



# CERTIFIED LASER HAIR REMOVAL PROFESSIONAL® (CLHRP®) EXAMINATION APPLICATION

- ★ **TEXAS APPLICANTS MUST PROVIDE A COPY OF YOUR STATE-ISSUED SENIOR LHR TECHNICIAN CERTIFICATE BEFORE EXAM SCORES CAN BE RELEASED!**
- ★ **ALL OTHER APPLICANTS MUST PROVIDE A COPY OF LASER HAIR REMOVAL TRAINING CERTIFICATE OR LETTER FROM PROVIDER VERIFYING TRAINING IN LASER HAIR REMOVAL!**

## GENERAL INFORMATION (Please write legibly.)

Name: \_\_\_\_\_  
*(This is how your name will appear on your certificate, should you pass the exam.)*

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/PC: \_\_\_\_\_ Country: \_\_\_\_\_

Day Telephone: (        ) \_\_\_\_\_

Email (REQUIRED — PLEASE WRITE LEGIBLY): \_\_\_\_\_

In what professional capacity do you practice laser hair removal?  
 Physician       Nurse       Electrologist  
 Esthetician     Other: \_\_\_\_\_

## EXAM FEES

- Current SCMHR Member (or joining at this time) .....\$200.00  
*(Subject to verification)*
- Non-SCMHR Member.....\$300.00

## STUDY GUIDE (Optional)

- CLHRP Study Guide (OPTIONAL) .....\$125.00  
*(Study Guide price also includes a recorded web-based Certification Review Course.)*

## EXAM CONFIRMATION/SCHEDULING

You will receive a confirmation email from **donotreply@provexam.com** with instructions on how and when to schedule your exam. *You will be charged a separate \$85 proctoring fee when you schedule your exam. If you do not receive a confirmation email from SCMHR within 7 business days, please contact the SCMHR at HomeOffice@scmhr.org, or 608-443-2470.*

## PAYMENT INFORMATION

- Check made payable to SCMHR (U.S. Funds only)
- Visa/Mastercard *(Discover and Am Ex NOT accepted.)*

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Exam Fee .....	\$ _____
Study Guide (Optional) .....	\$ _____
Membership (Optional) .....	\$ _____
<b>TOTAL FEE PAID.....</b>	<b>\$ _____</b>

**Refund Policy:** Refunds for exam fees, minus a \$100 processing fee, are granted within 30 days of receipt of the application. No refunds are not granted after 30 days. No refunds are given for study guides or membership fees.

Please mail completed application and appropriate fee to: SCMHR • 2424 American Lane • Madison, WI 53704-3102  
Credit Card Users may fax the completed form to 608-443-2474.