



## **NCLE LASER CERTIFICATION APPLICATION FORM**

### **Certified Laser Assistant (Medical/Surgical)**

Note: Candidate Qualifications for Laser Certifications are detailed in the NCLE Candidate Handbook along with examination procedures. Please read this before completing an application to ensure your eligibility. For clarification of any requirement please contact Professional Medical Education Assn. at 614-883-1739 or info@LaserTraining.org. Ineligible applications will be returned less a \$50 processing fee. Within approximately 2 weeks of receipt by the NCLE 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. 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. When you take the exam you will be notified of your score and pass/fail status prior to leaving the facility. Upon successful completion you will receive your documents of Laser Certification within approximately 3 weeks from NCLE. See the handbook for more specifics.

*\* Please Note that when attending selected training courses of Professional Medical Education Assn or NCLE 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 NCLE Laser Certifications?**     NO     YES    If so, what? \_\_\_\_\_

*If you already hold an NCLE/IALA Laser Hair Removal Certification you qualify to take the incremental 25 question exam at a lower fee in lieu of the full 125 question exam at the regular fee.*

**C. Is this a retest, where the lower fee applies?**     NO     YES

