

# CPHRM Certification Renewal Application

(EFFECTIVE MARCH 1, 2017 – PAYMENT PROCESSING CHANGE FOR CANDIDATES DUE TO RENEW)



## Section 1. CPHRM Certificant Information

CPHRM Certificate Number \_\_\_\_\_ Certification Expiration Date (MM/DD/YYYY) \_\_\_ / \_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  Business  Home

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Business  Home  Cell

Check here if you would like the above contact information updated and listed as your primary information in your record.

## Section 2. Method of CPHRM Certification Renewal

Check one of the following boxes to indicate method of renewal.

- Alternative I** (Participation in eligible CPE activities)  **Alternative II** (Successful CPHRM re-examination)

## Section 3. Reporting Eligible Activity for CPHRM Certification Renewal

- For renewal by **Alternative I**, complete Page 2.
- For renewal by **Alternative II**, attach AMP-issued CPHRM Examination score report showing your passing score.

## Section 4. Professional Standards of Conduct

I certify that I agree to abide by the *Professional Standards of Conduct* as presented on Page 4 of this Renewal Application Instructions found on the AHA-CC website of [www.AHACertificationCenter.org](http://www.AHACertificationCenter.org). Furthermore, I certify that I agree to abide by regulations for CPHRM certification renewal requirement contained therein. The information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or processing of it delayed or voided.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Section 5. CPHRM Certification Renewal Fee Payment

**Membership Status** (check one) I am a current member of:  ASHRM  Other PMG  None of the PMGs

**Member Number** \_\_\_\_\_

### Certification Renewal Application Nonrefundable Processing Fees

Applications submitted up to one (1) year **prior** to certification expiration date:

- Member Fee \$135.00  Non-Member Fee \$225.00

Applications postmarked/faxed up to 30 days **past** the expiration date incur the late renewal fee:

- Late Renewal Fee \$50.00 (Late fee applies if renewing by Alternative I or Alternative II.)

\$ \_\_\_\_\_ **TOTAL Payment Submitted**

**Payment Method** (check one) Payment is processed before the application is processed.

- Check/Money Order (payable to the AHA Certification Center) Allow 7-10 days for payment processing.  
 Credit Card Payment. (check one)  Visa  MasterCard  American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name (as it appears on card)

\_\_\_\_\_  
Signature (Required for processing credit card orders)

**CPHRM Certification Renewal Application**

**Name:** \_\_\_\_\_

	<b>Education Program Title</b>	<b>Education Provider</b>	<b>Date(s) of Education (MM/DD/YY)</b>	<b>Content Code(s)</b>	<b>Type Code</b>	<b>Contact Hours</b>
1.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
2.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
3.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
4.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
5.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
6.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
7.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
8.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
9.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
		<b>Total Contact Hours</b>				

*Make copies of this form as needed*

Page \_\_\_\_ of \_\_\_\_

**Submit completed CPHRM Certification Renewal Application and payment:**

**Mail:** AHA Certification Center, CPHRM Certification Renewal, P.O. Box 75315, Chicago, IL 60675-5315

**Fax:** 312.422.3609 (secure fax line; for application with credit card payment only)

**Notes:** Emailed applications will not be accepted.

*Total processing time is generally about two (2) weeks from receipt of application.*