



BOARD OF LASER SAFETY®
 13501 Ingenuity Dr., Suite 128
 Orlando, FL 32826
 Direct Line: 407.985.3810
 Toll Free: 800.34.LASER
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APPLICATION FOR CMLSO® EXAMINATION 2020

Instructions:

Fill out this application in its entirety. This form may be photocopied. Please type or print legibly using black ink only.
 Do not use "see attached" in lieu of filling out required forms. Failure to properly complete required forms will delay the processing of your application and may result in its rejection.

- Initial Application Reapplication Date: _____
- Computer Based Test
- August 17, 2020 – Austin, TX
- Other _____

1. Name _____ 2. Date of Birth _____
(Prefix) First Middle Last

3. Company _____ Mailing Address: Home Business

4. Mailing Address _____

5. Home Telephone _____ 6. Business Telephone _____

7. E-mail _____ 8. Cell Phone _____

9. Education

Institution	Major	Minor	Years of Attendance	Degree	Year

10. Additional education and training related to Laser Safety. Please provide copies of certificates.

Institution	Course Title	Course Length	Dates

11. Laser Safety Officer Course Taken – Please provide copy of certificate unless provided by LIA.

_____ Date _____ Sponsoring Organization _____

Applying for exemption to LSO course - supporting explanation attached with application.

12. Professional Experience. Start with your most recent position. Information must be provided on this form. Be concise but complete.

Current Position ^{From} ___/___/___ ^{To} ___/___/___ Employer _____

Position/Title _____ Percent Time in Laser Safety Practice _____

Immediate Supervisor(s) _____

Name Title From mo/yr To mo/yr

Name Title From mo/yr To mo/yr

Description of Duties _____

Next Previous Position ^{From} ___/___/___ ^{To} ___/___/___ Employer _____

Position/Title _____ Percent Time in Laser Safety Practice _____

Immediate Supervisor(s) _____

Name Title From mo/yr To mo/yr

Name Title From mo/yr To mo/yr

Description of Duties _____

13. Professional Reference. There must be two references, one of which should be from the applicant's immediate supervisor covering the entire time period for which the applicant requests experience credit. When an applicant is/was a principle in a business and has/had no supervisor, the BLS will accept references from major clients. Please have your references fill out the Professional Reference Questionnaire and return it to the BLS.

Professional Reference 1: _____
Professional Reference 2: _____

Scope of Certification

Certification demonstrates that an individual has met certain requirements of professional experience and has successfully completed an examination designed to test knowledge in the field of laser safety. Holders of BLS certification may identify themselves as a Certified Medical Laser Safety Officer or a CMLSO. It should be emphasized that a certificate awarded by the BLS does not constitute a license to practice, nor does it guarantee that a CMLSO meets any federal, state or other requirements related to the practice of laser safety.

Agreement

I certify that the preceding statements, including any attachments, are to the best of my knowledge accurate. I understand that any falsification in this application will be grounds for rejection, or for later revocation of any certificate issued. I understand that the BLS may investigate or research any information submitted on this application, and agree to provide supporting documentation if asked. I understand that all applicants are subject to the terms and conditions set out for applicants in the CMLSO Policies and Procedures Manual. If I am certified, I will understand that I must pay every 3 years such amount as the BLS shall decide as a part of the BLS's recertification requirement. If I am certified, I will adhere, to the best of my ability, to the BLS Code of Professional Conduct as published in the CMLSO Policies and Procedure Manual.

If I am not certified, if my certification is inactive, have had my certification revoked for any reason, or am not in good dues standing may not use the designations "Certified Medical Laser Safety Officer" or "CMLSO." By signing this application, I hereby release and forever discharge Laser Institute of America and the Board of Laser Safety, its administrators, employees, volunteers, agents, and all other persons, who it might be claimed to be liable, none of whom admit any liability from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from any accident which might occur as a result of practicing laser safety as a Certified Medical Laser Safety Officer. I hereby declare that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, stipulated or otherwise, on account of the injuries and damages above mentioned, and for the express purposes of precluding forever any further or additional claims arising out of any possible accident by the me. This is a voluntary release for any and all future injuries or accidents. I am aware of the risks of practicing laser safety and hereby assume all risks. The risks include those foreseen and unforeseen, known and unknown. I understand that certification does not constitute a license to practice and is not a substitute for compliance with government agency or other requirements.

A nonrefundable application fee, payable to BLS of \$50.00 (US funds) must accompany this application. An additional fee per examination will be payable upon notification of admission to examination. This application and supporting materials must be postmarked no later two weeks prior to the selected exam date deadline. The BLS does not discriminate among applicants as to age, sex, race, religion, national origin, disability or marital status. [Testing Accomodations \(ADA and non-ADA\)](#) can be requested through our third-party testing partner, Prov.

Signature

Date

**The application fee can be [paid on our website](#).
An e-invoice for the exam fee can be sent to you
by filling out the form below.**

E-INVOICE REQUEST

Exam Fee: \$200

Instructions:

Fill out this application in its entirety. Please type or print legibly using black ink only.

CARDHOLDER NAME: _____ **DATE:** _____
(As it appears on card)

BILLING ADDRESS SAME AS MAILING: Please check this box if your billing address is the same as your mailing address. If so, filling out the rest of this form is not needed.

BILLING ADDRESS:

(Company name if applicable)

(City)

(State/Province)

(Postal Code)

(Country)

TELEPHONE: _____ **EMAIL:** _____