



RECERTIFICATION REPORT

PART A - APPLICANT INFORMATION UPDATE

First Name _____ MI ____ Last Name _____ Job Title _____

Organization _____

Work Address _____

City _____ State _____ Zip _____

Work Telephone _____ Work Fax _____

Work E-mail Address _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Home Fax _____

Home E-mail Address _____

Which certification are you currently recertifying: IPMA-SCP: _____ IPMA-CP: _____ IPMA-CS: _____

PART B - EXPLANATION OF RECERTIFICATION

The International Public Management Association for Human Resources has identified several areas of continuing education and leadership activity through which certification may be maintained. Given the rapidly changing environment of public human resource management, continual professional development activities are essential. To retain the International Public Management Association for Human Resources Certified Senior Professional (IPMA-SCP), Certified Professional (IPMA-CP) and the Certified Specialist (IPMA-CS) designations, an individual must accumulate 50 points every three years and submit a completed Recertification Report Form for each designation. You may begin earning points toward recertification immediately upon receiving your initial IPMA-SCP/IPMA-CP/IPMA-CS designation. Points cannot be carried over for a future recertification.

PART C - PROFESSIONAL DEVELOPMENT PROGRAMS

3 POINTS PER PROGRAM DAY (at least one day in length):

Participation in human resource professional development programs of at least one day in length.

Sponsor: _____

Date of Program: _____

Program Subtotal _____ Pts.

Sponsor: _____

Date of Program: _____

_____ Pts.

Sponsor: _____

Date of Program: _____

_____ Pts.

Sponsor: _____

Date of Program: _____

_____ Pts.

Sponsor: _____

Date of Program: _____

_____ Pts.

Sponsor: _____

Date of Program: _____

_____ Pts.

1 POINT PER PROGRAM (less than one day in length):

Participation in human resource professional development programs that are less than one day in length.

Sponsor: _____

Date of Program: _____

_____ Pts.

Sponsor: _____

Date of Program: _____

_____ Pts.

Sponsor: _____

Date of Program: _____

_____ Pts.

Sponsor: _____

Date of Program: _____

_____ Pts.

5 POINTS PER COURSE:

Participation in human resource courses offered by colleges and universities of at least three credit hours.

Sponsor: _____

Date of Program: _____

_____ Pts.

Additional pages may be added if needed.

Part C Subtotal

_____ Pts.

PART D - MEMBERSHIP

2 POINTS/YEAR (Maximum of 6 points):

Membership in IPMA-HR since your initial certification or most recent recertification:

Indicate years of membership by year _____ = _____ Pts.

1 POINT/YEAR (Maximum of 3 points):

Membership in an IPMA-HR Chapter since your initial certification or most recent recertification:

Indicate years of membership by year _____ = _____ Pts.

1 POINT/YEAR (Maximum of 3 points per association):

Membership in another national human resource association such as the Society for Human Resource Management, WorldatWork, Association for Training and Development, National Public Employer

Labor Relations Association since your certification or recertification: Indicate name of organization and years of membership:

_____ = _____ Pts.

Part D Subtotal

_____ Pts.

PART E - SERVICE IN A LEADERSHIP CAPACITY IN IPMA-HR, AN IPMA-HR REGION, CHAPTER, OR A NATIONAL/STATE HUMAN RESOURCE ASSOCIATION

3 POINTS/YEAR:

For each year served on the IPMA-HR Executive Council, an IPMA-HR Regional Board of Directors, the Board of Directors of an IPMA-HR chapter, the Board of Directors of a national or state human resource association.

Office or position held: _____ = _____ Pts.

Organization: _____ Dates of Service: _____

2 POINTS/YEAR:

For each year as chair of an IPMA-HR national committee or as chair of a committee of a national or state human resource association.

Office or position held: _____ = _____ Pts.

Organization: _____ Dates of Service: _____

1 POINT/YEAR:

For each year as a member of an IPMA-HR national committee or a committee of a national or state human resource association.

Office or position held: _____ = _____ Pts.

Organization: _____ Dates of Service: _____

Office or position held: _____ = _____ Pts.

Organization: _____ Dates of Service: _____

Office or position held: _____ = _____ Pts.

Organization: _____ Dates of Service: _____

1 POINT/PROCTOR AN IPMA HR CERTIFICATION EXAMINATION:

For each examination proctorship. _____ = _____ Pts.

5 POINT/TESTING ALTERNATE IPMA-HR CERTIFICATION EXAMINATION:

Participation in testing new items and ensuring the equivalency of different forms of the examination. _____ = _____ Pts.

1 POINT/YEAR:

For each year as chair of an IPMA-HR national/chapter /region committee.

Office or position held: _____ = _____ Pts.

Organization: _____ Dates of Service: _____

Office or position held: _____ = _____ Pts.

Organization: _____ Dates of Service: _____

Office or position held: _____ = _____ Pts.

Organization: _____ Dates of Service: _____

Additional pages may be added if needed.

Part E Subtotal _____ Pts.

PART F - PRESENTATIONS AND INSTRUCTION

2 POINTS FOR EACH SPEECH:

Speeches on human resource management

Name of Program: _____ Sponsor: _____ = _____ Pts.

Presentation Topic: _____ =

Name of Program: _____ Sponsor: _____ = _____ Pts.

Presentation Topic: _____ =

Name of Program: _____ Sponsor: _____ = _____ Pts.

Presentation Topic: _____ =

5 POINTS FOR EACH DAY OF INSTRUCTION:

Serving as an instructor for a full day or multi-day course on human resource management.

Name of Program: _____ Sponsor: _____ = _____ Pts.

Presentation Topic: _____ =

Name of Program: _____ Sponsor: _____ = _____ Pts.

Presentation Topic: _____ =

Additional pages may be added if needed.

Part F Subtotal _____ Pts.

PART G - PUBLICATIONS

5 POINTS PER ARTICLE:

Having a research article published on human resource management in a professional journal.

Article Title: _____ Publication: _____ Date _____

Article Title: _____ Publication: _____ Date _____

Article Title: _____ Publication: _____ Date _____

2 POINTS FOR EACH ARTICLE:

Having an article published on human resource management in a newsletter.

Article Title: _____ Publication: _____ Date _____

Article Title: _____ Publication: _____ Date _____

Additional pages may be added if needed.

Part G Subtotal _____ Pts.

PART H – EXPERIENTIAL LEARNING

One point per year up to a maximum of three points for continuous employment in a direct human resource capacity since you were certified or recertified.

Indicate HR employment by year _____ = _____ Pts.

Part H Subtotal _____ Pts.

PART I - HUMAN RESOURCE INNOVATIONS

5 POINTS:

Implementing an innovative human resource management program.

Please describe the innovation in a maximum of one page that should be attached to your application _____

PART J – POLICY/PROGRAM/RFP/SUCCESSFUL PRACTICE WEBSITE SUBMISSION

1 POINT:

One point per submission of a policy, program, RFP or successful practice to the IPMA-HR website _____

Part C Subtotal _____
Part D - J Subtotal _____
Grand Total (must equal 50 points) _____

APPLICANT’S DECLARATION

I declare that all of the information contained in this form is accurate. I give the International Public Management Association for Human Resources permission to verify the information contained in this application. I authorize organizations referenced by me to release participation information. I understand that if any of the information contained in this application is false, IPMA-HR has the right to reject my application.

Signature _____ Date _____

PAYMENT INFORMATION

IPMA-HR Member (also chapter member) Fee: \$200.00

Join IPMA-HR Now: \$309.00*

IPMA-HR Non-member Fee: \$250.00

***Join IPMA-HR Now:** This option includes an one year online membership with IPMA-HR and your recertification at the member rate.

___ My check is for \$ _____ is enclosed, payable to IPMA-HR.

___ Please charge \$ _____ to my: ___ Mastercard ___ Visa

Credit Card # _____ Expiration Date: _____

Signature (required): _____

MAIL THIS FORM TO:

IPMA-HR RE-CERTIFICATION - 1617 DUKE STREET - ALEXANDRIA, VA 22314 - FAX: (703) 684-0948