



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

	Date of most recent procedure performed	Initial
I have recently completed my fundamental training or am active in the permanent cosmetic industry.		
		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I have not withdrawn my SPCP membership rather than comply with the SPCP Code of Ethics.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 		

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)	
	_____ Credit Card Number	_____ Printed Name on Card
	_____ Expires	_____ Signature

This form is not valid after September 30, 2010.