



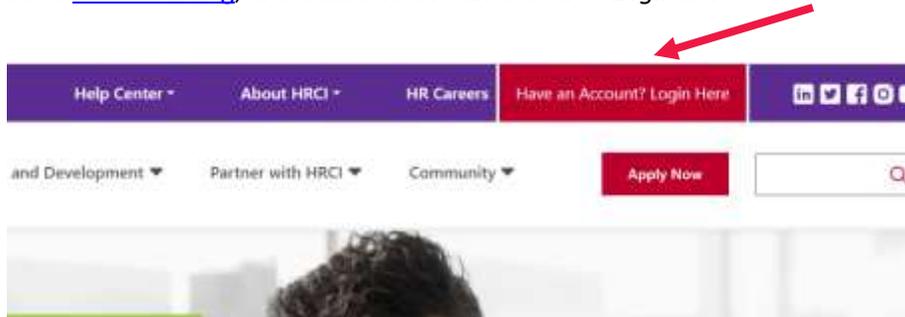
How to Submit an AP Application



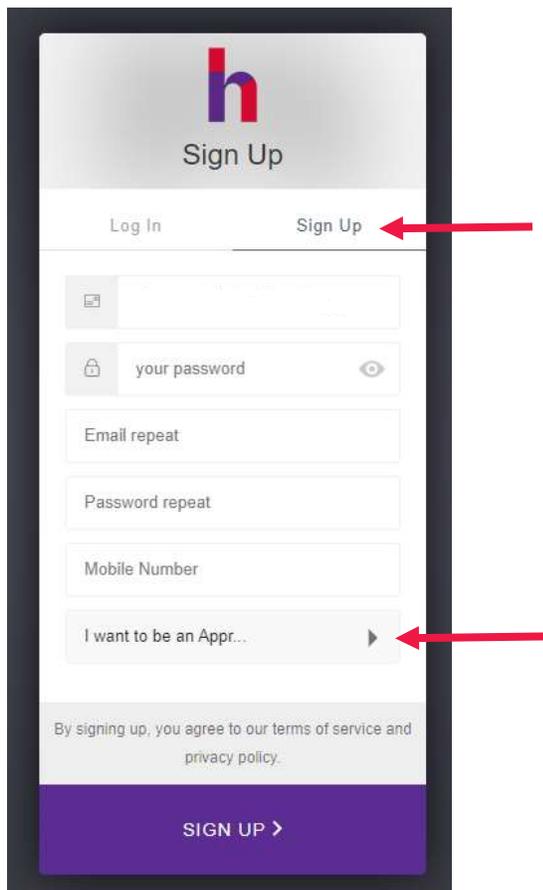
How to Create an AP Account and Application

The Approved Program allows organizations to submit unlimited HR-related continuing education activities, training and programs during a 12-month period. To become an Approved Provider, you need to create a provider account and complete an application.

1. Go to www.hrci.org, and click on *Have an account? Login here*



2. Click on "Signup Tab" button and select *I want to be an Approved Provider*. Please use a unique email address and password. Passwords must include at least 8 characters and should contain lower-case and upper-case letters and numbers.

A screenshot of the HRCI Sign Up form. The form is titled 'Sign Up' and features a 'Log In' tab and a 'Sign Up' tab. A red arrow points to the 'Sign Up' tab. The form includes fields for 'Email', 'your password', 'Email repeat', 'Password repeat', and 'Mobile Number'. Below these fields is a radio button labeled 'I want to be an Approved Provider' with a right-pointing arrow. A red arrow points to this radio button. At the bottom of the form, there is a disclaimer: 'By signing up, you agree to our terms of service and privacy policy.' and a purple button labeled 'SIGN UP >'.

3. Complete your organization's information to register. All information with a red line indicator or asterisk is required. *If you select Affiliated with a Chapter, you will be able to complete this section but must wait for confirmation of your Affiliate status before you can proceed.*

Provider Registration

Provide Organization Info

Organization Name *

Address 1 *

Address 2

State/Province

Postal Code

Website

Address 3

Country *

City *

Primary Phone *

Provide Contact Info

First Name *

Address 1 *

Address 2

State/Province

Postal Code

Last Name *

Address 3

Country *

City *

Primary Phone *

Are you an Affiliate Chapter?

Yes, I am Affiliated with a Chapter

No, I am not Affiliated with any Chapter

[CANCEL](#) [CREATE ACCOUNT](#)

4. To start an Approved Provider application, click "Select" on your newly created *Conference Provider* account.

SHOP Welcome, Test Account

Dashboard

[CREATE NEW PROVIDER ACCOUNT](#)

Accounts Management

My Profile

Individual Account

Test Account

1234 Duke Street, Alexandria, VA 22314

5715515555

[SELECT](#)

Provider Account (s)

Conference Provider

HRCI Test Account - 700313T3T

1234 Duke Street Alexandria, VA 22314

5715515555

[SELECT](#)

- Once you are on your Provider account page, click on “Submit AP Application” to start your Approved Provider Application.

HRCI Test Account - 700313TST

Dashboard

- SUBMIT CONFERENCE
- SUBMIT AP APPLICATION
- ACTIVITY/PROGRAM LIBRARY
- MY INVOICES AND RECEIPTS

Provider Details

Organization	HRCI Test Account
Primary Contact	Test Account
Provider Status	Conference Only
Affiliate	No
Country	UNITED STATES
City	Alexandria

[RESET](#) [UPDATE PROVIDER](#)

- After reviewing the available resources, especially the AP Policies & Procedures, click on “Start Application.” To navigate back to your account profile page, you can use the back button or click on the account name in the left-hand corner.

SHOP CART

HRCI Test Account - 700313TST

Welcome, HRCI Test Account - 700313TST
Conference Provider

Active Applications Historical Applications

Approved Provider Program - \$450.00

Complete this application to become an approved educational provider for HRCI. The Approved Provider Program is for organizations that offer multiple HR-Related continuing education activities per year for a \$450.00 fee. [START APPLICATION](#)

Before proceeding, please consult the HR Certification Institute's Approved Provider Policies and Procedures. To complete the application, you will need to answer questions about your organization and provide specific examples of how your educational materials meet HRCI standards.

Available Resources	HRCI Exam Content Outlines DOWNLOAD	AP Policies & Procedures VIEW
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- Complete all questions in the Approved Provider application, including background information, examples of programs with **uploaded supporting documentation**. Once you complete the required information your progress tab will turn green. If not, the tab will be red, and an error message will appear.

HRCI Test Account - 700313TST

Application: AP  Conference Provider

1. Account | **2. Organization Background Information** | 3. Resources | 4. Fees and Products | 5. Attestation

Please enter your organization's mission and/or value statement *

To make people and organizations thrive.

How many years has your organization conducted HR-related education/training? *

44 years

How many HR-related education events did you conduct in the past calendar year? *

4

How many HR-related education events will you conduct in the upcoming calendar year? *

4

Are your educational Programs approved by other institutions? *

Yes
 No

If 'Yes', enter the name of those institutions:

Another Approved Provider
 Trade Show
 HRCI Website
 Social Media
 Other

If 'Other', please explain:

- Use the “Back” and “Continue” buttons on the bottom of the page to navigate through the application. *Please note: To save your application entry to return at a later time, you must click “Continue” to advance to next screen.*

SHOP | CART Welcome, HRCI Test Account - 700313TST

HRCI Test Account - 700313TST

Application: AP  Conference Provider

1. Account | 2. Organization Background Information | 3. Resources | **4. Fees and Products** | 5. Attestation

Fees

Approved Provider Program
\$400.00

- Once you have completed all parts of the application, proceed to check out and complete your payment information.

SHOP CART

Welcome, [user name]

Your Shopping Cart

Description	Qty	Price	Total
Approved Provider Program	1	\$480.00	\$480.00

Grand Total: \$480.00

Application

ADD TO APPLICATION

- If needed, you can print an invoice by clicking the “Print Invoice” button at the bottom of the payment page.

Description	Qty	Price	Total
Approved Provider Program	1	\$480.00	\$480.00

Grand Total: \$480.00

Coupons

ENTER PROMO OR VOUCHER CODE

Payment Information

Payment Type: [dropdown]
Credit Card Number: [input]
CVV: [input]
Name on Card: [input]
Expiration Date (MMYY): [input]

REDEEM PROMOS/VOUCHER CODE
PRINT INVOICE

- Once you have submitted your application with payment, HRCI will review in the date-order it was received and may take up to seven (7) business days. You will receive an status email once the review is complete.



HRCI

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