



# CERTIFIED CLINICAL ELECTROLOGIST (CCE) EXAMINATION APPLICATION

*It is recommended that CCE candidates complete one year of professional practice prior to applying for the exam.*

## 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): \_\_\_\_\_

ELECTROLYSIS Education: School/City/State: \_\_\_\_\_

## EXAM FEES

- Current SCMHR Member (subject to verification) ..... \$150.00  
*(You may submit a membership application with this form.)*
- Non-SCMHR Member..... \$250.00

## STUDY GUIDE (Optional)

A CCE/CME Study Guide is available for an additional \$125.00. If you would like to receive a copy of the Study Guide, please check the box below and add \$125.00 to the exam fee.

- Yes, I would like to receive the Study Guide for an additional \$125.00.

## EXAM CONFIRMATION/SCHEDULING

You will receive a confirmation email from **donotreply@provexam.com** with instructions on how 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 after 7 business days, please contact 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: \_\_\_\_ / \_\_\_\_

Signature (required): \_\_\_\_\_

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 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.