



Recertification Fee Payment Form

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMAIL ADDRESS (REMINDERS AND NEWS WILL BE SENT TO THIS ADDRESS)

HOME ADDRESS

CITY

STATE/PROVINCE

ZIP CODE/COUNTRY CODE

COUNTRY

HOME PHONE NUMBER (PLEASE INCLUDE COUNTRY CODE OR AREA CODE)

SELECT CERTIFICATION:

aPHR® aPHRI® PHR® PHRca® PHRI® SPHR® SPHRI® GPHR®

PAYMENT INFORMATION:

SELECT APPLICABLE FEE(S):

- RECERTIFICATION APPLICATION FEE: US\$169
- 1 ADDITIONAL DESIGNATION: US\$50
- 2 ADDITIONAL DESIGNATIONS: US\$100
- 3 ADDITIONAL DESIGNATIONS: US\$150
- 4 ADDITIONAL DESIGNATIONS: US\$200
- 5 ADDITIONAL DESIGNATIONS: US\$250
- SUSPENDED FEE: US\$100
- EMERITUS STATUS: US\$150

Fees are subject to change without notice and are nonrefundable. Please make checks, money orders, and cashier checks payable to HRCI in U.S. dollars (US). DO NOT SEND CASH. To avoid multiple charges on your credit card, do not send your application more than once.

TOTAL DUE: _____

MY CHECK IS ENCLOSED OR CHARGE MY:

VISA

MasterCard

AMEX

CREDIT CARD NUMBER

EXPIRATION DATE

CARD SECURITY CODE

CARDHOLDER NAME

CARDHOLDER

SIGNATURE

BILLING ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

hrci.org

Please submit completed form through one of the following:

Mail:

HRCI
Recertification Fee
1725 Duke Street
Suite 400
Alexandria, VA 22314 USA

Email:

accounting@hrci.org

FOR INSTITUTE USE ONLY:

DATE	RECEIVED	AMOUNT	RECEIVED
COMP. CK		PERSONAL CK	
CREDIT	CARD	PROCESSED BY	