



CERTIFIED PERMANENT COSMETIC PROFESSIONAL

Examination Registration Form

Section A: Identification			For Office Use only	
Last	First	Middle		
Date of Birth		SPCP Member <input type="checkbox"/> YES <input type="checkbox"/> NO		
DL Number (attach photocopy)*	State	OR	State issued photo ID Number*	State

*** PHOTOCOPY OF ID MUST BE PROVIDED, DISPLAYING SIGNATURE**

Section B: Home Address				
Number	Street	Apt/Suite		
City	State	Zip	Phone Number	
Email				

Section C: Business Address				
Business Name				
Number	Street	Suite		
City	State	Zip	Phone Number	
Email		Website		

Section D: Fundamental Permanent Cosmetic Education			Attach copies of supporting document(s)
Date	Location	Hours	
Date	Location	Hours	
Date	Location	Hours	

Section E: Advanced/Continuing Perm. Cosmetic Education			Attach copies of supporting document(s)
Date	Location	Hours	
Date	Location	Hours	
Date	Location	Hours	
Date	Location	Hours	

Section F: OSHA Bloodborne Pathogens Standard Class

Attach copies of supporting document(s)

Date (most recent, within two years of exam date)	Location	Instructor
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Section G: Verify Certification Requirements

I have recently completed my fundamental training or am active in the permanent cosmetic industry.	Date of most recent procedure performed	Initial
I have read the SPCP Code of Ethics and agree to abide by its terms, even if not an SPCP member.		Initial
I understand Certification through the SPCP is voluntary and to maintain my certification, I must maintain SPCP membership or member eligibility.		Initial
I have not been denied SPCP membership in the past.		Initial
I have not been asked to resign nor had my SPCP membership revoked.		Initial
I have not withdrawn my SPCP membership rather than comply with the SPCP Code of Ethics.		Initial
I understand Permanent Cosmetic Professional Certification must be renewed every two years through the following requirements: <ul style="list-style-type: none"> I must attend an OSHA Bloodborne Pathogens Standard Class every two years, unless required annually for my business, and proof of this education must be provided. I must acquire a minimum of 12 hours of continuing education in the field of permanent cosmetics every two years and provide proof of this education. Payment of renewal fees 	Initial	

Section H: Sign Here

By my signature, I hereby certify the information I have provided is true and accurate on this day.

Signature_____
Date**Section I: Fees**

	SPCP Member	Non-Member
Certification Fee	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
OR		
Repeat exam within one year*	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
OR		
Renewal Fees	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250

* If candidate fails to pass after two attempts (s)he must wait a full 6 months to retest.

Section J: Payment Type

For office use only	<input type="checkbox"/> By Check <input type="checkbox"/> Credit Card (Visa/ MasterCard/AmEx)				
	<table> <tr> <td>_____ Credit Card Number</td> <td>_____ Printed Name on Card</td> </tr> <tr> <td>_____ Expires</td> <td>_____ Signature</td> </tr> </table>	_____ Credit Card Number	_____ Printed Name on Card	_____ Expires	_____ Signature
	_____ Credit Card Number	_____ Printed Name on Card			
	_____ Expires	_____ Signature			

This form is not valid after September 30, 2009.