

SHRM Certification Refund Request Form

Please fill in the following information and email it to certificationpayment@shrm.org.

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 withdra	wing <u>30 days or more</u> befor	e the first day of the tes	sting window.	
I am withdra	wing <u>less than 30 days</u> befo	re the first day of the te	esting window.	
	cal or personal emergency tl pointment that prevented n	•		
First Name	Middle Nar	ne	Last Name	
Primary Mailing A	ddress			
City	State/Province	Zip/Postal Code	Country	
Phone Number (include area code)		Email Address		
Testing Date:		Eligibility ID#:		
		Appears	s on your Authorization to Test (ATT)) letter
Signature			Date	
Internal Use	e Only			
Date and Tim	ne Request Received:			