

Introduction to Photobiomodulation Therapy and Safety: Laser Safety Course

Sunday 19th April 2026

9:00AM – 12:45PM (AEST)

ONLINE PROGRAM

8.55 – 9.00AM Registration Opens (5 mins)		
Time	Speaker	Topic
9.00 – 10.15	Dr. Roberta Chow	Introduction to PBMt and Safety
10.15 – 10.25	Dr. Ann Liebert & Dr. Brian Bicknell	Q&A
10.25 – 11.20	Dr. Roberta Chow	Laser Safety Course
11.20 – 11.30	Dr. Ann Liebert & Dr. Brian Bicknell	Q&A
11:30 – 12:00	Lunch Break	
12.00 – 12.45	Multiple Choice Exam	Laser Safety Course



Registration form for Laser Safety Course

Sunday 19 April 2026, 9.00am – 12.45pm AEST (UTC +10)

Online via Zoom

Title	First name	Surname
Organisation/Company name	Occupation	
Work phone	Mobile phone	Email address
Address		
City	Country/Region	Postcode

Registration (please tick)

Form must be completed and submitted by Friday 10 April 2026

Laser Safety Course - Members \$150

Laser Safety Course – Non-members \$300

Payment (please tick):

Bank transfer (preferred):

Account Name – AMPA

BSB – 082 309

Account No. – 53 456 6252

Credit card (Visa or Mastercard only):

Card number

Name

Expiry

CW

Transfer date: ____ / ____ / ____

Registered attendees that have paid will receive the link to the course prior to the meeting that is password protected. If you are not from Australia please remember to check the time differences. The Laser Safety Course is being held from 9:00am to 12:45pm AEDT (UTC +10).

Full payment must be made before the event starts. Please return completed registration forms to admin@ampa.net.au by **Friday 10 April 2026**.

AMPA acknowledges and respects your privacy. The information you provide on this form is collected for the purpose of processing your registration. We will use the information to keep you informed about our products, services, offers and upcoming events and to improve services to you. We will also provide information about you to the sponsors of the event for the purpose of providing you with direct marketing offers which we think may be of interest to you. If you do not consent to this disclosure of information about you or if you do not want to receive information about other AMPA educational seminars please email admin@ampa.net.au.

AUSTRALIAN MEDICAL PHOTOBIO-MODULATION ASSOCIATION, INC.

Email for all correspondence: admin@ampa.net.au

MEMBERSHIP APPLICATION FORM

APPLICANT DETAILS

Title: _____ Surname: _____

Preferred First Name: _____

Email Address: _____

Preferred Phone: _____ Contact Fax: _____

Postal Address: _____ State: _____ Post Code: _____

Profession: _____

Qualifications: _____
Please list all tertiary education qualifications

Current Occupation: _____
Please provide a description

Workplace Name: _____

MEMBERSHIP CLASSES & FEES

Tick one box only. Admission into a membership class is granted at the sole discretion of the Council, in accordance with the Association's Objects and Rules. A description of membership classes is available overleaf. Please ensure you meet the appropriate eligibility requirements. Amounts shown are current membership fees, due and payable upon acceptance into membership.

- | | | | |
|-----------------------------------|-------|-------------------------------------|-------|
| <input type="checkbox"/> Full: | \$200 | <input type="checkbox"/> Student: | \$50 |
| <input type="checkbox"/> General: | \$150 | <input type="checkbox"/> Corporate: | \$500 |

Please pay via credit card (**only Visa or MasterCard**) or bank transfer (details below), as applications will not be processed unless or until payment is received. Payments will be returned if application is incomplete or unsuccessful.

Acct.: Australian Medical Laser Assoc **BSB:** 082309 **Acct. No.:** 534566252 **Transfer date:** _____

Name on CC: _____ **CC N.o.:** _____ **Exp:** _____

- PRACTITIONER DIRECTORY OPT-IN:** Please tick if you consent to having your practice details (address and contact number) or email released should AMPA get a request for laser practitioners.
- NEWSLETTER OPT-IN:** Please tick to receive a regular newsletter. You may unsubscribe at any time

STATEMENT BY APPLICANT

I, the undersigned, hereby apply for admission to the Australian Medical Photobiomodulation Association, Inc., and agree to support the Association's objects and abide by its rules and by-laws. By applying for membership, I accept that the information I provide may be shared with the AMPA Council but will not be divulged to other organisations or businesses unless specifically approved by me. I further accept that, if granted, Membership of AMPA does not award to me any accreditation or certification as a laser practitioner nor any other form of recognition as having any specific qualification or expertise as a laser practitioner, and agree that I will not misrepresent my Membership as conveying any such accreditation, certification, qualification or expertise.

Signature: _____ Date: _____

Please scan this form and return to the email address listed above with your payment details enclosed, and include documentary proof of your eligibility for the membership class selected above.

AUSTRALIAN MEDICAL PHOTOBIO-MODULATION ASSOCIATION, INC.

Membership Classes

- ⇒ Full
- ⇒ General
- ⇒ Student
- ⇒ Corporate

Full Members

Persons having the following tertiary qualifications may apply to the Council to be admitted as Full Members of the Association:

- ⇒ AHPRA-registered, accredited medical practitioners.
- ⇒ AHPRA-registered, accredited medical dentists.
- ⇒ AHPRA-registered, accredited physiotherapists.
- ⇒ persons registered in Australia or New Zealand as veterinarians
- ⇒ retired members of those professions listed above.
- ⇒ persons of PhD status, or equivalent as may be defined by the Council from time to time, who do not otherwise qualify for Full Membership but whose demonstrable experience or expertise in the fields of laser medicine, photobiomodulation or allied sciences is, at the unfettered discretion of the Council, deemed to be advantageous to the attainment of the objects of the Association.

Full Members have voting rights, and are eligible for election to Council and as Office Bearers.

General Members

The following persons may apply to the Council to be admitted as General Members of the Association:

- ⇒ AHPRA-registered, accredited health practitioners who do not meet the minimum eligibility requirements for Full Membership.
- ⇒ persons engaged in teaching accredited courses of tertiary study leading to entry into those professions eligible for Full Membership and who themselves may not meet the minimum eligibility requirements for Full Membership.
- ⇒ scientists, engineers and technicians involved in the study, support, regulation or advancement of laser medicine, photobiomodulation or allied sciences.

General Members are entitled to the benefits of Association membership, but do not have voting rights and are ineligible for election to Council.

Student Members

The following persons may apply to the Council to be admitted as Student Members of the Association:

- ⇒ persons pursuing a course of study leading to entry into the professions which qualify for Full Membership.

Student Members are entitled to the benefits of Association membership, but do not have voting rights and are ineligible for election to Council.

Corporate Members

The Council may, at its unfettered discretion, admit to Corporate Membership any organization or individual involved in the business or industry of laser medicine, photobiomodulation or allied sciences. Corporate Members may nominate one representative, who does not meet the membership requirements of any other class, to become a General Member.

Corporate Members are entitled to the benefits of Association membership, but do not have voting rights and are ineligible for election to Council.