



National Council on Laser Excellence™

www.LaserCertification.org



Joint Certification of:
International Aesthetic & Laser Association
National Council on Laser Excellence

NCLE LASER CERTIFICATION APPLICATION FORM

Certified Laser Hair Removal Provider

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

D. Number of Cases being submitted for review (20 required) _____

(You should fax or mail a note from your employer, supervisor or other written record verifying cases. 10 cases are to be under direct supervision and the remainder under indirect supervision. You do not have to submit the cases prior to taking the examination if you have 16 hours or more of training. You may follow-up later with case submissions)

An Advanced Certification of “Laser Hair Removal Supervisor” is available to those who subsequently submit an additional 80 cases of unsupervised hair removal treatments, for a total of 100 treatments.

____ I am submitting these additional cases for the Advanced Certification at this time

E. Hours of training at formal Laser Safety and/or Medical/Aesthetic Laser Courses: _____ hours.

(as listed in requirement 2 in the handbook – 16 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 NCLE test is administered may omit this – we’ll already have it on file)

*NOTE – Those who successfully obtain the CLHRP Certification, and upon the completion of an additional 8 hours of training, may take the incremental 25 question Certification Examination for Certified Laser Operator – Aesthetic.

F. Payment Method – check one:

- Check (attached) Credit Card (below) Purchase Order # _____
- Other (credits from courses or other arrangements – must be verified) _____

Checks are made payable to: **National Council on Laser Excellence**, PO Box 997, Grove City, OH 43123
Fax: 614-455-9947, E-mail: info@lasercertification.org

Credit Card Payment:

Name on the Card: _____

- Visa MasterCard American Express Discover

Card #: _____ Expiration Date: _____

Card Holders Signature: _____ 3 Digit code on back: _____

- * Fees:
- Application Fee - \$50, plus:
 - Testing Fee - 1st time fee for CLHRP: \$185
 - Retesting fee – all exams: \$100

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 NCLE Candidate Handbook, and understand and agree to all NCLE policies. Any decisions made by the NCLE will be final. The information I have supplied in this application is true and correct. I authorize the NCLE and its agents to make any inquiries necessary to validate my eligibility for certification. 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.

G. Applicants Signature (REQUIRED): _____ V0904

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