



Arizona Radiation Regulatory Agency
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**AUTHORIZED HEALTH PROFESSIONAL
 TRAINING AND EXPERIENCE AND ATTESTATION**

PART I – TRAINING AND EXPERIENCE

1. Name of individual, Health Professional (e.g., Registered Nurse or PA), and Applicable Training Requirements (A.A.C. R12-1-1438.A.1.)

2. For Registered Nurse and Physician’s Assistant -- State or Territory Where Licensed

3. Certification

- a. Provide a copy of Arizona Licensing Board certification.
- b. Provide documentation in appropriate items 4 and 5 of training as required by A.A.C. R12-1-1438.A.1.
- c. Provide completed Part II Health Professional Attestation

4. DIDACTIC/CLASSROOM TRAINING

Description of Training	Location	Clock Hours	Dates of Training
<p>General Considerations:</p> <ul style="list-style-type: none"> 1. Training on the medical laser or IPL device in use and the clinical procedures to be performed. 2. Facility policies and procedures and applicable federal and state laws. 3. Hazards associated with laser or IPL use. 			
<p>Technical Considerations:</p> <ul style="list-style-type: none"> 1. Laser and IPL device descriptions 2. Definitions 3. Laser and IPL device radiation fundamentals 4. Laser mediums, types of lasers, and other light-emitting devices-solid, liquid, gas, and IPL devices 5. Biological effects of laser or IPL device light 6. Damage Mechanisms <ul style="list-style-type: none"> a. Eye hazard b. Skin Hazards c. Absorption and wavelength effects d. Thermal effects 7. Photo chemistry 8. Criteria for setting the Maximum Permissible Exposure (MPE) for eye and skin associated hazards 9. Explosive, electrical, and chemical hazards 10. Photosensitive medications 11. Fire, ionizing radiation, cryogenic hazards, and other hazards, as applicable 			

HEALTH PROFESSIONAL TRAINING AND EXPERIENCE AND ATTESTATION (continued)

Description of Training	Location	Clock Hours	Dates of Training
<p>Medical Considerations:</p> <ol style="list-style-type: none"> 1. Local anesthesia techniques, including ice, EMLA® cream, and other applicable topical treatments 2. Typical Laser and IPL device settings for hair removal and cosmetic procedures 3. Expected patient response to treatment 4. Potential adverse reactions to treatment 5. Anatomy and physiology of skin areas to be treated 6. Indications and contraindications for use of pigment and vascular-specific lasers for cutaneous procedures. 			
<p>General Laser or IPL device safety:</p> <ol style="list-style-type: none"> 1. Laser and IPL device classifications 2. Control measures (includes information regarding protective equipment) 3. Manager and operator responsibilities 4. Medical surveillance practices 5. Federal and state legal requirements 6. Related safety issues <ol style="list-style-type: none"> a. Controlled access b. Plume management c. Equipment testing, aligning, and troubleshooting 			

Training and Experience, including board certification. Individual must have obtained a provisional certificate from an ARRA approved course or the individual must provide documentation that 24 hours of equivalency training was obtained through related continuing education and experience since the required training and experience portion was completed. Provides dates, duration, and description of continuing education and experience related to the uses checked above.

5. FORMAL TRAINING (Registered Nurse and Physician Assistants)

Degree, Area of Study or Residency Program	Name of Program and Location	Dates

PART II – HEALTH PROFESSIONAL ATTESTATION

Note: *This part must be completed by the Health Professional. This part is required to meet training requirements in A.A.C. R12-1-1438.A.1.*

First Section

Check all requirements that are met:

For A.A.C. R12-1-1438

Board Certification

- I attest that I, _____ have satisfactorily completed the requirements in R12-1-1438.A.1. and have met all requirement by my Arizona Licensing Board and have achieved a level of competency sufficient to function as a Health Professional for Cosmetic Laser uses in accordance with A.A.C. R12-1-1438.

AND

Training Experience

- I attest that I, _____ have satisfactorily completed at least 24 hours of Laser Concepts and Laser Safety didactic training from an ARRA accepted course, required by R12-1-1438.A.1. and have achieved a level of competency sufficient to function as a Health Professional for Cosmetic Laser uses in accordance with A.A.C. R12-1-1438.

OR

- I attest that I, _____ have satisfactorily completed and provided all documentation to verify completion of receiving at least 24 hours of Laser Concepts and Laser Safety didactic training from either conferences, residency training or laser safety courses and have achieved a level of competency sufficient to function as a Health Professional for Cosmetic Laser uses in accordance with A.A.C. R12-1-1438.

Second Section

Complete the following for Health Professional Attestation and Signature:

- I meet the requirements of Arizona Administrative Code, Title 12, Chapter 1, Article 14 as a Health Professional.

Name of Health Professional	Signature	Date
Telephone Number	Registration Number(s) and Facility Name(s)	