

Please fill in the following information and email it to <u>certificationpayment@shrm.org</u>.

IMPORTANT!

If you have scheduled an exam appointment you must **cancel your appointment first**. A cancellation fee of \$35.00 (more than 30 days prior to an exam appointment) or \$53.00 (less than 30 days before the exam appointment) payable to Prometric. To cancel, contact Prometric:

- Within the U.S. visit https://www.prometric.com/shrm or call 888.736.0134.
- International refer to the <u>Certification Handbook</u> Appendix B for the regional testing center phone number.
- Candidates with approved testing accommodations, call 800.967.1139.

Please indicate the circumstances of your refund request (select only one response):

I am withdrawing <u>30 days or more</u> before the first day of the testing window.

_____ I am withdrawing less than 30 days before the first day of the testing window.

_____ I had a medical or personal emergency that took place within 5 business days prior to my scheduled exam appointment that prevented me from rescheduling or transferring.

First N	st Name Middle N		me Last Name		Name
Primary Mailing Address					
City		State/Province	Zip/Postal	Zip/Postal Code Country	
Phone Number (include area code)			Email Address		
Testing Date:		Eligibility ID#:			
				Appears on yo	ur Authorization to Test (ATT) letter
Signature			Date		
<u>h</u>	nternal Use Only	L			
D	Date and Time Req	uest Received:			