

**APPLICATION FOR
CHARTERED PROFESSIONAL IN HUMAN RESOURCES DESIGNATION**

First Name _____ Last Name _____ Title _____

Organization _____

Preferred Mailing Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email Address _____

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

APPLICATION FEE

\$60.00 + GST \$3.00 = \$63.00

GST/HST #119446714

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

I understand that this fee is non-refundable and must be paid before or when I submit my initial CPHR Examination Registration. This fee is applicable once per ten-year CPHR application process term. If I do not pass the CPHR Experience Assessment within ten years of passing the National Knowledge Exam®, the application will have failed and the fee will be charged when I re-apply

I further understand that once I attain my CPHR designation I will be required to maintain professional membership in my provincial association.

Payment Information: VISA AMEX MasterCard Cheque # _____ payable to **CPHR BC & Yukon**
or Money Order Enclosed

I agree to have the above Application Fee 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 _____

CVV _____ Signature _____

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