The Society for Clinical & Medical Hair Removal, Inc.

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 LHR training certificate or letter from provider verifying training in laser hair removal.*

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): _____

Please check all that apply to your hair removal background:

❒ Physician ❒ Nurse ❒ Electrologist ❒ Esthetician ❒ Other: _____

Exam Fees

❒ Current SCMHR Member (subject to verification) $225.00
(You may submit a membership application with this form.)

❒ Non-SCMHR Member $325.00

Study Guide (OPTIONAL)

A CLHRP 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. *(Study Guide price also includes a recorded web-based Certification Review Course.)*

❒ 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** 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, 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**.