

**General Information (Please Print Legibly)** 

## 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.

Name:		
(This is how your name will appear on your certificate wher	n you pass the exam.)	
Mailing Address:		
City: State/Prov:	Zip/PC:	
Country (if other than USA):		
Daytime Tel: () Email Address (REQUIRED):		
Laser Education (School/City/State)		
Exam Fees		
☐ Current SCMHR Member (subject to verification) \$225.00		
(You may submit a membership application with this form.)		
□ Non-SCMHR Member\$325.00		
<b>Study Guide (OPTIONAL)</b> A CCE/CME Study Guide is available for an additional \$125.00. If you would like to replease check the box below and add \$125.00 to the exam fee.	eceive a copy of the Study Guide	,
☐ 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 instru  You will be charged a separate \$85 proctoring fee when you schedule your exam. If  email after 7 business days, please contact SCMHR at HomeOffice@scmhr.org,	you do not receive a confirma	
Payment Information	Exam Fee	\$
☐ Check made payable to SCMHR (U.S. Funds only, drawn from a U.S. bank)	Study Guide (Optional)	\$
□ Visa/Mastercard Card Number		\$
Exp. Date: CVV:	• • •	\$
Signature of Cardholder (REQUIRED):		
Billing Address:		
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**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.