

# CHCE Application Affidavit

This affidavit must be read, signed, notarized, and submitted to Home Care University with your application. Your application will not be approved without this form.

**Print or type**

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Candidate Name

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Mailing Address

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City

State

Zip

1. I hereby agree that I am submitting this application for the sole purpose and with the intent of obtaining certification.
2. I affirm that the information that I have provided herein applying for certification is accurate and complete to the best of my knowledge and belief.
3. I affirm that I have adhered to and will adhere to the NAHC Code of Ethics in my administrative capacity.
4. I understand that my name and certification status may be released on request.
5. I understand that if I engage in any misconduct in connection with the certification process, I may be subject to denial of eligibility and/or denial of opportunity to take the certification test in the future.

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Signature

Date

**Print or type**

State of \_\_\_\_\_

SS: \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

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Notary Public

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My commission expires

(Notarial Seal)