

National Council on Laser CertificationTM

www.LaserCertification.org

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 those of NCLC Associates or Affiliates, that you may complete your application through them and have them coordinate that with us.

PLEASE TYPE OR PRINT LEGIBLY			DATE:			
A. Personal Info	(Name as you would li	ke it printed on	he Certification	Certificate)		
Name (First, MI, La	ast, any credential – i.e. R	R.N.):				
Sponsoring Busines	ss (if any) – If your emplo	oyer is paying fo	r the training or	exam, please list the	ir correct name here:	
(Address where cor	respondence, test results,	certificates & re	newal notices w	ill be sent: Home _	Office/Work	
Address:					_Apt or Suite No	
City:		State	Zip:	Birth Date	e:	
Province/Country (i	if outside the USA)					
License Number (if	`applicable):		_ Daytime Teler	ohone: ()		
Email Address: (Re	equired for notification of	eligibility):				
B. Do you hold oth	er NCLC Laser Certific	cations? N	O YES If	so, what?	· .	
C. Is this a retest, v	where the lower fee appl	lies? NO	YES			

D. Length of experience 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)				
E. Educational Background – (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: (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)				
Checks are made payable to: National Council on Laser Certification, 3142 Broadway, Ste 200, Grove City, OH 43123 Fax: 305-946-0232, E-mail: info@lasercertification.org				
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):

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National Council on Laser CertificationTM 3142 Broadway, Ste 200, Grove City, OH 43123

Tel: 305.407.8901, Fax: 305.946.0232, E-mail: Info@LaserCertification.org, Website: www.LaserCertification.org