



## Recertification Fee Payment Form

LAST NAME

FIRST NAME

MIDDLE INITIAL

E-MAIL ADDRESS (REMINDERS AND NEWS WILL BE SENT TO THIS ADDRESS)

HOME ADDRESS

CITY

STATE/PROVINCE

ZIP CODE/COUNTRY CODE

COUNTRY

HOME PHONE NUMBER (PLEASE INCLUDE COUNTRY CODE OR AREA CODE)

### CHECK CERTIFICATION:

aPHR®  aPHRi™  PHR®  PHRca®  PHRi™  SPHR®  SPHRi™  GPHR®

### PAYMENT INFORMATION:

CHECK APPLICABLE FEE(S):

- RECERTIFICATION APPLICATION FEE: US\$169
- 1 ADDITIONAL DESIGNATION: US\$50
- 2 ADDITIONAL DESIGNATIONS: US\$100
- 3 ADDITIONAL DESIGNATIONS: US\$150
- 4 ADDITIONAL DESIGNATIONS: US\$200
- 5 ADDITIONAL DESIGNATIONS: US\$250
- SUSPENDED FEE: US\$100
- EMERITUS STATUS: US\$150

Fees are subject to change without notice and are nonrefundable. Please make checks, money orders and cashier checks payable to the HRCI in U.S. dollars (US). **DO NOT SEND CASH.** To avoid multiple charges on your credit card, do not send your application more than once.

TOTAL DUE: \_\_\_\_\_

MY CHECK IS ENCLOSED

**OR CHARGE MY:**

VISA

MasterCard

AMEX

CREDIT CARD NUMBER

EXPIRATION DATE

CARD SECURITY CODE

CARDHOLDER NAME

CARDHOLDER SIGNATURE

BILLING ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

**Submit to HRCI by:**

**Email:** [accounting@hrci.org](mailto:accounting@hrci.org) **OR**

**Mail:** HRCI  
Recertification Fee  
1725 Duke Street  
Suite 400 Alexandria, VA 22314 USA

**FOR INSTITUTE USE ONLY:**

DATE RECEIVED

AMOUNT RECEIVED

COMP. CK

PERSONAL CK

CREDIT CARD

PROCESSED BY