

Exam Exemption Form

First Name		Last Name	
Title	Organization		
Preferred Mailing Addres	ss		
City	Province	Postal Cod	de
		act the CPHR Registrar at CPHR@cph on does not distribute its contact list to	
Which path are you following	ng to become a Charte	red Professional in Human Res	sources (CPHR)?
Refer to The CPHR Paths to d	letermine. CPHR Path 3	CPHR Path 4	
Declaration: I hereby of agree to abide by the Coo		ne CPHR process and that I hat	nave read and
	Signatu	re	Date
E	Exam Exemption Fe	e: \$400.00	
(CPHR Application Fe	e: 60.00	
(GST:	23.00	
1	Total Charges:	\$483.00	
I understand the application fee is applicable once per ten year CPHR	of Canada, you are not su non-refundable and must be application process term. If	119446714 Ubject to the GST. Please deduct to the GST. Please deduct to the GST. Please deduct to paid when I submit my exam exemption I do not pass the Experience Assessmental have failed and the fee will be chart	on fee. The application fee is ent within ten years of being
Payment Type: Visa	Amex MasterCard	Cheque #/Money Orde	er payable to CPHR BC & Yukon
I agree to have the above Total Chreason, I understand that I will be		rd. In the event that my credit card is ing fee of \$30.00.	declined for any
Card Number		Expiry Da	te
Name on Card			
Signature			

Please submit completed form and payment by email to CPHR@cphrbc.ca, by fax to 604.684.3225, or by mail.