CE REGISTRATION FORM
PHOTOTHERAPY IN DERMATOLOGY
LED, Laser, IPL   **CEU 9**   **AAPD001**

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

NAME _____

REVIEW
PHOTOTHERAPY IN DERMATOLOGY
LED, Laser, IPL

Module 1
Phototherapy Physics

Multiple Choice Answers

1. _____

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Module 2
Phototherapy in Dermatology

Multiple Choice Answers

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Module 3
Biophysics of Photodynamic Therapy

Multiple Choice Answers

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Module 4
Photodynamic Therapy in Dermatology

Multiple Choice Answers

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