



# CERTIFIED PERMANENT COSMETIC PROFESSIONAL

## Examination Registration Form

<b>Section A: Identification</b>				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		<b>OR</b>		State issued photo ID Number*		State	
* PHOTOCOPY OF ID MUST BE PROVIDED, DISPLAYING SIGNATURE									
<b>Section B: Home Address</b>									
Number			Street				Apt/Suite		
City			State		Zip		Phone Number		
Email									
<b>Section C: Business Address</b>									
Business Name									
Number			Street				Suite		
City			State		Zip		Phone Number		
Email					Website				
<b>Section D: Fundamental Permanent Cosmetic Education</b>								Attach copies of supporting document(s)	
Date			Location				Hours		
Date			Location				Hours		
Date			Location				Hours		
<b>Section E: Advanced/Continuing Perm. Cosmetic Education</b>								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I have not withdrawn my SPCP membership rather than comply with the SPCP Code of Ethics.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"> <li>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.</li> <li>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.</li> <li>Payment of renewal fees</li> </ul>	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)	
	_____ Credit Card Number	_____ Printed Name on Card
	_____ Expires	_____ Signature

*This form is not valid after September 30, 2008.*