



## Validation of Experience Application Form Less than Three Years of Experience

### REGISTRANT INFORMATION:

Name (First, Middle Initial, Last)	
HRPA Member Number (active membership is required to apply)	
Address	
Primary Phone Number	
Email	

**Prior to completing this application, please review a copy of the Validation of Experience handbook, which contains information pertaining to the four factors of professional level experience and what constitutes the practice of Human Resources Management.**

ALL of the following documentation must accompany an application for it to be considered complete:

- A chronological resume which includes an employment history with start and finish dates for each listed position. Include the month and year you began and ended each position. Functional resumes do not provide the required information and therefore will not be accepted.
- Job descriptions detailing current and relevant jobs. Employer documents are preferred.
- Organizational charts detailing what position you reported to and the position(s) reporting to you. Include the size of the organization(s) and circle your position. Employer documents are preferred.
- Job classification codes (if applicable to your position(s)).

*Please do not submit applications in a binder, duo-tang, or coiled booklet. Applications should be stapled or clipped together.*

### Certification Questionnaire

For each position you have held, starting with the most recent and moving back in time, and going as far back as is needed to accumulate three years of professional HR experience, complete the following questions. You are not limited to the space provided and may include your answers in a separate document. Keep answers as direct, straightforward and to the point as possible.

**Current or most recent position:**

Position title: \_\_\_\_\_

Time spent in position: \_\_\_\_\_ (Month/Year to Month/Year)

In this position, what proportion of your time is spent doing HR work or supervising the delivery of HR services? \_\_\_\_\_ *(Must be a minimum of 51% to qualify)*

Describe the level of autonomy in your position. What kind of decisions or actions are you empowered to make?

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Describe the kinds of data analysis, and interpretation you are typically required to do in your position.

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Describe the level of your interactions both within and outside of your organization. Who do you typically interact with?

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Describe your accountabilities. What does your organization hold you accountable for?

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**Position before most recent position (if applicable):**

Position title: \_\_\_\_\_

Time spent in position: \_\_\_\_\_ (Month/Year to Month/Year)

In this position, what proportion of your time is spent doing HR work or supervising the delivery of HR services? \_\_\_\_\_ *(Must be a minimum of 51% to qualify)*

Describe the level of autonomy in your position. What kind of decisions or actions are you empowered to make?

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Describe the kinds of data analysis, and interpretation you are typically required to do in your position.

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Describe the level of your interactions both within and outside of your organization. Who do you typically interact with?

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Describe your accountabilities. What does your organization hold you accountable for?

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Should you require more space than provided above, please use a separate sheet and attach it to this form.

## Reference

Please provide the name of a person who would be in a position to verify the accuracy and completeness of the information provided on this form and supporting documents. Note that this person will not necessarily be contacted. Ideally, this person should hold the CHRP designation. If you do not believe that there is a CHRP designation-holder who would be in a position to verify the accuracy and completeness of the information provided on this form and supporting documents, give the name of someone else who is in a position to do so.

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

What is this person's relationship to you? \_\_\_\_\_

Is this person a CHRP? Yes No

## Validation of Experience Fees

The administrative portion of the fee is non-refundable. No fees are refundable.

\$100.00 + 13% HST – to be submitted with this application

Method of Payment:

Cheque    Visa    MasterCard    AMEX    TOTAL: \_\_\_\_\_ HST #R104154273

Credit Card No. \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_\_

Name as it appears on the card (please print) \_\_\_\_\_

Declaration - I hereby apply to have my experience validated for the purposes of meeting HRPAs' experience requirement in the context of HRPAs' certification process. I attest that all information on this form or in any supporting document is accurate and complete and fairly represents my experience. I understand that it is a breach of HRPAs' Rules of Professional Conduct to provide false or misleading information.

Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_