



# 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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. Refunds are not granted after 30 days. No refunds are given for study guides or membership fees.

**Please send 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.