

SUPERVISING HEALTH PROFESSIONAL LETTER OF APPROVAL

As Medical Director of _____, I, _____, certify that
(Name of Facility) (Print Name of Medical Director)

_____ is an Arizona Radiation Regulatory Agency certified supervising
(Print Name of Supervising Health Professional)

laser technician and was the hands-on instructor and present in the room during

_____ 's 24 hours of hands-on laser and/or IPL hair reduction training and
(Print Name of Laser Trainee)

has performed a minimum of 10 treatments. I have verified that _____ has
(Print Name of Laser Trainee)

completed the training and supervision per A.R.S. §§32-516 and/or 32-3233.

I also certify that that _____ is an Arizona Radiation Regulatory Agency
(Print Name of Supervising Health Professional)

certified supervising laser technician and was the hands-on instructor and present in the room

during _____ 's 24 hours of hands-on laser and/or IPL training and
(Print Name of Laser Trainee)

performed in a minimum of 10 treatments of the below listed modalities. I have verified that

_____ has completed the additional training and supervision per A.R.S.
(Print Name of Laser Trainee)

§32-516 and/or §32-3233.

ONLY CHECK THE MODALITIES/PROCEDURES YOU ARE APPLYING FOR

MODALITY/PROCEDURE

- Hair Reduction
- Spider Vein Reduction
- Skin Rejuvenation
- Non-Ablative Skin Resurfacing
- Skin Tightening
- Wrinkle Reduction
- Telangiectasias

MODALITY/PROCEDURE

- Laser Peel
- Acquired Adult Hemangiomas
- Facial Erythema
- Acne Scar Reduction
- Solar Lentigos Reduction (Age Spots)
- Ephelis Reduction (Freckles)
- Photofacial
- Other: _____

Signature of Supervising Health Professional

Date

Print Name of Medical Director

Signature of Medical Director

Date