

The Arab League  
Council of the Health Ministers  
The Arab Board of Health  
Specializations  
General Secretariat

جامعة الدول العربية  
مجلس وزراء الصحة العرب  
المجلس العربي للاختصاصات الصحية  
الأمانة العامة



## Cosmetic Dermatology Facility Accreditation Form



جامعة الدول العربية  
مجلس وزراء الصحة العرب  
المجلس العربي للاختصاصات الصحية  
المجلس العلمي لاختصاص الأمراض الجلدية  
والتناسلية

**New Accreditation**

**Accreditation Renewal**

**I. General information**

Facility name .....

Address .....

Country ..... City .....

Mail Box .....

Telephone ..... Fax .....

E-mail .....

Website .....

Facility affiliation(s):

University  Government Facility  Private

**II. Are the following procedures available in Facility (marked with**

- Neuromodulators
- Soft-tissue Fillers
- Non-Ablative Laser and Light-based Treatments
- Non-Ablative Fractional Resurfacing
- Superficial Chemical Peels
- Platelet Rich Plasma treatments (PRP) – (rejuvenation)
- Microneedling
- Medium to Deep Chemical Peels

- Traditional Ablative laser resurfacing
- Ablative Fractional Laser Resurfacing
- Dermabrasion
- Vascular Laser
- Pulsed-light Therapy
- Cryolipolysis
- Laser Lipolysis
- Ultrasound/Radiofrequency Fat Removal
- Ultrasound/Radiofrequency Tissue Tightening
- Other Energy-based or Chemical Modalities.
- Laser Hair Removal
- PRP (hair)
- Fractional/Vascular Laser. (Scars)
- Acne Scar Excision
- Subcision
- TCA/CROSS
- Injection Treatment
- Elective Procedures

**III. Annual number of cosmetic cases (previous academic year):**

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**IV. Accredited Dermatologist: \*(Refer to manual)**

\* Please attach supporting documents including CV, detailed case log and qualification documents should include patient initials, procedure type and performing doctor.

**- Fellowship co-director:**

Board certification

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Accredited fellowship

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Years of experience:

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Annual number of cosmetic cases (complete case log of the previous academic year): .....

- **Teaching Faculty 1:**

Board certification

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Accredited fellowship

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Years of experience:

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Annual number of cosmetic cases (complete case log of the previous academic year): .....

- **Teaching Faculty 2:**

Board certification

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Accredited fellowship

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Years of experience:

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Annual number of cosmetic cases (complete case log of the previous academic year): .....

- **Teaching Faculty 3:**

Board certification

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Accredited fellowship

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Years of experience:

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Annual number of cosmetic cases (complete case log of the previous academic year): .....

V. **Medical records:**

Electronic

Paper form

**VI. Participation in scientific and educational activities:**

- Seminars
- Workshops
- Conferences
- Continuing Medical Education
- Other: .....

**VII. Available educational and training facilities:**

- Lecture and seminar hall
- Medical evidence and Imaging
- Devices for clarification and presentation
- Other Devices

**VIII. Available Energy-based Devices:**

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**IX. Available dedicated space:**

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**- Recommendations:**

Accredited as a stand-alone facility

Accredited as one of multiple centers

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Did not meet the requirements

Reasons: .....

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- Number of trainees allowed for the entire training period?  
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- Evaluation team members

Committee Chair:

Signature:

Team Members:

Name:

Signature:

Name:

Signature:

Date:

. Approved by the Accreditation, Descriptions and Training  
Committee, date, meeting number and signature of the President

Date:

Signature of the President: