



## Physician Authorization Form

*This form must be completed by each PA, NP, or RN registering for an Aesthetic Advancements' course.*

Aesthetic Advancements, Institute  
2700 Braselton Hwy, Suite 10-450  
Dacula, Georgia 30019  
Phone: (800) 714-4811

**RE: Acknowledgement and Authorization for Hands-On Training**  
**Please complete for each PA, NP, or RN registering.**

I attest by my signature that I am the supervising physician for \_\_\_\_\_ and that he/she practices under my supervising authority.

I hereby confirm that I am aware that \_\_\_\_\_ is participating in an instructional course on the proper administration of:

Neurotoxins (BoNTA)/Dermal Fillers

I further understand he/she will be providing patient treatment during the hands on portion of the course. I understand and give my permission, as the supervising physician, that the treatments will be provided by \_\_\_\_\_ and will be performed outside of my presence.

PRINT:

\_\_\_\_\_  
AAI Course Date and Location (City/State)

\_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Practice Address, City, State, Zip Code

\_\_\_\_\_  
Supervising Physician Name/Credentials (Please Print)

\_\_\_\_\_  
Supervising Physician Signature

\_\_\_\_\_  
Date

**To return this form to AAI, please scan (or take a picture) and email to**  
**[acamp@aestheticadvancements.com](mailto:acamp@aestheticadvancements.com)**