HEALTH LICENSING OFFICE
Board of Certified Advanced Estheticians
1430 Tandem Ave. NE, Suite 180, Salem OR 97301
Phone: 503-378-8667 | Fax: 503-370-9004
healthoregon.org/hlo | Email: hlo.info@state.or.us

ADVANCED ESTHETICS CERTIFICATE OF TRAINING

(Use this form when applying for a Temporary certification)

Name of Applicant:			
Name of Supervisor:	Supervisor License/Certificate Number:		
Name of facility where supervision was received:			
Facility Address:			
City:	State:	Zip:	Phone:

This certification covers the training dates from: _____ to: _____

Category of Training: Theory Instruction (***must include the following***)	**Hours Required**	**Hours Completed**
Laser: Physics and biological effects, dosimetry and beam parameters, component of the laser system, delivery devices and instruments, and overview of clinical applications. **Administrative controls:** Laser committee, role of the LSO, DLSO, LSSC, development of policies and procedures, documentation methods, regulations, standards and recommended professional practices, certification criteria and skills validation **Procedural controls:** controlled access, eye protection, reflection hazards, flammability hazards and draping, electrical safety, management of plume, and equipment testing, aligning and troubleshooting.	**40**	
TOTAL HOURS OF THEORY INSTRUCTION:	**40**	

Category of Training: Practical Experience (***must include the following***) 10 hours under direct supervision assisting the supervisor, and 14 hours of indirect supervision performing each modality listed in ORS 676.630(1)(a) through (g), and as listed in Category of Training: Practical Experience below.	Assisted supervisor	Performed under supervision	
Skin Rejuvenation	10	14	
Photo Rejuvenation	10	14	
Body Contouring	10	14	
Dyschromia Reduction	10	14	
Cellulite Reduction	10	14	
Hair Removal or Reduction	10	14	
Nonablative Tattoo Removal	10	14	
TOTAL HOURS OF PRACTICAL EXPERIENCE:	**70**	**+ 98**	
TOTAL HOURS OF TRAINING:	**208**		

Affirmation of Education and Practical Experience

By signing below, I affirm that the required education and practical experience indicated above has been received by the above named Certified Advanced Esthetician applicant, in accordance with Oregon Laws 2015, chapter 722, Section 8, and all education, training, and supervision provisions contained within Oregon Administrative Rules, and that the information listed on this training verification is true and accurate.

Signature of Supervisor Date

Signature of Applicant Date

THIS DOCUMENTATION MUST BE MAINTAINED FOR A MINUMUM OF TWO YEARS