



Personal Record of Training in Non-Surgical Cosmetic Procedures

This form is for your personal use to help you track and document your training in non-surgical cosmetic procedures. You do not need to submit this form to the College unless you are being assessed by the College and you are asked to demonstrate your training. **One set of forms should be maintained for each non-surgical cosmetic procedure that you wish to perform.**

Personal Information

Name	<input type="text"/>	CPSO Number	<input type="text"/>
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Practice address

Street	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	Postal Code	<input type="text"/>
		Email	<input type="text"/>

Specific procedures in your practice

- | | |
|--|--|
| <input type="radio"/> Botox/Neurotoxins | <input type="radio"/> Temporary Filling Agents |
| <input type="radio"/> Chemical Peels | <input type="radio"/> Microdermabrasion |
| <input type="radio"/> Laser Hair Removal | <input type="radio"/> Laser Skin Treatments |
| <input type="radio"/> IPL Treatments | <input type="radio"/> Thermage/Thermacool |
| <input type="radio"/> Injection Vein Therapy | <input type="radio"/> Superficial Laser Vein Therapy |
| <input type="radio"/> Injection Lipolysis - below the neck | <input type="radio"/> Injection body contouring - below the neck |

Other (specify)

Pre-Patient Training

Previous relevant clinical training

Literature articles or textbooks reviewed (please list)

Website references (please list)

For this procedure, check the items in the following list that you have reviewed.

- Basic science
- Anatomy
- Indications
- Contraindications
- Potential Complications
- Management of complications

Procedure being logged

Instructional Courses Attended

Please complete for **each** course attended **for this specific procedure**.

Date(s) of course

Sponsoring agency/company

Instructor

Designation

Course description

RCPS/CFPC/ACCME certified course

Yes

No

CME credit hours

Procedure being logged

Simulation Training Experiences

Describe any observation or performance of simulations of procedure in a non-clinical setting e.g., simulators, cadaveric or animal models

Training in the Clinical Setting

Live Patient Demonstrations

	Initials	Areas Treated	Date
Patient 1			
Patient 2			
Patient 3			
Patient 4			

Comments or observations

Supervised Performance of Procedure

For this procedure, list the patients that you have personally treated, **under direct supervision**, including information regarding your supervisor. **It is recommended that a minimum of FIVE patients be treated under direct supervision before proceeding to independent practice.** Complete one sheet for each patient treated.

PATIENT 1

Physician Observer name	<input style="width: 95%;" type="text"/>	Speciality	<input style="width: 95%;" type="text"/>
CPSO number	<input style="width: 95%;" type="text"/>		
Years of experience with this non-surgical procedure	<input style="width: 95%;" type="text"/>		
Total number of treatments performed	<input style="width: 95%;" type="text"/>		

Treatment details

Date of treatment	<input style="width: 95%;" type="text"/>	Patient initials	<input style="width: 95%;" type="text"/>	Age	<input style="width: 95%;" type="text"/>
Area treated	<input style="width: 95%;" type="text"/>				
Product used	<input style="width: 95%;" type="text"/>	Dose/Volume	<input style="width: 95%;" type="text"/>		
Technique used	<input style="width: 95%;" type="text"/>				
Immediate outcome	<input style="width: 95%;" type="text"/>				
Post-treatment care recommended	<input style="width: 95%;" type="text"/>				
Written instructions issued	<input type="radio"/> Yes <input type="radio"/> No				
Two week follow-up outcome	<input style="width: 95%;" type="text"/>				
Complications	<input style="width: 95%;" type="text"/>				
Management of complication (if any present)	<input style="width: 95%;" type="text"/>				

Please print out this form and obtain signature of physician observer below.

Physician observer signature
