



Certified Laser Hair Removal Professional (CLHRP)

Exam 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 CERTIFICATES OR LETTER FROM PROVIDER VERIFYING THAT YOU HAVE BEEN TRAINED IN LASER HAIR REMOVAL!

General Information (Please Print)

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

Mailing address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if other than USA): _____

Daytime Phone: () _____ Email: _____

Are you a current member of SCMHR? Yes No I am submitting a membership application at this time.

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

The CLHRP is also available in Spanish. If you wish to receive the Spanish version of this exam, please check the box below. Please leave the box blank if you wish to take the exam in English.

I wish to take a SPANISH version of this exam.

CLHRP Study Guide (OPTIONAL) \$125.00
(Study Guide price also includes free admission to the Certification Preparation Seminar.)

Date on which you are taking the exam:* _____
*(Exam date must be at least three weeks from date SCMHR receives this application. If no date is given, exam will be received at testing site in 3-4 weeks.)

COMPLETE mailing and email addresses of proctoring site _____

(*Application must be received at least three weeks before the exam date to avoid a rush fee of \$250!)

Payment

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

Card Number _____ Exp. Date: _____

Name of Cardholder: _____

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