



# 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/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country (if other than USA): \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a current member of SCMHR?  Yes (current OR submitting membership application with this form)

No

I am interested in learning more about membership in the SCMHR. \_\_

### 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

*(Study Guide price also includes free admission to the Certification Preparation Seminar.)*

City in which you are taking this exam: \_\_\_\_\_ Date: \_\_\_\_\_

### 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 and appropriate fee to:

SCMHR • 2810 Crossroads Drive, Suite 3800

Madison, WI 53718-7961

Credit Card Users may fax the completed application to:

608-443-2474