



Certified Pulsed Light Hair Removal Professional (CPLHRP)

Exam Application

General Information (Please Print)

Name: _____
(This is how your name will appear on your certificate when you pass the exam.)

Mailing address: _____

City: _____ State/Prov: _____ Zip/PC: _____

Country (if other than USA): _____

Daytime Tel: () _____ Email Address: _____

Are you a current member of SCMHR? Yes (current OR submitting membership application with this form).
 No

Education/Background

Where did you receive your laser hair removal training? _____

City: _____ State: _____

Please check all that apply to your hair removal background: Physician Nurse Electrologist
 Esthetician Other: _____

Exam/Study Guide Fees and Information

- Current SCMHR Member or joining at this time\$300.00
- Non-SCMHR Member\$400.00
- CPLHRP Study Guide (OPTIONAL)\$125.00

Applications MUST be received at least three weeks in advance of your exam date. Applications received without this notice are subject to a \$300 rush fee!

Payment Information

Check made payable to SCMHR (U.S. Funds only, drawn from a U.S. bank) Visa/Mastercard

Card Number _____ Exp. Date: _____

Name of Cardholder: _____

Exam Location/Date

★ **PLEASE NOTE: EXAM APPLICATION MUST BE RECEIVED AT LEAST THREE WEEKS PRIOR TO EXAM DATE. APPLICATIONS RECEIVED WITHOUT THIS NOTICE ARE SUBJECT TO A \$300 RUSH FEE.** ★

Date on which you are taking the exam: _____
If no date is indicated, exam will arrive three to four weeks.

COMPLETE mailing address of proctoring site: _____

Proctor's Name: _____ Proctor's Phone: () _____

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