



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 can be processed.**

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): _____

Laser Education: School/City/State: _____

EXAM FEES

- Current SCMHR Member (subject to verification) \$200.00
(You may submit a membership application with this form.)
- Non-SCMHR Member..... \$300.00

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 and/or ARKIV 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 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.*