

NKE Waiver Form

First Name _____ **Last Name** _____

Preferred Email Address _____

Preferred Mailing Address _____

City _____ **Province** _____ **Postal Code** _____

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

Declaration: I hereby declare that I am in the CPHR process and that I have read and agree to abide by the Code of Ethics available at [CPHR Policies](#)

Signature

Date

NKE Waiver Fee:	\$400.00
CPHR Application Fee:	60.00
GST:	23.00
Total Charges:	\$483.00

GST #119446714

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

I understand the application fee is non-refundable and must be paid when I submit my NKE waiver fee. The application fee is applicable once per ten year CPHR application process term. If I do not pass the Experience Assessment within ten years of the waiver of the National Knowledge Exam, the application will have failed and the fee will be charged when I re-apply.

Payment Type: Visa Amex MasterCard Cheque # _____ /Money Order payable to CPHR BC & Yukon

I agree to have the above Total Charges 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 _____

CVV _____

Name on Card _____

Expiry Date _____

Signature _____