

Trainee Cosmetic Laser Operator – Statement of Competency

Name of Trainee

Location where used

Trainee Licence Number

I hereby certify, in my opinion as an experienced and licensed laser operator, that I have assessed the abovementioned person and verify that they are competent* in using a laser apparatus to carry out the following cosmetic laser procedure (*tick only one of the procedures listed below*):

- Hair Removal
- Skin Rejuvenation (including superficial pigmentation adjustment)
- Superficial Capillary Reduction

I have also sighted the trainee's log book of cosmetic laser procedures conducted under the supervision of a licensed person and believe that the number of procedures performed is adequate to enable the trainee to work without supervision.

This person has satisfactorily demonstrated to me that they are sufficiently experienced in all of the following areas:

- Assessing skin type
- Understanding the type of laser being used and relevant risks
- Setting up of equipment (e.g. use of appropriate laser parameters for the procedure)
- Identifying safety measures required to protect the client and other persons
- Identifying protective equipment required to protect the client and other persons
- Able to handle the laser apparatus and perform the laser procedure
- Keeping appropriate client records
- Understanding the need for client oversight by medical practitioner
- Providing appropriate advice on outcomes pre- and post-treatment
- Understanding of what to do in the event of an adverse reaction

**For the purpose of this assessment, 'competent' means that the abovenamed person is able to use the laser apparatus for the indicated cosmetic procedure safely and independently, with acceptable client outcomes, and in my opinion has sufficient skill to supervise and train others in the optimal use of laser apparatus in this procedure.*

I therefore recommend that this person be considered eligible for the removal of the trainee status for the above indicated procedure.

Name of assessor: _____

Licence No.: _____

Signature: _____

Date: _____