

# COUNCIL FOR HOMEOPATHIC CERTIFICATION

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

PO Box 73  
Lewisville, AR 71845

P: 866-242-3399  
F: 866-245-6211

[www.homeopathicdirectory.com](http://www.homeopathicdirectory.com) [chcinfo@homeopathicdirectory.com](mailto:chcinfo@homeopathicdirectory.com)

## CHC Retired Status Packet



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

## **CCH Retired Status**

In recognition of the contributions certified homeopaths have made to homeopathic practice, education, and research throughout their careers, the CHC offers, at the time of retirement, the title of Retired Certified Homeopath. This title offers the retired certified homeopath continued use of the CCH designation, and the designation indicates he/she has retired from practice. The designation is given to certificants who are no longer practicing, supervising or teaching homeopathy and have no plans to practice, supervise or teach homeopathy.

### **CCH Retired Designation**

The designation, CCH(Retired) or CCH(Ret), may be used on documents such as business cards, curriculum vitae, or resumes. With the designation CCH(Retired), retirees are not required to complete the annual recertification process. The one-time fee to obtain retired status is \$75.00.

### **Retirement Status Requirements**

Retirement eligibility requirements include:

- Be certified in good standing with the CHC
- Be retired from homeopathic practice with no plans to return to active homeopathic practice or teaching
- Submit of an application within one year after the expiration of your latest CHC recertification date.
- Sign an attestation affirming that the individual is longer practicing, supervising or teaching homeopathy and has no plans to practice, supervise or teach homeopathy

Please use the following checklist to ensure the Retired Status Application is complete. Incomplete applications are not processed.

### **Checklist**

- Application date within one (1) year of CCH certification expiration
- Contact information section completed
- Letter of Agreement signed
- Credit card payment information provided or check included in mailed application
- Copies retained for personal use

## Retired Status Application

### Contact Information

Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

CHC Certification Number (CCH #): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ Secondary email \_\_\_\_\_

Last place of employment \_\_\_\_\_

### Retirement Status Attestation

- I hereby apply for Retired Status as a CCH Homeopath. I understand that Retired Status depends upon meeting all eligibility criteria. I acknowledge that I have retired from active practice and am no longer practicing, supervising or teaching homeopathy and have no plans to practice, supervise or teach homeopathy.
- While holding the Retired Status, it will be my responsibility to remain in compliance with all CHC's ethical standards. The CHC has the right to revoke this status if I violate the applicable rules and regulations of the organization. Violation of CHC policy may also include sanctions, suspension and/or revocation of the original CCH credential.
- I agree that, should I resume homeopathic practice, supervision or teaching within two years, I will request the retired designation be removed. In order to recertify after obtaining retired status, I am required to submit a letter requesting Reinstatement to Active Status, submit the required number of CEUs required for recertification during the time the retired status was in effect and pay a reactivation fee of \$150. If reactivation is requested two years or more after Retirement Status is awarded, I must apply for certification under the current certification requirements which includes passing the exam.
- I understand that the information acquired in the application process may be used for statistical purposes and for the evaluation of the certification program.
- To the best of my knowledge, the information supplied in this Application for Retired Status is true, complete, correct, and is made in good faith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Retirement Status Application Submission**

The Retirement Status Application and \$75 fee must be submitted and postmarked within one year of the expiration of the current CHC recertification date. There is no grace period.

All applications must be complete to be processed. Missing information will delay the application processing.

Send the completed form to [chcinfo@homeopathicdirectory.com](mailto:chcinfo@homeopathicdirectory.com) and call 866-242-3399 to process a credit card payment. Alternatively, mail the completed form and payment to:

Council for Homeopathic Certification  
ATTN: Retired Status  
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Lewisville, AR 71845