

CERTIFICATION REGISTRATION FORM



Member Name: _____ Mbr#: _____
Street Address: _____ Date: _____
City, State, Zip: _____ Phone: _____
Email: _____

Certification Program and Level

Check which path(s) and level(s) you are registering for:

Cosmetic Maker Basic
MP Soapmaker Basic Advanced* Expert* Master*
CP/HP Soapmaker Basic Advanced* Expert* Master*

* You may register for multiple levels of certification, but must complete the preceding level before taking commencing Advanced, Expert or Master Soapmaker Certification in that path.

Examination

Annual Meeting Proctor Estimated Date: _____

TERMS OF CERTIFICATION

- 1) I understand that I must be an HSCG member become certified at any level.
- 2) Basic Certification is valid indefinitely. Advanced Certification and above is only valid while a member of the HSCG. and that if I am no longer a member of the HSCG any certification at the Advanced Level or above certification is immediately withdrawn by the HSCG.
- 3) If I renew my membership within 90 days of such expiration, my certification will be reinstated for a fee of 50% the current fee. If my membership is expired for more than 90 days, my certification will remain permanently canceled and I must fully requalify at full rates for the certification to be reinstated.
- 4) Once certified by the HSCG, I will be allowed to use the "Certified Member Badge" for the levels for which I have been certified only so long as my certification for that level is valid. If my certification for any level is canceled or withdrawn for any reason, I cease use of the associated Certified Member Badge from any and all of my promotional materials.
- 5) I understand and agree that all HSCG examinations, certificates, cards, logos, emblems and abbreviations are all the exclusive property of the HSCG and are protected by trademarks and copyrights. They may not be used for any purpose other than accurately identifying my successful certification without written consent.
- 6) Additional terms of my certification are governed by the HSCG bylaws and approved policies, which may be changed by the Board of Directors or the Membership at any time.

Signature: _____ Date: _____

Mail, fax or email application to:

Handcrafted Soap & Cosmetic Guild
184 Edie Rd, Ste A
Saratoga Springs, NY 12866

Fax: (518) 306-6935
Email: certification@soapguild.org