

# CONFIRMATION OF GOOD STANDING – RELOCATION TO ANOTHER PROVINCE



Member please complete Part A and send both pages of this document to [hello@cphrns.ca](mailto:hello@cphrns.ca) or mail

## PART A – TO BE COMPLETED BY MEMBER:

Current Provincial Association: <b>Chartered Professionals in Human Resources of Nova Scotia</b>
Member Name: _____
Title: _____ Organization: _____
Business Address: _____
Business Phone: _____ Business Email: _____
Home Address: _____
Home Phone: _____ Home Email: _____

**Please confirm my CPHR designation/CPHR Candidate status details, including past or current professional conduct or discipline matters, with the following provincial association:**

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Name of the association the member is relocating to

And update my membership records accordingly:

Title: _____ Organization: _____
Business Address: _____
Business Phone: _____ Business Email: _____
Home Address: _____
Home Phone: _____ Home Email: _____

Option for those wishing to retain memberships in both associations:

I wish to renew my membership with CPHR Nova Scotia as an Associate Member when my professional membership lapses.

**Association: Send to Receiving Association; Copy Member. Receiving Association: Send back to Association; Copy Member.**

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

This will serve as verification that:(Member’s Legal Name) \_\_\_\_\_

(Member’s Common name if different from legal name) \_\_\_\_\_

is a:  CPHR member or  CPHR Candidate in good standing in the province of Nova Scotia  
 Membership with CPHR Nova Scotia expires on (date): \_\_\_\_\_

And the following information is accurate:

1. CPHR Number: \_\_\_\_\_
2. Granting date/CPD Summary (for CPHRs): Granted: \_\_\_\_\_/CPD Date/Hours: \_\_\_\_\_

**or**

3. for CPHR Candidates:
  - Date passed or waived NKE: \_\_\_\_\_/ CPHR Candidate expiration date: \_\_\_\_\_
  - met degree requirement:  Yes  No  Not verified

4. Has the member ever been suspended, disqualified, censured or otherwise disciplined as a member of the above noted professional organization:  Yes  No

5. Is the member currently subject to a proceeding for professional misconduct, incompetence or incapacity, which has not yet resolved?  Yes  No

**Attestation and Signature:** I, \_\_\_\_\_, am a representative of CPHR Nova Scotia. I solemnly affirm that the above person is a member in good standing of CPHR Nova Scotia.

Signature of CPHR Nova Scotia Representative: \_\_\_\_\_

Contact Info of Representative: Tel: 902.446.3660 Email: hello@cphrns.ca Date: \_\_\_\_\_

**PART C – TO BE COMPLETED BY RECEIVING ASSOCIATION:**

We have received verification from:	CPHR Nova Scotia _____ (Association Name)
And hereby acknowledge that your: <input type="checkbox"/> CPHR or <input type="checkbox"/> CPHR Candidate status is recognized in	_____ (Association Name)
From: _____ (Current date)	Until: _____ (as long as you keep your membership in good standing)
at which time you will be required to confirm you have met the CPD requirements for your CPHR or re-obtain your CPHR Candidate status under the provisions of	_____ (CPHR CPD Due Date or CPHR Candidate Expiry Date)
Signed (Registrar/Representative)	_____ (Name of receiving Association)
Registrar/Representative Name	_____ Date:
Receiving Provincial Association Name	_____
Phone Number/Email	_____