laser Operator for \$100, PLEASE DO NOT USE THIS FORM. Download the form for the Incremental Exam from the website and use that application form instead. It's simplified.

<u>C. Is this a retest, where the lower fee applies?</u> NO YES

<u>D. Length of experience</u> in the field (1 year required, not necessarily laser)
OR – Number of Cases being submitted for review (20 required)
(You should fax or email the NCLC "Case Log" to submit your cases. Use the Case log form available on our website. You do not have to meet the experience or case numbers prior to taking the examination if you have 24 hours or more of training. You may follow-up later with experience or case
submissions. Read the Certification Handbook)
<u>E. Educational Background</u> – (as listed in requirement 3 in the handbook – choose the one easiest to document) (Please send a copy of documentation)
Dermatology Nurse Assoc. Certification
2 year ASc degree, or high school diploma AND experience in laser safety and/or operation, or in dermatological or plastic surgery health care services, that otherwise exceeds the requirements listed here.
4 Year Bachelor's Degree
Medically related degree or credential - i.e. MD, RN, CST, PA, Certified Aesthetician, Electrologist, etc.
Hold a Laser Hair Removal Certification from either the NCLE or SCMHR (Society for Clinical and Medical Hair Removal).
F. Hours of training at formal Laser Safety and/or Medical/Aesthetic Laser Courses: hours.
(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)
G. Payment Method – check one:
_ Check (attached) _ Credit Card (below) _ Purchase Order # _ Other (credits from courses or other arrangements – must be verified)
_ outer (creates nom courses of outer arrangements – must be vermed)
<u>Checks are made payable to:</u> National Council on Laser Certification, 3142 Broadway, Ste 200, Grove City, OH 43123 Fax: 305-946-0232, E-mail: info@lasercertification.org
$I \alpha \Lambda, J \nu J^{-} J^{+} \nu^{-} \nu Z J Z, L^{-} III \alpha II, III \nu (\omega) \alpha \delta \nu (\nu) (III) \nu \alpha I \nu I) \nu Z$

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: Application Fee - \$50, plus: Testing Fee - 1st time fee for CLO/A: \$245 (\$295 Total) Retesting fee - all exams: \$120

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):

National Council on Laser Certification[™] 3142 Broadway, Ste 200, Grove City, OH 43123 Tel: 305.407.8901, Fax: 305.946.0232, E-mail: <u>Info@LaserCertification.org</u>, Website: <u>www.LaserCertification.org</u>

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