

# **CERTIFICATE OF LASER PHYSICS AND PATIENT SAFETY**

July 27th 2008

## Your Name

**Has successfully completed 2 hours of continued education  
for laser physics and patient safety course and demonstrates  
proficiency and knowledge related to the use of aesthetic  
lasers**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Laser  
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Business Consulting  
Laser & Aesthetic Services