

CERTIFIED LASER TECHNICIAN INITIAL APPLICATION

Bureau of Special Licensing 150 North 18th Avenue, Suite 410 Phoenix, Arizona 85007

Legal First Name	Legal Middle Name	Legal Last Name	Previous AZ CLT#, if applicable
			CLT-

Pursuant to Arizona Revised Statutes (A.R.S.) Title 32, Chapter 32 and *Arizona Administrative Code* (A.A.C.) Title 9, Chapter 7, <u>all requirements</u> 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.

items or blank fields on the application will result in a request for the missing information and delay processing of the application. *Reminder, pursuant A.R.S. 32-3233(E)(2)(3), "...hair removal training is required before any other procedure." **ADHS** APPLICATION CHECKLIST Review Application with all fields complete. Answer all Yes/No questions. Submit the entire application (pages 1-7). A photocopy of a certificate showing completion of a Department-approved training program (40 hours didactic) 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 Logs documenting 10 procedures and 24 hours of hands-on training for each procedure requested A complete and signed Statement of Citizenship or Alien Status form (see pages 5 & 6) A photocopy of citizenship or authorized presence document (see page 7) 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.) A nonrefundable initial application fee of \$30 via cashier's check or money order made payable to the Arizona Department of Health Services, OR you may complete the attestation below to request an initial license fee waiver, per A.R.S. § 41-NOTE: Do not sign the waiver attestation if you do not qualify and are paying the \$30 fee. (Printed Name of Applicant) • I meet the following fee waiver eligibility requirements, as specified in A.R.S. § as I am applying for this license for the first time in Arizona AND (please check one of the following) My family income does not exceed 200% of the federal poverty guidelines, OR ☐ I am an active duty military member;s spouse, OR I am an honorably discharged veteran who has been discharged not more than two years before the date of this application Applicant's Signature If requested at time of initial application, additional certificates may be purchased for \$10 per certificate. How many additional certificates are you requesting? ___ Include a check or money order for the additional certificates requested (fee for additional certificates cannot be waived by signing the attestation above).

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APPLICANT INFORMATION				
Legal First Name	Legal Middle Name		Legal Last I	Name
Date of Birth (MM/DD/YYYY)	Social Security Number	(XXX-XX-XXXX)	Sex Male	e
Email Address		Phone Number (XXX) X	XX-XXXX	
Street Address Apt, Unit, etc. #				
City		State		Zip Code
	EMPLOYMENT	INFORMATION		
I am not currently employed as a laser technic	cian.			
Current Employer	Position		Dates of em	nployment (MM/YYYY-MM/YYYY)
Address of Employer	<u> </u>	City		State
Supervisor's Name	Supervisor's Email Addr	ess	Supervisor'	s Telephone Number
	BEOLIESTED	PROCEDURES		
NOTE: Attestation and logs required f			available on o	ur website. *ONE procedure per log.
☐ Acne Scar Reduction		☐ Non-Ablat		
☐ Acquired Adult Hemangioma F	Reduction	☐ Photo Fac	ial	
☐ Cellulite Reduction	☐ Skin Reju		venation	
☐ Ephelis Reduction	ohelis Reduction		ening	
☐ Facial Erythema Reduction		☐ Solar Lent	tigo Reduct	ion
☐ Hair Reduction		☐ Spider Ve	in Reductio	n
☐ Laser Peel		☐ Telangiec	tasia Redu	ction
☐ Non-Ablative Skin Resurfacing		☐ Wrinkle Re	eduction	
APPLICANT ATTESTATION				
		attact th	act all info	ormation submitted as
(Printed Name of A	pplicant)	allest li	iat all lille	omation submitted as
part of this application is true and	accurate.			
Signature of Applicant			Date Signed	

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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.

Please check the applicable fields below:
□ I am a U.S. Veteran
□ I am a U.S. Military Spouse

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CLT SUPERVISOR ATTESTATION FORM

Bureau of Special Licensing 150 North 18th 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. §			
dentist who specializes in or	al 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, fo	or <mark>EACH</mark> procedure selected.	
Acne Scar Reduction	Non-Abla	ative Tattoo Removal	
Acquired Adult Hermangiom	ma Reduction Photo Facial		
Cellulite Reduction	Skin Reju	uvenation	
Ephelis Reduction	☐ Skin Tigh	Skin Tightening	
Facial Erythema Reduction	Solar Lei	ntigo Reduction	
Hair Reduction	☐ Spider V	ein Reduction	
Laser Peel	Telangie	Telangiectasia Reduction	
Non-Ablative Skin Resurfaci		Wrinkle Reduction	
SUPERVISOR ATTESTATION			
I,	, attest th	at	
_	ted training that meets the requirer		
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 <u>contains your photograph</u>.
 - 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:	Initial Application	Renewal Application	
	Medical Radiologic Technologist	Laser Technician	
Type of License/Certification:	Speech Language Pathology	Audiology	
	Midwifery	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): Co	ountry or Territory:	
If you answered 'Yes,'			
Attach a legible copy of a document from the attached list.			
Name of Document:			
Skip Section III and go to Sec	tion IV.		
If you answered 'No,' complete sec	tions III and IV.		

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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 t	by checking the appropriate box	below.
2.	Attach a legible copy of a do	cument from the attached list.	
	Name of Document:		
Qualifi	ed Alien Status (8 U.S.C. §§ 162	1(a)(1),-1641(b) and (c))	
	,		Immigration and Nationality Act (INA)
	2. An alien who is granted asy	rlum under Section 208 of the INA.	
	3. A refugee admitted to the U	Inited States under Section 207 of	the INA.
	4. An alien paroled into the Uni	ted States for <u>at least one year</u> und	der Section 212(d)(5) of the INA.
	5. An alien whose deportation i	s being withheld under Section 243	B(h) of the INA.
	6. An alien granted conditional	entry under Section 203(a)(7) of th	e INA as in effect prior to April 1, 1980.
	7. An alien who is a Cuban/Hai	tian entrant.	
	8. An alien who has, or whose in the United States.	child or child's parent is a "battere	d alien" or an alien subject to extreme cruelty
Nonimmigrant Status (8 U.S.C. § 1621(a)(2))			
		nmigration and Nationality Act [8 U status for a specific purpose. See 8	.S.C § 1101 et seq.] Nonimmigrants are s U.S.C § 1101(a)(15).
	10. Alien Paroled into the Unite	ed States For Less Than One Year	(8 U.S.C. § 1621(a)(3))
	11. An alien paroled into the Ui	nited States for <u>less than one year</u>	under Section 212(d)(5) of the INA
Other I	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 physi	cally present in the United States.	
Otherv	ise Lawfully Present		
	NOTE: The federal Personal		lawfully present in the United States. PLEASE tunity Reconciliation Act may make persons C. § 1621(a).
		SECTION IV — DECLARA	TION
ALL a	pplicants must complete this sec	ction.	
	are under penalty of perjury un are true and correct to the be		zona that the answers and evidence I have
HEIFER.			
Signature of Applicant Date			
Applican	t's Legal First Name	Applicant's Legal Middle Name	Applicant's Legal Last Name
			-

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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.

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