

MEDICAL DIRECTOR ACKNOWLEDGEMENT STATEMENT
(COSMETIC LASER FACILITY)

I, _____, am the designated **Medical Director** of
(Print Name) *(Title)*

_____. I am:
(Facility Name)

- a. A licensed practitioner of the healing arts, qualified to perform these procedures in accordance with my scope of practice as defined by my licensing board.
- b. The licensed practitioner establishing written protocol procedures for each laser use.
- c. The licensed practitioner with the prescribing authority for prescription medications, ointments, etc.
- d. The licensed practitioner, who shall assess and document all non-practitioner's competency and adequacy of training to perform the ordered treatment safely, with direct on the job supervision for a minimum of 24 hours for each procedure.
- e. The licensed practitioner, who shall provide DIRECT on site supervision of any cosmetic laser procedure other than laser hair removal, and indirect supervision for hair removal procedures.
- f. I have provided documentation showing I received at least 24 hours of didactic training on the subjects listed in Appendix C. (In accordance with A.A.C. R12-1-1438.A).

Signature

Date