



## **Examination Withdrawal Form**

The Examination Withdrawal Form can either be:

**Mailed to:** HRPA  
Office of the Registrar  
150 Bloor St. West, Suite 200  
Toronto, ON M5S 2X9

**Emailed to:** [exams@hrpa.ca](mailto:exams@hrpa.ca)

### **Withdrawal Policy:**

- Withdrawals for the CHRP-KE, CHRL-KE, CHRP and CHRL Employment Law Examinations are permitted up to fourteen (14) calendar days from the scheduled examination date. An administration fee of \$65.00 + HST will be deducted from the total refund issued.
- Withdrawals are not permitted less than fourteen (14) calendar days from the scheduled examination date. Registrants requesting to withdraw less than fourteen (14) calendar days from the scheduled examination date will forfeit their fees.
- In certain extenuating circumstances, such as illness or bereavement, the administration fee may be waived at HRPA's discretion. Supporting documentation must be submitted along with the Examination Withdrawal Form.

### **Reschedule your exam:**

- If you wish to reschedule your examination to another date and/or location within the same designated testing window, a rescheduling fee of \$50.00 + HST will be charged. This fee is collected by Prometric.
- To reschedule your examination, you must do so via Prometric here: [www.prometric.com/testtakers/search/hrpa](http://www.prometric.com/testtakers/search/hrpa).

### **Failing to Attend your Examination:**

Registrants who do not attend their examination will be considered "no-shows" and will forfeit the full examination fee. These registrants may register to write their examination in the future, if they still qualify to register.

### **Medical or Personal Emergency Policy**

HRPA considers a medical emergency to be an unplanned medical event that arises within 48 hours of the scheduled examination and prevents registrations from writing their examination. If you choose to write your examination, even if you do not complete the examination, you will be deemed to have written the examination.

A medical or personal emergency may apply to registrants themselves or to one of the registrant's immediate family members (spouse, child or parent). Medical events and personal emergencies that can be anticipated as occurring on or near the scheduled examination in which registrants can schedule, reschedule or cancel their examination are not considered medical emergencies. Inability to write an examination due to workload, work conflicts or inability to properly prepare for an examination are not considered emergencies.



Medical or personal emergency refund requests must be made in writing and mailed, emailed or faxed to the Office of the Registrar within five (5) business days of the scheduled examination and must include a description of the situation and documentation of the emergency or extenuating circumstance. Requests for refunds because of medical or personal emergencies are reviewed on a case-by-case basis. Registrants will be notified by email of the outcome of the request.

**REGISTRANT INFORMATION**

Date of Request	First Name	Last Name
HRPA Registration Number:		
Title	Organization Name	Street Address
City	Province	Postal Code
Phone(Home)	Phone(Business)	

\* All correspondence is sent to your preferred contact address as per the HRPAs membership database. It is the responsibility of each HRPAs member to ensure that their individual member profile is up to date, including email address.

**ADDITIONAL REQUIREMENTS:**

- I am requesting a withdrawal of the CHRP-KE exam
- I am requesting a withdrawal of the CHRL-KE exam
- I am requesting a withdrawal of the CHRP Employment Law exam
- I am requesting a withdrawal of the CHRL Employment Law exam

I am scheduled to write on \_\_\_\_\_

(date) I am requesting this withdrawal due to the following reason(s):



**Human  
Resources  
Professionals  
Association**

By signing below, I agree that I have read and understood all the information pertaining to my withdrawal request, and I confirm that I am aware that should I choose to write an exam in the future, I will be required to meet all current eligibility requirements.

Signature: \_\_\_\_\_ Date signed(mm/dd/yyyy)\_\_\_\_\_

By providing an electronic signature, I confirm my understanding and agreement to the terms of this form.