



COUNCIL FOR
HOMEOPATHIC
CERTIFICATION

Recertification Handbook

For the Certified Classical Homeopath (CCH) Credential



Institute for
Credentialing Excellence

Community. Competence. Credibility.

The CHC is a member of the Institute for Credentialing Excellence (ICE) and the CHC Certification Program is accredited by the National Commission for Certifying Agencies (NCCA).

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SECTION 1 ABOUT THE CHC

The Council for Homeopathic Certification (CHC) was formed in 1991 as a non-profit 501(c)(6) organization with the vision of a healthcare system that encompasses certified classical homeopathic practitioners who are accessible by all. Acting as an autonomous governing board, the CHC maintains oversight and responsibility for all certification and recertification policy decisions, including governance, eligibility standards, appeals and disciplinary actions and the development, administration, scoring, and reporting of assessment instruments.

In July 2017, the CHC was accredited by the [National Commission for Certifying Agencies](#) (NCCA). Renewed in 2022 and accredited through 2027, The CHC's NCCA accreditation designates it as the only accredited homeopathic certification organization in the industry. NCCA standards require that certifying exams meet psychometric validity, reliability and scoring standards and that certification processes adhere to best practices for certification organizations. The CHC is also an organizational member of the [Institute for Credentialing Excellence](#) (ICE). ICE is a private and voluntary membership organization that provides educational, networking, and other resources for organizations like the CHC that serve the credentialing industry.

A. CHC MISSION

The Mission of the CHC is to advance the homeopathic profession by certifying individuals who meet and maintain a recognized standard of professional and ethical competence in classical homeopathy and to assist the public in choosing appropriately qualified homeopaths.

B. NON-DISCRIMINATION POLICY

The CHC does not discriminate based on race, color, age, gender, sexual orientation, political or religious beliefs, disability, marital status, national origin, or ancestry.

C. CONFIDENTIALITY POLICY

Confidential information (non-public information including, but not limited to, name, address, social security number, bank, or credit account numbers, financial or medical information, certification numbers, etc.) is protected by federal and state statutes. To protect users' privacy, CHC's database of personal information is accessible only by designated staff and contractors operating under a nondisclosure agreement.

Certificant information remains confidential, with the exclusion of whether a certificant is current and in good standing. Unless required by law, written authorization by the certificant is needed to release test score information. All CHC certificants are listed in the CHC directory unless a certificant opts out of a listing in the directory.

SECTION 2 BENEFITS OF CHC RECERTIFICATION

- Active certificants may use the CCH credential.
- CHC certification equates homeopathy with other certified healthcare professions.
- The CCH credential provides greater legal and public recognition of homeopathy.
- The CCH credential promotes homeopathy as a recognized profession.
- Maintenance of CHC certification demonstrates a commitment to continuing professional development.
- Actively certified homeopaths are listed in our public-facing practitioner directory.
- CHC-certified homeopaths can purchase professional liability insurance through Westminster Insurance Group.
- CHC-certified homeopaths are offered volunteer opportunities with CHC committees.
- CHC-certified homeopaths may be considered for nomination to the CHC Board of Directors.
- CCH-eligible benefits offered by homeopathy organizations and homeopathic pharmacies.

SECTION 3 ABOUT RECERTIFICATION

Recertification is required to maintain an active credential, and the first recertification is due the year after initial certification is acquired.

A. PURPOSE OF RECERTIFICATION

The recertification process requires CHC-certified practitioners to maintain and enhance skills and knowledge beyond the minimum competence demonstrated during initial certification. Through Continuing Professional Development (CPD), practitioners safeguard quality services for the public and reinforce professional accountability to homeopathic and other healthcare communities. Certificants who complete the recertification requirements annually by the December 31st deadline maintain an active credential.

CPD involves two important steps:

1. Participation in [ACHENA](#) approved continuing education events or other CHC approved activities that support professional development and personal growth.
2. Annual submission of approved Continuing Professional Development coursework and/or activities.

B. RECERTIFICATION PROCESS OVERVIEW

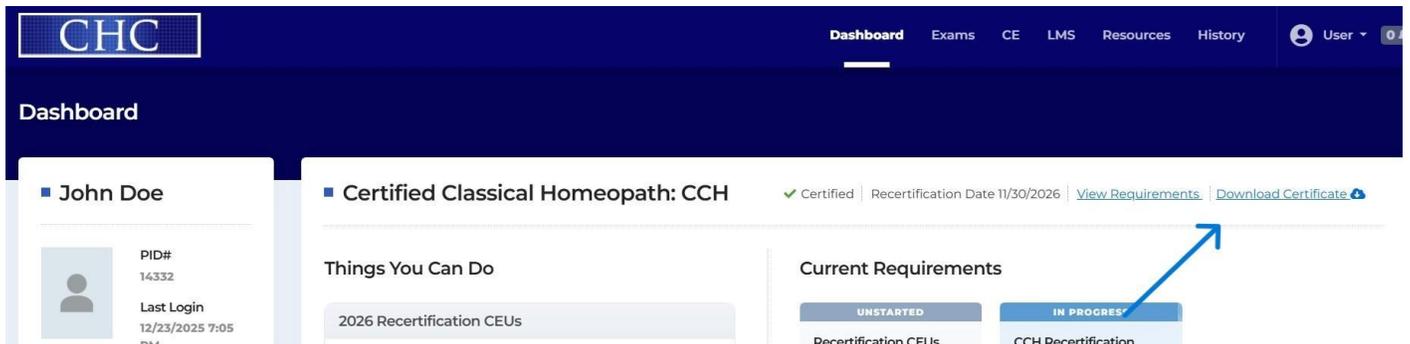
Recertification is an annual online process that requires certificants to utilize the CHC Portal (formerly MyCHC) on the CHC website for submitting recertification documentation and updating account information. Recertification applications are accepted July 1st through December 31st each year.

There are three steps in the recertification process:

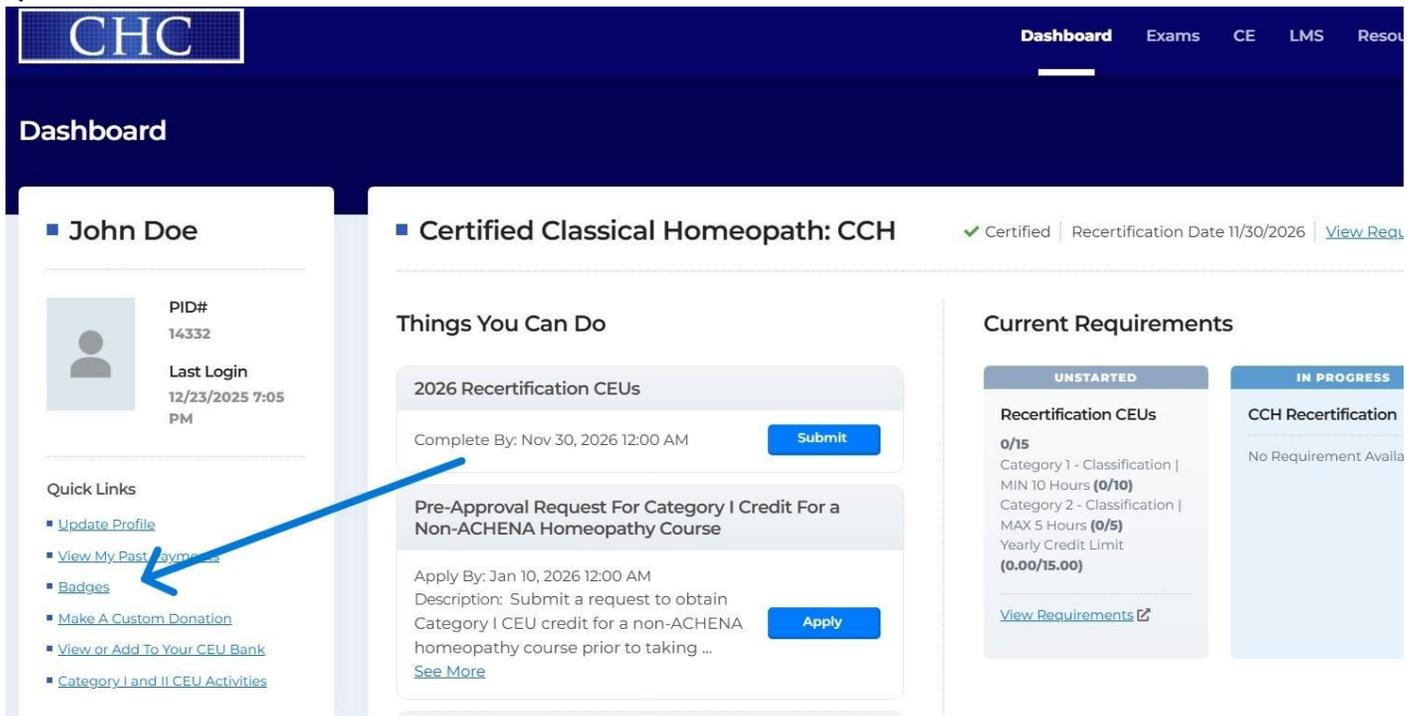
1. Enter your Continuing Professional Development CEUs.
Note: Non-ACHENA coursework requires CHC approval via the *Request for Category I CEU Credit for a Non-ACHENA Homeopathy Course* or the *Pre-Approval Request for a Non-ACHENA Homeopathy Course*. These forms can be accessed by logging into your CHC Portal account, and viewing the applications available on your dashboard. Allow up to 3 weeks for CPD Committee review.
2. Attest to the CHC Code of Ethics, Clients' Healthcare Rights, and Fitness to Practice.
3. Complete the payment for recertification and submit your application.

Contact information can be updated at any time by the certificant via the CHC Portal.

All recertification applications, once verified, will receive an updated certificate and digital badge. To download the certificate from the CHC Portal dashboard, click the 'Download Certificate' button in the upper right of the screen.



To view or download the digital badge, click the 'Badges' text on the left of the screen under the heading 'Quick Links'.



Select the Badge you wish to download.

CHC

Dashboard Exams CE LMS Reso

Badges

- [Information](#)
- [Security](#)
- Badges**

Badges



Certified Classical Homeopath

Certified Classical Homeopath: CCH

Issued On: 12/23/2025 Expires On: 11/30/2026

Download your Badge or Certificate in the 'Digital Badge Sharing' section of the webpage.

Certified Classical Homeopath



John Doe: CCH

ISSUED ON
12/23/2025

EXPIRES ON
11/30/2026

Digital Badge Sharing

[Badge](#)
[Certificate](#)

[f](#)
[in](#)
[Verification Page](#)

Embedded Code:

```
<div style="width:max-content;">Requires documentation from the CHC President/CHC Public Relations Committee Chair.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3 CEU       | Per Event or Promo  | 7.5        |
| 2. CHC Board Meeting<br>Requires documentation from the CHC President.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 CEU       | Per Meeting         | 4          |
| 3. CHC Committee Chairperson<br>Requires documentation from the CHC President.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7.5 CEU     | Per Year            | 7.5        |
| 4. CHC Committee Work Volunteer<br>Requires documentation from the CHC President or committee chair.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 CEU       | Per 3 Hours         | 5          |
| 5. CHC Exam Item Writing<br>Requires documentation from the CHC Item Writing Chair.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.5 CEU     | Per 1 Approved Item | 0          |
| 6. CHC Exam Item Editing<br>Requires documentation from the CHC Item Editing Chair.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 CEU       | Per 2 Hours         | 0          |
| 7. Homeopathy Organization Board or Committee Work Documentation on letterhead from the organization's director identifying your name, date of service and number of hours served, signed and dated by the director.                                                                                                                                                                                                                                                                                                                                                                            | 5 CEU       | Per Year            | 5          |
| 8. Homeopathy Clinic Volunteer<br>Documentation on letterhead from the clinical director stating your name, dates of service and number of hours served, signed and dated by the director.                                                                                                                                                                                                                                                                                                                                                                                                      | 1 CEU       | Per 2 Hours         | 0          |
| 9. Conference, Seminar, Post-Graduate Course<br>Certificate of completion for ACHENA approved education. Check the ACHENA website for an approved list. Documentation must include your name, hours accrued, presenter's name, authorized signature and dates attended. ACHENA seal or statement 'Course is ACHENA approved' must appear on the document.<br><br><i>Note: Beginning December 20, 2025, all non-ACHENA approved coursework must be approved by the CHC-CPD committee through an Approval (or Pre-Approval) Request For Category I Credit for a Non-ACHENA Homeopathy Course.</i> | 1 CEU       | Per Hour            | 0          |
| 10. Homeopathy Article (Published in a Professional Journal)<br>Documentation must include a copy of the table of contents containing the name of the professional journal, the author's name and date of publication.                                                                                                                                                                                                                                                                                                                                                                          | 6 CEU       | Per Article         | 0          |
| 11. Homeopathy Book or Manual (Published)<br>Documentation must include a copy of the publication's title page, the copyright page and a table of contents.                                                                                                                                                                                                                                                                                                                                                                                                                                     | 15 CEU      | Per Publication     | 0          |
| 12. Homeopathy Book Review (Published)<br>Documentation must include a copy of the table of contents identifying the title of the book reviewed, the reviewer's name and the date of publication.                                                                                                                                                                                                                                                                                                                                                                                               | 3 CEU       | Per Review          | 0          |
| 13. Homeopathy Conference or Seminar Presentation Documentation must include a published schedule or flyer for the conference identifying your name as a speaker with the conference date(s).                                                                                                                                                                                                                                                                                                                                                                                                   | 3 CEU       | Per Hour            | 0          |

|                                                                                                                                                                                                                                                                                                                                           |        |                  |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|---|
| <p>14. Homeopathy Course or Curriculum Development</p> <p>Documentation on letterhead from the school's director stating your name, dates of service and a description of the curriculum developed, signed and dated by the director.</p>                                                                                                 | 7 CEU  | Per Curriculum   | 0 |
| <p>15. Homeopathy Journal Article Review (Published)</p> <p>Documentation must include a copy of the table of contents identifying the title of the article reviewed, the reviewer's name and the date of publication.</p>                                                                                                                | 1 CEU  | Per Review       | 0 |
| <p>16. Homeopathy Presentation, Teaching, or Advocacy to a Non-Homeopath Audience</p> <p>Documentation must include a letter from the organizer or a flyer for the event, identifying your name as a speaker with the date(s) of the activity.</p>                                                                                        | 3 CEU  | Per Presentation | 0 |
| <p>17. Homeopathy Proving Supervision</p> <p>Documentation must include a letter from the investigator indicating that you supervised provers. The letter must include your name, a description of the supervisor's role, the starting and ending dates of the proving, the investigator's name, signature and date signed.</p>           | 15 CEU | Per Proving      | 0 |
| <p>18. Editing/Research of the Proving</p> <p>Documentation must include a letter from the investigator describing your role as an editor. The letter must include your name, a description of the editing role, the starting and ending dates of the proving, the remedy proved, the investigator's name, signature and date signed.</p> | 15 CEU | Per Proving      | 0 |
| <p>19. Homeopathy Proving Participation</p> <p>Documentation must include a letter from the investigator that verifies your participation in the proving as a prover. The letter must include your name, the starting and ending dates of the proving, the investigator's name, signature and date signed.</p>                            | 10 CEU | Per Proving      | 0 |
| <p>20. Homeopathy Research</p> <p>Documentation must include a letter from the lead investigator describing your specific role in the research project. The letter must be written on letterhead, including your name, the number of hours devoted to the project, the investigator's name, signature and date signed.</p>                | 1 CEU  | Per 5 hours      | 0 |
| <p>21. Leading a Homeopathy Study Group</p> <p>Documentation must include a letter signed by the study group members indicating the dates and hours the group met.</p>                                                                                                                                                                    | 2 CEU  | Per Hour         | 0 |
| <p>22. Homeopathy Study Group Participation</p> <p>Documentation must include a letter from the study group facilitator. The letter must include the name of the participant, the dates and hours the individual met with the group, and the facilitator's signature and date signed.</p>                                                 | 1 CEU  | Per Hour         | 0 |
| <p>23. Homeopathy Supervision or Mentoring (Homeopaths or Homeopathy Students)</p> <p>Documentation must include a letter stating the mentorship relationship (homeopath or student), number of hours supervised, and a verification signature from the colleague or student.</p>                                                         | 2 CEU  | Per Hour         | 0 |

| <b>Category II Optional Professional Enhancement Activities</b>                                                                                                                                                                                                                                                                  | <b>CEUs Earned</b> | <b>Unit</b> | <b>Annual Max</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|-------------------|
| 24. Non-Homeopathy College Courses for Professional Enhancement<br>Documentation must include a certificate or transcript issued in your name with the course title, dates the course was attended, number of hours earned, instructor’s name and credentials, with a verification signature and date.                           | 1 CEU              | Per Hour    | 5                 |
| 25. Non-Homeopathy Education taught by a Certified Practitioner in the topic being taught<br>Documentation must include a certificate or transcript issued in your name with the course title, dates the course was attended, number of hours earned, instructor’s name and credentials, with a verification signature and date. | 1 CEU              | Per Hour    | 5                 |

*Table 1: CEU Activities Table*

The CHC reserves the right to evaluate, at its discretion, all CEU activities on an individual basis, and to accept or deny credits claimed (in whole or in part) according to this policy and other CHC requirements. As part of this review, the CHC may not approve the number of submitted CEUs for an activity or program. In addition, the CHC reserves the right to contact any appropriate information source, including individuals or organizations referred to in the documentation submitted during the annual randomly selected CEU audit. The CHC reserves the right to request additional information or clarification about a specific activity prior to final acceptance. The CHC will notify the certificant in writing about any denied CEUs and the reasons for denial.

#### 4. CEU Documentation

All CEU activities that are entered into the CHC Portal (formerly MyCHC) are subject to review and acceptance by the CHC. In all cases, credit is granted only after the CEU activity has been completed and verified.

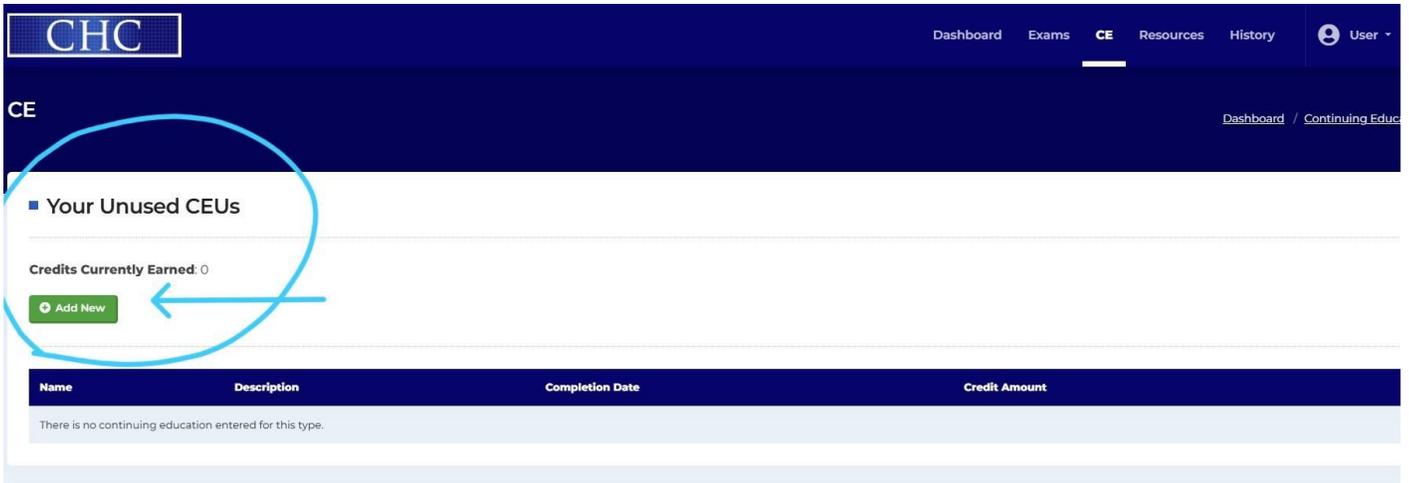
##### CEU Time-Limits

All participation in a CEU activity must have taken place within the 24 months preceding the recertification deadline (i.e., January 1<sup>st</sup> of the previous year to December 31<sup>st</sup> of the current year). CEUs in excess of 15 for a current recertification cycle may be carried forward (rolled over) and applied to the next year’s recertification CEU requirements.

##### CEU Document Storage

Each certificant has the option to store unused CEU activities within their CHC Portal account by uploading them to their ‘Unused CEUs’ bank available on their CHC Portal dashboard.

The CHC recommends maintaining CEU documentation records in the certificant’s personal files for at least two years following each annual recertification cycle.



## 5. Recertification Application Audit

The CHC recertification system randomly selects CHC recertification submissions to audit during the recertification cycle. Late recertification submissions are audited during the month in which they are submitted.

### Audit Process

- The CPD Committee has 4-6 weeks to either approve the application or request corrections.
- If approved, the certificate is issued and available for download within the CHC Portal account.

### Audit Clarification

- Applicants in the audit pool with incorrect or insufficient documents will receive an email from the CPD Committee requesting clarification or submission of additional documentation.
- Certificants have 60 days from receiving the email to provide clarification or upload CEUs or other supporting documents.

### Reconsideration

- If the application is rejected, the certificant can request reconsideration from the CPD Committee via the Recertification Reconsideration Request (available on the user's CHC Portal dashboard).

### Grace Period

- Certificants who do not address deficiencies by the recertification deadline are subject to the late recertification fee.

## D. ATTESTATION STATEMENT

Compliance with CHC Code of Professional Ethics, CHC Client Healthcare Rights, and Fitness to Practice reporting is paramount to obtaining and retaining the CCH credential. Truthful answers to compliance

questions are required during each recertification cycle.

Certificants must truthfully and fully respond to all health and legal questions and provide required information. Certificants must also 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. All information is reviewed per CHC policies. All records maintained by the CHC are confidential and will only be released by written request or as required by law.

If you answer “yes” to any Health Status question, you must upload a personal statement addressing the history and status of any physical, psychological, or substance abuse-related impairments. If the health concern no longer affects your fitness to practice, submit 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

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

## E. RECERTIFICATION DEADLINE AND FEES

To maintain the CCH credential, CCH holders must submit all recertification requirements by December 31<sup>st</sup> each year. All fees are non-refundable as follows:

| <b>If submitted by...</b>              | <b>Recertification Fee</b> | <b>Late Fee</b> | <b>Total</b> |
|----------------------------------------|----------------------------|-----------------|--------------|
| Recertification Deadline (December 31) | \$170                      |                 | \$170        |
| Late Window Deadline ( February 28)    | \$170                      | \$75            | \$245        |

*Table 2: Non-Refundable Recertification Fees*

## F. LAPSED AND EXPIRED CREDENTIALS

If recertification requirements are not met by December 31<sup>st</sup>, the CCH credential lapses, and the certificant may no longer use the CCH credential. Reactivation of a lapsed credential is possible if the credential has been lapsed for less than two (2) years.

Reactivation of a lapsed credential requires four actions:

1. Complete and submit the CCH Credential Reactivation Form. This form is available on the user's dashboard within their CHC Portal account.
2. Upload documentation of 15 CEUs per lapsed year (see [CEU Requirements](#))
3. Pay recertification fee per each lapsed year(s)
4. Pay \$100 reactivation fee

If the credential has lapsed for more than two (2) years, the credential is expired. A certificant whose CHC credential has expired may reactivate the credential by applying for and passing the CHC Exam.

## SECTION 4 ANNUAL RECERTIFICATION INSTRUCTIONS

### A. OVERVIEW

Recertification submissions and payments must be completed via the CHC Portal prior to midnight Eastern Time on December 31<sup>st</sup> each year. Late submissions will incur late fees as detailed earlier.

### B. HOW TO RECERTIFY IN THE MYCHC PLATFORM

Step 1: Log in to your CHC Portal account.

Step 2: Click 'Renew' next to that year's CCH Recertification.

The screenshot displays the CHC Portal dashboard for a user named John Doe. The dashboard is divided into several sections:

- Header:** CHC logo on the left, and navigation links for Dashboard, Exams, CE, Resources, and History on the right. A user profile icon labeled 'User' is also present.
- Dashboard Title:** 'Dashboard' is displayed in the top left corner.
- User Profile (John Doe):**
  - Profile picture placeholder.
  - PID#: 14332
  - Last Login: 12/23/2025 7:05 PM
  - Quick Links:
    - Update Profile
    - View My Past Payments
    - Badges
    - Make A Custom Donation
    - View or Add To Your CEU Bank
- Certification Status:**
  - Title: Certified Classical Homeopath: CCH
  - Status: ✓ Certified
  - Recertification Date: 11/30/2026
  - Links: [View Requirements](#), [Download Certificate](#)
- Things You Can Do:**
  - 2025 CCH Recertification:** Due: Jan 31, 2026 11:59 PM. A blue 'Renew' button is available.
  - 2026 Recertification CEUs:** Complete By: Nov 30, 2026 12:00 AM. A blue 'Submit' button is available.
- Current Requirements:**
  - UNSTARTED Recertification CEUs:** 0/15. Details: Category 1 - Classification | MIN 10 Hours (0/10); Category 2 - Classification | MAX 5 Hours (0/5); Yearly Credit Limit (0.00/15.00).
  - UNSTARTED CCH Recertification:** 2025 CCH Recertification.

### Step 3: Read through the Recertification Overview, then click 'Next'.

- 1 Recertification Overview**
- 2 CEU Requirements
- 3 CHC Fitness to Practice & Professional Ethics Attestation
- 4 Payment Information

**Due Dates:**  
7/1/2025 12:00 AM - 1/31/2026 11:59 PM  
[About the 2025 CCH Recertification](#)

#### 1) Recertification Overview

Recertification is an annual online process that requires certificants to utilize ROC-P for submitting recertification documentation and updating account information. Recertification applications are accepted July 1- December 31st each year.

There are three steps in the recertification process:

- Step 1**  
Enter your Continuing Professional Development CEUs. *Note:* Non-ACHENA coursework requires CHC approval via the Request for Category I CEU Credit for a Non-ACHENA Continuing Education Course or the Pre-Approval Request for Category I CEU Non-ACHENA Continuing Education Course (allow up to 3 weeks for CPD Committee review)
- Step 2**  
Attest to the CHC Code of Ethics, Clients' Healthcare Rights, and Fitness to Practice.
- Step 3**  
Complete the payment for recertification and submit your application.

You may update your contact information at any time.

After your recertification application has been verified, you will receive an updated certificate and digital badge.

Contact us via email [chcinfo@homeopathecertification.org](mailto:chcinfo@homeopathecertification.org) or via phone 1-866-242-3399 (office hours are 12-2 EST Monday-Friday) with any questions or concerns about your digital certificate, badge, or any other aspect of the recertification process.

[Back To Listing](#) [Save for later](#) [Next >](#)

### Step 4: Read through the CEU Requirements.

**Note:** You may save your application for later or go back to the previous page at any point in your application.

### Step 5: Add Continuing Education (CE) units to apply towards your recertification.

#### To Add CEUs

- Step 1: Check "Your Unused CEUs" bank and transfer any existing CEUs to the "2026 Recertification CEUs" bank before proceeding.
- Step 2: Upload additional CEUs that you would like to apply to the 2026 recertification cycle to reach the CEU requirements.
- Important: If you would like to save any CEUs for a future recertification cycle, when you upload a CEU below only input the number of credits you would like to use. Upload remaining credits to "Your Unused CEU" Bank.
  - Example: I only need 5 more CEUs but my CEU certificate says 15. When I upload my CEU into this table, I will enter only 5 CEUs. Then, I will go to my CEU Bank to upload the remaining.

| Course Title             | Accreditation Provider | Learning Format | CE Credits | Date Complete | Supporting Documentation |
|--------------------------|------------------------|-----------------|------------|---------------|--------------------------|
| <a href="#">+ Add CE</a> |                        |                 |            |               |                          |

[CEU Activity Table](#)

[Previous](#) [Back To Listing](#) [Save for later](#) [Next >](#)

Step 6: Click '+ Add CE' and fill in all the necessary information, as it pertains to your CEUs. Then click save. Repeat this step as needed for all CEUs you wish to apply towards the current recertification cycle.

## Add CE ✕

**CERTIFICATE:** Certified Classical Homeopath

**ACTIVITY/COURSE:**

**DESCRIPTION:**

**CE TYPE:** 2026 Recertification CEUs

**DATE COMPLETED:**  

**CREDIT AMOUNT:**

**LEARNING FORMAT:** --Select-- 

**CLASSIFICATION:** -- Select Classification -- 

**ACCREDITATION PROVIDER:**

**LOCATION:** -- Select -- 

**SUPPORTING DOCUMENTATION - PDF, JPG, JPEG, PNG, GIF, SVS ONLY:**

**ATTESTATION:**  THE INFORMATION I'VE ENTERED IS ACCURATE AND TRUTHFUL.

## Add CE



|                                                                       |                                                                                            |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>CERTIFICATE:</b>                                                   | Certified Classical Homeopath                                                              |
| <b>ACTIVITY/COURSE:</b>                                               | <input type="text" value="Miasms Course"/>                                                 |
| <b>DESCRIPTION:</b>                                                   | <input type="text"/>                                                                       |
| <b>CE TYPE:</b>                                                       | 2026 Recertification CEUs                                                                  |
| <b>DATE COMPLETED:</b>                                                | <input type="text" value="1/1/2025"/>                                                      |
| <b>CREDIT AMOUNT:</b>                                                 | <input type="text" value="10"/>                                                            |
| <b>LEARNING FORMAT:</b>                                               | <input type="text" value="Category 1 - Homeopathy Post-Graduate Course or C"/>             |
| <b>CLASSIFICATION:</b>                                                | <input type="text" value="Category 1"/>                                                    |
| <b>ACCREDITATION PROVIDER:</b>                                        | <input type="text"/>                                                                       |
| <b>LOCATION:</b>                                                      | <input type="text" value="Online"/>                                                        |
| <b>SUPPORTING DOCUMENTATION - PDF, JPG, JPEG, PNG, GIF, SVS ONLY:</b> | <div><p> Test Recertification - Copy (10).png</p><p> Remove</p></div>                      |
| <b>ATTESTATION:</b>                                                   | <input checked="" type="checkbox"/> THE INFORMATION I'VE ENTERED IS ACCURATE AND TRUTHFUL. |

Save

**Note:** Ensure that your supporting documentation meets all requirements as outlined in the CEU Activities table on page 7.

Step 7: When you have completed step 6, tap 'Next' at the bottom of the CEU Requirements page.

|                          | Course Title      | Accreditation Provider | Learning Format                                            | CE Credits | Date Complete | Supporting Documentation                             |
|--------------------------|-------------------|------------------------|------------------------------------------------------------|------------|---------------|------------------------------------------------------|
| <a href="#">+ Add CE</a> |                   |                        |                                                            |            |               |                                                      |
| <a href="#">Edit</a>     | General First Aid |                        | Category 2 - Non-Homeopathy College Courses                | 5          | 01/04/2025    | <a href="#">Test Recertification - Copy (12).png</a> |
| <a href="#">Edit</a>     | Miasms Course     |                        | Category 1 - Homeopathy Post-Graduate Course or Conference | 10         | 01/01/2025    | <a href="#">Test Recertification - Copy (10).png</a> |

[CEU Activity Table](#)

[Previous](#) [Back To Listing](#) [Save for later](#) [Next >](#)

**Note:** If you need to correct anything in your uploaded CEUs, hit 'Edit' next to the Course Title in the CEs Table.

## Step 8: Complete the CHC Fitness to Practice & Professional Ethics Attestation.

### 3) CHC Fitness to Practice & Professional Ethics Attestation

#### Health Status

Please answer the following 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? \*

- YES  
 NO

■ HAVE YOU EVER BEEN, OR ARE YOU CURRENTLY IMPAIRED BECAUSE OF SUBSTANCE ABUSE, INCLUDING ALCOHOL? \*

- YES  
 NO

#### Legal Status

Please answer the following questions:

■ HAVE YOU BEEN A DEFENDANT IN LITIGATION RELATED TO THE PRACTICE OF A HEALTH-RELATED PROFESSION? \*

- YES  
 NO

■ HAS A JUDGMENT EVER 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? \*

- YES  
 NO

■ HAVE YOU EVER BEEN CONVICTED OF ANY TYPE OF FELONY? \*

- YES  
 NO

■ HAVE YOU EVER BEEN CONVICTED OF ANY OTHER CRIME OR ARE YOU ON PROBATION OR PAROLE? (THAT HAS NOT PREVIOUSLY BEEN RESOLVED BY THE CHC)? \*

- YES  
 NO

■ HAVE YOU EVER HAD ANY DISCIPLINARY OR ADMINISTRATIVE ACTIONS TAKEN AGAINST YOU BY ANY LICENSING BOARD OR HEALTH-RELATED PROFESSIONAL ASSOCIATION OR SCHOOL? (THAT HAS NOT PREVIOUSLY BEEN RESOLVED BY THE CHC)? \*

- YES  
 NO

■ HAVE YOU EVER BEEN DENIED OR VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE IN ANY HEALTH-RELATED PROFESSION? (THAT HAS NOT PREVIOUSLY BEEN RESOLVED BY THE CHC)? \*

- YES  
 NO

■ DID YOU ANSWER YES TO EITHER OF THE ABOVE QUESTIONS? \*

- YES  
 NO

Step 9: Click on the blue texts 'CHC Code of Ethics' and 'CHC Client/Patient Healthcare Rights' to read through these attestations before signing your name and date. Hit 'Next' to submit your payment and application.

**Reporting Changes in Fitness to Practice**

Certificants are required to notify the CHC in writing (chcinfo@homeopathcertification.org) within thirty days of any changes related to Fitness to Practice information. Failure to report could result in disciplinary action including a denial of the application. All information reported will be reviewed in accordance with CHC policies.

■ HAVE YOU READ, UNDERSTOOD, AND DO YOU PROMISE TO UPHOLD THE [CHC CODE OF ETHICS?](#) \*

- YES
- NO

■ TYPE YOUR NAME IN THE FIELD BELOW. \*

John Doe

■ PLEASE SELECT TODAY'S DATE. \*

12/23/2025



■ HAVE YOU READ, UNDERSTOOD, AND DO YOU PROMISE TO RESPECT THE [CHC CLIENT/PATIENT HEALTHCARE RIGHTS?](#) \*

- YES
- NO

■ TYPE YOUR NAME IN THE FIELD BELOW. \*

John Doe

■ PLEASE SELECT TODAY'S DATE. \*

12/23/2025



← Previous

← Back To Listing

📅 Save for later

Next >

Step 10: To submit your Payment Information, provide your Billing Address then click 'Enter Credit Card'.

## Payment Information

| Order Item                 | Total Price |
|----------------------------|-------------|
| Recertification Fee        | \$170.00    |
| <b>Sub Total: \$170.00</b> |             |

■ ENTER DISCOUNT CODE

If you do not have a discount code you can skip this item.

Order Total: \$170.00

## Billing Address

■ FIRST NAME \*  ■ LAST NAME \*

■ COUNTRY \*  ■ ADDRESS \*

■ CITY \*  ■ STATE/PROVINCE \*  ■ ZIP CODE \*

Step 11: Enter your credit card information and hit 'Pay Now'.

**ADDRESS LINE 2**

**CITY**

**STATE**

**ZIP CODE**

**PHONE NUMBER (OPTIONAL)**

 Card Cash App Pay Bank

**CARD NUMBER**



**EXPIRATION DATE**

**SECURITY CODE**



Payment processing can take up to 5 minutes to complete.

**Note:** Once you hit 'Pay Now', the screen will refresh to show your Order Receipt and Application. At this point, your application and payment have been submitted, and you may click 'Next Section' at the bottom of the page to finish reviewing your completed application.

## Payment Detail

[Dashboard](#) / [Past Payments](#) / [Payment Detail](#)

### Order Receipt

#### Order Information

|                |                                      |
|----------------|--------------------------------------|
| Order #        | a9b7f8d5-2f22-4562-b68a-2c6fed6ebd43 |
| Date           | 12/23/2025 1:35:00 PM                |
| Payment Type   | None                                 |
| Card Number    | None                                 |
| Auth Code      | None                                 |
| Transaction ID | None                                 |
| Order Total    | \$0.00                               |

#### Billing Information

|         |                                       |
|---------|---------------------------------------|
| PID     | 14332                                 |
| Name    | John Doe                              |
| Address | 123 Anywhere Dr<br>portland, OR 99999 |

#### What Was Purchased

| Order Item            | Quantity | Total Cost       |
|-----------------------|----------|------------------|
| Recertification Fee   | 1        | \$170.00         |
| <b>Discount Total</b> |          | <b>-\$170.00</b> |
| <b>Order Total</b>    |          | <b>\$0.00</b>    |

### Application

- 1 Recertification Overview**
- 2 CEU Requirements
- 3 CHC Fitness to Practice & Professional Ethics Attestation

**Due Dates:**

7/1/2025 12:00 AM - 1/31/2026 11:59 PM

[About the 2025 CCH Recertification](#)

#### 1) Recertification Overview

Recertification is an annual online process that requires certificants to utilize ROC-P for submitting recertification documentation and updating account information. Recertification applications are accepted July 1- December 31st each year.

There are three steps in the recertification process:

- 1. Step 1**  
Enter your Continuing Professional Development CEUs. *Note:* Non-ACHENA coursework requires CHC approval via the Request for Category I CEU Credit for a Non-ACHENA Continuing Education Course or the Pre-Approval Request for Category I CEU Non-ACHENA Continuing Education Course (allow up to 3 weeks for CPD Committee review)
- 2. Step 2**  
Attest to the CHC Code of Ethics, Clients' Healthcare Rights, and Fitness to Practice.
- 3. Step 3**  
Complete the payment for recertification and submit your application.

You may update your contact information at any time.

After your recertification application has been verified, you will receive an updated certificate and digital badge.

Contact us via email [chcinfo@homeopathcertification.org](mailto:chcinfo@homeopathcertification.org) or via phone 1-866-242-3399 (office hours are 12-2 EST Monday-Friday) with any questions or concerns about your digital certificate, badge, or any other aspect of the recertification process.

[Next Section](#)

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## SECTION 5 RECONSIDERATION AND APPEALS

### A. RECONSIDERATION REQUEST

A written request regarding denied recertification, lapsed or expired credentials, or denied retired status must include the certificant's name, address, certificate number, and a description of the specific issue or concern(s).

Certificants may submit reconsideration requests by writing to the CHC at the address below or email ([chcinfo@homeopathcertification.org](mailto:chcinfo@homeopathcertification.org)) within 5 business days of receipt of the decision.

Certificant concerns will be forwarded to the Continuing Professional Development Committee (CPD) for a determination. The certificant will be notified in writing within 30 business days of any action resulting from the inquiry.

Write to:

The Council for Homeopathic Certification PO Box 75 Chartley, MA 02712

### B. APPEALS REQUEST

Certificants may appeal a reconsideration decision by writing to the CHC at the address below or email ([chcinfo@homeopathcertification.org](mailto:chcinfo@homeopathcertification.org)) within 5 business days of receipt of the decision.

The appeal request must include the certificant's name, address, certificate number, and a rationale for the appeal accompanied by any relevant documentation.

The Appeals Committee reviews the case with the relevant documentation and notifies the certificant of the Committee's decision in writing within 30 business days. Decisions of the Appeals Committee are final.

Write to:

The Council for Homeopathic Certification PO Box 75 Chartley, MA 02712