

LASER and IPL SCIENCE & LASERSAFETY CERTIFICATE COURSE

All details MUST be completed

FIRST NAME: _____ SURNAME: _____

Date of birth: _____

POSTAL ADDRESS: _____

Phone: _____

Email: _____

Professional Qualification

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

ENROLMENT FORM

HEAD OFFICE

TOK Corporate Centre
Level 1 - 459 Toorak Rd
TOORAK VIC 3142

Tel: 1300 887 344

Email: info@ailt.com.au

Distance Theoretical Course and Open-Book Written Exam

Laser & IPL Science and Safety Certificate is issued on successful completion of exam

Aims of this course:

To inform and evaluate knowledge gained from this course as a pre-requisite to establishing, a medical or cosmetic laser/IPL clinic and to provide employed staff that will perform laser or IPL treatments with the essential underpinning science of laser and non- laser phototherapy, and the critical factors that govern successful treatment application and safe use of such devices.

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

Persons using Laser and IPL equipment or employed to demonstrate, install and repair these devices may require a LICENCE to do so in some states of Australia

This course has been approved by Australian Radiation Health Authorities as a pre-requisite before issuing a Laser User Licence and for gaining professional indemnity /malpractice insurance by insurance providers.

COURSE CONTENT:

- Phototherapy Principles and Laser Science
- Tissue Interactions of Thermal Laser and IPL Treatments
- Biological and Biochemical Effects of Laser Photobiomodulation
- Efficient Treatment Principles for Photothermal Laser and IPL Treatment
- Comply with Australian Standards for Safe Operation of Laser and IPL



Australian Institute
of Laser Therapy

NAME OF CARDHOLDER _____

COURSE FEE \$690 non-refundable

CREDIT CARD Number _____

EXPIRY DATE _____ CCV Number _____

CARDHOLDER SIGNATURE _____

Scan & Return by Email to info@ailt.com.au OR Post to Head Office address stated on this Form