

CHC Case Submission Guidelines

for the credential
Certified Classical Homeopath (CCH)



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).

About the CHC

The Council for Homeopathic Certification (CHC) was formed in 1991 and incorporated in 1992 as a non-profit 501(c)(6) organization with the vision of a healthcare system that encompasses certified classical homeopathic practitioners accessible by all. Acting as an autonomous governing board, the CHC maintains oversight and responsibility for all certification and recertification policy decisions, including governance, eligibility standards, appeals and disciplinary actions, and the development, administration, scoring, and reporting of assessment instruments.

In July 2017, the CHC was accredited by the National Commission for Certifying Agencies (NCCA), designating it as the only accredited homeopathic certification organization in the industry. NCCA standards require that certifying exams meet psychometric content validity, reliability, and scoring standards and that certification processes adhere to best practices for certification organizations. The CHC is also an organizational member of the Institute for Credentialing Excellence (ICE). ICE is a private and voluntary membership organization that provides educational, networking, and other resources for organizations like the CHC that serve the credentialing industry.

CHC Mission

The CHC Mission is...To advance the homeopathic profession by certifying individuals who meet and maintain a recognized standard of professional and ethical competence in classical homeopathy and to assist the general public in choosing appropriately qualified homeopaths.

Non-Discrimination Policy

The CHC does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, disability, marital status, national origin, or ancestry.

Confidentiality Policy

Confidential information (non-public information including, but not limited to, name, address, social security number, bank or credit account numbers, financial or medical information, certification numbers, (etc.)) is protected by federal and state statutes. To protect privacy, CHC's database of personal information is accessible only by designated staff and contractors operating under a nondisclosure agreement. This database may also be used in aggregate (such as pass rates, number of certificants, score trends) for the purpose of research reports and published data.

Candidate information remains confidential, with the exclusion of whether a candidate is current and in good standing. Unless required by law, written authorization by the candidate is needed to release test score information. Test score or pass/fail status will not be provided by phone.

A verification system is available to any member of the public seeking certified homeopaths in good standing. Search by name, state, or zip code in the [Find a Homeopath](#) directory to locate listings for certified homeopaths in good standing.

Benefits of Certification

CCH practitioners in good-standing qualify for the following benefits:

- ❖ Certified Classical Homeopath (CCH) designation
- ❖ 'Board-Certified' designation
- ❖ CHC [Find-A-Homeopath](#) directory listing
- ❖ CHC referrals of potential clients seeking local homeopaths
- ❖ Affiliations
 - Eligible to apply for registered membership with the North American Society of Homeopaths ([NASH](#)) that grants the RSHom(NA) designation
 - Eligible for a one-year Individual Membership (new certificants only) to the National Center for Homeopathy ([NCH](#)) upon request
 - Eligible to join affiliate integrative health practitioner networks
 - Eligible to purchase professional liability insurance through Allied Professionals Insurance Company ([APIC](#))
 - Eligible to receive practitioner discounts on homeopathy pharmacy products from homeopathic pharmacies
 - Eligible (in some states) to join state homeopathic medical societies
- ❖ Eligible to participate in CHC examination development, volunteer task forces, and CHC committees
- ❖ Eligible for nomination to the CHC Board of Directors

Ethics Guidelines

Ethical standards and behavior for the profession of homeopathy are considered the bedrock of homeopathic care. Each CHC certificant represents the homeopathic profession in the eyes of the public and is expected to uphold the highest standards of professional conduct as described in the *CHC Code of Professional Ethics* and *Client/Patient Healthcare Rights*. Applicants for certification, candidates for certification and fully-certified practitioners pledge to uphold these standards in practice and in all interactions with clients.

CHC Code of Professional Ethics

The Council for Homeopathic Certification (CHC) considers the following principles to be guides to the ethical practice of homeopathy, and to be morally binding on all homeopaths:

Ideals

The homeopath's high, and only, calling is to restore the sick to health—to heal, as it is termed—as defined by Samuel Hahnemann in the *Organon*.

Interactions with Clients

Conduct the homeopathic practice with vigilance, integrity, and freedom from prejudice, and treat all clients with respect and dignity. Make every appropriate effort to be available and accessible to ill clients requiring assistance. Never guarantee a cure, by spoken word or in writing.

Assist clients in weighing the possible benefits and risks of other (non-homeopathic) therapeutic options, helping them to consider conventional diagnostic procedures, routine screening tests, and therapies—acknowledging the usefulness of such procedures at appropriate times, even for those who may wish to avoid conventional treatment. A non-licensed homeopath shall not make a recommendation to discontinue current medications or treatments prescribed by a licensed healthcare practitioner. While the homeopath may freely educate his/her client concerning how homeopathic and pharmaceutical and other approaches diverge and even conflict, he/she must also leave no doubt that any and all responsibility for modification of the client's medication regime rests entirely with the client in consultation with the prescribing health care practitioner. The homeopath should ensure that any substantive discussions regarding prescribed medications and treatments are appropriately documented in the client's chart notes.

Render assistance to clients in emergency situations, to the greatest extent permitted by training and circumstances.

Practice within areas of competence. Consult with colleagues, or refer clients to other practitioners, in any situation involving conflict, inadequate training, or personal limitation—such as, but not limited to, any of the following:

- When any aspect of the client's case requires greater experience, training, or skill than the practitioner can offer
- When there is a need for diagnostic tests or procedures beyond the capacity of the homeopath
- When the homeopath's care is not providing reasonable, timely resolutions of the client's health problems
- When circumstances arise which create a conflict between the homeopath's personal and professional relationship with the client. If a homeopath's competence or judgment is impaired

by physical or mental incapacity, or chemical dependency

Keep full and accurate records of all contacts with clients, including individual data such as name, address, phone number, date of birth, and case data such as medical history, dates and details of consultations, and summary of recommendations made.

Exercise appropriate discretion in the wording of any advertisements; practitioners who are not medically licensed with authority to diagnose and treat in the state/province where they practice should carefully avoid any reference to medical diagnosis or diagnostic tests, and focus on establishment of health rather than resolution of disease.

Unless you possess a healthcare license which precludes the need for disclosure/informed consent about homeopathy ---then use a disclosure/informed consent form which clearly and accurately identifies your training, credentials, skills and nature of your work; ensure that each client signs this form which becomes a part of the client documentation.

Interactions within the Profession

Honor the homeopathic profession, its history and traditions. Each practitioner's words and actions reflect upon the profession as a whole. Speak respectfully about fellow practitioners, both homeopathic and in other fields, acknowledging differences in styles of practice and training in a constructive way, whether in public or with clients.

Continue personal and professional development by undertaking further study, conferring with colleagues, and seeking greater understanding of homeopathic theory and practice, and supporting other homeopaths in that goal. Promote the art and science of homeopathy through appropriate research.

If conducting homeopathic research, give substances used in provings only to those individuals who have an understanding of the nature of the proving process, and who have volunteered, with written consent, to participate. Consider any person involved in experimental provings or other studies to be the researcher's client; be guided by the welfare of each person, and the moral imperative that the homeopath's only calling is to help make sick people well. Report research findings and clinical experience methodically, honestly, and without distortion. Identify any speculative theories clearly as such. Carefully honor the confidentiality of all clients whose cases are used in published articles, case conference presentations, or training lectures.

CHC Code of Professional Ethics Download

CHC Client/Patient Healthcare Rights

The CHC considers the following to be rights of the client in a healthcare setting, to be respected at all times in homeopathic practice:

Access

Each individual has a right to impartial access to homeopathic care, regardless of any personal belief, circumstance, or condition unless there is a valid legal reason that would prevent such access.

Confidentiality

The client has a right to confidentiality. The homeopath must not communicate in any form the contents of case records or personal information obtained within the practitioner/client relationship, as outlined in any governmental regulations for Canadian and US health care providers, except with the written permission of the client, in the case of emergency, or in response to a valid demand by government authorities. Appropriate safeguards should be taken with client records to prevent any unauthorized access to them. Case records or summaries should be provided promptly when properly requested in writing by a client.

Boundaries

The client has a right to expect the homeopath to keep appropriate professional boundaries in the client/practitioner relationship. The inherent nature of this type of relationship tends to place the practitioner in a position of influence, and the client in a position which may be, to some extent, dependent. The homeopath must therefore scrupulously avoid any exploitation of this relationship through inappropriate personal, sexual, or financial interaction always keeping in mind that the purpose of the relationship is to help improve the client's health.

Privacy

The client has a right to be interviewed and examined in surroundings that afford reasonable visual and auditory privacy. Individuals who are not directly involved with the client's care shall not be present without the client's permission, and shall not observe through remote audio/video access, or through video recordings without the client's express consent.

Advocacy

The client has a right to have another person present during any interviews or examinations. Physical examinations should only be performed by appropriate practitioners, and the client should remain disrobed only as long as is required for the examination. If the client is a minor, a parent or guardian has a right to be present during the examination and interview.

Self-Responsibility

The client has a right to actively participate in any and all decisions regarding his or her health care. This includes the right to refuse any recommendations (of homeopathic care or other kinds of health care) or referrals to other practitioners, to the extent permissible by law even after being informed of possible adverse consequences. If a client or a client's legally-authorized representative declines to follow recommendations in such a way that this prevents the homeopath from providing care in accord with professional standards, the homeopath may terminate the professional relationship with the patient/client upon reasonable notice, and in a professional manner.

Adjunct Therapies

The homeopath may offer, in addition to homeopathic care, any health-care skills that he or she is trained and competent to use, as long as such techniques or approaches are appropriate to the client's condition, and legal for the individual practitioner to practice. The homeopath must carefully explain such adjunct therapies, and make it possible for the clients to decline them if they wish. The homeopath shall make available documentation of his or her credentials and training for the practice of any type of therapy offered to the client, and must always allow the patient/client the freedom to accept or decline any type of therapy.

[CHC Client/Patient Healthcare Rights](#) Download



Guidelines for Case Submissions

To achieve full certification, CCH Candidates who took the Legacy CHC certification exam prior to January 2016 must provide documentation of 250 hours of homeopathy clinical observation and analysis (O/A) and submit five independently-taken homeopathy cases within two years of passing the exam.

Total CCH certification clinical training requirements include:

- 250 hours of homeopathy clinical O/A
- 5 independently conducted, successful homeopathy cases

O/A hours must be supervised by CCH-, DHANP-, CHO-, or DHT-certified supervisors and documented on the Clinical Training Log. O/A clinical training documentation must be submitted and approved before cases can be submitted.

While not completed under proctored conditions, the five cases are considered part of the exam process and consequently must be completed independently and without assistance from other homeopaths. Cases must be written up per the CHC Guidelines for Case Submission and submitted to chcinfo@homeopathicdirectory.com for transmission to the Case Review Committee.

This resource provides guidelines and requirements for completing and submitting your five independently-conducted, successful cases. Six case submission guideline topics include:

- Factors to Consider for Successful Case Preparation
- Content Checklist for Case Submissions
- Case Submission Instructions
- Case Evaluation Process
- Oral Interview
- Case Submission Assurance Form

Factors to Consider for Successful Case Preparation

CASE PREPARATION	DO ACCEPT	DO NOT ACCEPT
CASE TYPE	Human cases only.	Your own case, veterinary (animal) cases, acute cases or cases in which many different remedies were given.
CLASSICAL CASES	Cases that demonstrate the effective use of classical homeopathy, following classical homeopathic principles.	Cases that include non-classical approaches such as the use of combination remedies, the use of multiple remedies given at the same time or remedies chosen without analyses matching symptoms to a known remedy.
CASE ETHICS	Cases that honor all ethical guidelines for client protection and confidentiality.	Cases in which signed client release forms have not been obtained.
CASE AUTHORSHIP	Cases of your own independent work.	Cases completed with assistance from a supervisor, instructor, tutor or as part of education or clinical supervision requirements.
MARKED IMPROVEMENT	Cases in which marked, sustained, undeniable improvement was documented and attributable to successful homeopathic care.	Cases without concrete evidence of improvement (e.g. if the subject says he is feeling better but there is no improvement in physical or general symptoms).
WRITTEN PRESENTATION	Cases written in narrative form only. Cases suitable for publication (i.e. typed, organized and proofread by a lay person for clarity, grammar and spelling). See <i>Case Submission Instructions</i> for specific document formatting style.	Cases that just list symptoms or include unedited case notes. Cases that are hand written or have not been spell checked or contain grammatical errors.
CASE PREPARATION	DO ACCEPT	DO NOT ACCEPT
ORGANIZATION	Cases that contain seven numbered and labeled sections as identified in the <i>Format for CHC Case Submissions</i> .	Cases that do not follow the identified format.
WRITTEN LENGTH	Each case taken in its entirety in 12 pages or less, including the language of the client, family history, review of general and particular symptoms, repertorization chart, case analyses and follow-ups.	Cases with lengthy digressions unrelated to salient case elements.
CASE ANONYMITY	Cases and repertorizations that omit client initials, name or contact information. Cases that alter or omit case details to preserve anonymity as long as important aspects of the case are not altered.	Cases or repertorization charts that reveal any identifiers of the client.
DURATION OF CARE	Cases with a <u>minimum</u> of six months follow-up AFTER a remedy has acted well on all presenting symptoms.	Cases that cover several months of incorrect remedies followed by a successful remedy in month five or six. Cases that conclude without examining all presenting symptoms.
CLIENT DESCRIPTION AND REPORT	Cases reported in a narrative quoting the client's own language. Cases that include full descriptions of symptoms including the level of intensity.	Cases in which client language is changed or interpreted.

INITIAL CASE ANALYSIS	Initial analyses that identify what needs to be cured, the significant symptoms, the relationship among symptoms and factors affecting the outcome of the case. Cases in which the initial evaluation and analysis is clearly explained and reaches a deep understanding of the case.	Case analyses that do not consider factors such as personal/family history, medications, alternative treatments, obstacles to cure and miasms (if applicable). Analyses that approach the case superficially, project, speculate or overly interpret information provided.
REPERTORIZATION	Cases that include a repertorization chart according to the analysis style you use, even if it did not lead to a final remedy choice. Repertorizations that demonstrate a direct link between salient symptoms of the case and the rubrics selected. Charts that have been repertorized by hand or computer and identify the specific repertory used.	Cases that just list rubrics without identifying which specific repertory, section, rubrics or sub-rubrics used. Cases that do not clearly identify rubrics that have been combined. Rubrics identified in the repertorization which are too general or too specific in relation to the symptoms of the case.
MATERIA MEDICA DIFFERENTIAL	Cases that review three to five defensible final remedy choices for the initial case that illustrate by concrete argument the rationale for the selection of one over another and that specify the sources used to differentiate the final choices. Cases that include a thoughtful discussion of the results of the repertorization.	Cases that use opinion statements such as “I felt this remedy was the best choice for the case” without adequate supporting argument or that differentiate an excess of remedy choices covered in a given repertorization. Cases in which remedies are determined by unexplainable intuition or serendipitous coincidence.
REMEDY SELECTION AND POTENCY	Cases in which one or two remedies were given with the last remedy given having a minimum of six months follow-up. Cases in which the potency, form of administration and frequency is identified and justified.	Cases that do not provide the remedy name, posology, method of administration and frequency as well as justification for those decisions.
CASE PREPARATION	DO ACCEPT	DO NOT ACCEPT
FOLLOW UPS AND CASE MANAGEMENT	Cases that identify the dates remedies were taken and review and manage all aspects of the case – including the status of the chief complaint, each of the features that led to the initial remedy selection and any new features in the case. Cases that utilize a scale to rate how much better or worse each symptom is based on the selected remedy.	Cases that do not specify the date(s) remedies were taken and the date of each follow-up or remedy or potency changes, if applicable. Cases that do not address all presenting symptoms in the follow-ups. Cases that do not justify changes in remedy selection or potency. Cases that do not contain additional repertorization charts, if applicable.
CONCLUDING FOLLOW UP	Cases that demonstrate <u>marked, sustainable, undeniable</u> improvement in presenting symptoms and important aspects identified in the case that is attributable to homeopathic care. Cases that conclude with <u>a minimum of six months follow-up and management</u> during which the same remedy was given.	Cases that use general concluding statements such as “the client feels fine now” or “the client is happy and well.”

Content Checklist for Case Submissions

Required Content
1. Description of the client/subject (narrative) <ul style="list-style-type: none"> <input type="checkbox"/> Notes practitioner observations <input type="checkbox"/> Identifies basic information regarding the client such as age, gender, height, weight
2. Client/subject report (narrative) <ul style="list-style-type: none"> <input type="checkbox"/> States date of original intake <input type="checkbox"/> Identifies the method(s) of the initial intake (face-to-face, telephone, Skype, questionnaire, etc.) <input type="checkbox"/> Identifies the chief complaint as fully as possible (e.g., location, sensation, duration, intensity, modalities, concomitants, etiology) <input type="checkbox"/> Contains original client language <input type="checkbox"/> Notes the intensity of symptoms <input type="checkbox"/> Identifies any SRP symptoms <input type="checkbox"/> Shows evidence of a review of symptoms <input type="checkbox"/> Notes personal and family histories <input type="checkbox"/> Notes any possible etiology <input type="checkbox"/> Notes any allopathic medicines <input type="checkbox"/> Notes any alternative treatments (acupuncture, herbs, aromatherapy, etc.) <input type="checkbox"/> Notes any known medical diagnoses
3. Initial analysis (narrative) <ul style="list-style-type: none"> <input type="checkbox"/> Determines the nature and relationship of the symptoms <input type="checkbox"/> Identifies what needs to be cured <input type="checkbox"/> Identifies important themes <input type="checkbox"/> Identifies significant symptoms <input type="checkbox"/> Considers etiology, personal/family history, medication, intensity of symptoms, SRPS, obstacles to cure, and other treatments the client may be using in the analysis <input type="checkbox"/> Identifies miasms, if applicable
4. Methodology and Repertorization (narrative + repertorization chart) <ul style="list-style-type: none"> <input type="checkbox"/> Identifies methods, models, techniques or strategies for repertorization and analysis <input type="checkbox"/> Cites repertory(ies) used <input type="checkbox"/> Selects rubrics that correspond to the points emphasized in the analysis <input type="checkbox"/> Lists appropriate rubrics <input type="checkbox"/> Provides appropriate balance of Mental/Emotional(M/E), Physical and General rubrics <input type="checkbox"/> Utilizes a reasonable number of rubrics <input type="checkbox"/> Writes rubrics exactly as listed in the repertory <input type="checkbox"/> Identifies combined rubrics clearly <input type="checkbox"/> Combines rubrics appropriately <input type="checkbox"/> Includes a repertorization chart
5. Materia Medica Differential (narrative) <ul style="list-style-type: none"> <input type="checkbox"/> Identifies 3-5 remedies <input type="checkbox"/> Selects reasonable remedy choices for the case <input type="checkbox"/> Provides a rationale for remedy choices <input type="checkbox"/> Delineates clear similarities among each remedy's symptoms and the symptoms of the case <input type="checkbox"/> Delineates contrasts among the remedies <input type="checkbox"/> Identifies confirmatory symptoms <input type="checkbox"/> Justifies (makes a logical argument for) the final choice <input type="checkbox"/> Cites sources consulted

6. Remedy Selection (narrative)

- ☐ Identifies the recommended remedy
- ☐ Identifies the potency
- ☐ Identifies the form of administration and frequency
- ☐ States rationale for choices

7. Follow-ups

Initial follow-up and Identifies the date of each follow-up(s)

- ☐ Identifies the method used to conduct the follow-up (face-to-face, telephone, Skype, questionnaire, etc.)
- ☐ Identifies the date(s) the remedy was taken and level of compliance with administration
- ☐ Identifies the status of the chief complaint (scale to rate degree of improvement or changes)
- ☐ Reviews presenting symptoms
- ☐ Notes any changes in symptoms
- ☐ Notes new features/symptoms
- ☐ Determines whether new symptoms are accessory remedy symptoms or a return of former “old” symptoms
- ☐ States clearly the action (or lack of action) of the remedy
- ☐ Analyzes the effects of the remedy, potency or form of administration
- ☐ Accurately assess and manages all aspects of the case such as homeopathic aggravations, anti-doting, obstacles to cure, return of old symptoms, acute illnesses
- ☐ Includes any new repertorizations, if applicable
- ☐ Identifies recommended next steps as a result of the analysis
- ☐ Justifies (provides a rationale for) changes in remedy, potency, method of administration
- ☐ Provides dates for all changes
- ☐ Conducts complete follow-ups every 1-2 months

Concluding Follow-up (narrative)

- ☐ Identifies the date of the concluding follow-up
- ☐ Identifies the method used to conduct the follow-up (face-to-face, telephone, Skype, questionnaire, etc.)
- ☐ Identifies the date(s) the remedy was taken and the level of compliance with administration (if changed from original administration)
- ☐ Identifies the status of the chief complaint (scale to rate degree of improvement or change)
- ☐ Reviews presenting symptoms
- ☐ Notes any changes in symptoms
- ☐ Notes new features/symptoms
- ☐ States clearly the action (or lack of action) of the remedy
- ☐ Analyzes the effects of the remedy, potency or form of administration
- ☐ Includes any new repertorizations, if applicable
- ☐ Identifies recommended next steps as a result of the analysis
- ☐ Provides evidence of marked, sustained, undeniable improvement attributable to successful homeopathic care
- ☐ Documents a minimum of six months of follow-ups since the client/subject initially took the remedy that worked

Case Submission Instructions

Submitting Cases for Review

- All cases must be typed and submitted electronically as an attachment in Word or rich text format (.rtf).
- Set the margins of your document to 1 inch on all sides.
- Use a legible font (Times New Roman, Arial, Helvetica, or Calibri,); font size 11 pt.
- Create a document header that lists the case number (1-5) and case identifier.
- Create a document footer that numbers all pages in the bottom right hand corner.
- Organize your cases using the numbering and section labels identified below in the *Format for CHC Case Submissions* section.
- Repertorization charts may be imbedded in the case document or attached as a separate file. Be sure to remove your name and client names from the repertorization charts prior to inclusion.
- Completed *Case Submission Assurance Form* must be submitted with cases.
- Completed cases are to be emailed to the CHC office as attachments. You will be notified by email upon receipt by the CHC Office.

Format for CHC Case Submissions

Organize cases submitted for review into the sections identified below. Sections should be numbered and labeled, and font should be bold.

1. Description of the Client/Subject (narrative)
2. Client/Subject Report (narrative)
3. Initial Analysis (narrative)
4. Methodology + Repertorization (narrative + repertorization chart)
5. Materia Medica Differential (narrative)
6. Remedy Selection, Potency and Administration (narrative)
7. Follow-ups
 - Initial and Subsequent Follow-ups (narrative)
 - Concluding Follow-up (narrative)

Case Evaluation Process

When a candidate's five submitted cases are received at chcinfo@homeopathicdirectory.com, the name is removed and replaced by a unique file number to make case submitters anonymous to case reviewers. The cases are then sent to the Case Review Committee. Case Review Committee members are all CHC certificants trained to evaluate classical homeopathic cases.

Each set of cases is reviewed by two reviewers. If two independent reviewers do not agree on the overall quality of the case, a third reviewer evaluates the case. The decision of two out of the three reviewers determines if cases pass. Notification of case results are submitted to the CHC office by the Review Committee Chair, and Candidates are notified via email by the CHC Office. The process for reporting results and notifying candidates usually takes 6 to 8 weeks.

Cases not passed by the CHC Case Review committee are returned to candidates with brief explanations about the problem(s) and a due date for submitting additions or changes. Depending on the issue, reviewers may ask candidates to provide additional information, improve a section, or replace a case. Cases that are approved require no further action on the part of the candidate. Subsequently, candidates will be notified by email that their cases passed and instructed to schedule an oral interview.

Oral Interview

The final step of the certification process involves an interview between a candidate and a CHC representative. After submitted cases are approved, the CHC office emails the candidate to schedule a one-hour phone consultation with one of the Case Review Committee members who reviewed the candidate's cases. The oral interview is a final opportunity to determine that candidates meet the requirements for certification.

Prior to the appointment, candidates should review submitted cases as the interviewer may ask questions about them. Candidates will also be asked to discuss their practice, views on homeopathy, and educational experiences. The interviewer will specifically ask for the candidate's commitment to practice classical homeopathy and uphold the ethics as stated in the *CHC Code of Professional Ethics* and the *Patient/Client Rights within the Healthcare Setting*. Candidates should review these documents before the oral interview. The interviewer will also discuss annual continuing education requirements necessary to maintain CHC certification.

After interviews, interviewers notify the CHC office about the interview results. Note: A subsequent interview with another member of the Case Review Committee may be required if the initial interviewer deems it necessary. Candidates are emailed interview results through an email from the CHC office. Candidates who do not meet CHC certification criteria are provided written notification and reasons.

After candidates successfully complete oral interviews, the CHC office processes candidate certifications and mails CCH certificates. CCH certificates, valid for one year, attest to CCH-certified practitioners' competence as classical homeopaths. To maintain certification, certificants must complete continuing professional development annually and recertify by November 30th of each year. For more information recertification, see the [CHC Recertification Handbook](#).



Case Submission Assurance

Name _____ Date of Birth _____

Address _____

City _____ State/Prov _____ Zip _____ Country _____

Phone _____ Email _____

Case Identifier. List the identifying titles of the cases you are submitting. Reminder: All personal client/participant identifying details must be removed.

1. _____
2. _____
3. _____
4. _____
5. _____

ASSURANCES REGARDING CASE SUBMISSIONS to the CHC:

- A. The above referenced cases represent my own, original work as a homeopath. I have taken these cases, completed the analyses, recommended remedies and conducted all follow-ups as a result of my own effort, experience and education.
- B. These cases have not been completed or edited with the assistance of a tutor, instructor or supervisor.
- C. These cases have not been previously submitted for educational or supervision purposes.
- D. Release forms indicating permission to submit these cases have been obtained from and signed by all clients/participants. These release forms will be made available to CHC upon request.

By signing below I attest that I understand and have complied with all of the above requirements. I understand that failure to comply with these guidelines, in whole or in part, may result in disqualification from the certification process, or subsequent revocation of certification.

Signature _____ Date _____