

Renewal Dues Assistance Program (RDAP) Request Form

Steps to Apply for RDAP

1. Complete this RDAP form and identify the required supporting document.
2. Submit the completed RDAP request form and supporting documents by email to renewal@hrpa.ca no later than May 15th. Incomplete applications (including those missing supporting documents) cannot be processed. Applications that are received after May 15 are not guaranteed to be processed before the May 31 renewal deadline. Late fees will apply to all outstanding renewals as of June 1st, **even if an RDAP form has been submitted.**

A. Personal Information

HRPA registration # (optional):	
Legal first name on file:	Legal last name on file:

B. Reason for Assistance Request and Supporting Documents

Choose only 1 reason that best suits your situation and submit the appropriate supporting document.

Reason for Assistance Request	Required Supporting Document	Percentage of Dues to be Paid
Parental		
<input type="checkbox"/> 1st year of parental leave	Check only 1 box: <input type="checkbox"/> Doctor's note. <input type="checkbox"/> Letter from employer. <input type="checkbox"/> Latest copy of Employment <input type="checkbox"/> Insurance (EI) claim. Click here to learn more about EI claims. <input type="checkbox"/> RDAP Attestation (page 6).	30%



<input type="checkbox"/> 2nd year of parental leave (returning after 12 to 18 months)	Check only 1 box: <input type="checkbox"/> Doctor's note. <input type="checkbox"/> Letter from employer. <input type="checkbox"/> Latest copy of Employment Insurance (EI) claim. Click here to learn more about EI claims. <input type="checkbox"/> RDAP Attestation (page 6).	50%
Unemployment		
<input type="checkbox"/> Less than 1 year of being unemployed	Check only 1 box: <input type="checkbox"/> Latest copy of Employment Insurance (EI) claim. Click here to learn more about EI claims. <input type="checkbox"/> RDAP Attestation (page 6).	30%
<input type="checkbox"/> Stay-at-home parent	Check only 1 box: <input type="checkbox"/> Latest copy of Employment Insurance (EI) claim. Click here to learn more about EI claims. <input type="checkbox"/> RDAP Attestation (page 6).	30%
<input type="checkbox"/> More than 1 year of being unemployed	<input type="checkbox"/> RDAP Attestation (page 6).	30%
Contract Work		
<input type="checkbox"/> 0 to 6 month contract	<input type="checkbox"/> Letter from employer stating duration of contract and salary.	50%
<input type="checkbox"/> 6.1 to 12 months contract	<input type="checkbox"/> Letter from employer stating duration of contract and salary.	80%

Reason for Assistance Request	Required Supporting Document	Percentage of Dues to be Paid
Illness and Disability		
<input type="checkbox"/> Working part-time or reduced hours due to medical condition	Check only 1 box: <input type="checkbox"/> Doctor's note. <ul style="list-style-type: none"> • No prognosis required. • Written no more than 30 days before date form is submitted. • States hours per week working. <input type="checkbox"/> RDAP Attestation (page 6).	50%
<input type="checkbox"/> Not working due to medical condition	Check only 1 box: <input type="checkbox"/> Doctor's note. <ul style="list-style-type: none"> • No prognosis required. • Written no more than 30 days before date form is submitted. • States not working. <input type="checkbox"/> RDAP Attestation (page 6).	0%
Immediate Family Support		
<input type="checkbox"/> Supporting multiple individuals/families (income will be based on the LICO table from the Government of Canada; see Appendix)	<input type="checkbox"/> RDAP Attestation (page 6).	70%
<input type="checkbox"/> Sole income earner for family (income will be based on the LICO table from the Government of Canada; see Appendix)	<input type="checkbox"/> RDAP Attestation (page 6).	70%
<input type="checkbox"/> Working part-time or reduced hours due to being a primary caregiver of a critically ill or injured person	<input type="checkbox"/> RDAP Attestation (page 6).	70%
Educational Leave		
<input type="checkbox"/> Working part-time or reduced hours due to an educational leave	<input type="checkbox"/> Letter from employer stating leave from work. Plus a letter from educational institution confirming student status.	50%
<input type="checkbox"/> Taking classes while working	<input type="checkbox"/> Letter from educational institution confirming student status.	80%

Reason for Assistance Request	Required Supporting Document	Percentage of Dues to be Paid
Low Income		
<input type="checkbox"/> Individual income will be based on the LICO table from the Government of Canada; see Appendix.	Check only 1 box: <input type="checkbox"/> Up-to-date Notice of Assessment (NOA). Block out Social Insurance Number (SIN) . Click here to learn more about proof of income. Letter from employer confirming salary. <input type="checkbox"/> Up-to-date proof of income statement. Block out Social Insurance Number (SIN) . Click here to learn more about proof of income.	70%
Employed with Reduced Hours		
<input type="checkbox"/> Employed but with reduced hours as a result of employer (not employee) decision	<input type="checkbox"/> Letter from employer confirming reduced hours.	70%
Retired		
<input type="checkbox"/> Working part-time, reduced hours in non-HR capacity 0 to 15 hours per week or not working in any capacity. May volunteer in a non-HR capacity	Please submit and check only one box: <input type="checkbox"/> RDAP Attestation (page 6). <input type="checkbox"/> Letter from employer confirming hours of work and non-HR capacity.	\$100, plus tax.

C. Terms and Conditions

I confirm that the information provided by me, and statements made by me, in this form are correct and complete. I acknowledge that the Human Resources Professionals Association (HRPA) may carry out whatever due diligence is reasonably required to verify the accuracy of the information and statements above, a supporting document, or the RDAP Attestation. I understand that a false or misleading statement or representation may lead to a refusal to issue a certificate of registration or to revocation of my registration with the HRPA.

By signing this form, I, the HRPA registrant named above, confirm my understanding of, and agreement to, the Terms and Conditions and understand and agree that my electronic signature is a valid signature.

Signature

Date (mm/dd/yyyy)

Renewal Dues Assistance Program (RDAP) Attestation

(Please check only 1 based on the reason you indicated in the above table.)

Parental Leave

- I am in my 1st year of parental leave.
- I am in my 2nd year of parental leave.

Unemployment

- My employment ended on _____ (mm/dd/yyyy), which is less than 1 year.
- I am a stay-at-home parent.
- I have been unemployed since _____ (mm/dd/yyyy), which is more than 1 year.

Illness and Disability

- I am working part-time or reduced hours due to my medical condition.
- I am not working due to my medical condition.

Immediate Family Support

- My annual income is \$ _____ and I support _____ individuals.
- My annual income is \$ _____ and I am the sole income earner for my household of _____ individuals. (Please note both of the above will be evaluated based on the LICO table from the Government of Canada; see Appendix.)
- I am working part-time or reduced hours due to providing care for a critically ill or injured person.

Retired

- I am retired, and I am not working or volunteering in HR in any capacity.
- I am retired, do no paid or voluntary work in HR, and am working no more than 15 hours a week in a non-HR capacity.

I acknowledge that if the HRPA ever becomes aware that I made misrepresentations with respect to a statement above, the HRPA will be entitled to rely upon this RDAP Attestation in any disciplinary or similar proceeding.

Please note that the HRPA may request a doctor's note in addition to the RDAP Attestation.

By signing this RDAP Attestation, I, the HRPA registrant named above, confirm that the statement selected above, and any information inserted, is true and agree that my electronic signature is a valid signature.

Signed on (mm/dd/yyyy)

Registrant Signature

Witness Signature

Witness Print Name

Additional Information

It takes an average of 10 to 15 business days for a complete application to be processed. The HRPA will send you an email confirmation once your application has been reviewed. If your request is approved, your renewal invoice will be adjusted accordingly, and you will be instructed to complete your renewal online. If your request is not approved but you believe it should have been approved, you may email us your concerns.

Payment for HRPA registration is non-refundable.

You must complete the online renewal process after your RDAP request is approved. If you do not complete the renewal process, your registration will not be renewed.

To ensure there is sufficient time to process your RDAP application, please submit your RDAP form with supporting documentation by May 15th. While every effort will be made to process applications received after May 15th but before the May 31st renewal deadline, we cannot guarantee those applications will be processed in time. Late fees will apply to all outstanding renewals as of June 1st, even if an RDAP form has been submitted.

Since students enjoy the lowest dues available, students are only eligible for RDAP in exceptional circumstances.

Members and students who do not wish to renew their registration may resign by completing the [Resignation Form](#).

Terms

EI – Employment Insurance LICO – Low Income Cut-Off (table from Government of Canada)
 NOA – Notice of Assessment

Table 1 – Low Income Cut-Off (LICO)

Size of Family Unit	Maximum income
1 person (HRPA Registrant)	\$27,514
2 persons	\$34,254
3 persons	\$42,110
4 persons	\$51,128
5 persons	\$57,988
6 persons	\$65,440
7 persons	\$72,814
More than 7 persons, for each additional person, add	\$7,412

*Source: <https://www.canada.ca/en/immigration-refugees-citizenship/services/application/application-forms-guides/guide-5482-instruction-fill-financial-evaluation-form-1283.html>

Current Renewal Dues

2024-2025 Dues	In Province	Out of Province
CHRE	\$550.14	\$449.44
CHRL	\$550.14	\$449.44
CHRP	\$393.26	\$296.56
Practitioner	\$466.40	\$371
Allied Professional	\$292.56	\$197.16