



Certified Pulsed Light Hair Removal Professional (CPLHRP)

Exam Application

General Information (Please Print)

Name: _____

(This is how your name will appear on your certificate when you pass the exam.)

Mailing address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if other than USA): _____

Daytime Phone: () _____ Fax: () _____

Email Address: _____

Are you a current member of SCMHR? Yes (current OR submitting membership application with this form)

No

I am interested in learning more about membership in the SCMHR. ____

Education/Background

Where did you receive your laser hair removal training? _____

City: _____ State: _____

Please check all that apply to your hair removal background: Physician Nurse Electrologist

Esthetician Other: _____

Exam/Study Guide Fees and Information

Current SCMHR Member or joining at this time \$300.00

Non-SCMHR Member..... \$400.00

CPLHRP Study Guide (OPTIONAL) \$125.00

(Study Guide price also includes free admission to the Certification Preparation Seminar.)

City in which you are taking this exam: _____ Date: _____

Payment

Check made payable to SCMHR (U.S. Funds only, drawn from a U.S. bank) Visa/Mastercard

Card Number _____ Exp. Date: _____

Name of Cardholder: _____

Mail completed application and appropriate fee to:

SCMHR • 2810 Crossroads Drive, Suite 3800

Madison, WI 53718-7961

Credit Card Users may fax the completed application to:

608-443-2474