



**Summary of Training and Experience**

**I. Training**

**Training Received From:** \_\_\_\_\_

**Date(s) of Training:** \_\_\_\_\_

**Formal Course Total Hours:** \_\_\_\_\_

**On the Job Training (Total Hours):** \_\_\_\_\_

**Brief Description of Training:**

**II. Experience**

**A. Type of Laser / Laser System:** \_\_\_\_\_

**Where Experience was Gained:** \_\_\_\_\_

**From** \_\_\_\_\_ **to** \_\_\_\_\_

**B. Type of Laser / Laser System:** \_\_\_\_\_

**Where Experience was Gained:** \_\_\_\_\_

**From** \_\_\_\_\_ **to** \_\_\_\_\_

**From** \_\_\_\_\_ **to** \_\_\_\_\_

(Attach any additional information you think is pertinent to this application)