

## ARIZONA RADIATION REGULATORY AGENCY

4814 South 40<sup>th</sup> Street \* Phoenix, AZ 85040-2940

(602) 255-4845

<http://www.azrra.gov>

**Thank you for applying with the Arizona Radiation Regulatory Agency. This Laser and IPL Training Program 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 \$100.00 for each training school. (Renewals are \$100/annual) **Fee is non-refundable**
- 1) **Owner information** (Contact Information)
- 2) **Legal Structure**-please indicate the legal structure of the applicant. NOTE: for all cases indicate the State, etc, under which the entity is organized and any Arizona Agent representing the entity.
  - Complete **E-Verify (if applicable) Please refer to the following page.**
- 3) **School Information**-Name and Address/Contact information of school.
- 4) **Training Information**-Provide instructor/Medical Director documentation for each of the applicable courses.
  - **Didactic course only** (at least 40 hours of classroom instruction)
    - Documentation of didactic instructor's training (Must be LSO or have documentation of LSO equivalent training.)
  - **Didactic plus hands-on training** (at least 40 hours of classroom instruction plus additional time for directly supervised hands on procedures)
    - Documentation of didactic instructor's training (Must be LSO or have documentation of LSO equivalent training.)
    - Documentation of instruction teaching hands-on procedure training. (Must have at least 100 hours hands-on training per procedure he or she wishes to teach)
    - Documentation of Medical Director's 24 hour Didactic Training on Subjects in Arizona Administrative Code, Article 14, Appendix C.
  - **Hands-on course only** (Course can only be provided to laser technicians with a provisional certificate from an ARRA accepted school and provides directly supervised hands-on procedures)
    - Documentation of Laser Safety Officer training (Must be LSO or have documentation of LSO equivalent training.)
    - Documentation of instruction teaching hands-on procedure training. (Must have at least 100 hours hands-on training per procedure he or she wishes to teach)
    - Documentation of Medical Director's 24 hour Didactic Training on Subjects in Arizona Administrative Code, Article 14, Appendix C.
- 5) **Course Information**- Provide all training course's name, course number and number of hours
  - Provide an example copy of the Certificate issued to students (one for each type of course taught)
- 6) **Verification of Attendance**-Explain method of tracking hours/students and verification of identity.
- ✓ **Medical Director Attestation Form:** Fill out a Attestation form for each Medical Director and Alternate Medical Director (if needed)

✓ **School Training Packet:** Please supply a packet to the Agency with most updated information of the following:

- Name and Address (for all courses)
- Breakdown of subjects by hours per day/week of each course (for all courses)
- Curriculum or course guidelines (for all courses)
- Inventory of equipment to be utilized (for hands-on courses)
- Type of diploma/certificate awarded (please provide a copy for each type of course provided) (for all courses)
- A schedule that includes the hours of each day and each day of the calendar week during which the school will be open for instruction. (for all courses)

**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.*

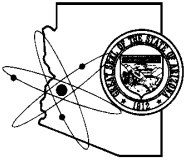
**If your legal structure is categorized as an individual or sole proprietor, please refer to the following:**

➤ **Proof of Legal Residency:** – According to ARS §1-501:

- 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.



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**LASER/IPL TECHNICIAN AND SAFETY TRAINING PROGRAM APPLICATION**

FEE: \$100.00 (NON-REFUNDABLE)

**TYPE OF PROGRAM:**

DIDACTIC ONLY  DIDACTIC AND HANDS-ON.  HANDS-ON ONLY

FIRST LICENSE:  RENEWAL:  LOCATION/OWNER CHANGE:

**1) OWNER'S INFORMATION:**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone# work: (\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_

**2) LEGAL STRUCTURE:** Applicant is a(n):

Individual\*  Partnership  Corporation  Limited Liability Corp.  Non-Profit

**\*INDIVIDUAL OR SOLE PROPRIETOR INFORMATION:** Type or print your name as it appears on your social security card. Applicants in this classification are required to submit a legible copy of their driver's license and social security card for verification of U.S. Citizenship (A.R.S. §1-501)

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

\_\_\_\_\_  
RESIDENCE CITY STATE ZIP COUNTY

**PARTNERSHIP INFORMATION:** Please provide the name and address of each individual or legal entity owning a partnership

\_\_\_\_\_  
Name Title Address City Zip % owned

\_\_\_\_\_  
Name Title Address City Zip % owned

**CORPORATION INFORMATION:** State of Incorporation \_\_\_\_\_ and Stock Information.

#AUTHORIZED STOCKS	# ISSUED SHARES	# SUBSCRIBED SHARES	TOTAL STOCKHOLDERS	TOTAL SUBSCRIBERS
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Is the applicant corporation directly or indirectly controlled by another corporation or other legal entity? \_\_\_\_\_

If "yes", please give name and address of other corporation or legal entity and describe how such control exists and the extent of control.

\_\_\_\_\_

**LIMITED LIABILITY CORPORATION INFORMATION:**

Memberships: \_\_\_\_\_ Ownerships: \_\_\_\_\_

\_\_\_\_\_

**3) SCHOOL INFORMATION:**

Name under which school is to be operated: \_\_\_\_\_

Address of the school: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone #: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

School's email address: \_\_\_\_\_ Website address: \_\_\_\_\_

**4) TRAINING INFORMATION:**

**a) If your course provides Didactic instruction:**

**i)** Name of instructor(s) teaching didactic portion:

\_\_\_\_\_  
\_\_\_\_\_

Please provide a copy of each instructor's LSO certificate or documentation of LSO training equivalency.

**b) If your course provides Hands-On Instruction:**

**i)** Name of instructor(s) teaching hands-on procedures:

\_\_\_\_\_  
\_\_\_\_\_

For each instructor that is teaching hands-on procedures, please provide documentation that each instructor has at least 100 hours of hands-on experience per procedure being taught. (Provide documentation of hours and types of procedures-See Example)

**ii)** Name of Laser Safety Officer:

\_\_\_\_\_

If not the same person as indicated in #4a, please provide a copy of LSO certificate or documentation of LSO training equivalency.

**iii)** Name of Medical Director and, if needed, Alternate Medical Director:

\_\_\_\_\_

Please provide a current copy of the Medical Director's Arizona Board License and documentation of Medical Director's 24 hour didactic training on subjects listed in Arizona Administrative Code, Article 14, Appendix C.

**5) COURSE INFORMATION: List Training Courses (Course Name and Course Number)**

\_\_\_\_\_  
COURSE NAME COURSE # # OF HOURS

\_\_\_\_\_  
COURSE NAME COURSE # # OF HOURS

\_\_\_\_\_  
COURSE NAME COURSE # # OF HOURS

For **each** different training course, please provide an example copy of the certificate that will be awarded upon completion

**6) VERIFICATION OF ATTENDANCE:**

a) Explain how the school or staff verifies that each student has attended or participated in the course to meet the Arizona Radiation Regulatory Agency’s 40 hour didactic training requirement. (What is the method used to track the students time/days throughout the course?)

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b) Explain how the school or staff verifies that each student who obtains a school issued certificate is the actual person who attended or participated in the course for the full required 40 hours.

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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**

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Notary Public

My commission expires:\_\_\_\_\_

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