



Recertification Fee Payment Form

LAST NAME

FIRST NAME

MIDDLE INITIAL

E-MAIL 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)

CHECK CERTIFICATION:

aPHR® aPHRi™ PHR® PHRca® PHRi™ SPHR® SPHRi™ GPHR®

PAYMENT INFORMATION:

CHECK 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 the 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

Submit to HRCI by:

Email: accounting@hrci.org **OR**

Mail: HRCI
Recertification Fee
1725 Duke Street, Suite 700
Alexandria, VA 22314 USA

FOR INSTITUTE USE ONLY:

DATE RECEIVED

AMOUNT RECEIVED

COMP. CK

PERSONAL CK

CREDIT CARD

PROCESSED BY