

Application for Recertification

MICHIGAN STATE UNIVERSITY							
Applying for Recertification for (check all that ap	ply):	CHRS	CV	VCP	CLRL	CFMLS	
Fill out this form completely to ensure proper processing of your application. Instructional hours must be noted on form.							
APPLICANT INFORMATION:							
Name:				Year of Last Certi	fication		
Title:		Email:					
Organization:							
Mailing Address:		Suit	e/Mail	Code/ Apt.	#:		
City:	State:		Zip C	ode:			
Phone:	Ext.:						
RECERTIFICATION BY EXAMINATION: CWCP ONLY							
Written Exam – The written examination will be sent to the email address you provided above.							
FEE: CWCP Recertification by Exam							
Within certification period:	\$185.00)					
Up to 6 months after certification expired:	\$235.00)					
6-12 months after certification expired:	\$285.00						
RECERTIFICATION BY CONTINUING EDUCATION: CHRS - CLRL - CWCP - CFMLS							
FEE: Recertification by Continuing Education (CE)							
Within certification period:	\$ 95.00)	After 12 months, your certification will lapse and you will need to re-take the			ication will lapse	
Up to 6 months after certification expired:	\$145.00)				-	
6-12 months after certification expired:	\$195.00)			RL, CWCP,		
YOU NEED 28 CE HOURS FOR CERTIFICATION class and pass the exam.							

DIRECTIONS FOR SUBMITTING APPLICATION:

Attach supporting documentation, showing dates/times attended (i.e., agenda or brochure) and proof of completion of listed activity (i.e., certificate, or letter from organization stating you completed). Supporting documentation is <u>not</u> needed for MSU School of Human Resources and Labor Relations programs that you attended.

Submit materials to: Kristi White, MSU, SHRLR, Prof. Development, 368 Farm Lane, Room S422, S. Kedzie Hall, East Lansing, MI 48824 or email scanned documents to: whitekr@msu.edu

HOW TO MAKE PAYMENT:

Register on line for the recertification program (make sure it is for the year you need to recertify for). Payment by credit card is required at point of registration. Alternatively, you can mail application and supporting documentation with check (made payable to Michigan State University) to address listed above. Documents can also be emailed to Kristi White at whitekr@msu.edu

MSU FEDERAL ID# 38-6005984

Page 1 rev. 091720

List the training programs you have attended over the last two years. Must equal 28 hours

Your Name:			Email Address:
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch,
Sponsoring Organization			breaks & expo hours
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch, breaks & expo hours
Sponsoring Organization			
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch, breaks & expo hours
Sponsoring Organization		•	•
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch,
Sponsoring Organization			breaks & expo hours
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch, breaks & expo hours
Sponsoring Organization			DICARS & CAPU HULLS

Page 2 rev. 091720

List the training programs you have attended over the last two years. Must equal 28 hours

Your Name:			Email Address:
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch,
Sponsoring Organization			breaks & expo hours
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch,
Sponsoring Organization			breaks & expo hours
Sponsoring Organization			
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch, breaks & expo hours
Sponsoring Organization		•	•
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch,
Sponsoring Organization			breaks & expo hours
Sponsoring Organization			
Course Name/Activity:			
Course Date(s):			
Was this course PRE APPROVED by SHRLR?	Yes	No	
Course Location (City/State)			Instructional Hours Be sure to subtract lunch, brooks & sure hours
Sponsoring Organization			breaks & expo hours

Page 3 rev. 091720