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CCH Credential Reactivation Application

You must meet the recertification requirements each calendar year to remain in good standing. Once CHC Certification has lapsed, the CCH designation may not be used and the practitioner's listing will be removed from the online directory of certified practitioners. In order to reactivate lapsed certification, you must meet the criteria defined within this application.

CHC Policy for Late and/or Non-renewal of Certification

Recertification is required each calendar year to maintain the use of your CCH credential. All renewals for recertification are due November 30th for the following calendar year.

In order to recertify, each certificant must meet the established criteria in continuing education, attest to adherence to the Code of Ethics and the Client/Patient Rights in the Healthcare Setting, submit the annual fitness to practice questions, and pay the annual fee.

Late Renewal Applications for the current year

Renewal packets for the current year postmarked after the renewal deadline of November 30st but on or before December 30th will be assessed a late fee of \$25.00. Practitioners renewing after this date will not be included in the printed directory for the current year.

Renewal packets for the current year postmarked after December 31st but on or before January 30th will be assessed a late fee of \$75.00.

Certified practitioners wishing to renew certification after March 1st for the current year must complete the Reactivation Application, meet all renewal criteria, and pay a \$100 reactivation fee in addition to the current year's recertification fee.

Renewal of Certification for Lapsed Practitioners

Certified practitioners wishing to renew certification after a lapse of two years or less can reactivate by sending a complete Reactivation Application, documentation validating completion of all professional development hours requirements for each lapsed year, payment of the annual renewal fee for each lapsed year, and payment of a \$100 reactivation fee.

Lapsed or Non-renewal of CHC Certification

Once CHC Certification has lapsed, the CCH designation may not be used and the practitioner's listing will be removed from the online directory of certified practitioners.

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Requirements for Consideration of Reactivation

The following requirements must be met to apply for reactivation of the CCH credential:

- Completion of this Credential Reactivation Application
- Submittal of the Reactivation Fee of \$100
- Submittal of the Annual Recertification Fee of \$145 per year for the years missed
- Submittal of Continuing Education Form and documentation verifying continuing education for the years missed

Explanation of circumstances which led to the lapse of the CCH Credential:

Acknowledgement of Understanding

My signature below certifies my complete understanding of these statements and my intentions to be fully bound thereby. With reactivation of the CHC credential, I acknowledge understanding that it is my responsibility, as a certificate holder, to meet recertification requirements each year and to submit all future annual renewal documents to the CHC prior to due date. I also acknowledge that I am continuing to practice in a manner consistent with the criteria on classical homeopathy set forth by the CHC Code of Professional Ethics and Client/Patient Rights within the Healthcare Setting guidelines. I have met the continuing education requirement as indicated on the Continuing Education form included in this renewal packet. I understand that payment, CEU documentation and this signed renewal form are required to complete recertification and to remain in good standing. All information contained in this Council for Homeopathic Certification reactivation application is true and accurate to the best of my knowledge.

Signature

Date Signed

CCH Credential Reactivation Application

Reactivation Fee

Amt Due: _____ (Total of all required fees per above)

Payment Info:

Check# _____ Visa _____ Master Card _____ American Express _____

Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

Credit Card Authorization: I authorize the CHC to charge my credit card for the amount listed above.

Signature: _____ Date: _____

Approval of reactivation applications are reviewed by committee and may take up to 6 weeks for a decision.