



# 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 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): \_\_\_\_\_

Electrolysis Education: School: \_\_\_\_\_ City/State: \_\_\_\_\_

## EXAM FEES

- Current SCMHR Member (subject to verification) ..... \$150.00  
(You may submit a membership application with this form.)
- Non-SCMHR Member ..... \$250.00

*Please note: A Spanish version of this test is available as a written exam. If you are interested in sitting for the exam in Spanish, please contact the Home Office for a different exam application and instructions.*

## 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 SCMHR 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 Home Office 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Exam Fee .....	\$ _____
Study Guide (Optional).....	\$ _____
Membership (Optional).....	\$ _____
<b>TOTAL FEE PAID.....</b>	<b>\$ _____</b>

*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.*