



CERTIFIED MEDICAL ELECTROLOGIST (CME) EXAMINATION APPLICATION

You **MUST** hold a current Certified Clinical Electrologist (CCE) before applying to take this exam.
Your current CCE status will be verified before this application is processed.

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): _____

Laser Education: School/City/State: _____

EXAM FEES

- Current SCMHR Member (subject to verification) \$200.00
(You may submit a membership application with this form.)
- Non-SCMHR Member \$300.00

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)	\$ _____
TOTAL FEE PAID.....	\$ _____

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 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.