



# ACHCA's Professional Certification Programs

## Affidavit

Since I have been employed in an Assisted Living/Skilled Nursing or related environment:

- I have  have not had a professional license suspended.
- I have  have not read and acknowledged the ACHCA Code of Ethics.
- I have  have not been charged with an ethics violation.
- I have  have not been convicted of a crime.

I understand that in the future, if any of the above actions should occur, I am required to notify the Certification Committee via email- professionaladvancement@achca.org. I understand that this application, all online and onsite testing materials, and related documents are confidential properties of the Certification Committee and the undersigned. Through my signature below, I agree to allow the Certification Committee to use this information for bona fide purposes related to ACHCA-conducted research, facilitating state licensure reciprocity or accredited university assessment of academic equivalency. I recognize that such action may cause this application and related material to become public information in connection with matters involving state licensure reciprocity. Through my signature, I attest to the accuracy of the information on this application, and I understand that this application can be denied, or my Certification revoked, if any answers are falsified. I also agree to be bound by the Certification Committee of ACHCA Professional Practice and Disciplinary Procedures, as the same may be amended from time to time by ACHCA, including without limitation the arbitration and discipline provisions therein. **Additional information regarding the disciplinary policy can be found in the Certification handbook.**

Name (please print) \_\_\_\_\_

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