HR CERTIFICATION INSTITUTE
2010 —Certification Examination Application— 2010

MAIL TO: HR Certification Institute-Exam Apps, P.O. Box 79932, Baltimore, Maryland USA 21279-0932

Please read all directions in the HR Certification Institute Handbook before completing this application. Applications must contain an original signature.

BLACK OR BLUE PEN

Print clearly in UPPERCASE letters

Example: A B C 1 2 3 Correct Mark:

All fields are REQUIRED unless indicated otherwise.

* = Optional Field

1. Last Name/Surname/Family Name **Suffix***

First Name/Given Name(s) **Prefix*** **MI***

2. User I.D. number (12-digits)
(leave blank if no ID number)

3. Password (6–12 characters)
(Create or Use Existing- See Certification Handbook for Instructions)

4. Examination *(mark only one)*

- ○ (1) Professional in Human Resources (PHR)
- ○ (2) Senior Professional in Human Resources (SPHR)
- ○ (3) Global Professional in Human Resources (GPHR)
- ○ (4) California Certification (PHR-CA/SPHR-CA) - Require a PHR or SPHR to apply

5. Exam Period *(mark only one)*

- ○ May 1–31, 2010 (GPHR, California)
- ○ May 1–June 30, 2010 (PHR, SPHR)
- ○ Dec. 1–31, 2010 (GPHR, California)
- ○ Dec. 1, 2010 –Jan. 31, 2011 (PHR, SPHR)

6. ○ ADA Requests: All special accommodation requests require that proper documentation accompany this application.

All correspondence from the test administrator including score reports will be sent to your home address which will be your primary address.

7. Home Address Line 1 (Street address, please do not include P.O. Boxes in this address.)

8. Home Address Line 2 (Apt./Flat/Suite Number)

9. City

10. St./Prov. (U.S. and Canada only)

11. Country (if not U.S. or Canada)

12. US ZIP Code/Postal Code

13. Primary E-mail Address

14. Alternate E-mail Address*

15. Current Position Code or Official Title (See Certification Handbook for a position code. If no exact match, enter your title below.)

OR

16. Home Telephone (If outside the U.S. and Canada, please indicate country and city codes.)

17. Cellular/Mobile Telephone *

18. Business Telephone *

19. Fax Number *

NOTE: LEAVE 20-26 BLANK IF STUDENT OR UNEMPLOYED

20. Organization /Company Name

21. Business Address Line 1 (Street Address or P.O. Box)

22. Business Address Line 2 (Department, Floor/Suite/Room Number)

23. City

24. St./Prov. (U.S. and Canada only)

25. Country (if not U.S. or Canada)

26. US ZIP Code/Postal Code

27. Birth Date (MM / DD / YYYY)

__ __ / __ __ / __ __ __ __

28. Race/Ethnicity

- (1) American Indian/Alaskan Native
- (2) Asian/Pacific Islander
- (3) Black (non-Hispanic)
- (4) Hispanic
- (5) White (non-Hispanic)
- (6) Multi-cultural
- (7) Other_____
- (8) Choose not to answer

29. Primary Language

- (1) English
- (2) Other, please specify

30. Sex

- (1) Male
- (2) Female
- (3) Choose not to answer

31. Have you taken an HRCI examination before?

- (1) No
- (2) Yes

32. I am taking the exam as a(n):

- (1) HR Practitioner
- (2) HR Educator
- (3) HR Researcher
- (4) HR Consultant
- (5) Student/Recent Graduate (only eligible if you do not qualify under one of the other categories)
- (6) Recertification Candidate

33. Highest Educational Level Attained

- (1) High School (Secondary School)
- (2) Some College
- (3) Bachelor's Degree
- (4) Some college beyond Bachelor's
- (5) Master's Degree other than MBA
- (6) MBA
- (7) Doctorate

34. Total Years of HR professional (Exempt- level) Experience

NOTE: LEAVE 35-40 BLANK IF STUDENT OR UNEMPLOYED

35. Title Level *(mark only one)*

- ⬭ (13) President
- ⬭ (15) Vice President
- ⬭ (17) Assistant Vice President
- ⬭ (20) Director
- ⬭ (25) Assistant Director
- ⬭ (30) Manager
- ⬭ (35) Supervisor
- ⬭ (40) Specialist
- ⬭ (45) Administrator
- ⬭ (47) Representative
- ⬭ (50) Legal Counsel
- ⬭ (55) Academician
- ⬭ (60) Librarian
- ⬭ (65) Consultant
- ⬭ (99) Other

36. Work Function

☐☐ **(see Cert. Handbook for code)**

37. Business Industry Code

☐☐ **(see Cert. Handbook for code)**

38. Total Organization Size
(mark only one)

- ⬭ (1) Less than 100
- ⬭ (2) 100–499
- ⬭ (3) 500–999
- ⬭ (4) 1000–2499
- ⬭ (5) 2500–4999
- ⬭ (6) 5000 and over

39. Your Unit Level in Organization
(mark only one)

- ⬭ (1) Plant
- ⬭ (2) Region
- ⬭ (3) Division
- ⬭ (4) Group
- ⬭ (5) Subsidiary
- ⬭ (6) Corporate
- ⬭ (7) Other

40. Your Department Size
(mark only one)

- ⬭ (1) Less than 10
- ⬭ (2) 10–24
- ⬭ (3) 25–49
- ⬭ (4) 50–99
- ⬭ (5) 100 and over

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41. SHRM Membership * (see Certification Handbook for instructions)

⬭ (1) Currently a national member

National Member Number (National membership is required for member examination fee.)

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⬭ (2) Currently a SHRM local member

Chapter Number ☐☐☐☐

Please indicate chapter name, if applicable ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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42. QUALIFYING HR WORK EXPERIENCE (Not required if you are a student or applying for California Certification)

- In this section, list ONLY the professional HR positions you have held to meet the current eligibility requirement.
- Begin with your most recent position including the beginning and ending dates for each position.
- Refer to the Certification Handbook for the position code in all cases.
- Candidates who cannot find an exact match for a job title on the position code list must select “Other Non-Exempt” Level – 000” or “Other Exempt/Professional Level – 999” in the position field.
- Supporting Work Documentation form is required ONLY IF your experience includes “000” or “999” AND the current eligibility requirement is not met with experience from an approved title code.

Employer Name

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Employer Telephone

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

	Code	From (MM / YYYY)	To (MM / YYYY)
Position 1 Code	☐☐☐	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐
Position 2 Code	☐☐☐	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐
Position 3 Code	☐☐☐	☐☐ / ☐☐☐☐	☐☐ / ☐☐☐☐

42. QUALIFYING HR WORK EXPERIENCE - Continued

Employer Name

Employer Telephone | **Position 1 Code** | **From (MM / YYYY)** | **To (MM / YYYY)**

Position 2 Code | **From (MM / YYYY)** | **To (MM / YYYY)**

Position 3 Code | **From (MM / YYYY)** | **To (MM / YYYY)**

Employer Name

Employer Telephone | **Position 1 Code** | **From (MM / YYYY)** | **To (MM / YYYY)**

Position 2 Code | **From (MM / YYYY)** | **To (MM / YYYY)**

Position 3 Code | **From (MM / YYYY)** | **To (MM / YYYY)**

43. Permission Statements

The HR Certification Institute provides you information about your certification through a quarterly newsletter and recertification reminder notices through your primary email address and lists newly certified individuals on our website.

In addition, since we are an affiliate of the Society for Human Resource Management (SHRM), we do share certification information with them. If you allow the Institute to share your information with SHRM, please note that SHRM makes its mailing address information available to its affiliates (for example, the SHRM Foundation and SHRM chapter/state councils) and through mail list sales unless you notify SHRM directly that you do not wish this information to be shared.

As part of our privacy policy, all individuals have an option to not receive communication from HR Certification Institute and to prevent their information from being shared with other organizations including SHRM. You may choose not to receive information by filling in the appropriate ovals below:

- ⬭ I prefer NOT to receive information from HR Certification Institute by e-mail
- ⬭ I prefer NOT to receive information from HR Certification Institute by fax
- ⬭ I prefer NOT to receive information from HR Certification Institute by mail
- ⬭ I prefer NOT to be included on the website listing of newly certified individuals
- ⬭ I prefer NOT to share my certification and address information with SHRM

Online Certificant Directory

Please indicate below whether you would like to be included in the Online Certificant Directory.

- ⬭ Yes, please include my certification status in the HR Certification Institute's Online Certificant's Directory.
- ⬭ No, please do not include my certification status in the HR Certification Institute's Online Certificant's Directory.

44. Felony Conviction Statement

In accordance with our NCCA Accreditation, we ask all exam applicants and certificants to disclose any felony convictions to the HR Certification Institute. The purpose of this disclosure is to address any issues/concerns that may be harmful to the public or inappropriate to the profession.

Have you ever been convicted of a felony (serious crime) ? ⬭ Yes ⬭ No

If Yes, please provide a full explanation on a separate piece of paper that is included with this application.

45. Affirmation

I hereby attest that (1) all facts presented on this application are correct and complete, (2) the work history reported represents professional (exempt level) experience, which meets standards such as supervisory responsibility, advanced knowledge, and/or prolonged course of academic study and, (3) I am qualified to apply for the certification examination. I also agree to provide supporting documented evidence of my work experience if asked to do so by the HR Certification Institute and to abide by its ruling should my experience be judged insufficient. Further, I grant permission to the HR Certification Institute to make inquiries which the Institute may deem necessary to verify my credentials for certification. I further agree to abide by the *Code of Ethical and Professional Responsibility* (refer to the Certification Handbook) as well as the rules and decisions of the HR Certification Institute and understand that falsification of this application is grounds for revoking certification. I further agree that if I manipulate any forms or falsify any information on my application I can be barred from registering for any HR Certification Institute credential for three years.

By signing and submitting this application, I also agree to be bound by all policies and procedures set forth in the certification handbook.

Signature (Original) Date

2010D

Note: Your original signature is required for application processing. Faxes of applications will NOT be accepted.

46. Fees (Write in all that apply and total all fees)

		APPLICATION FEE NON-REFUNDABLE	EXAM FEE	TOTAL	
A.	**PHR Examination**				
	Member	US $75	US $175	**US $250**	$
	Non-member	US $75	US $225	**US $300**	$
	Student (Partial fee - $130 due upon meeting experience/graduation requirement)	US $75	US $45	**US $120**	$
	SPHR Examination				
	Member	US $75	US $300	**US $375**	$
	Non-member	US $75	US $350	**US $425**	$
	GPHR Examination				
	Member	US $75	US $300	**US $375**	$
	Non-member	US $75	US $350	**US $425**	$
	Student (Partial fee - $255 due upon meeting experience/graduation requirement)	US $75	US $45	**US $120**	$
	California Examination				
	Member	US $75	US $200	**US $275**	$
	Non-member	US $75	US $250	**US $325**	$
B.	Late Application Deadline Fee	**US $50**			$
C.	TOTAL				$

47. Payment Options

- Money order, certified/cashier's check or organizational check - made payable to **HR Certification Institute**

Check Number **PERSONAL CHECKS WILL NOT BE ACCEPTED. DO NOT SEND CASH.**

For fee payment by Visa, MasterCard or American Express, provide the following required information accurately.

Charge my:

- Visa Number ____-____-____-____ Expiration Date: (MM / YY) __/__
- MasterCard Number ____-____-____-____ Expiration Date: (MM / YY) __/__
- American Express Number ____-______-_____ Expiration Date: (MM / YY) __/__

Print the cardholder name as it appears on card:

Cardholder signature: