



**Human
Resources
Professionals
Association**

ATTESTATION

I confirm and attest that the information I have provided with respect to my professional liability insurance coverage is complete and accurate. I understand that, as an independent practitioner, professional liability insurance coverage is required by the HRPAs Rules of Professional Conduct and that to practice independently without such insurance, or to provide false or misleading information related to my professional liability insurance coverage, is a breach of the Rules of Professional Conduct and may lead to allegations of professional misconduct .

Registrant Signature: _____ Date signed(mm/dd/yyyy)_____

By checking this box, I agree to and confirm the above.