



NCLE LASER TECHNOLOGY CERTIFICATIONS: APPLICATION FORM

Note: This application form is for specific Laser Technology Certifications on laser equipment, attachments and accessories. If you are instead applying for a Laser Safety Officer or Laser Operator or Assistant Certification (Surgical Assistant, Aesthetic Operator, Laser Hair Removal), then please use the separate applications for those Certifications.

Candidate Qualifications for Laser Certifications are detailed in the NCLE Candidate Handbook at www.LaserCertification.org along with examination procedures. For clarification of any requirement please contact Professional Medical Education Assn. at 800-435-3131 or info@LaserTraining.org.

PLEASE TYPE OR PRINT LEGIBLY

DATE: _____

A. Personal Info

Last Name: _____ First Name: _____ Middle Initial: _____

(Address where correspondence, replacement certificates, etc would be sent)

Address: _____ Dept, Apt, or Suite No. _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Daytime Telephone: (____) _____

Email Address: _____ (for Certification Standards Updates)

For Physicians: Credential (i.e. M.D., D.O.) _____ Primary State licensed to Practice _____

For Nurses: Credential (i.e. R.N., A.N.P.) _____ Primary State licensed to Practice _____

For Technologists/Technicians/Assistants: Credential (i.e. M.A., C.S.T.) _____

B. Please write the name of the Technology Certification Examination for which you are applying. (or Mfg or device name)

C. Please indicate the training course and number of hours of training acquired, for eligibility for the Certification exam:

Course Name (or manufacturer): _____

Date: _____ **City/State:** _____

Hours of training: _____

I acknowledge that this Laser Technology Certification is a voluntary professional credential which is an indication of academic achievement and training in this area. I certify that the information I have supplied in this application is true and correct. I affirm that the NCLE 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 NCLE, its parent organization Professional Medical Education Assn. inc., and the Council Board and agents, from any actions relating to this Technology Certification.

Applicants Signature: _____