

COUNCIL FOR HOMEOPATHIC CERTIFICATION

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

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CHC Compliance Attestations

Compliance with professional ethics, client/patient rights, and fitness-to-practice reporting is paramount to obtaining and retaining the CCH credential. Truthful answers to the following questions are required during the CHC's application, candidate renewal, and recertification processes.

Ethics

☐ I have reviewed the [CHC Code of Professional Ethics](#) and continue to practice in a manner consistent with the criteria set forth by the CHC.

☐ I have reviewed the [CHC Client/Patient Healthcare Rights](#) and continue to practice in a manner consistent with the criteria set forth by the CHC.

Fitness to Practice

Fitness to Practice Attestation

☐ I will report to the CHC any health-related impairments and/or disciplinary or criminal matters of any kind that I may be involved in within thirty days of onset. I will release to the CHC all pertinent information related to such reporting throughout the application and candidacy process and, if applicable, for as long as I hold the CCH credential. I understand that failure to meet Fitness to Practice reporting requirements could result in disciplinary action including denial/revocation of application or certification.

Fitness to Practice Questions

The following questions should be answered with respect to the timeframe **since the last submitted attestation**. If no such attestation was submitted previously, answer the questions with respect to the timeframe of your adult history.

Health Status

Question	Yes	No
Has your physical or psychological health status interfered with your ability to practice a health-related profession or otherwise interrupted your professional or academic activities for more than three months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been, or are you currently, impaired because of substance abuse, including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to either of the Health Status questions, you must

1. Submit a **personal** written statement addressing the history and current status of any physical, psychological, or substance abuse-related impairments, and attestations that:
 - a. You are no longer impaired (or are currently under treatment for the impairment), and
 - b. The impairment, and/or treatment for such, does not interfere with your ability to practice.
2. Submit written documentation **from a healthcare professional who has treated you** addressing the impairment and your fitness to practice.



Legal Status

Question	Yes	No
Have you been a defendant in litigation related to the practice of a health-related profession?	<input type="checkbox"/>	<input type="checkbox"/>
Has a judgment been entered against you or have you been a party to a settlement in any legal proceeding related to the practice of a healthcare profession?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of any type of felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of any other crime or are you on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any disciplinary or administrative actions taken against you by any licensing board or health-related professional association or school?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been denied or voluntarily surrendered a license to practice in any health-related profession?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to any of the Legal Status questions, you must:

1. Submit **personal** written statement(s) that include:
 - a. An explanation of the charges or claims;
 - b. A statement that the case is still pending in any legal jurisdiction and/or with any state/provincial agency, healthcare professional board, association, or with the CHC **OR** an explanation of how the charges or claims were resolved.
2. Submit official copies of legal documents relating to the charges or claims that support your written statement.

Contact Information

- ☐ I have reviewed (and updated, if necessary) my personal and practice contact information on the CHC website.

Acknowledgement of Understanding

- ☐ I attest that I understand all of the statements and questions above, have answered each truthfully and accurately to the best of my knowledge, and agree to be fully bound thereby.