



The Society for  
Clinical & Medical  
Hair Removal, Inc.

# 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 Print Legibly)

Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/PC: \_\_\_\_\_

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

Daytime Tel: (\_\_\_\_) \_\_\_\_\_ Email Address (REQUIRED): \_\_\_\_\_

Electrolysis Education (School/City/State) \_\_\_\_\_

## Exam Fees

☐ Current SCMHR Member (subject to verification) ..... \$175.00

*(You may submit a membership application with this form.)*

☐ Non-SCMHR Member ..... \$275.00

## 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/Schedule

You will receive a confirmation email from [donotreply@provexam.com](mailto: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](mailto:HomeOffice@scmhr.org), or 608-443-2470.**

## Payment Information

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

☐ Visa/Mastercard Card Number \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Exam Fee	\$ _____
Study Guide (Optional)	\$ _____
Membership (Optional)	\$ _____
Total Fee Paid:	\$ _____

Signature of Cardholder (REQUIRED): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/PC: \_\_\_\_\_

**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 • 4300 Duraform Lane, Ste A • Windsor, WI 53598

Credit card users may email the completed form to [HomeOffice@scmhr.org](mailto:HomeOffice@scmhr.org).