

Aesthetics Application – Records

REGISTRANT INFORMATION

Given Name(s)		CNPBC Registration Number
Surname		

CERTIFICATION INFORMATION

Certification Level Applying For	
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Please provide details of 100 patient records demonstrating treatment in the required area (i.e. 100 for Cosmetic Botulinum toxin, 100 for Level 1 or 100 for level 2):

LEVEL 1 AREAS

LEVEL 2 AREAS

Lips Cheeks Chin Marionettes Nasal Folds (with cannula only) Jawline	Glabella Forehead Nose (bridge, tip, and nasolabial junction) Pyriform Nasal Folds (with needle) Tear troughs Eyelids Temples Body
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Each patient interaction is considered 1 treatment, regardless of the number of injections performed in that visit.

Note: You will be required to submit ten (10) patient records, from each level, which will be randomly selected by the College. Patient records must be redacted to remove all identifying information except the first letter of the patient's name (ex. phone number, address, etc.). Any discrepancy between this application and the requested records may be referred to the Inquiry Committee.

	Treatment Performed	Date YYYY-MM-DD	Patient First Initial
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DECLARATION

I confirm that the information provided in this form is true, complete, and accurate to the best of my knowledge.

Signature

Date