LASER SAFE CERTIFIED

American Laser Safety Authority, Corp.

APPLICATION FOR CERTIFICATION

Paper Application

Issued under the Laser Safe Certified Standards, Version 2026.03 (Effective March 23, 2026)

FOR AUTHORITY USE ONLY - DO NOT FILL IN

Application ID:

Date Received:

Decision: ☐ Granted ☐ Conditional ☐ Deferred ☐ Denied

Reviewer:

How to Use This Application

This application is the paper version of the online application available at apply.lasersafecertified.com. It collects the information the Authority needs to verify that a single facility or operator meets the Laser Safe Certified Standards. Complete every Part that applies, print or type clearly, sign Part 4, and submit it with the application fee using the instructions in Part 5.

Two kinds of items appear below. Factual fields ask for specific information (names, addresses, devices, training). Attestations are statements you confirm by checking the box; by checking a box you affirm that the statement is true for the facility or operator identified in Part 1. The detailed requirement behind each attestation is set out in full in the Standards, and a copy can be provided to you should you request one. Requests or assistance with this application can be made by calling (561)-515-9974 or emailing: contact@lasersafecertified.com.

DO NOT SUBMIT PATIENT INFORMATION

This application does not ask for, and you must not submit, any patient-identifiable medical information or Protected Health Information (PHI) as defined under HIPAA. Do not attach consent forms, intake or screening records, treatment records, photographs of patients, or adverse-event records. Where this application asks about those practices, answer only by checking the attestation box. The single category of supporting document the Authority collects is proof of Laser Safety Officer training (Part 4), which contains no patient information.

Fees. Certification requires two fees: an application fee, due with this application, and a certification fee, charged upon approval or conditional approval. Renewal fees are separate and governed by the Certification Agreement.

Part 1 — Applicant and Certified Subject

1.1 Type of Application (select one)

Each facility and each operator requires a separate application. Owners of multiple locations should not file individual applications but should contact (516)-515-9974 or enterprise@lasersafecertified.com for the multi-facility or multi-operator process.

☐ **Facility — a single physical location where aesthetic or cosmetic laser or light-based procedures are performed.**

☐ **Operator — a single individual who performs aesthetic or cosmetic laser or light-based procedures.**

1.2 Applicant

The Applicant is the party that enters into the Certification Agreement and is either the owner/franchisor of a facility or an individual operator seeking certification.

Name of Applicant	
Type (individual / LLC / corp. / other)	
Name of owner or principal	
Primary contact person	
Contact email	
Contact phone	

1.3 Certified Subject

Complete the block that matches your selection in 1.1. This is the single facility or operator the certification will cover.

If a Facility:

Facility name (and DBA)	
Physical address	
City / State / ZIP	

If an Operator:

Operator name	
Address where procedures are performed	
City / State / ZIP	

1.4 Address for Decision Notice and Certification Package

The Authority sends decisions by email to the contact in 1.2, but can send emails to additional emails if desired, and mails a physical certification package, if an application is granted, to the address below.

Additional Emails (if any)	
Mailing address for package	
City / State / ZIP	

Part 2 — Standards Compliance

2.1 Personnel

Laser Safety Officer (LSO). Identify at least one LSO. A facility's LSO may be an owner, manager, or qualified staff member; an individual operator may serve as their own LSO.

**For a listing of responsibilities a LSO must fulfill, Appendix A of the Standards may be referenced.*

LSO Name	
Contact Email	
Additional LSO Name (if applicable)	
Contact Email (if applicable)	

LSO training. This section applies only to Facility applicants. List the general laser safety course(s) each LSO has satisfactorily completed. Attach proof of completion for each (see Part 3). Do not attach anything containing patient information.

LSO name	Course title	Training provider	Date completed

Attestations.

☐ At least one Laser Safety Officer has been designated, is reasonably available to address laser safety matters, and is empowered to pause or stop the use of any device when, in the LSO's judgment, safety controls have been violated or are insufficient to protect patients or others.

☐ Each designated LSO (for a facility) has satisfactorily completed a general laser safety course covering hazard awareness, control measures, eye protection, and safe operating practices, and proof of completion is attached. **DO NOT CHECK THIS BOX IF THIS APPLICATION IS FOR AN OPERATOR.**

☐ Every individual who operates a device has completed the device manufacturer's training, where one is offered, or equivalent training, for each device they operate.

2.2 Device Compliance and Maintenance

Device inventory. List every laser or light-based device used. Include the device type (laser, IPL, BBL, or other), hazard class (3R, 3B, or 4), emitted wavelength(s), and the procedure(s) you perform with it. **DO NOT LIST RED LIGHT LED DEVICES.**

Make	Model	Highest Classified Output	Wavelength(s)	Procedure(s)
		☐ 3R ☐ 3B ☐ 4 ☐ Other (specify):		☐ hair removal ☐ tattoo removal ☐ skin resurfacing and rejuvenation ☐ skin tightening, wrinkle reduction, and scar remodeling ☐ treatment of sun damage, age spots, and other pigmented lesions ☐ treatment of vascular lesions, such as redness, spider veins, and telangiectasia ☐ acne and acne-scar treatment ☐ teeth whitening ☐ onychomycosis (nail fungus) treatment ☐ other (specify):
		☐ 3R ☐ 3B ☐ 4 ☐ Other (specify):		☐ hair removal ☐ tattoo removal ☐ skin resurfacing and rejuvenation ☐ skin tightening, wrinkle reduction, and scar remodeling ☐ treatment of sun damage, age spots, and other pigmented lesions ☐ treatment of vascular lesions, such as redness, spider veins, and telangiectasia ☐ acne and acne-scar treatment ☐ teeth whitening ☐ onychomycosis (nail fungus) treatment ☐ other (specify):

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Plume management: For tattoo-removal, ablative resurfacing devices, or other plume generating procedures, the Authority will determine from this inventory whether a device has integrated plume management. If it does not, the Authority may ask you to identify the external smoke-evacuation or local-exhaust system you use. In the event that you have an external smoke-evacuation or local-exhaust system in place, you may note it here:

Attestations.

☐ Each device is set up, operated, and maintained in accordance with the manufacturer's instructions and specifications.

☐ Each device is maintained, serviced, and calibrated on the manufacturer's schedule by personnel qualified to service it, and records of maintenance, service, and calibration are kept.

☐ Each device identified above displays a hazard classification label that is intact and legible.

2.3 Eye Protection

☐ At least two pairs of laser protective eyewear, rated for the wavelength(s) and optical densities of each device power Appendix B of the Standards, are on hand and available for use with that device.

☐ The operator and any other person present in the treatment area while a device is in operation wear protective eyewear appropriate to the device in use.

☐ Patients are provided, and wear, appropriate eye protection during any procedure in which their eyes may be exposed to the device.

☐ Protective eyewear is inspected periodically, and any eyewear that is damaged, faded, pitted, cracked, or otherwise compromised is removed from use.

2.4 Treatment Area Safety

☐ During any procedure, access to the treatment area (a bay or room in which a procedure is performed and within which a laser or light-based beam, or its reflections could reasonably reach a person's eyes or skin while the device is in operation) is limited to the patient, the operator, and authorized persons (individuals that the operator, or laser safety officer have permitted to be present for a legitimate reason connected to the procedure) and no one without appropriate eye protection is permitted to enter while a device is in operation.

☐ A laser warning sign, per Appendix C's guidelines in the Standards, is posted at the entrance to the treatment area and displayed at least while a device is in operation.

☐ The treatment area is arranged so the beam cannot reach outside it during operation such that windows, doors, and other openings are covered or blocked, and open bays are positioned, screened, or barriered against beam travel.

☐ Mirrors and other highly reflective objects are kept out of the beam path during operation.

2.5 Non-Beam Safety: Fire and Infection Control

☐ Flammable materials are kept clear of the beam path, and to the extent alcohol-based or other flammable skin preparations are used on patients, they are allowed to dry fully before a device is operated.

☐ A functioning fire extinguisher is readily accessible in the treatment area.

☐ Standard infection-control precautions are followed, including hand hygiene before and after each patient contact, the wearing of disposable gloves whenever contact with skin, blood, or other bodily fluids is reasonably anticipated and the changing of those gloves between patients, and the handling of sharps and contaminated materials so that patients and personnel are not exposed to them.

☐ Treatment surfaces and any equipment or device component that contacts the patient are cleaned and disinfected between patients, using a disinfectant and method appropriate to the surface, and any reusable patient-contact item is cleaned and disinfected or sterilized, as appropriate to the item, before it is used again.

☐ Single-use items, including those itemized per Appendix D of the Standards, are discarded after each procedure performed on a patient and are not reused.

2.6 Patient Intake and Consent

Answer by attestation only. Do not attach consent forms, screening records, or any patient information.

☐ Before a patient's first procedure, a basic health history sufficient to identify contraindications (such as photosensitizing medications, recent sun exposure, pregnancy, keloid or abnormal scarring history, active skin infection in the treatment area, and prior adverse reactions) is obtained by at least the operator.

☐ The patient's skin type is assessed before treatment (for example, using the Fitzpatrick scale) to inform appropriate device settings.

☐ Written informed consent is obtained before a patient's first procedure, identifying the procedure and disclosing reasonably foreseeable risks, including burns, blistering, pigmentation changes, scarring, and eye injury.

☐ The patient's written acknowledgment of the eye-protection requirement is obtained before a patient's first procedure, including that removing eyewear during a procedure is at the patient's own risk and will result in termination of the procedure.

☐ A test spot at the intended settings is performed where recommended by the manufacturer or appropriate to the procedure and patient.

☐ The patient is informed before any beam or light is emitted that a laser or light-emitting device will be fired.

☐ Aftercare instructions appropriate to the procedure, expected reactions, care of the treated area, and signs warranting medical attention, are provided after the procedure.

2.7 Treatment Documentation

Answer by attestation only. Do not attach treatment records.

☐ A treatment record is created and retained for each procedure, identifying at minimum the patient, the date, the procedure, the device used, and the settings or parameters applied.

☐ Each treatment record identifies the operator who performed the procedure.

☐ Treatment records and associated patient information are stored securely and protected against unauthorized access, use, or disclosure.

2.8 Adverse Event Response and Reporting

☐ When a patient experiences a suspected adverse event, the patient is promptly assessed and appropriate action is taken, including referral for medical evaluation where warranted and prompt referral to an eye-care professional for any suspected eye injury.

☐ Each suspected adverse event is documented, including the date, the procedure and device involved, the settings applied, a description of the event, and any referral or follow-up provided.

2.9 General Compliance

☐ All information provided in this application is true, accurate, and complete.

☐ The facility or operator will maintain compliance with the Standards throughout the term of certification and will promptly notify the Authority of any change in circumstances that affects compliance.

2.10 Licensing and Credentials

Provide the licensing information (if any) that establishes eligibility under Section 2 of the Standards. List the state(s) in which procedures are performed and the business, professional, or facility licenses or credentials required there.

State	License / credential type	License / credential number	Issuing authority

Part 3 — Supporting Documents

Attach only the following. Do not attach anything containing patient information.

☐ Proof of LSO training — a certificate or comparable document showing satisfactory completion of a general laser safety course, for each designated Laser Safety Officer listed in 2.1.

Number of training documents attached: _____

The Authority may request additional documentation during verification. It may also confirm information through publicly available records. Verification is completed within fourteen (14) calendar days of a complete application; the Authority will notify you in writing if review will take longer.

Part 4 — Applicant Certification and Agreement

Read and check off the following before signing.

☐ I have answered truthfully and understand that misrepresentation is grounds for denial or revocation of certification.

☐ I understand that by submitting this application I will execute the Authority's Certification Agreement and that, should certification or conditional certification be granted, the Certification Agreement governs and becomes effective only if and when the Authority delivers written notice of a grant or conditional grant. The Authority will provide its decision within 14 days.

☐ I understand that the application fee is due now and is non-refundable, and that a separate certification fee is charged upon certification grant or conditional grant.

☐ I am authorized to submit this application and to bind the Applicant identified in Part 1.

Signature: _____

Printed name: _____ **Title:** _____

Date: _____

Part 5 — Submission Instructions and Fees

To submit this paper application:

1. Complete Parts 1–4 and attach the Part 3 document(s).
2. Include the application fee by the method below.
3. Mail to:

   American Laser Safety Authority, Corp.
   480 Hibiscus St.
   APT 814
   West Palm Beach, FL 33401

Fees
Application fee (due with this application): $195

Certification fee (charged upon approval / conditional approval): $995

Payment method: ☐ Check enclosed

☐ Credit Card:

Number: _____
Expiration Date: _____
Security Code: _____
Name on Card: _____
Billing Zip Code: _____

Information you submit is treated as confidential and used only to verify, certify, and administer the Mark. The Authority may publish the fact of certification, the name and location of the certified facility or operator, the certification level if any, and the effective and expiration dates in its public registry at lasersafecertified.com.