

CE REGISTRATION FORM

CAUSES OF CUTANEOUS DISEASES AND DISORDERS

CEU 4

Provider ID# _____

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

Hours Required _____ every _____ Year/s

2) License # _____ State of Issuance _____

License Renewal Date _____ Required CE for Licensure _____ YES _____ NO

Hours Required _____ every _____ Year/s

Section B

Course Evaluation

1) Was this course topic relevant to furthering your career in the esthetic or medical esthetic 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.

NAME _____

Section C

Causes of Cutaneous Diseases and Disorders

Multiple Choice Answers

Module 1 Epidermal Function

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

Module 3 Immunity and Disease

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

12. _____

Module 2 Inflammation and Disease

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
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11. _____
12. _____
13. _____

Module 4 Digestive Health and Disease

1. _____
2. _____
3. _____
4. _____
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13. _____
14. _____

