

Texas Laser Institute

Association of Laser Professionals

TLI-ALP LASER CERTIFICATION APPLICATION

PROFESSIONAL LASER HAIR REMOVAL TECHNICIAN

Examination Candidate

Please provide information as you would like it to appear on official certificates as well as your contact information for receipt of printed certificate. State agencies may require a list of successful candidates.

Name: _____ Date: _____

Mailing Address: _____

Daytime Phone Number: _____ Cellular: _____

E-Mail Address: _____ Date of Birth: _____

Employer or sponsoring company: _____

Educational Background

Highest Educational Level Attainment:

High School Associate's Degree Bachelor's Degree Masters MD/JD/Ph.D.

Hours of training at a formal laser training facility:

_____ Hours. Please submit a copy of your Certificates of Attendance or Completion or a signed personal statement attesting that such training was received. Texas candidates must have at least 40 hours of training.

Please select the testing date and location that you are registering for:

- Houston, Texas → September 29th – 30th, 2011
 Dallas, Texas → October 1st – 2nd, 2011
 San Antonio, Texas → October 13th - 14th, 2011
 Austin, Texas → October 15th – 16th, 2011

Tuition & Examination Cost:

\$200.00 (TLI-ALP Member or joining at this time. Includes all materials, examination, and first year of membership.)

\$225.00 (Non-member, and not wishing to join at this time. Includes materials and examination.)

Credit Card Payment: Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____ CVC Code: _____

Name on Card: _____ Signature: _____

Or check made payable to the Texas Laser Institute

By signing below, I certify that the information that I have provided is true and correct to the best of my knowledge. I affirm that the TLI-ALP has in no way represented this Certification as a clinical certification or as a license to practice medicine in any way, and hereby hold harmless and release from all liability the TLI - ALP, its related companies, Board Members and agents. I have read and agree to the terms on the Examination Site Notification Sheet.

Candidate's Signature