

INTERNATIONAL ACADEMY OF AESTHETIC SCIENCES

REGISTRATION FORM

COURSE: Phototherapy in Dermatology & Functional Medicine CEU - 10 Hours

Section A

Name: (print name clearly) _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____

Email: _____

Referred by: _____

Type of License

Physician _____ Nurse Practitioner _____ Medical Professional _____ Esthetician _____

Master Esthetician _____ Cosmetologist _____ Other _____

1) License # _____ State/Country of Issuance _____

License Renewal Date _____

Required CME/CNE/CE for Relicensure _____ YES _____ NO

CME/CNE/CE Hours Required _____ every _____ Year/s

2) License # _____ State/Country of Issuance _____

License Renewal Date _____

Required CME/CNE/CE for Relicensure _____ YES _____ NO

CME/CNE/CE Hours Required _____ every _____ Year/s

Section B

Course Evaluation

1) Was this course topic relevant to your practice or practicing goals? _____ YES _____ NO

2) Did the material introduce applications relevant to optimal patient outcomes? _____ YES _____ NO

3) Was the learning format an effective way to present the material? _____ YES _____ NO

Learning format _____ LMS _____ Live _____ Virtual _____ Correspondence

4) What did you find most interesting or of importance in this material? _____

5) What topics would you like to learn more about or implement into practice? _____

Section C

Registration

Please email completed registration form to education@internationalacademyofaestheticsciences.com. The certificate will be issued when the registration form has been received and will be emailed within 2-6 weeks after receipt of completed registration form. For registration or inquiries, please contact us through email at education@internationalacademyofaestheticsciences.com.