



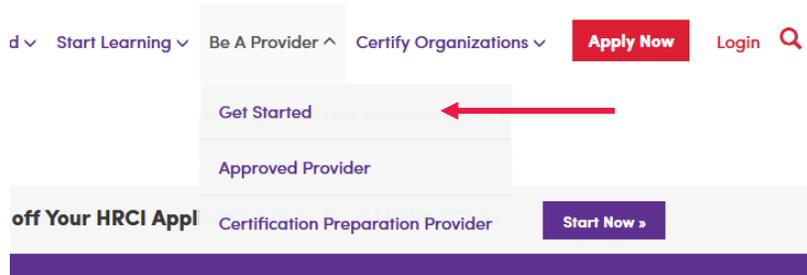
How to Submit an AP Application



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. Under “Be A Provider” in the Navigation, click on *Get Started*.



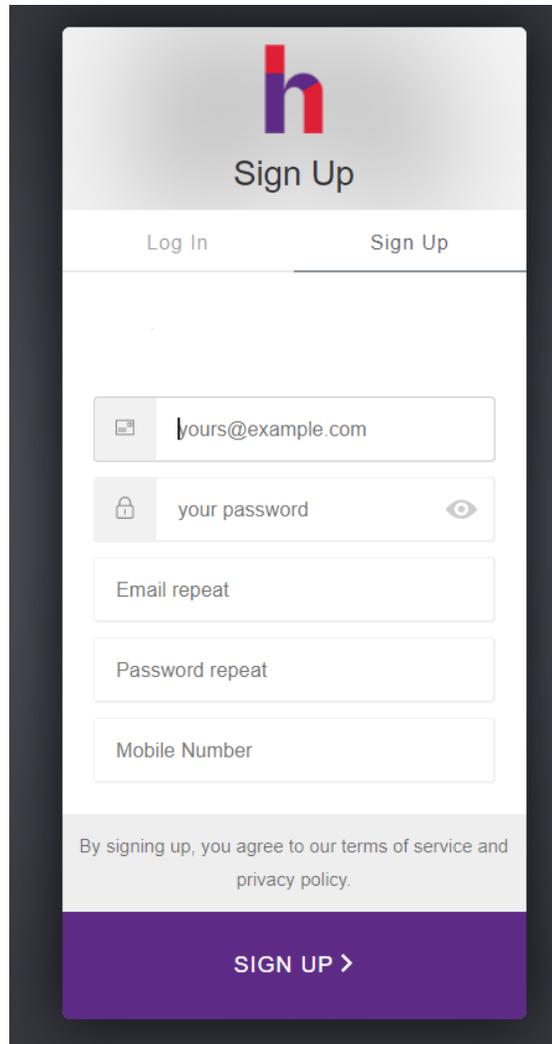
2. Select “Get Started” under the Approved Provider box. *Please note: If you are an existing provider, please click on the “Login” button. If you already have an individual HRCI account that you would like linked to your provider account, use the same email and password to login and click on “Create Provider Account” button on your individual profile page. If choose to not use your individual HRCI account, you may create a new login account and begin the AP application process following the steps below.*



Become an Approved Provider (AP)	Become a Conference Provider (CP)
<ul style="list-style-type: none">• An AP organization offers continuing HR-related education events, training and programs.• All pre-approvals are determined by their alignment with HRCI's Exam Content Outline(s). <p>If you have a personal HRCI account, use the same email and password login to create an AP account. If you do not wish to use a personal account, you may create a new login account to begin the AP application process.</p> <p>Get Started ←</p>	<ul style="list-style-type: none">• The Conference Provider program is for HR-related conference pre-approval.• Conference programs are pre-approved based on alignment with HRCI's Exam Content Outlines. <p>If you already have a personal HRCI account, use the same email and password login to create a Conference Provider account. If you do not wish to use your personal account, you may create a new login account to begin the Conference Provider submission process.</p> <p>Get Started</p>

3. Sign Up using a unique email address and password. Passwords must include at least 8 characters and should contain lower-case and upper-case letters and numbers.

Please note: If you attempt to use an email address that already has an account with HRCI you will not be able to complete this step.



The image shows a mobile application interface for signing up. At the top, there is a logo consisting of a stylized lowercase 'h' in purple and red. Below the logo, the text 'Sign Up' is displayed. A navigation bar below the title has two tabs: 'Log In' and 'Sign Up', with 'Sign Up' being the active tab. The main content area contains several input fields: an email field with the placeholder 'yours@example.com', a password field with the placeholder 'your password' and a toggle icon for visibility, an 'Email repeat' field, a 'Password repeat' field, and a 'Mobile Number' field. At the bottom, there is a grey bar with the text 'By signing up, you agree to our terms of service and privacy policy.' and a large purple button with the text 'SIGN UP >'.

4. 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

Address 3

State/Province

Postal Code

Website

Address 2

Country *

City *

Primary Phone *

Provide Contact info

First Name *

Last Name *

Address 1 *

Address 2

Address 3

Country *

State/Province

City *

Postal Code

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](#)

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

SHOP CART

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 - 700313TST
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 processing, 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 organization's shine.

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

4-6 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:

How did you hear about the Approved Provider Program? (Select all that apply) *

Another Approved Provider
 Tradeshow
 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
\$450.00

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

SHOP CART

Welcome, Test Account

Your Shopping Cart

Description	Qty	Price	Total
 Approved Provider Program	1	\$450.00	\$450.00
			Grand Total: \$450.00

PROCEED TO CHECKOUT

PROCEED TO CHECKOUT

Application

RETURN TO APPLICATION

11. 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	\$450.00	\$450.00
			Grand Total: \$450.00

Coupons

ENTER PROMO OR VOUCHER CODE

Payment Information

Payment Type	<input type="text"/>	Name on Card	<input type="text"/>
Credit Card Number	<input type="text"/>	Expiration Date (MMYY)	<input type="text"/>
CVV	<input type="text"/>		

PLEASE FILL IN ALL REQUIRED FIELDS.

PRINT INVOICE

12. 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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