

**NOTARIZED ACKNOWLEDGMENT
COLLABORATION WITH AN ADVANCED ESTHETICIAN**

Pursuant to NRS 644A.545, an advanced esthetician may perform nonablative esthetic medical procedures under the supervision of a health care professional if , at all times during the performance of the procedure, the health care professional:

(a) Is readily available for immediate consultation with the advanced esthetician by telephone or other communication technology which allows the health care professional and the advanced esthetician to communicate in real time; and

(b) Remains within 60 miles or 60 minutes of the location at which the procedure is being performed and is readily available to provide care in person if any problems arise during the procedure.

COMES NOW _____, a health care professional as defined by NRS 453C.030 being first duly sworn, who deposes and says that: I, the undersigned, affirm that I am a licensed health care professional in the state of Nevada, am in **good standing** with my governing regulatory Board, and am not aware of any disciplinary action, formal or informal; pending against me by my respective licensing Board(s) or any other jurisdiction's medical licensing entity.

I have read and am aware of the laws and regulations included in the Nevada Revised Statutes and Nevada Administrative Code for Chapter 644A, concerning the duties of a supervising health care professional. I am aware that I must remain in compliance with my governing Board(s) regulation(s) pertaining to the duties and obligations of a supervising health care professional along with any rules, regulations, policies and best practices restricting supervision based on level of skill or experience and scope of practice.

I understand that an Advanced Esthetician may perform nonablative esthetic medical procedures only under the supervision of a health care professional.

Notice of any changes to this agreement, including termination of supervision, can be sent via email to inspection@nvcosmo.com or or via USPS mail to:

Nevada State Board of Cosmetology
8945 W. Russell Rd. #200
Las Vegas, NV 89148

I agree that this collaborative relationship will not begin until the board has received and approved this collaboration agreement.

I hereby certify that I am entering into a collaborative agreement to supervise _____, an Advanced Esthetician. I have consulted with the Board of Cosmetology and affirm that _____, establishment where the Advanced Esthetician is practicing and the Advanced Esthetician under my supervision holds an active license with the Board of Cosmetology.

Please know that this collaboration is per establishment location and cannot be used at any other location other than the location named above.

WHEREFORE, I set my hands this ____ day of _____, 20____.

Health Care Professional's Name
(Print or Type)

Health Care Professional's Signature

Health Care Professional's **License Type and Number** (MD, DO, PA, APRN) _____

Health Care Professional email address _____

Health Care Professional place of practice address _____

COMES NOW _____, an Advanced Esthetician, being first duly sworn, who deposes and says that: I, the undersigned Advanced Esthetician, am duly licensed as an Advanced Esthetician in the state of Nevada, and in good standing with the Nevada State Board of Cosmetology. I have read and am aware of the provisions included in the Nevada Revised Statutes and Nevada Administrative Code for Chapter 644A.

I understand that an advanced esthetician may perform nonablative esthetic medical procedures under the supervision of a health care professional.if , at all times during the performance of the procedure, the health care professional:

(a) Is readily available for immediate consultation with the advanced esthetician by telephone or other communication technology which allows the health care professional and the advanced esthetician to communicate in real time; and

(b) Remains within 60 miles or 60 minutes of the location at which the procedure is being performed and is readily available to provide care in person if any problems arise during the procedure.

WHEREFORE, I set my hands this ____ day of _____, 20____.

Collaborating Advanced Esthetician's Name
(Print or Type)

Collaborating Advanced Esthetician's Signature

State of Nevada

County of _____

The above-named _____

(Health Care Professional)

being first duly sworn, appeared before me on the ____ day of _____, 20__, and **in my presence**, executed this document consisting of two (2) pages.

State of Nevada

County of _____

The above-named _____

(Advanced Esthetician)

being first duly sworn, appeared before me on the ____ day of _____, 20__, and **in my presence**, executed this document consisting of two (2) pages.

Notary Public

Notary Public