

**ACCREDITATION COMMISSION FOR HOMEOPATHIC EDUCATION IN NORTH AMERICA
(ACHENA)**

STATEMENT OF FINANCIAL AFFIRMATION

Name of School _____

If a DBA, please identify the Company: _____

Confidentiality of Financial Matters

To protect the confidentiality of your institution's financial information, ACHENA files must reflect the name of the individual at your office authorized to be contacted regarding the institution's financial matters. Please identify this individual below.

Name _____ Title: _____

Institution _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail Address: _____

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I hereby affirm I am a representative of the above named school and that this financial report has been prepared from the original records of the institution, and is a reflection of the true financial picture of this institution.

Name _____ Title _____

Signature _____ Date _____