



## **NCLE LASER CERTIFICATIONS APPLICATION FORM**

- CERTIFIED LASER SAFETY OFFICER / MEDICAL (CLSO/M)
- CERTIFIED LASER REPAIR TECHNICIAN (CLRT)
- CERTIFIED LASER OPERATOR:     / SURGICAL (CLO/S)  
  / OPHTHALMIC (CLO/O)  
  / AESTHETIC (CLO/A)  
  / HAIR REMOVAL (CLO/H)  
  / VETERINARY (CLO/V)

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 305-289-9056 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 120+ centers nationwide in the U.S. 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 TYPE OR PRINT LEGIBLY**

**DATE:** \_\_\_\_\_

**A. Personal Info**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

(Address where correspondence, certificates & renewal notices will be sent :)

Address: \_\_\_\_\_ Apt or Suite No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: (Required for notification of eligibility): \_\_\_\_\_

**B. Please check the Certification Examination for which you are applying.**

- |  |  |
|--|--|
| <input type="checkbox"/> CLSO/M – Certified Laser Safety Officer / Medical | <input type="checkbox"/> CLO/O – Certified Laser Operator / Ophthalmic   |
| <input type="checkbox"/> CLRT – Certified Laser Repair Technician          | <input type="checkbox"/> CLO/H – Certified Laser Operator / Hair Removal |
| <input type="checkbox"/> CLO/S – Certified Laser Operator / Surgical       | <input type="checkbox"/> CLO/V – Certified Laser Operator / Veterinary   |
| <input type="checkbox"/> CLO/A – Certified Laser Operator / Aesthetic      |  |

**C. Is this a re-test for this examination?**      NO    YES (fees are discounted for retests)

**D. Do you hold other NCLE Laser Certifications?**    NO    YES If so, what? \_\_\_\_\_

**E. Length of experience** in the field, as noted in eligibility requirement #2 in the handbook? \_\_\_\_\_  
(You should fax or mail a note from your employer, supervisor or other written record verifying this)

