

CONFIRMATION OF GOOD STANDING INTERNATIONAL

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

PART A – TO BE COMPLETED BY MEMBER:

Member Name:	
Title:	Organization:
Business Address:	
Business Phone:	Business E-Mail:
Home Address:	
Home Phone:	Home E-Mail:
•	PHR BRITISH COLUMBIA & YUKON:
This will serve as verification that: (Me	ember's Legal Name)
(Member's Common Name if differen	nt from Legal Name)
s a member in good standing with CP	HR BC & Yukon until (date):
And the following information is accura	ite:
1. Was granted a CPHR designation of	on (date):
with CPHR ID Number:	
2. Has the member ever been suspen ☐ Yes or ☐ N	nded, disqualified, censured or otherwise disciplined as a member of CPHR BC & Yukon: to
Is the member currently subject to	a proceeding for professional misconduct, incompetence or incapacity which has not yet
been resolved?	
been resolved?	
been resolved?	lo (name and position) am a (name and position) am a Yukon. I solemnly affirm that the above person is a member of CPHR BC & Yukon and has