


**CERTIFIED LASER TECHNICIAN  
INITIAL APPLICATION**  
Bureau of Special Licensing  
150 North 18<sup>th</sup> Avenue, Suite 410  
Phoenix, Arizona 85007

|                  |                   |                 |  |
|------------------|-------------------|-----------------|--|
| Legal First Name | Legal Middle Name | Legal Last Name | Previous AZ CLT#, if applicable<br><b>CLT-</b> |
|------------------|-------------------|-----------------|--|

Pursuant to Arizona Revised Statutes (A.R.S.) Title 32, Chapter 32 and *Arizona Administrative Code* (A.A.C.) Title 9, Chapter 7, **all requirements** listed below must be submitted before a certificate can be issued by the Department. Missing items or blank fields on the application will result in a request for the missing information and delay processing of the application.

| APPLICATION CHECKLIST    |   | ADHS Review |
|--------------------------|---|-------------|
| <input type="checkbox"/> | Application with <b>all</b> fields complete. Answer <b>all</b> Yes/No questions. Submit the entire application (pages 1-7).   |             |
| <input type="checkbox"/> | A photocopy of a certificate showing completion of a Department-approved training program (40 hours didactic)   |             |
| <input type="checkbox"/> | Attestation from an eligible health professional or CLT verifying that applicant completed 10 procedures and 24 hours of hands-on training under their supervision for each procedure requested   |             |
| <input type="checkbox"/> | Logs documenting 10 procedures and 24 hours of hands-on training for each procedure requested   |             |
| <input type="checkbox"/> | A complete and signed Statement of Citizenship or Alien Status form (see pages 5 & 6)   |             |
| <input type="checkbox"/> | A photocopy of citizenship or authorized presence document (see page 7)   |             |
| <input type="checkbox"/> | If current legal name is different than the name on any of the documents submitted, provide a copy of a name linkage document (marriage certificate, divorce decree, court order, etc.)   |             |
| <input type="checkbox"/> | <p>A nonrefundable initial application fee of \$30 via cashier's check or money order made payable to the Arizona Department of Health Services,</p> <p><b>OR</b> you may complete the attestation below to request an initial license fee waiver, per A.R.S. § 41-1080.01.</p> <p><b>NOTE: Do not sign the waiver attestation if you do not qualify and are paying the \$30 fee.</b></p> <p>I, _____, attest that:<br/>(Printed Name of Applicant)</p> <p>✓ I am applying for this specific license for the first time in Arizona <b>AND</b><br/>✓ My family income does not exceed 200% of the federal poverty guidelines.</p> <p> _____ Date</p> <p>Applicant's Signature</p> |             |
| <input type="checkbox"/> | <p>If requested at time of initial application, additional certificates may be purchased for \$10 per certificate.</p> <p>How many additional certificates are you requesting? _____</p> <p>Include a check or money order for the additional certificates requested (fee for additional certificates cannot be waived by signing the attestation above).</p>   |             |

## APPLICANT INFORMATION

|   |                                      |  |
|---|--------------------------------------|--|
| Legal First Name                                      | Legal Middle Name                    | Legal Last Name  |
| Date of Birth (MM/DD/YYYY)                            | Social Security Number (XXX-XX-XXXX) | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Email Address   |                                      | Phone Number (XXX) XXX-XXXX  |
| Street Address                      Apt, Unit, etc. # |                                      |  |
| City  | State                                | Zip Code   |

## EMPLOYMENT INFORMATION

|   |                            |                                       |
|---|----------------------------|---------------------------------------|
| <input type="checkbox"/> I am not currently employed as a laser technician. |                            |                                       |
| Current Employer  | Position                   | Dates of employment (MM/YYYY-MM/YYYY) |
| Address of Employer   |                            | City                                  |
|   |                            | State                                 |
| Supervisor's Name   | Supervisor's Email Address | Supervisor's Telephone Number         |

## REQUESTED PROCEDURES

**NOTE: Attestation and logs required for each procedure requested.** Forms are available on our website.

- |  |  |
|--|--|
| <input type="checkbox"/> Acne Scar Reduction<br><input type="checkbox"/> Acquired Adult Hemangioma Reduction<br><input type="checkbox"/> Cellulite Reduction<br><input type="checkbox"/> Ephelis Reduction<br><input type="checkbox"/> Facial Erythema Reduction<br><input type="checkbox"/> Hair Reduction<br><input type="checkbox"/> Laser Peel<br><input type="checkbox"/> Non-Ablative Skin Resurfacing | <input type="checkbox"/> Non-Ablative Tattoo Removal<br><input type="checkbox"/> Photo Facial<br><input type="checkbox"/> Skin Rejuvenation<br><input type="checkbox"/> Skin Tightening<br><input type="checkbox"/> Solar Lentigo Reduction<br><input type="checkbox"/> Spider Vein Reduction<br><input type="checkbox"/> Telangiectasia Reduction<br><input type="checkbox"/> Wrinkle Reduction |
|--|--|

## APPLICANT ATTESTATION

I, \_\_\_\_\_ attest that all information submitted as  
(Printed Name of Applicant)  
 part of this application is true and accurate.

\_\_\_\_\_ Date Signed \_\_\_\_\_  
Signature of Applicant

**NOTICES**

- Pursuant to A.R.S. § 41-1030(B)(E)(F)(G):  
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.  
E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.  
F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.  
G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.
- Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.
- Pursuant to section 32-4302, Arizona Revised Statutes, a person shall be granted an occupational or professional license or certificate if the person has been licensed or certified in another state for at least twelve months, the license or certificate is in the same discipline and at the same practice level as the license or certificate for which the person is applying in this state and the person meets other conditions prescribed by section 32-4302, Arizona Revised Statutes.

| Applicant's Legal First Name | Applicant's Legal Middle Name | Applicant's Last Name       |
|------------------------------|-------------------------------|-----------------------------|
| I am a U.S. veteran.         | YES <input type="checkbox"/>  | NO <input type="checkbox"/> |
| I am a U.S. military spouse. | YES <input type="checkbox"/>  | NO <input type="checkbox"/> |

**CLT SUPERVISOR ATTESTATION FORM**

Bureau of Special Licensing  
150 North 18<sup>th</sup> Avenue, Suite 410  
Phoenix, Arizona 85007

**APPLICANT INFORMATION**

|                  |                   |                 |
|------------------|-------------------|-----------------|
| Legal First Name | Legal Middle Name | Legal Last Name |
|------------------|-------------------|-----------------|

**SUPERVISOR INFORMATION**

|                  |                 |                  |
|------------------|-----------------|------------------|
| Legal First Name | Legal Last Name | Title            |
| License Number   | Email Address   | Telephone Number |

Pursuant to the requirements specified in A.R.S. §32-3233, supervisor is a:

- dentist who specializes in oral and maxillofacial surgery
- doctor of medicine, doctor of naturopathic medicine, nurse, doctor of osteopathy, or a physician assistant who is acting within their scope of practice
- CLT who has at least 100 hours of hands-on experience in the procedure(s) supervised

**PROCEDURES**



**Must have completed training required by A.R.S. §32-3233 and A.A.C. R9-7-1438.01, for EACH procedure selected.**

- |  |  |
|--|--|
| <input type="checkbox"/> Acne Scar Reduction                 | <input type="checkbox"/> Non-Ablative Tattoo Removal |
| <input type="checkbox"/> Acquired Adult Hemangioma Reduction | <input type="checkbox"/> Photo Facial                |
| <input type="checkbox"/> Cellulite Reduction                 | <input type="checkbox"/> Skin Rejuvenation           |
| <input type="checkbox"/> Ephelis Reduction                   | <input type="checkbox"/> Skin Tightening             |
| <input type="checkbox"/> Facial Erythema Reduction           | <input type="checkbox"/> Solar Lentigo Reduction     |
| <input type="checkbox"/> Hair Reduction                      | <input type="checkbox"/> Spider Vein Reduction       |
| <input type="checkbox"/> Laser Peel                          | <input type="checkbox"/> Telangiectasia Reduction    |
| <input type="checkbox"/> Non-Ablative Skin Resurfacing       | <input type="checkbox"/> Wrinkle Reduction           |

**SUPERVISOR ATTESTATION**

I, \_\_\_\_\_, attest that \_\_\_\_\_

\_\_\_\_\_ completed training that meets the requirements specified in A.R.S. §32-3233(E) and A.A.C. R9-7-1438.01 for each of the procedures selected above under my supervision, while I was present in the room. I attest that I am qualified to supervise this training pursuant to A.R.S. §32-3233, and I understand the Department may take disciplinary action against a laser technician for falsifying documentation.

|   |   |
|---|---|
|  |  |
| Signature of Supervisor   | Date Signed   |

**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFIT**  
Bureau of Special Licensing

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes (A.R.S.) § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions:**

1. All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.
2. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license.
  - a. If the document you submit does not contain a photograph, **you must also provide a government issued document that contains your photograph.**
  - b. You must submit supporting legal documentation (i.e. marriage certificate) **if the name on your evidence is not the same as your current legal name.**

**SECTION I — APPLICANT INFORMATION**

|                                |  |   |
|--------------------------------|--|---|
| Legal First Name               | Legal Middle Name  | Legal Last Name                                 |
| Type of Application:           | <input type="checkbox"/> Initial Application             | <input type="checkbox"/> Renewal Application    |
| Type of License/Certification: | <input type="checkbox"/> Medical Radiologic Technologist | <input type="checkbox"/> Laser Technician       |
|                                | <input type="checkbox"/> Speech Language Pathology       | <input type="checkbox"/> Audiology              |
|                                | <input type="checkbox"/> Midwifery                       | <input type="checkbox"/> Hearing Aid Dispensing |

**SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?     Yes     No

**If you answered 'Yes'** to the previous question, indicate place of birth:

City: \_\_\_\_\_ State (or equivalent): \_\_\_\_\_ Country or Territory: \_\_\_\_\_

**If you answered 'Yes,'**

1. Attach a legible copy of a document from the attached list.  
Name of Document: \_\_\_\_\_
2. Skip Section III and go to Section IV.

**If you answered 'No,' complete sections III and IV.**

### SECTION III — ALIEN STATUS DECLARATION

To be completed by applicants who are **not citizens or nationals of the United States.**

1. Please indicate alien status by checking the appropriate box below.
2. Attach a legible copy of a document from the attached list.

Name of Document: \_\_\_\_\_

#### Qualified Alien Status (8 U.S.C. §§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

#### Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).
- 10. Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))
- 11. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

#### Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 12. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 13. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 14. A foreign national not physically present in the United States.

#### Otherwise Lawfully Present

- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

### SECTION IV — DECLARATION

**ALL applicants** must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant's Legal First Name

Applicant's Legal Middle Name

Applicant's Legal Last Name

## ACCEPTABLE EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

Per A.R.S. § 41-1080, you must submit one of the documents in the list below to verify authorized presence in the United States.

### Please note:

1. If the name on the document submitted is NOT your current legal name, you MUST provide a legal name linkage document (i.e. marriage certificate, court order, etc.)
2. If the document submitted does NOT contain your photograph, you MUST provide another government issued document that contains a photograph.

### Acceptable Documents:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States (**Illinois, New Mexico, Utah, and Washington (except for 'Enhanced' credentials) do not verify lawful presence in U.S.**) \*You may submit a U.S. birth certificate to show lawful presence.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.