



Confirmation of Good Standing Form

General Instructions:

Applicants for membership who are now or who have been a member of a professional HR association and/or another professional regulator must provide proof of their good standing with that organization. If you are/were a member of more than one professional organization, please complete a separate form for each.

This form must be completed by a staff person employed at the association or regulator of which you are/were a member. It should be returned to HRPA at:

HRPA - Office of the Registrar
150 Bloor St. W., Suite 200
Toronto, ON M5S 2X9
Email: registrar@hrpa.ca
Fax: 416-923-8956

Applicant Information:

First Name: _____ Last Name: _____

Casual First Name (if applicable): _____

Phone Number: _____

Address: _____

Email: _____

Consent (to be completed by the applicant):

I authorize and direct the organization listed below to provide to the Human Resources Professionals Association (HRPA) full disclosure of the information requested below and/or any additional information determined by HRPA to be relevant to my application for membership.

I agree – Signature: _____ Date: _____

Professional Body: _____

Province/State/Country: _____

Registration Number: _____ Expiry Date: _____



Member History (to be completed by the association/regulator):

This section must be filled out by a representative of the association or regulator mentioned above.

1. The above noted individual is currently a member of my association/regulatory authority:

Yes No

2. As a member of my association, this individual is/was a:

- CHRP Candidate
- CHRP
- SHRP
- Other (please specify):

3. The individual has been suspended, disqualified, censured or otherwise disciplined while a member of my association. (If yes, please attach details on a separate sheet)

- Yes
- No

4. The individual is currently subject to a proceeding for professional misconduct, incompetence or incapacity which has not yet been resolved. (If yes, please attach details on a separate sheet)

- Yes
- No

Date on which the certification exam was passed, if applicable: Date: _____

Date on which the CHRP Candidate status, CHRP or SHRP was achieved, if applicable:

Date: _____

Next due date for submission of a continuing professional development (CPD) log, if applicable:



Human Resources
Professionals
Association

Attestation:

I am a representative of the above noted organization. I hereby affirm that the information I have provided with respect to the applicant is complete and accurate.

I agree – Signature: _____ Date: _____

Full Name of Representative: _____

Position: _____ Email: _____
