



Arizona Radiation Regulatory Agency  
4814 South 40<sup>th</sup> Street  
Phoenix, AZ 85040

Telephone: (602) 255-4845 Fax: (602) 437-0705

**AUTHORIZED HEALTH PROFESSIONAL  
TRAINING AND EXPERIENCE ATTESTATION**

**1. Name of individual with Professional Title (e.g., R.N. or P.A.).**

**2. Provide a copy of Arizona Licensing Board certification.**

**3. Mailing address:**

**4. Phone number:**

**5. E-mail address:**

**6. DIDACTIC/CLASSROOM TRAINING**

**Board Certification**

I attest that I have satisfactorily completed the requirements in R12-1-1438.A.1. and have met all required by my Arizona Licensing Board and have achieved a level of competency sufficient to function as a Health Professional for Cosmetic Laser uses in accordance with A.A.C. R12-1-1438.

**AND**

**Training Experience**

I attest that I have satisfactorily completed at least 24 hours of Laser Concepts and Laser Safety didactic training from an ARRA accepted course, as required by R12-1-1438.A.1. and have attached a copy of my certificate of completion.

**OR**

I attest that I have satisfactorily completed at least 24 hours of Laser Concepts and Laser Safety didactic training from either conferences, residency training or laser safety courses prior to October 1, 2010 and have achieved a level of competency sufficient to function as a Health Professional for Cosmetic Laser uses in accordance with A.A.C. R12-1-1438.

**Signature**

**Date**