

CE REGISTRATION FORM
CUTANEOUS PHYSIOLOGY
Hormones and Skin Disease CEU 4

IAAHS# CPHSD

Section A

Name: (print clearly) _____

Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____

Email: _____

Type of License:

Esthetician _____ Cosmetologist _____ Medical Professional _____ Other _____

1) License # _____ State of Issuance _____

License Renewal Date _____

Required CE for Licensure _____ YES _____ NO

CE Hours Required _____ every _____ Year/s

2) License # _____ State of Issuance _____

License Renewal Date _____

Required CE for Licensure _____ YES _____ NO

CE Hours Required _____ every _____ Year/s

Section B

Course Evaluation

1) Was this course topic relevant to furthering your career in the esthetic or medical field?
_____ YES _____ NO

2) Did you find the material interesting? _____ YES _____ NO

3) Was the learning format an effective way to present the material? _____ YES _____ NO

4) Suggestions for future topics _____

Payments are to be made by credit or debit card, or through PayPal at iaahs.edu@gmail.com. Please email completed Registration Form and Test Answers to iaahs.edu@gmail.com. CE credit and Certificate will not be issued until Registration Form, Test Answers, and payment has been received. Certificate will be emailed within 2-4 weeks after receipt of completed Registration Form and Test Answers. For registration or inquiries call (828) 266-5668 or contact us through email at iaahs.edu@gmail.com.

Section C

REVIEW

Hormones and Skin Disease

Multiple Choice Answers

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

Initials _____