

# IPL & LASER SAFETY CERTIFICATE COURSE



Australian Institute  
of Laser Therapy

## All details MUST be completed

First Name  
SURNAME  
Date of birth  
Business Address  
  
Home Address  
  
Phone  
Fax  
Email  
Institution/ Company

## COURSE APPLICATION FORM

**DATE: 2012**  
**MONDAY MAY 14th**

**To Be Held At :**

**TOK Corporate Centre  
Level 1 - 459 Toorak rd  
Toorak VIC 3142  
Tel: 1300 887 344**

**Email: info@ailt.com.au**

## CLASSROOM STUDY :

**MONDAY MAY 14<sup>th</sup> 2012 10am-6pm**

## **ONE DAY INTENSIVE COURSE & OPEN BOOK EXAM**

**Approved by** - Department of Radiation Health and Western Australian Radiological Council  
- Queensland Radiation Health Department

### **Aims of this course:**

The IPL & Laser Safety certificate Course aims to provide comprehensive for the safe use of laser and intense pulsed light apparatus (IPL) in the clinical environment, including demonstrations and maintenance of these devices and the underpinning laser science.

This course complements existing competences already gained by clinical practitioners, manufacturers, repairers and demonstrators involved in Laser and non laser Intense Pulsed Light (IPL) technology.

### **Course entry requirements:**

Highly recommended for practitioners considering to expand their clinical services with laser or IPL technology or anyone working within a laser or IPL facility.

Persons using Laser and IPL equipment or employed to demonstrate, install and repair these devices may require a license to do so. This course meets the requirements for course applicants to be designated the title of Laser Safety Supervisor and be issued with a laser safety certificate, recognised by relevant Australian Radiation Health authorities and may be a prerequisite when applying for professional indemnity insurance.

**Assessment via OPEN BOOK EXAMINATION**

*N.B. If students cannot attend on the day they will be enrolled in the next available date for the same study unit.*

*Fees are non-refundable ( see Enrolment Details section on this page for more information)*

*Class size is restricted to maximise interactive discussion*

*Special needs: do you have any medical condition, disability or special needs that may affect your ability to complete this course? Please specify in writing below:*

**METHOD OF PAYMENT** please tick **Fax to 03) 9804 3908**

**CREDIT CARD**  **CHEQUE NO**  \_\_\_\_\_

**COURSE FEE** **\$680**

NAME OF CARDHOLDER \_\_\_\_\_

CREDIT CARD NO \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Fees must accompany this form to confirm your place**

**CHEQUE PAYMENTS mail your application form and cheque to PO Box 8364 Armadale VIC 3143**