

ELECTROLOGIST CONTINUING EDUCATION CERTIFICATE OF ATTENDANCE FORM

Licensee's Name: _____ License Number: _____

Title of Presentation: _____

Attendance Date(s): _____ Number of Hours: _____

Description of Content (Please attach course agenda): _____

Authorization Approval	Approved Course of Study
Name of Presenter / Instructor (Please Print):	Designate all areas of course content that apply: <input type="checkbox"/> Oregon Laws and Rules <input type="checkbox"/> Bacteriology <input type="checkbox"/> Sanitation and Sterilization <input type="checkbox"/> Anatomy and Physiology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Structure, Dynamics and Diseases of the Skin and Hair <input type="checkbox"/> Circulatory and Nervous System <input type="checkbox"/> Electricity <input type="checkbox"/> Electrolysis (Galvanic) <input type="checkbox"/> Thermolysis <input type="checkbox"/> Combinations of Electrolysis and Thermolysis (Blend) <input type="checkbox"/> Draping and Positioning <input type="checkbox"/> Professional Ethics and Business Practices
Signature of Presenter / Instructor:	
Name of Sponsor:	
Address of Sponsor:	
City, State, Zipcode:	
Sponsor phone number: ()	

Licensee's Signature: _____

Date: _____