National Council on Laser Certification™
www.LaserCertification.org

NCLC LASER CERTIFICATION APPLICATION FORM

Certified Laser Repair Technician (CLRT)

Note: Candidate Qualifications for Laser Certifications are detailed in the NCLC Candidate 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. 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 2 weeks from NCLC. See the handbook for more specifics.

** Please Note that when attending selected training courses of Professional Medical Education Assn or NCLC affiliated programs, that exams may 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 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: _____

Province/Country (if outside the USA) _____

License Number (if applicable): _____ Daytime Telephone: (____)_____

Email Address: (Required for notification of eligibility): _____

B. Do you hold other NCLC Laser Certifications? _ NO _ YES If so, what? _____

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

D. Length of experience in the field (2 years required) _____

(You should fax or mail a note from your employer, supervisor or other written record verifying time of experience. You do not have to meet the experience requirement prior to taking the examination if you have 40 hours or more of training. You may follow-up later with verification of experience to convert to full Certification from Certification Candidate)

E. Educational Background – (as listed in requirement 3 in the handbook – choose the one easiest to document)
(Circle One. Please send a copy of substantiating documentation)

a. An Associate or higher degree in a Technology Discipline (i.e., electronics, laser, biomedical, etc.),
OR –
b. Electronics Technology with Military or OJT experience,
OR –
c. CBET or other ICC or technical certification,
OR –
d. some combination of all of the above, indicating substantial background

F. Hours of training at formal Laser Safety and/or Technical Courses: _____ hours.
(as listed in requirement 4 in the handbook – 40 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: 305-407-8901, 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: Testing Fee - 1st time fee for CLRT: $295. Includes the $50 application fee.
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. 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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