

REQUEST TO TRANSFER CHRP DESIGNATION TO ANOTHER PROVINCE

Member please complete Part A, and send both pages of this document, along with payment of \$25.00 + HST to:

BC HRMA, 1101-1111 West Hastings Street, Vancouver, BC V6E 2J3
Fax: (604) 684-3225 Email: CHRP@bchrma.org

PART A – TO BE COMPLETED BY MEMBER REQUESTING TRANSFER

Current Provincial Association: _____	
Member Name: _____	
Title: _____	Organization: _____
Business Address: _____ (Street, PO Box, City, Province, Postal Code)	
Business Phone: _____	Business E-Mail: _____
Home Address: _____ (Street, PO Box, City, Province, Postal Code)	
Home Phone: _____	Home E-Mail: _____

Please transfer my CHRP designation/CHRP Candidate status to the following provincial association:

And update my membership records accordingly:	
Title: _____	Organization: _____
Business Address: _____ (Street, PO Box, City, Province, Postal Code)	
Business Phone: _____	Business E-Mail: _____
Home Address: _____ (Street, PO Box, City, Province, Postal Code)	
Home Phone: _____	Home E-Mail: _____

PART B – TO BE COMPLETED BY ASSOCIATION WHERE MEMBER IS CURRENTLY CERTIFIED:

THIS SECTION MUST BE COMPLETED AND RECEIVED BY THE INCOMING ASSOCIATION FOR TRANSFER TO OCCUR.

This will serve as verification that:	_____
	(Member's Name)
Is a: <input type="checkbox"/> CHRP member <input type="checkbox"/> CHRP Candidate in good standing in the Province of BC until	_____
And the following information is accurate:	
1. CHRP Registration Number:	_____
2. Granting Date:	_____
3. Expiration Date:	_____
Signed (Registrar):	_____ Date: _____
Registrar Name:	Patricia Andrea
Current Provincial Association Name:	BC Human Resources Management Association
Phone No/Email:	604.684.7228 or 800.665.1961 CHRP@bchrma.org

PART C – TO BE COMPLETED BY RECEIVING ASSOCIATION:

We have received a verification letter from:	_____
	(Association Name)
And hereby acknowledge that your: <input type="checkbox"/> CHRP <input type="checkbox"/> CHRP Candidate status is recognized in	_____
	(Province)
	From: _____ Until: _____
	(Current date) (Expiration Date)
At which time you will be required to recertify your CHRP or re-obtain your CHRP Candidate status under the provisions of:	_____
	(Name of receiving Association)
Signed (Registrar):	_____ Date: _____
Registrar Name:	_____
Receiving Provincial Association Name:	_____
Phone No/Email:	_____

Association: Copy to Member; Copy to Receiving Association
Receiving Association: Copy to Member; Copy to CCHRA

