

Complete shaded fields, click applicable boxes, and save a flattened copy for each training.

01 PRACTICE & SESSION DETAILS

Practice / account name

Practice phone

Practice address / city / state / ZIP

Office contact / title

Contact email

Medical director / credentials

Clinical trainer / credentials

☐ OligioX

☐ PicoMajesty

☐ PicoAlex

☐ SandroDual

☐ V-Laser

☐ PastellePro

Serial Number(s)

Training date(s)

Start time

End time

Total hours

☐ Initial training

☐ Follow-up / refresher

☐ Sales demonstration

☐ Other / Paid Additional

02 TRAINING ATTENDEES

Use certificate names. Check Full only for attendance throughout the session.

NAME	TITLE / CREDENTIALS	FULL
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

Attendance exceptions / partial attendance times / other session type

03 TOPICS COVERED

Check completed topics. Note device-specific instruction and deferred topics below.

FOUNDATIONS & SAFETY

- ☐ Device physics / mechanism of action
- ☐ Tissue interaction / expected effects
- ☐ Contraindications / patient selection
- ☐ Operator, eye, fire and electrical safety

SYSTEM OPERATION

- ☐ Setup, shutdown and emergency controls
- ☐ Screen, settings and parameter selection
- ☐ Handpieces, tips and accessories
- ☐ Cleaning, maintenance and troubleshooting

CLINICAL APPLICATION

- ☐ Skin assessment / treatment planning
- ☐ Test spots and clinical endpoints
- ☐ Technique, contact / distance and coverage
- ☐ Pre-care, post-care and complications

DOCUMENTATION & RESOURCES

- ☐ Consent, photos and treatment records
- ☐ Adverse event reporting process
- ☐ Manual / quick reference guide reviewed
- ☐ Demonstration and supervised practice

Device-specific instruction / deferred topics and reason

04 EQUIPMENT & TRAINING CONDITIONS

- | | |
|---|---|
| ☐ System / accessories intact | ☐ Missing or damaged items |
| ☐ System and accessories functioned properly | ☐ Equipment malfunction noted |
| ☐ Adequate training time provided | ☐ Training time limited |
| ☐ Manufacturer safety guidance followed | ☐ Deviation / safety concern noted |

Equipment / safety concerns, corrective actions, service contact / reference (if applicable)

05 SUPERVISED TREATMENTS

Use patient initials or a training ID only. Record actual settings and observations.

☐ No patient treatments ☐ Staff / non-paying models ☐ Paying patients

1. Patient initials / ID

Device / treatment / area

Provider initials

Settings, handpiece / tip, pulse / energy counts, endpoint, tolerance and technique

2. Patient initials / ID

Device / treatment / area

Provider initials

Settings, handpiece / tip, pulse / energy counts, endpoint, tolerance and technique

3. Patient initials / ID

Device / treatment / area

Provider initials

Settings, handpiece / tip, pulse / energy counts, endpoint, tolerance and technique

4. Patient initials / ID

Device / treatment / area

Provider initials

Settings, handpiece / tip, pulse / energy counts, endpoint, tolerance and technique

06 ADVERSE EVENTS☐ No adverse events observed☐ Adverse event(s) observed

Event details / immediate actions / patient outcome / follow-up

Reported to / department / date and time / reference number

07 TRAINER ASSESSMENT

Select one status per skill. Record gaps and actions in the follow-up field.

	Demonstrated	Needs review	N/A
Device science and skin assessment	☐	☐	☐
System operation and safety controls	☐	☐	☐
Technique and handpiece control	☐	☐	☐
Parameter selection and clinical judgment	☐	☐	☐
Endpoint recognition and aftercare	☐	☐	☐

☐ Additional training recommended☐ No additional training recommended

Trainer observations / gaps / follow-up actions / responsible person / target date

08 ACKNOWLEDGMENT & SIGN-OFF

The undersigned confirm the training, attendance and observations recorded in this report. Attendance does not establish independent clinical competency or expand professional scope. Providers remain responsible for clinical judgment and following manufacturer instructions.

Physician / manager signature

Date (mm/dd/yyyy)

Clinical trainer signature

Date (mm/dd/yyyy)