

Preferred Practitioner Alternate Pathway Application

Thank you for your interest in applying to become a Preferred Practitioner (PP) with S4OE.

The links below provide more information about:

- Benefits of becoming a Preferred Practitioner (PP)
- Requirements for applying to become a Preferred Practitioner (PP)

If you have questions, please contact us at memberservices@s4om.org

The applicant agrees to:

- Complete all sections of this application
- Attach copies of all requested documents
- Review [Standards of Practice for Preferred Practitioners](#)
- Communicate in a timely manner with S4OE

Section 1: Contact Information

Applicant Name:

Business

Business Name:

Address:

City: State/Province:

Zip/Postal Code:

Country:

Phone:

Email:

Website:

If you prefer that your primary communication is to a home address, fill in the contact details below:

Home

Address:

City: State/Province:

Zip/Postal Code:

Country:

Phone:

Email:

Section 2: Document Verification

Please attach copies of the following documentation

2.1 Esthetician Credentials

Check appropriate box and attach corresponding documentation

State, Province, or Country regulates Esthetics, Cosmetology or Skin Care Therapy
Attach a copy of current professional license, registration, certificate or equivalent.
See 2.3.A or B below for next steps

State, Province, or Country does **not** regulate Esthetics, Cosmetology or Skin Care Therapy
Name of State/Province/Country
See 2.3.C below for next steps

Which areas of the body do you provide any of the following services for: facials, massage, body scrubs, waxing. Please mark all that apply.

scalp	hand	foot	back
neck	forearm	leg	shoulders
decolétté	lower leg	arm	stomach/trunk

2.2 Professional Liability Insurance

Attach a copy of your current certificate of insurance (COI)

2.3 Entry-Level Esthetic Training

Check the appropriate box and attach corresponding documentation

A. Esthetic training program of 500 hours or more

Attach a copy of your graduation certificate.

OR

B. Esthetic training program of less than 500 hours. You must complete two steps, below:

1. Attach a copy of your graduation certificate.
2. Attach copies of certificates of completion from approved continuing education courses that bring your training up to 500 hours total. Hyperlink to list: NCEA, CIDESCO, IDI, Vodder Institute

Example:

300 hours of General esthetic Training + 200 hours of approved continuing education
= 500 hours

OR

C. Equivalent general esthetic training through specific education, work history and life experience. Attach an explanation of no more than 750 words. Please note that such requests are considered on an individual basis.

Section 3: Oncology Esthetic Knowledge

The [Education Standards for S4OE Foundational Courses](#) provide an outline of the required elements of a S4OE Recognized Foundational Course. Please open the link and review the Education Standards carefully, as this section is based on the current Education Standards.

For each standard, you will be asked to demonstrate your knowledge.

A. The Disease - Overview of cancer

Briefly describe your understanding with regards to the following.

- a. Describe three features of each of the following cancer types: carcinoma, sarcoma, hematologic
- b. Cancer staging
- c. Metastasis, and the most common pathways of spread for two of the five most frequently diagnosed cancers

B. Introduction to Principal Cancer Treatments

Briefly describe, in 3-4 sentences, why knowledge of the three principal treatments listed below are important to planning an oncology esthetics session.

- a. Surgery:
- b. Medical oncology (e.g chemotherapy):
- c. Radiation:

C. Clinical Considerations: Esthetics Adjustments Related to Disease and Treatment Side Effects

*The list of Clinical Considerations is long and varied. Please pick **two** examples from **each of the three subheadings (a-c)** and briefly describe how you would adjust an esthetics session for **each** example chosen. Each answer should include three adjustments.*

a. Esthetics adjustments related to disease:

1. Primary tumor site
2. Metastatic sites
3. Fatigue
4. Pain
5. Other common conditions: shingles, rash, cachexia, ascites, edema
6. Skin changes: xerosis (dry skin), hair loss, hair growth, compromised skin

b. Esthetic service adjustments related to treatment side effects:

1. Surgical side effects such as incisions, infection risk, scar tissue
2. Medical oncology side effects such as peripheral neuropathy, nausea
3. Radiation side effects such as fatigue, skin reaction

c. Other considerations for Esthetic services:

1. Medication side effects such as caused by steroids, thrombolytics, EGFR's
2. Medical devices such as ports, PICC lines, ostomy
3. Blood counts: anemia, neutropenia, thrombocytopenia
4. Venous thromboembolism (VTE) risk
5. Lymphedema and risk of lymphedema
6. Late effects: secondary cancers, bone or organ damage

D. General Esthetic Adjustments

Choose two adjustments from the list below and describe how you would modify for esthetic service. Each answer should include three adjustments.

- Being present to and accepting of the client's physical and emotional state
- Positioning for optimum safety and comfort
- Duration and frequency of each session
- Quality of massage strokes: full hand contact, pace, rhythm
- List three influences when assessing esthetic product ingredients
- Standard precautions

E. Administrative Considerations

Choose one of the considerations listed below and describe how you would incorporate them into your practice.

- a. Practice standards: detailed intake and health history form, consent form, and session documentation
- b. Confidentiality and privacy concerns and regulations
- c. Scope of practice
- d. Building a referral and resource list

F. Clinical Learning Activities (CLAs)

Clinical Learning Activities (CLAs) include all instruction and practice of skills required for direct client care. These include hands-on esthetic and massage techniques, interviewing/intake, clinical decision-making, and verbal communication with clients. For a more thorough description of the CLAs link [here](#).

Read the case scenario below and answer the questions that follow. Successfully answering these will demonstrate that applicants possess the following clinical skills:

- Review of health history form
- Effective communication with clients:
 - In-depth interview and assessment of current client health status
 - Discussion of adjustments in the treatment plan
 - Address client questions
- Identify key information from intake to develop an oncology esthetic treatment plan
- Apply appropriate oncology esthetic protocols for common client presentations

Read the case scenario below and answer the questions that follow.

Case scenario

Pam is a 35-year-old woman who is a single mom of a 2-year-old. She has her parents and a good friend as her main supports and describes herself as a private person who values her independence. She is generally quite active, enjoys recreational sports and is in good health. There is no history of other significant illnesses.

One year ago, she was diagnosed with cancer of the left breast. A sentinel lymph node biopsy (SLNB) revealed cancer in 3 out of 5 nodes. She opted for a left-side mastectomy with DIEP flap reconstruction, and a right-side breast reduction. Surgery was followed by 6 months of chemotherapy and 35 sessions of radiotherapy. She currently reports experiencing significant fatigue daily and is unable to work full time. This has caused financial stress as well. She also reports feeling quite sad that due to her fatigue she is not able to parent with the energy and enthusiasm that she had prior to her treatment.

In the past, she has enjoyed deep tissue massage. She reports noticeable discomfort in her left shoulder, upper back and neck. She thinks it may be due to positioning from radiotherapy and/or perhaps holding her daughter. Even though she applies a lot of moisturizer to the skin on her body often feels dry and uncomfortable, and the skin on her face feels tight and sometimes stings when she applies product. She requests that these areas be addressed during this session.

We are interested in how and why you would adjust the esthetic service plan for this client and what questions you may ask her.

Part I: Based solely on the information in the case scenario, answer the following questions.

1. Identify 3-5 key elements for adjusting this esthetic session that addresses the whole body

2. What are three clarifying questions that you might ask Pam?

3. How would you adjust the esthetic session for risk of lymphedema:

- a. Pressure level and why
- b. Direction of massage strokes and why

4. List 3 skin care suggestions that you would you give to Pam and why?

Part II: You have uncovered new information during the intake process. Pam reports that she is uncomfortable lying flat on her back and that she is feeling very fatigued today. Describe how you may adjust the esthetic session considering for the following elements:

1. Positioning needs and why

2. Other (e.g quality of massage strokes, duration of session, skin care products, standard precautions, being present)

Client: Jeffery

Jeffery was treated for malignant melanoma behind his left ear three years ago and had 11 cervical nodes biopsied. He does not have lymphedema. He lives an active lifestyle and regularly goes mountain biking. Please describe the hands on adaptations that you would make during the facial cleanse/massage and also the home care product recommendations that you would make for him.

Client: Samantha

Samantha comes in requesting a facial and an underarm wax. She reports a history of cancer with SLNB, surgery and radiation to the left axillary area. Shortly after completion of tx 3 years ago she developed lymphedema and was treated for 6-weeks by a CLT for that. She goes for checkups with her CLT every 6-months and her lymphedema has been well controlled, and is described as mild and well managed. Her skin is dry, dehydrated and self-described as sensitized. Please describe the hands on adaptations that you would make during the facial cleanse/massage and arm massage, and also the home care product recommendations that you would make for her.

Client: Angela

Angela reports a history of cancer with radiation to the left axillary area. Shortly after completion of tx 3 years ago she developed lymphedema and was treated for 6-weeks by a CLT for that. She was given compression bandages and home care exercises but is mostly non compliant and rarely goes to her CLT for maintenance therapy. Over time the volume size of her limb has increased and she has now reached a point where her rings and watch no longer comfortably fit. She is requesting your help to decrease her lymphedema.

Please describe the hands on adaptations that you would make during her facial cleanse/massage and arm massage.

Please describe how you would address the request for help with lymphedema.

Client: Candice

Candice started treatment for ovarian cancer 3-months ago and has completed two 21-day chemotherapy cycles. Her next chemo treatment is in 5 days and her port was placed on her upper left chest 12 days ago Prior to having her port placed an IV in her left forearm was used for her drug treatments. As a result of the IV-related venous trauma she developed phlebitis in her left forearm and is concerned about this because phlebitis can be a precursor to the development of a blood clot. She is being treated with an anticoagulant for the phlebitis. Please describe how you would customize her facial treatment with reference to positioning adjustments, service adjustments, and the hands on adaptations that you would make during her facial cleanse/massage and arm massage.

G. Supervision of Oncology Esthetic Skills

We are interested in how you received supervision in your oncology esthetic education.

A. **If you had a clinical supervisor or mentor**, that person must complete the *Practical Supervision and Experience Summary*. Please send them the link to this form. The directions for sending it back to S4OE are stated on the form.

1. Name of clinical supervisor(s)

2. Briefly describe where and how you received supervision in oncology esthetic practice.

B. **If you did not have a clinical supervisor or mentor**, but do have experience with oncology esthetics, describe how you received the hands-on training/experience.

Section 4: Additional Education/Training

If you have taken courses that you believe are related to oncology esthetics, list up to four of them below and attach certificates of completion/achievement OR diploma/transcript.

Course Title:
CEs/credits awarded:
Instructor:
School/Organization:

Course Title:
CEs/credits awarded:
Instructor:
School/Organization:

Course Title:
CEs/credits awarded:
Instructor:
School/Organization:

Course Title:
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Section 5: Processing of Application

You will receive an email confirming receipt of your application. If more information is needed the member services coordinator will contact you. If approved, you will receive instructions about making your annual payment of \$80.

Once your payment has been processed you will receive a welcome email with further information regarding your Preferred Practitioner status and how to access your Preferred Practitioner benefits and resources.

Section 6: Preferred Practitioner Code of Conduct Agreement

As an applicant for Preferred Practitioner, I attest that:

- I have provided professional esthetics for at least one year (must be hands-on experience)
- I understand that the S4OE will use the contact information I provide to communicate with me, and as such it is my responsibility to maintain a current S4OE profile
- I have read and I agree to [Standards of Practice for Preferred Practitioners](#)
- All information provided on this application is accurate and complete

Applicant Name:

Date: