SHRM-CP/SHRM-SCP
EXPERIENCE VERIFICATION FORM

The individual below has been randomly selected for audit of the eligibility requirements for the SHRM-CP or SHRM-SCP as indicated below. Please complete and upload a verified copy of this form into your online profile https://portal.shrm.org to show proof of years of experience in an HR role. In addition to the years of experience ensure that you provide the applicable degree verification documentation.

First Name  Middle Name (Optional)  Last Name

☐ SHRM-CP
☐ HR-Related Graduate Degree & Currently in HR Role (or previous HR experience)
☐ Non-HR Related Graduate Degree & 1 Year in HR Role
☐ HR-Related Bachelor’s Degree & 1 Year in HR Role
☐ Non-HR Related Bachelor’s Degree & 2 Years in HR Role
☐ HR-Related Degree (Less than a Bachelor’s*) & 3 Years in HR Role
☐ Non-HR Related Degree (Less than a Bachelor’s*) & 4 Years in HR Role

☐ SHRM-SCP
☐ HR-Related Graduate Degree & 3 Years in HR Role
☐ Non-HR Related Graduate Degree & 4 Years in HR Role
☐ HR-Related Bachelor’s Degree & 4 Years in HR Role
☐ Non-HR Related Bachelor’s Degree & 5 Years in HR Role
☐ HR-Related Degree (Less than a Bachelor’s*) & 6 Years in HR Role
☐ Non-HR Related Degree (Less than a Bachelor’s*) & 7 Years in HR Role

*Less than a Bachelor’s Degree includes: working towards a bachelor’s degree, associate’s degree, qualifying HR certificate, some college, high school or GED.

Please complete the following section describing your specific HR experience. Have each employer (present and former) sign a separate form (as needed) to document appropriate years of HR experience. You need only document enough experience to satisfy the minimum requirements as noted above.

Current Position

Name of Organization

Job Title

From: _____/_____/_____ (Month/Day/Year)  To: _____/_____/_____ in this position

Please mark one:  Full-Time _______  Part-Time _______

Describe HR duties and responsibilities reflective of this position.
Indicate number of hours (or percentage) of HR duties per calendar year: ____________
(If all duties performed are spent in an HR role indicate 100%.)

Previous Position

Name of Organization ____________________________

Job Title ____________________________

From: ____/____/____ (Month/Day/Year) To: ____/____/____ in this position

Please mark one: Full-Time _______ Part-Time _______

Describe HR duties and responsibilities reflective of this position.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Indicate number of hours (or percentage) of HR experience per calendar year: ____________
(If all duties performed are spent in an HR role indicate 100%.)

Previous Position

Name of Organization ____________________________

Job Title ____________________________

From: ____/____/____ (Month/Day/Year) To: ____/____/____ in this position

Please mark one: Full-Time _______ Part-Time _______
Describe HR duties and responsibilities reflective of this position.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Indicate Number of Hours (or percentage) of HR experience per calendar year:______________
(If all duties performed are spent in an HR role indicate 100%.)

**Information below to be completed by Verifier: (Applicant’s Supervisor, HR, Business Owner, Client for Consultant)**

First Name

Middle Name (Optional)

Last Name

Title/Position

Organization

Address

Phone Number

Email

**Statement of Verification**

I verify and attest that as the applicant’s supervisor, HR representative, business owner, or client I can confirm that the information on this form is true and correct.

Verifer’s Signature

Date

*Please note that SHRM reserves the right to contact you (the verifier) directly, should it be deemed necessary.*

Please upload the completed form through the online portal at [https://portal.shrm.org](https://portal.shrm.org). This document will be reviewed within ten business days of receipt by SHRM staff. Once the documentation has been reviewed you will receive an email as to the outcome of the audit.