



## **Validation of Experience Application Form**

### **Early Assessment Opinion - Less than Three Years of Experience**

**APPLICANT INFORMATION:**

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| <b>First and Last Name:</b>   |  |
| <b>HRPA Member Number<br/>(Active membership is required to apply):</b> |  |
| <b>Address:</b>   |  |
| <b>Primary Phone Number:</b>  |  |
| <b>Email:</b>   |  |

**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 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.*

**VALIDATION OF EXPERIENCE – EARLY ASSESSMENT OPINION 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

**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): \_\_\_\_\_

**CERTIFICATION QUESTIONNAIRE:**

For each position you have held, starting with the most recent and moving back in time as far back as is needed, complete the following questions. You are not limited to the space provided and may include your answers in a separate document attached with your application.

**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 kinds 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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