

CE REGISTRATION FORM

ADVANCED ESTHETICS

LAYERED PEELS CEU 8

AELP001

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, Copyright Disclosure and payment has been received. Certificate will be emailed within 2-4 weeks after receipt of completed Registration Form, Test Answers, and Copyright Disclosure. For registration or inquiries call (828) 266-5668 or contact us through email at iaahs.edu@gmail.com.

NAME _____

18. _____

REVIEW KEY
Module 1
Layered Peels

19. _____

20. _____

Multiple Choice Answers

21. _____

1. _____

22. _____

2. _____

23. _____

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REVIEW KEY
Module 2
Tissue Regeneration

20. _____

Multiple Choice Answers

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REVIEW
Module 3
Managing Skin
Conditions

Multiple Choice
Answers

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