



## CONFIRMATION OF GOOD STANDING – RELOCATION TO ANOTHER PROVINCE

Member please complete part A, and send both pages of this document by email [cphr@cphrbc.ca](mailto:cphr@cphrbc.ca), fax 604-684-3225, or mail.

### PART A – TO BE COMPLETED BY MEMBER:

Current Provincial Association: **CPHR British Columbia & Yukon**

Member Name: _____	
Title: _____	Organization: _____
Business Address: _____ (Street, PO Box, City, Province, Postal Code)	
Business Phone: _____	Business E-Mail: _____
Home Address: _____ (Street, PO Box, City, Province, Postal Code)	
Home Phone: _____	Home E-Mail: _____

**Please confirm my CPHR status details, including past or current professional conduct or discipline matters, with the following provincial association:**

\_\_\_\_\_  
(Name of the association the member is relocating to)

And update my membership records accordingly:

Title: _____	Organization: _____
Business Address: _____ (Street, PO Box, City, Province, Postal Code)	
Business Phone: _____	Business E-Mail: _____
Home Address: _____ (Street, PO Box, City, Province, Postal Code)	
Home Phone: _____	Home E-Mail: _____

Option for those wishing to retain memberships in both associations:

I wish to renew my membership with CPHR BC & YK as a General Member when my professional membership lapses.

**PART B – TO BE COMPLETED BY ASSOCIATION WHERE MEMBER IS CURRENTLY CERTIFIED:**

This will serve as verification that: (Member's Legal Name) \_\_\_\_\_  
(Member's Common Name if different from Legal Name) \_\_\_\_\_  
is a member in good standing with CPHR BC & YK until (date) \_\_\_\_\_  
And the following information is accurate:

1. Was granted a CPHR (CHRP) designation on (date): \_\_\_\_\_  
with CPHR ID Number: \_\_\_\_\_  
and CPD Summary Date/Hours: \_\_\_\_\_

**OR**

2. CPHR (CHRP) Candidate status:  
NKE examination passed / CPHR process expiry date \_\_\_\_\_ / \_\_\_\_\_  
Degree requirement met:  Yes or  No

3. Has the member ever been suspended, disqualified, censured or otherwise disciplined as a member of CPHR BC & YK  
 Yes or  No

4. Is the member currently subject to a proceeding for professional misconduct, incompetence or incapacity which has not yet  
been resolved?  Yes or  No

**Attestation and Signature:** I, \_\_\_\_\_ (name and position with  
CPHR BC & YK) am a Senior representative of CPHR BC & YK. I solemnly affirm that the above person is a member of CPHR BC  
& YK and has been a member in good standing for the last \_\_\_\_\_ (# of years or months).

Signature of Senior CPHR BC & YK Representative: \_\_\_\_\_  
Phone No/Email of Senior Representative: \_\_\_\_\_

**PART C – TO BE COMPLETED BY RECEIVING ASSOCIATION:**

We have received verification from: \_\_\_\_\_  
(Association Name)

And hereby acknowledge your:  
 CPHR designation or  
 CPHR Candidate status

from: \_\_\_\_\_ Until: \_\_\_\_\_  
(Current date) (Province)  
(as long as you keep your membership in good standing)

at which time you will be required to report your CPD hours annually to restart the certification process under the provisions of \_\_\_\_\_  
National Standards and CPHR BC & YK  
(Name of receiving Association)

Signed (Registrar): \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Name: Patricia (Trish) Andrea

Receiving Provincial Association Name: CPHR British Columbia & Yukon

Phone No/Email: 604-694-6939 / tandrea@cphrbc.ca

**Association: Send to Receiving Association; Copy to Member.**

**Receiving Association: Send back to Association; Copy to Member.**

