



CHC Fitness to Practice and Professional Ethics

Please answer the following questions:

Health Status

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?

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

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 impairment and must include an attestation that:

- a) You are no longer impaired (or that you are currently under treatment for the impairment),
- 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

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

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?

Have you ever been convicted of any type of felony?

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)?

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)?

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)?

If you answered **Yes** to any of the legal questions, you must:

1. Submit a personal written statement that includes
 - 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 charge or claim that support your written statement.

Reporting Changes in Fitness to Practice

Certificants are required to notify the CHC in writing 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.

Professional Ethics

Have you read and understood the *CHC Code of Ethics* document?

Have you read and understood the *CHC Client/Patient Healthcare Rights* document?

Do you commit to upholding the *CHC Code of Ethics* *CHC Client/Patient Healthcare Rights* policies?

Signature and Date

By adding my name and date below, I acknowledge that I have read and understood the *CHC Code of Ethics* *CHC Client/Patient Healthcare Rights* documents and agree to abide by them and any changes hereafter made to them.

I will report any disciplinary actions or criminal matters of any kind that I may be involved in to the CHC within thirty days of onset.

I will inform and release to the CHC all pertinent information about my qualifications or about other matters that may arise in connection with my application and/or my subsequent certification or recertification.

I understand that failure to meet the requirements of the *CHC Code of Ethics* and/or the *CHC Client/Patient Healthcare Rights* policies could result in disciplinary action or a denial of certification.

Signed: _____ **Date:** _____