



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 LASER HAIR REMOVAL TRAINING CERTIFICATE OR LETTER FROM PROVIDER VERIFYING TRAINING IN LASER HAIR REMOVAL!**

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): _____

In what professional capacity do you practice laser hair removal?
 Physician Nurse Electrologist
 Esthetician Other: _____

EXAM FEES

- Current SCMHR Member (or joining at this time) and TAKING THE CLHRP® FOR THE FIRST TIME\$300.00
(Subject to verification)
- Current SCMHR Member who has taken the CLHRP in the past six months and did not receive a passing score\$200.00
(Subject to verification)
- Non-SCMHR Member.....\$400.00

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)

- CLHRP Study Guide (OPTIONAL)\$125.00
(Study Guide price also includes a recorded web-based Certification Review Seminar.)

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

*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.*