



# SHRM CP / SCP Preparation State-Funded Registration

Utilize this registration form to register 1 individual for Employers Group's 2017 SHRM CP/SCP Preparation training. If registering more, utilize multiple copies of this form. Once complete, please scan/email to [training@employersgroup.com](mailto:training@employersgroup.com) or fax to 213.226.0216. Visit [SHRMcertification.org](http://SHRMcertification.org) for exam requirements and more info. Please note that we require a minimum registration of 20 participants to run the program. Materials will be ordered once this number is attained; otherwise, any amounts paid will be returned.

<b>Registrant</b> Name / Title	
Email Address & Phone	
Company Name & Member ID	
Mailing Address	

Fee Type	Amount		Quantity		Total
<b>Materials</b> (per registrant)	\$895	X	1	=	\$895
<b>Registration</b> (state-funded)	\$0	X		=	\$
<b>Total</b>					\$895

<b>Check</b>	Mail to: <b>Employers Group Training</b> , 400 Continental Blvd., #300, El Segundo, CA 90245	
<b>Credit Card</b>	Card Type & #	
	Name on Card	
	Signature for Card	
	Expiration Date	
	Authorization Code	

**AGREEMENT:** This registration confirms that I have authority to register individual(s) named above, that I agree to registration terms at [www.employersgroup.com](http://www.employersgroup.com), and that my employer will pay the materials fee. If the registration is received less than two weeks before program start, express shipping will be required. I acknowledge that there are no admission requirements to take this program; however, certain criteria must be met for participants taking the SHRM-CP or SHRM-SCP exam. You or your employer must remit the materials fee to Employers Group to participate in this program. If paying directly, you acknowledge that your employer will reimburse for the materials fee. Employers Group will accept state payment as payment in full when an individual completes the 12-session (course) and based on the following criteria:

1. Your company must have received noticed by Employers Group that is eligible to participate in the state-funded training program. Complete an eligibility form at [www.employersgroup.com/stateeligibility.html](http://www.employersgroup.com/stateeligibility.html)
2. You must be currently employed in and living in California and not be in an executive-level position
3. You must earn at least \$18 per hour
4. You must complete a data collection form (attached). Because of the information needed, please return it directly to [jhull@employersgroup.com](mailto:jhull@employersgroup.com).
5. You must attend every training session or your company will be responsible for \$60 per session.
6. You must remain employed with your current employer for 90-days after the preparation program has ended. If you employment is terminated, you must notify [jhull@employersgroup.com](mailto:jhull@employersgroup.com).
7. You must sign and return an original attendance roster. This roster will be sent prior to the final session.

All of the above requirements must be met; otherwise, your company will be responsible for any / all sessions missed at \$60 per session up to a maximum of \$750. You may cancel up to 2 weeks before the program (no fee) and up to the day of the program for a \$150 fee. Cancellations after program start are subject to a fee of \$750. No refunds for materials once shipped.

If trainee does not have budgetary authority, please obtain the appropriate supervisory approval below.

<b>Registrant</b>	
Sign Name Include Date	
<b>Trainee's Supervisor</b>	
Print / Sign Name Include Title & Date	



Please complete this form if participating the state-funded training program

### TRAINEE DATA COLLECTION FORM

**Welcome to Training!** The Employers Group in partnership with your employer is providing you with training that is supported through a grant to the Employers Group from the California Employment Training Panel.

The **Employment Training Panel** is a state agency dedicated to helping people like you adjust to changes on the job. Computerization, new business strategies, new ways of organizing work, and other kinds of changes on the job mean that we need new skills. The training that you are now beginning has been designed to help you attain skills that will help you become more productive and keep California more competitive.

The **Employers Group** is a non-profit organization that was formed 120 years ago to assist employers with issues related to human resources management. Today, the Employers Group represents over 4,000 companies and their 1.5 million employees. Employers Group is headquartered in the Los Angeles area and has operations throughout the world. Employers Group has been providing state-funded training assistance to its members for over 15 years. If you have any questions regarding this program, you can reach Jeffrey Hull, Project Director at 213.765.3941.

**Important:**

- **Attend Your Scheduled Training.** If you are late or leave early this will be recorded.
- **Sign In.** Sign a special state-funded attendance roster in ink each time you attend class. We need to track every training hour you receive.
- **Be Engaged.** This training is for your benefit. You will get out of it as much as you put in.
- **Complete the Information Below.** Please complete **ALL** information below and return this portion of the form to your instructor or to the appropriate contact person at your organization. It is kept strictly confidential and is used for statistical purposes only. It may also be returned directly to [jhull@employersgroup.com](mailto:jhull@employersgroup.com).

**Please Print Clearly. Each Box Must Be Completed.**

Employer						
Work Address			City, State ZIP			
Last Name:		First Name:		Middle Initial:		
Job Title:			Date of Hire:			
Social Security Number			Hourly Wage (or equivalent):			
Ethnicity (check): <input type="checkbox"/> Asan (5) <input type="checkbox"/> Black (2) <input type="checkbox"/> Filipino (7) <input type="checkbox"/> Hispanic (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Pacific Islander (6) <input type="checkbox"/> White (1) <input type="checkbox"/> _____ (8)		Education Level (highest completed): <input type="checkbox"/> Eighth Grade or Less (1) <input type="checkbox"/> Some High School (7) <input type="checkbox"/> High School Graduate (2) <input type="checkbox"/> GED (3) <input type="checkbox"/> Some College (4) <input type="checkbox"/> College Graduate (5) <input type="checkbox"/> Post-College Graduate (6)		Sex (Check): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  Disabled (optional) <input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran (optional) <input type="checkbox"/> YES <input type="checkbox"/> NO  Home Zip Code:	Age Group (check 1): <input type="checkbox"/> Less than 25 (1) <input type="checkbox"/> 25 to 34 (2) <input type="checkbox"/> 35 to 44 (3) <input type="checkbox"/> 45 to 54 (4) <input type="checkbox"/> 55 to 64 (5) <input type="checkbox"/> 65 or older (6)

For participation in the state-funded SHRM program, please return this form directly to [jhull@employersgroup.com](mailto:jhull@employersgroup.com)