Human Resources Professionals Association

Validation of Experience Application Form

Early Assessment Opinion - Less than Three Years of Experience

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 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 EXPEREINCE – 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 HRPA's experience requirement in the context of HRPA's 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 HRPA's Rules of Professional Conduct to provide false or misleading information. I understand that I may be contacted for further information if required by the Experience Assessment Committee Panel and that I may be asked to provide a reference to verify information about my experience. 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?

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

Position before most recent position (if applicable). Should you need to go back further, please use a separate page and attach it to this form.

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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