

# CE REGISTRATION FORM

## SKIN DISEASES AND DISORDERS

Clinical Management of Sensitive Skin

CEU 6

COA# SDDSS0002

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### 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

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### Section B

#### Multiple Choice Test Answers

- |          |           |           |           |
|----------|-----------|-----------|-----------|
| 1. _____ | 8. _____  | 15. _____ | 22. _____ |
| 2. _____ | 9. _____  | 16. _____ | 23. _____ |
| 3. _____ | 10. _____ | 17. _____ | 24. _____ |
| 4. _____ | 11. _____ | 18. _____ | 25. _____ |
| 5. _____ | 12. _____ | 19. _____ |           |
| 6. _____ | 13. _____ | 20. _____ |           |
| 7. _____ | 14. _____ | 21. _____ |           |

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### 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 \_\_\_\_\_

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**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).**