

HR Rep Certification Program Application for Admission

NAME:
EMPLOYEE ID:
TITLE:
DEPARTMENT:
SPEEDTYPE # (ALL 10 DIGITS):
CAMPUS ADDRESS:
PHONE:
EMAIL:
NAME OF IMMEDIATE SUPERVISOR/TITLE:
DATE:
WHICH LEVEL OF CERTIFICATION ARE YOU APPLYING TO PURSUE: <input type="checkbox"/> TRANSACTIONAL (LEVEL I) <input type="checkbox"/> PRACTITIONER (LEVEL II) <input type="checkbox"/> STRATEGIC (LEVEL III)

Direct inquiries and return application to:

La Sheree Mayfield
HR: Learning & Organizational Development
1599 Bldg 1130
Mailstop: 1599-001-1AP (HR Administration)
404-727-7607 (phone)
404-727-1849 (fax)
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