



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, 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: <input type="checkbox"/> CPHR designation or <input type="checkbox"/> CPHR Candidate status	
from:	_____ (Province)
_____ (Current date)	_____ (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	
	_____ (Name of receiving Association)
Signed (Registrar):	_____ Date:
Registrar Name:	_____
Receiving Provincial Association Name:	_____
Phone No/Email:	

Association: Send to Receiving Association; Copy to Member.

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

