

Recertification of your Certified Classical Homeopath Credential

2022

For information about your credential, the recertification process, and recertification instructions, see the Certification and Recertification Handbook:

Recertification Handbook:

https://www.homeopathicdirectory.com/files/ugd/a0b3d0_c4717e79a43c418fa93e8f48159d81d6.pdf

Certification Handbook:

https://www.homeopathicdirectory.com/files/ugd/a0b3d0_f90e293cb9bd41eda679f323e7ae4d68.pdf

First Name: _____

Last Name: _____

Middle Name: _____

Email Address: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Ethics

Please review the CHC Code of Professional Ethics and the Client/Patient Healthcare Rights on the CHC Recertification Resources page on our website:

<https://www.homeopathicdirectory.com/recertificationresources>

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.

Yes

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.

Yes

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.

If you answer “yes” to any Health or Legal Status question, you MUST upload a personal written statement that addresses the history and current status of the health or legal issue. After the submission is reviewed, the CHC Office will contact you.

Health Status Statement

For any physical, psychological, or substance abuse-related impairments, submit written documentation from a healthcare professional who has treated you. The documentation must attest to the following:

- 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 Statement

For any charges or claims against you, submit official copies of legal documents that support a personal written statement(s) that include(s):

- 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

Health Status Questions

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.

I Agree

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?

No Yes (Submit document)

Have you been, or are you currently, impaired because of substance abuse, including alcohol?

No Yes (Submit document)

Legal Status Questions

Have you been a defendant in litigation related to the practice of a health-related profession?

No Yes (Submit document)

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?

No Yes (Submit document)

Have you been convicted of any type of felony?

No Yes (Submit document)

Have you been convicted of any other crime or are you on probation or parole?

No Yes (Submit document)

Have you had any disciplinary or administrative actions taken against you by any licensing board or health-related professional association or school?

No Yes (Submit document)

Have you been denied or voluntarily surrendered a license to practice in any health-related profession?

No Yes (Submit document)

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. I attest that I am the person whose name is on this application.

I Agree

Signature

_____ Date _____

CEUs

CEU Required Numbers

For each annual recertification cycle, please submit a total of 15 Continuing Education Units (CEUs):

A minimum of ten (10) Category I (Homeopathy) CEUs

Up to a maximum of five (5) Category II (Optional Professional Development) CEUs

An activity may only be applied to a single category, not both. For more information, see the [CHC Recertification Resources](#) page on our website:

<https://www.homeopathicdirectory.com/recertificationresources>

CEU Time Limits

To count toward recertification, participation in any CEU activity must have taken place within the 12 months preceding the recertification deadline (12/1/previous year through 11/30/current year). Up to 15 CEUs earned in excess of the required 15 for the current recertification cycle may be carried forward to the next year's recertification.

CEU Carry-Forwards (Roll-over)

You must maintain your own CEU carry forward records. For more information, please review the [Recertification Handbook](#): <https://www.homeopathicdirectory.com/recertificationresources>

CEU Documentation

Only CCHs chosen for the 10% random audit are required to provide CEU supporting documents. **However, EVERYONE must upload a file to meet system requirements for this step.**

CEU supporting documents must include the following:

- Name of activity and, if applicable, the name of sponsoring entity
- CCH holder name as a presenter, attendee, or writer (as applicable)
- Date the activity was completed (or published)
- Number of hours associated with the CHC CEU-eligible activities
- Number of CEUs awarded
- For article publications, a photocopy of the article, clearly indicating the name and date of the publication and showing the CCH holder as the author
- For books or book chapters, photocopies of the title and copyright pages (and bibliography page if the title page does not show the CCH holder's name)

2022 CEU Form

Attach a copy of this form to each CEU document.

Activity type: _____

Category: ____ I ____ II

Units: _____

Activity Title: _____

Activity sponsor/Provider: _____

Date when the activity was completed: _____

Fees

___ Check Enclosed

___ Submit payment information below:

Name on card: _____

Card #: _____

Card Exp: _____

Card Code: _____

Please mail your 2022 Recertification documents and payment to:

The Council for Homeopathic Certification

P.O. Box 75

Chartley, MA 02712

Questions: chcinfo@homeopathicdirectory.com