

Certified Laser Practitioner Application Form



Learn What You Love. Love How You Learn.

Course Information

Preferred Class Start Date _____

Back-up Class Start Date _____

Personal Information

Name _____ Date Applied _____

Address _____

Cell Phone _____ SIN _____

Email _____

Do you want to receive email promotions about special offers and upcoming courses?

Yes _____ No _____

Education and Work Experience

Highest Level of Education _____

Name of above educational institution and year(s) attended: _____

Current Occupation _____

Employer _____ Phone number _____

Emergency Contact

Name _____ Relationship _____

Work Phone _____ Cell Phone _____

Additional Information

How did you hear about IAE? _____

Referred By _____ Relationship _____

Phone _____ Email _____

Address _____

References

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

*please attach a copy of your high school transcripts or equivalent to this application form