



Exam Exemption Form

First Name _____ Last Name _____

Title _____ Organization _____

Preferred Mailing Address _____

City _____ Province _____ Postal Code _____

This information is used only for payment purposes. Please contact the CPHR Registrar at CPHR@hrma.ca if you have any questions regarding the use of this information. HRMA does not distribute its contact list to third parties.

Which path are you following to become a Chartered Professional in Human Resources (CPHR)?

Refer to [The CPHR Paths](#) to determine. CPHR Path 3 _____ CPHR Path 4 _____

Declaration: I hereby am in the CPHR process. I have read and agree to abide by the Code of Ethics available at [CPHR Policies](#)

Signature Date

Exam Exemption Fee:	\$400.00
CPHR Application Fee:	60.00
GST:	23.00
Total Charges:	\$483.00

GST #119446714

If you are located outside of Canada, you are not subject to the GST. Please deduct the GST from your fee.

I understand the application fee is non-refundable and must be paid when I submit my exam exemption fee. The application fee is applicable once per seven year CPHR application process term. If I do not pass the Experience Assessment within seven years of being exempt from the National Knowledge Exam, the application will have failed and the fee will be charged with I re-apply.

Payment Information: Visa Amex MasterCard Cheque # _____ or Money Order Enclosed

I agree to have the above Total Charges applied to my credit card. In the event that my credit card is declined for any reason, I understand that I will be charged an additional processing fee of \$30.00.

Card Number _____ Expiry Date _____

Name on Card _____

Signature _____