



## Compliance Attestations

Compliance with professional ethics, client rights, and Fitness to Practice reporting is paramount to obtaining and retaining the CCH credential. Truthful answers to compliance questions are required during CHC application, candidate and recertification processes.

The CHC exam application process contains questions about an applicant's fitness to practice. Applicants must truthfully and fully respond to all health and legal questions and provide additional information if necessary. Applicants, candidates, and certificants must notify the CHC in writing **within thirty days** about any changes related to Fitness to Practice information. Failure to report changes could result in disciplinary action including denial of application.

Legal or health issues do not necessarily disqualify candidates from obtaining CHC certification, if the circumstances do not appear to compromise the individual's ability to practice and if proper supporting documentation is provided. The CHC Exam Committee (EC) conducts the eligibility review process, and the CHC Standards and Ethics Committee (SEC) conducts further review if necessary. Individual applicants are notified if their application is under review by the SEC and about the SEC's decision. All responses to the compliance attestations maintained by the CHC are confidential and will only be released by written request or as required by law.

### Ethics

Each CHC certificant represents the homeopathic profession in the eyes of the public and is expected to uphold the highest standards of professional conduct as described in the [CHC Code of Professional Ethics](#) and [CHC Client Healthcare Rights](#). Applicants for certification and fully- certified practitioners pledge to uphold these standards in practice and in all interactions with clients.

#### ***Ethics Attestations:***

- 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 Healthcare Rights and continue to practice in a manner consistent with the criteria set forth by the CHC.
  
- I acknowledge that I am prohibited from transmitting information about CHC examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible examination irregularities by myself or others, may result in my scores being cancelled or my certification being revoked in accordance with CHC policies and procedures and/or legal action, up to and including criminal prosecution.

### Fitness to Practice

[Fitness to Practice](#) requires the necessary physical, mental, and legal capacity to practice competently and ethically, with a primary duty to the client to ensure safety.

#### ***Fitness to Practice Attestations:***

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.

Health Status Questions	
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"/> Yes <input type="checkbox"/> No
Have you been, or are you currently, impaired because of substance abuse, including alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer “yes” to any Health Status question, you must submit a personal written statement addressing the history and current status of any physical, psychological, or substance abuse-related impairments, written documentation from a healthcare professional who has treated you addressing the impairment and your fitness to practice, and attestations that:

- You are no longer impaired (or are currently under treatment for the impairment).
- The impairment and/or treatment for such does not interfere with your ability to practice.

Legal Status Questions	
Have you been a defendant in litigation related to the practice of a health-related profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
Have you been convicted of any type of felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any other crime or are you on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No



<p>Have you had any disciplinary or administrative actions taken against you by any licensing board or health-related professional association or school?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you been denied or voluntarily surrendered a license to practice in any health-related profession?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If you answer “yes” to any of the Legal Status questions, you must submit official copies of legal documents related to the charges or claims that supports a personal written statement(s) that include:

- An explanation of the charges or claims
- 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

**□ 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. By adding my name and date below, I attest that I am the person whose name is on this application.

**Confidentiality of Test Questions**

Each test taker must agree and electronically sign this attestation during registration and prior to taking the exam.

- I acknowledge that I will leave all bags, books, printed materials, electronic devices- including cell phones, computers other than the exam computer, tablets or other materials outside the examination room during the exam.
- I acknowledge that the CHC exam and exam questions are the valuable, copyrighted property of the CHC and as a condition of testing:
  - I agree to maintain the confidentiality of all test questions and cases.
  - I agree not to discuss the exam, specific exam questions and cases with anyone other than the CHC office. I will not duplicated, retain or keep any part of the exam materials in whole or in part, paper or digital, or in any other form.

Violation of this agreement, in whole or in part, may result in receiving a failing grade and/or subsequent disqualification from the certification process. If there are any irregularities or adverse events during the exam administration, please report by telephone, 866-242-3399, and email, [chcsupport@homeopathcertification.org](mailto:chcsupport@homeopathcertification.org), within 24 hours.