HEALTH LICENSING OFFICE
Board of Certified Advanced Estheticians
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ADVANCED ESTHETICS 500 HOUR LASER OPERATOR WORK EXPERIENCE CERTIFICATION

(Use this form when applying for a Temporary certification)

Applicant Name (please print):

Oregon Laws 2015, chapter 722, Section 8, provides -Notwithstanding the requirements listed in section 3 (1)(c) of this 2015 Act [676.640 (1)(c)], the Health Licensing Office shall, until January 1, 2018, issue a certificate to practice advanced nonablative esthetics procedures to an applicant who, in lieu of those requirements: (1) Provides proof to the office of having been employed for not less than 500 hours as a laser operator under the supervision of a health care professional whose scope of practice includes the practice of advanced nonablative esthetics procedures.

NOTE: If you had more than one supervisor that made up the 500 total hours required, then you must complete this form for each of the supervisors that provided training.

1. Employer Information

Name of Employer Where Training Was Received:

Employer Physical Business Address:

City:	State:	Zip:

2. Supervisor Information

Name of Applicant's Supervisor:

Supervisor's Health Care Professional Credential/License #:

Supervisor's Contact Numbers: ☐ Business ☐ Cell ☐ Other

3. Applicant Laser Operator Employment Dates and Total Hours

Laser Operator Employ Start Date: Laser Operator Employ End Date: Total Laser Operator Hours:

4. Supervisor Verification of Training

As a qualified Health Care Professional, in the practice of advanced nonablative esthetics procedures, I certify by signing below that the above named applicant, under my supervision, successfully completed and satisfactorily performed the laser operator work experience hours indicated above.

➲ ***Supervisor Signature:*** ***Date:***

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