

CE REGISTRATION FORM
PHOTOTHERAPY IN DERMATOLOGY
Photodynamic Therapy in Dermatology

CEU 2

COA# PD0004

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. _____ | 5. _____ | 9. _____ | 13. _____ |
| 2. _____ | 6. _____ | 10. _____ | 14. _____ |
| 3. _____ | 7. _____ | 11. _____ | 15. _____ |
| 4. _____ | 8. _____ | 12. _____ | |

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. 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.