



ARIZONA RADIATION REGULATORY AGENCY

4814 South 40th Street * Phoenix, AZ 85040-2940

(602) 255-4845

Thank you for applying with the Arizona Radiation Regulatory Agency. This application must be completed in its entirety and must include the following:

- ✓ **Application:** Notarized completed application. **Incomplete applications will be returned to applicant.**
Money Order or Cashiers Check (NO PERSONAL CHECKS) made out to the Laser Safety Fund. The **initial application** is \$30.00 and can have an unlimited amount of procedures on it. However, if you would like to add additional procedures to be added into your file, once we have already processed your **initial application**, an application must be completed for **EACH** new procedure that you apply for. Each additional application will cost \$30.00 per procedure. (Renewals are \$30 per certificate, not per procedure)

- ✓ **Passport Photo:** Original photo, not a copy.

This is an ORIGINAL photo that can be obtained at most pharmacies. No computer generated or personal camera photos will be accepted.

- ✓ **Proof of Legal Residency:** – According to ARS §1-502:

Please note that the “otherwise lawfully present” requirement of A.R.S. §1-501 may encompass categories that are broader than the eligibility limitations in PRWORA. Consequently, although an applicant must present documentation proving he or she is lawfully present in the United States, if the documentation does not demonstrate that the applicant is a United States citizen, National, or a person described in the categories listed in Section III, Boxes 1-13 of the Applicant Statement, the applicant will not be eligible for licensure in Arizona.”

Therefore, please provide the following:

A legible copy of both your driver’s license **AND** your social security card **OR** a copy of your US Passport. If we can’t read the documentation, we will be unable to process your application.

Please also include the following **IN ADDITION** to the other documents listed above:

- ✓ **Logs of hands-on procedures - 24 hours and 10 procedures for hair reduction.**
- ✓ **Logs of hands-on procedures – an additional 24 hours of hands-on training for cosmetic procedures, other than hair reduction, and provide a log of 10 procedures for each modality you are applying for.**
- ✓ **Original ARRA Letter of Approval by your Supervising Health Professional that you have been directly supervised for at least 24 hours and 10 procedures in each modality you are applying for.**
- ✓ ***Documentation of 40 hours didactic training as required by Arizona Administrative Code, R12-1-1438.B.2.a.i, 1438.C.2.a.i, and Appendix C. (copy of the diploma certificate from an ARRA accepted 40 hour didactic training course)**
 - If you have taken an ARRA accepted 40 hour didactic training course, please fill out training school information in **item 4.**

PLEASE NOTE: It is the licensees’ responsibility to report any changes to your personal information. If you don’t receive renewals or correspondence from this office because you’ve moved or have changed the way that you receive mail, you will be responsible for late fees or the expiration of your license.

3. PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
BIRTHDATE: MM/DD/YYYY	DAY PHONE #	EVENING PHONE #
SOCIAL SECURITY NUMBER (Required)	____ MALE ____ FEMALE	

4. EDUCATIONAL INFORMATION (See instruction on first page*)

LASER TRAINING INSTITUTION	TYPE OF TRAINING (DIPL., CERT., DEGREE)			
ADDRESS OF INSTITUTION	CITY	STATE	MO. & YR OF GRADUATION	PHONE NUMBER
OTHER DEGREES	MAJOR	WHERE OBTAINED	YEAR	

Having filed an application for certification by the Arizona Radiation Regulatory Agency (ARRA), I authorize and request every person, company, governmental agency or institution having control of information pertaining to my educational and professional background to furnish to ARRA information pertaining to this application and to permit ARRA or its representatives to inspect and make copies of such information.

I hereby release ARRA and its representatives from any liability arising out of the furnishing or inspection of such information. The Authorization and Release form will only be utilized by ARRA to confirm application matters relevant to education, work history, and enforcement matters authorized by Arizona Revised Statutes 32.2801, et. Seq.

I, _____ (type or print name), do solemnly swear or affirm that the foregoing information completed by me, or submitted by or for me, is true, complete and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Certificate issued by Arizona Radiation Regulatory Agency.

ARRA participates in the Employment Eligibility Verification Program.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) _____
An alien authorized to work until _____ (Alien # or Admission #) _____

NOTARY PUBLIC

_____ SIGNATURE OF APPLICANT	Subscribed and sworn to before me this ____ day of _____ 20____
_____ DATE	_____ Notary Public
	My commission expires: _____

**NOTICE: Incomplete applications will be returned to applicant.
Do not leave any area blank.**