

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 APRIL 2nd

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 April 2nd 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