

Request for Reimbursement of Funds Application

The La Crosse Area Society for Human Resource Management (LASHRM) is a dynamic local chapter dedicated to advancing the HR profession, professionally developing chapter members, offering programs intended to stimulate knowledge and topical conversations, and providing networking opportunities among members dedicated to or with an interest in the field of HR.

LASHRM is also committed to providing affordable local resources for SHRM Certification. In support of these objectives, LASHRM supports reimbursement of SHRM Certification exam fees and study materials for individuals who do not have reimbursement opportunities through their employer or another party.

LASHRM Regular Members in good standing are eligible for a maximum \$600 reimbursement. This maximum reimbursement covers up to one-half of the SHRM certification exam fees* and reimbursement of up to one-half the cost of study materials. The member is eligible for reimbursement when they have successfully passed the examination. A member may only receive reimbursement for one certification per year.

The Certification Committee will evaluate applicants based on the following criteria: volunteer experience within the chapter, availability of fund sources, and ability to serve on the committee.

For consideration, the LASHRM member may submit an application to the LASHRM certification chair a minimum of four weeks prior to sitting for the exam but no more than six months prior to the exam. Member requests for reimbursement will be considered on a first come basis and as availability of funds remain.

Substantiation of Certification and receipt of payment must be provided to the Certification Chair upon successful completion of the exam to receive reimbursement. If the exam fee or study materials were paid for in part or in whole by a second party, reimbursement will be adjusted accordingly to reflect personal out-of-pocket expenses.

If you have any questions or need additional information, please contact the chapter Certification Chair.

**Does not apply towards any late fee registrations.*

**LASHRM Certification
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Applicant Information

Full Name: _____ Date: _____

Street Address: _____

City, State, ZIP Code _____

Phone: (____) _____ E-mail Address: _____

When do you plan to take your certification exam? _____

Which SHRM certification are you studying for? _____

What volunteer activities have you participated in with LASHRM?

Will you receive payment from another source for your certification exam fee or study materials? If yes, describe:

Would you be willing to serve on the LASHRM Certification Committee upon successful completion of your exam?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____