



APPLICATION FOR ADMISSION

Kentucky Public Human Resources Association Public Personnel Administrators Certification Program

Name _____

Position _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ SSN _____

E-mail _____

Application for:

_____ Certification (Registration fee: \$25.00; covers 5-year statute of limitations)

_____ Recertification (Registration fee: \$25.00; covers 2 year-statute of limitations)

Calendar year in which program is expected to begin _____.*

Make checks payable to "KPHRA"

___ A check for the appropriate amount is attached.

___ I understand that I must acquire, read, and follow the Guidelines Procedures for the certification program.

___ Please send me a copy of the program Guidelines and Procedures.

Signature _____ Date _____

**Experience credit may be earned beginning January 1 of the first year in which educational credit is earned.*

Send or give to: Janet Van Nevel, KPHRA Treasurer
c/o Kentucky Institute of Public Governance and Civic Engagement
113 McCreary Hall, ECU
521 Lancaster Avenue
Richmond, KY 40475-3102