



# SHRM Certification Refund Request Form

Please fill in the following information and email it to [certificationpayment@shrm.org](mailto:certificationpayment@shrm.org).

**IMPORTANT!**

If you have scheduled an exam appointment you must **cancel your appointment first**. A \$53 cancellation fee will be accessed by Prometric for cancellations submitted less than 30 days before the beginning of the testing window. To cancel, contact Prometric:

- Within the U.S. - visit <https://www.prometric.com/shrm> or call 888.736.0134.
- International - refer to the [Certification Handbook](#) 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 30 days or more 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.

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First Name	Middle Name	Last Name
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Primary Mailing Address

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City	State/Province	Zip/Postal Code	Country
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Phone Number (include area code)	Email Address
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Testing Date: \_\_\_\_\_ Eligibility ID#: \_\_\_\_\_  
Appears on your Authorization to Test (ATT) letter

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Signature	Date
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**Internal Use Only**

Date and Time Request Received: \_\_\_\_\_