

**CE REGISTRATION FORM**  
**PHOTOTHERAPY IN DERMATOLOGY**  
**Phototherapy Physics; LED, Laser, IPL**

CEU 2

COA# PD0001

**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**

**Multiple Choice Test Answers**

- |          |           |           |           |
|----------|-----------|-----------|-----------|
| 1. _____ | 7. _____  | 13. _____ | 19. _____ |
| 2. _____ | 8. _____  | 14. _____ | 20. _____ |
| 3. _____ | 9. _____  | 15. _____ |           |
| 4. _____ | 10. _____ | 16. _____ |           |
| 5. _____ | 11. _____ | 17. _____ |           |
| 6. _____ | 12. _____ | 18. _____ |           |

**Section C**

**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 \_\_\_\_\_

**Registration Fee: IAAHS current tuition fees are \$12.50 per CE unit. Payments are to be made by debit or credit card, or through PayPal at [iaahs.edu@gmail.com](mailto:iaahs.edu@gmail.com). Please send completed Registration Form to IAAHS c/o Linda Gulla P.O. Box 3261, Boone, NC 28607. CE credit and Certificate will not be issued until Registration Form and payment has been received. Please allow 2-4 weeks for processing. For registration or inquiries please call (828) 266-5668 or contact us by email at [iaahs.edu@gmail.com](mailto:iaahs.edu@gmail.com).**