



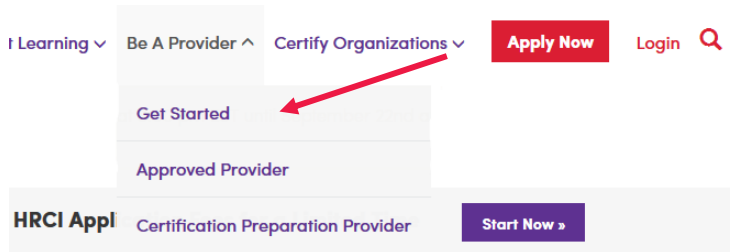
How to Submit a Conference for Pre Approval



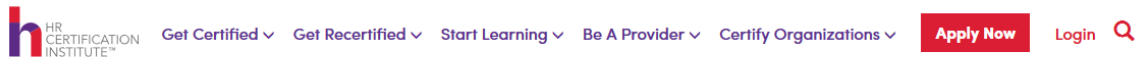
How to Submit A Conference for Pre-Approval

The Conference Provider Program allows an organization to submit singular conferences with concurrent sessions.

1. If you do not already have one, create an HRCI Conference Provider account. Under “Be A Provider” in the Navigation, click on *Get Started*.

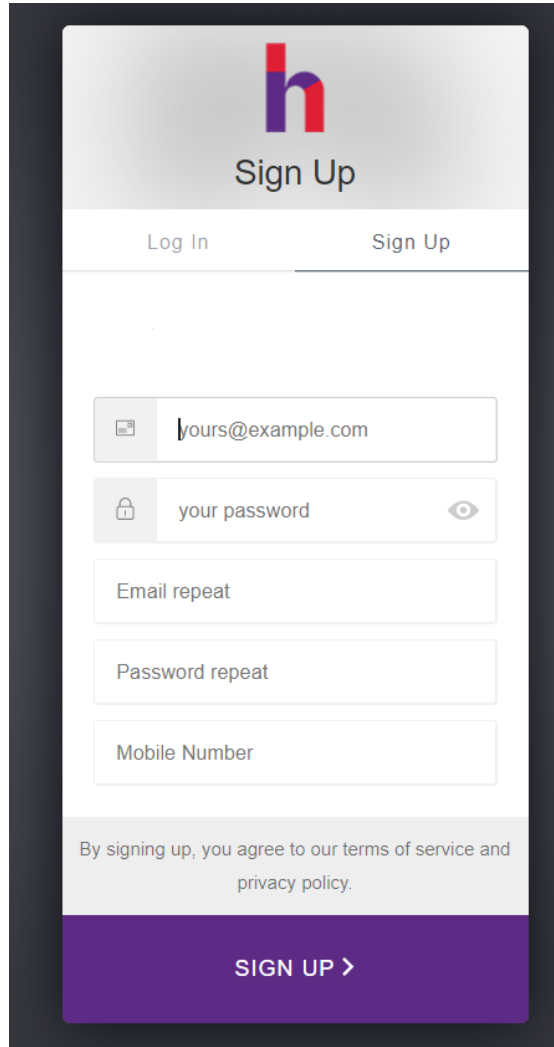


2. Select “Get Started” under the Conference Provider box. *Please note: If you have an individual HRCI account that you would like linked to your provider account, use the same email and password to login and click on “Create Provider Account” on your profile page. If you choose not to use your individual HRCI account, you may create a new login account and begin the conference approval 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 cannot complete this step.



The image shows a mobile application interface for signing up. At the top, there is a logo consisting of a stylized 'h' in purple and red. Below the logo, the text 'Sign Up' is displayed. A navigation bar contains two options: 'Log In' and 'Sign Up', with 'Sign Up' being the active selection. The main form area includes several input fields: an email field with the placeholder 'yours@example.com', a password field with the placeholder 'your password' and a visibility toggle icon, an 'Email repeat' field, a 'Password repeat' field, and a 'Mobile Number' field. At the bottom of the form, there is a grey bar with the text 'By signing up, you agree to our terms of service and privacy policy.' Below this bar is 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 *	<input type="text"/>	Website	<input type="text"/>
Address 1 *	<input type="text"/>	Address 2	<input type="text"/>
Address 3	<input type="text"/>	Country *	<input type="text"/>
State/Province	<input type="text"/>	City *	<input type="text"/>
Postal Code	<input type="text"/>	Primary Phone *	<input type="text"/>

Provide Contact info

First Name *	<input type="text"/>	Last Name *	<input type="text"/>
Address 1 *	<input type="text"/>	Address 2	<input type="text"/>
Address 3	<input type="text"/>	Country *	<input type="text"/>
State/Province	<input type="text"/>	City *	<input type="text"/>
Postal Code	<input type="text"/>	Primary Phone *	<input type="text"/>

Are you an Affiliate Chapter?

- Yes, I am Affiliated with a Chapter
 No, I am not Affiliated with any Chapter

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

- To submit your conference for pre-approval, click "Select" under 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

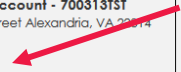
SELECT

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 Conference” to begin the submission process.

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](#)

- Confirm the conference fee and click “Continue.”

SHOP CART

Welcome, HRCI Test Account - 700313TST

HRCI Test Account - 700313TST Conference Provider

Program Type: **Conference** Program ID: 80053TST

1. Program Type **2. Fee** 3. Program Information 4. Attestation

Conference Program - \$250.00

[BACK](#) [CONTINUE TO STEP 3 OF 4](#)

- Enter information about the conference dates, times, and locations. Then **download** the Conference Session Grid.

Program Type: **Conference** Program ID: 80053TST

1. Program Type 2. Fee **3. Program Information** 4. Attestation

Conference Title *

Conference Start Date *

Conference End Date *

Conference Website

Conference Description: Please provide a short summary of your program, include all learning objectives. This will be published in the Directory of Pre-approved Activities.

If your event is a conference, please upload a session grid detailing each individual session, the presenter/facilitator and the credits requested for each session.

Step 1. Press to download blank Session Grid Form [DOWNLOAD](#)

Step 2. Press to upload completed Session Grid Form. Choose from library or [UPLOAD](#). Session grid file is required.

Credit Type *

Total Program Time (hours) *

How do you monitor the attendance of the participant? (Select all that apply) *

- Electronic Roster
- Capture log on and log off times via a software program
- Sign in sheet in the room
- Manual device check (e.g., check-in via app, etc.)
- Scan badge
- Other


Countries, states and cities where program is offered *

Country: State: Cities:

[ADD ENTRY](#)

[BACK](#) [CONTINUE TO STEP 4 OF 4](#)

Conference Session Grid:

 Conference Name _____ Conference Dates _____ Location _____ Pre-Conference Date _____ Program ID Number _____ (Note: If there is a pre- or post-conference program, please enter these as a separate program submission in your organization's account.)									
SESSION GRID									
Date (MM/DD/YYYY)	Session start (h:mm am/pm)	Session end (h:mm am/pm)	Type of Session HR (General) Business Global Global-Business California	Title of Session	Learning Objectives (specify at least 3) To achieve wraparound text use command "ALT + Enter" or right click and go to "Format Cells"	Has this program been Pre-Approved by HRCI? If so, what was the previous Program ID number?	Speaker Name (provide one paragraph bio summary) To achieve wraparound text use command "ALT + Enter" or right click and go to "Format Cells"	Notes from Reviewer	Hours Calculated

9. Once you have completed the Session Grid with all the necessary information, **upload** it to the *Program Information* page, enter the requested credit type, select the relevant functional areas and responsibilities associated with your programming and the requested hours of pre-approval credits. Click "Continue". For more detail on relevant functional areas and responsibilities, please review the HRCI Exam Content Outlines at www.hrci.org/eco.

Program Type: Conference Program ID: 80053921

1. Program Type 2. Fee 3. Program Information 4. Attestation

Conference Title *

Conference Start Date * MM/DD/YYYY

Conference End Date * MM/DD/YYYY

Conference Website

Conference Description: Please provide a short summary of your program, include HR learning objectives. This will be published in the Directory of Pre-approved Activities.

If your event is a conference, please upload a session grid detailing each individual session, the presenter(s)/facilitator and the credits requested for each session!

Credit Type *

Total Program Time (hours) *

How do you monitor the attendance of the participant? (Select all that apply) *

Countries, states and cities where program is offered *

Electronic roster
 Capture log on and log off times via a software program
 Sign in sheet in the room
 Mobile device check-in/app (GA code, check-in via app, etc.)
 Scan badge
 Other

Session grid file is required.

10. Complete the attestation on the last page of the conference application and continue to checkout.

Program Type: Conference Program ID: 80053921

1. Program Type 2. Fee 3. Program Information 4. Attestation

I understand fully and abide by the following specific policies and procedures

1. Programs must be submitted at least 4 weeks prior to the date that the pre-approval is needed.
2. The purpose of the pre-approved program is to be able to use one of the seats on marketing collateral in advance of the program date.
3. A program must be open to the general public in order to be pre-approved as it is included in our directory of pre-approved events.
4. Program approval is good through the current calendar year.
5. The HR Certification Institute reserves the right to change the type of credit awarded to a program before or after it has been pre-approved. All changes will be communicated to the contact on file.
6. The HR Certification Institute reserves the right to deny a program after it has been pre-approved if there is a violation of any of the policies and/or procedures.
7. Click here to read [Policies and Procedures](#).

In addition, I affirm that I have read ALL of the policies and procedures applicable to the program that I submitted and will abide by them.

other

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

Checkout

Billing Information

First Name *	<input type="text" value="Test"/>	Last Name *	<input type="text" value="Account"/>
Email Address	<input type="text" value="test@account.com"/>	Phone Number	<input type="text" value="871.001.6632"/>
Address 1 *	<input type="text" value="1234 Duke Street"/>	Address 2	<input type="text"/>
City *	<input type="text" value="Alexandria"/>	State *	<input type="text" value="Virginia"/>
Zip *	<input type="text" value="22214"/>	Country *	<input type="text" value="UNITED STATES"/>

Shipping Information

First Name *	<input type="text" value="Test"/>	Last Name *	<input type="text" value="Account"/>
Email Address	<input type="text" value="test@account.com"/>	Phone Number	<input type="text" value="871.001.6632"/>
Address 1 *	<input type="text" value="1234 Duke Street"/>	Address 2	<input type="text"/>
City *	<input type="text" value="Alexandria"/>	State/Province *	<input type="text" value="Virginia"/>
Zip *	<input type="text" value="22214"/>	Country *	<input type="text" value="UNITED STATES"/>

Description

Description	City	Price	Total
Conference	1	\$200.00	\$200.00
			Grand Total: \$200.00

Coupons

[ENTER PROMO OR VOUCHER CODE](#)

Payment Information

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

[PROCEED TO ALL REQUIREMENT PAGES](#)

[PRINT INVOICE](#)

12. Once you submit your conference with payment, your program will be reviewed in the date-order it was received and may take up to 4 weeks. You will receive a status email once the conference has been reviewed.



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