



Human Resources
Professionals
Association

2020 Renewal Late Fee Waiver Request Form

All current registrations expire on July 31, 2020. While registrants may still renew after the deadline date, a late fee will be applied. The late fee may only be waived for extenuating circumstances. If there were extenuating circumstances that prevented you from meeting the July 31st deadline, please complete this form and submit the required supporting documentation. Please submit the request by emailing it to renewal@hrpa.ca for consideration.

To review HRPAs privacy policy, please visit www.hrpa.ca, or contact privacy@hrpa.ca.

Please note that all requests for a waiver of the late fee must be submitted to HRPAs prior to revocation on November 13 at 5:00 p.m.

Once the July 31st deadline has passed, we provide an additional four months grace-period until November 13. The purpose of that grace period is for HRPAs to be able to run the suspension-revocation cycle and provide registrants with sufficient notice of their registration and/or designation potentially lapsing.

The suspension-revocation cycle is set out in s.9.42 of HRPAs member approved By-laws and consists of three stages. The suspension-revocation cycle begins immediately after the July 31 renewal deadline has passed:

1. 30 Days Notice of Impending Suspension and Revocation in August sent by email only.
2. Suspension on September 9 at 5pm , followed by the 60 Days Notice of Suspension and Impending Revocation sent by email only.
3. Revocation on November 13 at 5pm followed by the Notice of Revocation sent by email only. Revocation means that you have lost all the rights and privileges relating to your registration.

PERSONAL INFORMATION

HRPA ID # (optional):	
Legal First and Last Name:	
Preferred First Name (if different from your legal first name):	

REASON FOR REQUEST TO WAIVE LATE FEE AND SUPPORTING DOCUMENTATION

Kindly choose only **one (1)** reason that best suits your situation and submit the appropriate supporting documentation.

Reason for Waiver	Required Supporting Documentation
Parental Leave	
Illness and Disability	Doctor's note <ul style="list-style-type: none"> • No prognosis required • Written within 30 days
Family Emergency	Any of the following: Letter from Employer or Lawyer Doctor's note <ul style="list-style-type: none"> • No prognosis required • Written within 30 days Obituary Police Report Standard Undertaking
Other (i.e. identity theft, military obligations, recent change in employment status, organizational budgeting)	Any of the following: Letter from Employer or Lawyer Record of Employment Police Report Standard Undertaking

TERMS AND CONDITIONS

I confirm that the statements made by me in this form are correct and complete to the best of my knowledge and belief. I acknowledge that HRPAA may carry out whatever investigations may be reasonably required to verify the accuracy of the statements above. 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 certificate of registration with the Association.

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

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

By providing an electronic signature, I confirm my understanding and agreement to the terms of this form.

ACKNOWLEDGEMENT AND ATTESTATION

Please complete this Acknowledgement for accommodations that require a standard undertaking only.

I, _____ (enter applicant's full name), hereby acknowledge and confirm the following:

1. I attest that the extenuating circumstances described by me in the attached document prevented me from renewing my registration by July 31, 2020. (Please provide a detailed explanation on a separate page.)
2. I acknowledge that if HRPAA ever becomes aware that I made misrepresentations with respect to the applicable statement above, or in the attached document, the Association will be entitled to rely upon this Acknowledgement and Attestation in any disciplinary or similar proceeding.

Signed this _____ day of _____, 2020

(Registrants full name)

Witness to the signature of
(Name of witness)

Witness Print Name

By providing an electronic signature, I confirm my understanding and agreement to the terms of this form.