



Validation of Experience Application Form

APPLICANT INFORMATION:

First and Last Name:	
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 Guide to the Validation of Experience 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 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 which make up the three years of experience. This supporting documentation must span the entire three-year period (36 months) or further if time spent in HR was less than 100%. Employer documents are preferred.
- Organizational charts detailing what position you reported to and the position(s) reporting to you. This supporting documentation must span the entire three-year period (36 months). 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.

VALIDATION OF EXPERIENCE FEES:

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

\$100.00 + 13% HST = \$113.00 – to be submitted with this application

\$400.00 +13% HST = \$452.00 – to be paid when granted

Method of Payment:

Cheque Visa MasterCard AMEX TOTAL: _____ HST #R104154273

Credit Card Number: _____

Expiry Date (MM/YY): _____

Name as it appears on 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 and 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. I understand that the Panel may also seek information available in the public realm to make their decision.

Signature: _____ **Date (DD/MM/YY):** _____

