PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

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# The Council for Homeopathic Certification

### Exam and Certification Handbook

for the credential

Certified Classical Homeopath (CCH)

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **TABLE OF CONTENTS**

About the CHC	4
CHC Mission	4
CHC Vision	4
Non-Discrimination Policy	4
Confidentiality Policy	4
Ethics Guidelines	5
CHC Code of Professional Ethics	
Ideals	
Interactions with Clients	5
Interactions within the Profession	
CHC Client/Patient Healthcare Rights	
Access	
Confidentiality	7
Boundaries	7
Privacy	
Advocacy	
Self-Responsibility	7
Adjunct Therapies	
CHC Accreditation by NCCA	
Overview of the Certification Process	
Exam Process Overview	
Areas of Study	
Exam type	
Completing Certification	
Recertification	
Purpose of Recertification	
Recertification Process Overview	
Requirements for Taking the CHC Exam	
Residency Requirement	
Required Education	
Compliance Attestations	
Ethics	
Fitness to Practice Attestation	
Fitness To Practice Questions	
Exam Fees	
Required Supporting Documentation	
Verification of Residence	
Homeopathic and Health Science Education Documentation	
Fitness to Practice Criteria	
Applicants Who Studied Abroad	
English Proficiency Requirement	
, .	
Exam Registration and Application Process	
Step 1: Register as an Applicant	. 16

### PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

Step 2: Apply for the Exam	18
Exam Postponement/Cancellation	21
Exam Day	21
Exam Retakes	22
Request for Reasonable Accommodations for Testing	22
Reasonable Accommodation Process	
Reasonable Accommodation Appeals	23
Request for Reasonable Accommodations for Testing Form	24
Reconsiderations/Appeals	25
Complaints	
Appeals	25
Work/Study Visas, Legal Right to Work and Job Opportunities	25
Exam Development & Study Guides	26
CHC Job Analysis	
Exam Content Outline (Domains and Statements)	26
Health Sciences/Human Pathology Study Guide	33
Suggested References for Study	
List of Remedies for Study	38
Sample Exam Questions	39
Sample Exam Answer Key	44
Candidate Information	45
Clinical Requirements	
Clinical Training Log for Certification	
CCH(Cand) Renewal Overview	
CCH(Cand) Renewal Timeline and Fees	
CCH(Cand) Extension	

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#### About the CHC

The Council for Homeopathic Certification (CHC), founded in 1992 as a non-profit 501c6 organization. The CHC sets policy for the Certified Classical Homeopath (CCH) credential and is widely accepted as the most influential leader in the field of certification for homeopathy. The CHC is an autonomous governing board and has oversight responsibility for all certification and recertification decisions, including governance, eligibility standards, appeals and disciplinary actions, and the development, administration, scoring and reporting of assessment instruments.

#### **CHC Mission**

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

#### **CHC Vision**

We envision a healthcare system that encompasses certified classical homeopathic practitioners to be accessible to all.

### **Non-Discrimination Policy**

The CHC does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, handicap, 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 will remain 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. Additionally, test score or pass/fail status will not be provided over the telephone.

A verification system is available to any member of the public who would like to find a homeopath who is certified and in good standing. This functionality is accessible on the CHC website at "Find a Homeopath" and requires input of the homeopath's last name or city/state. The system will return a positive confirmation for any homeopath who holds a current certification.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **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 <u>CHC Code of Professional Ethics</u> and <u>CHC Client/Patient Healthcare Rights</u>. Applicants for certification, candidates 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.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

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 diagnoses 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.

Download a copy of the CHC Code of Professional Ethics on our website

### **CHC Client/Patient Healthcare Rights**

The Council for Homeopathic Certification (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.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#### 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.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

Download a copy of the CHC Client/Patient Healthcare Rights On Our Website

### **CHC Accreditation by NCCA**

The CHC has been an organizational member of the Institute of Credentialing Excellence (ICE) for the past 5 years. ICE is a private and voluntary membership organization for entities such as the CHC. Seeking accreditation by the National Commission for Certification Agencies (NCCA), the private accreditation commission of ICE, has been part of the strategic vision since the inception of the CHC. In order for the CHC to become an accredited certification organization, the CHC must meet rigorous accreditation standards for organizational, certification programs and for rigorous examination development and administration. NCCA standards require that the certification exam has met psychometric content validity, reliability, and scoring standards.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#### **Overview of the Certification Process**

All certification requirements must be met before the CCH credential will be awarded. There are two eligibility components in the certification process:

- 1. Passing the CHC exam (per general steps outlined in <a href="Exam Process Overview">Exam Process Overview</a>)
- 2. Meeting eligibility to be awarded the CCH credential (as generally outlined in <u>Completing Certification</u>)

The CCH credential will be awarded when all certification requirements must be met before. An Active certificant may use the initials CCH after their name during the period for which they are in good standing.

Certification eligibility criteria are based on the recommendations of the European Council Competencies in Homeopath (2008) as well as the Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner, 2013 (S&C). The S&C was developed during a summit of the key US and Canadian stakeholders in homeopathy to establish a consensus on the standards and competencies required for the professional practice of homeopathy in Canada and the United States.

#### **Exam Process Overview**

#### **Areas of Study**

Areas of study include:

Domains and Statements—specific study within each domain
Health Sciences/Human Pathology Study Guide
Suggested Study References
<u>List of Remedies for Study</u>
Sample Exam

#### Exam type

The CHC exam is all multiple choice such that there is only ONE best answer per question. It is a closed-book exam consisting of 200-220 question and should take approximately four (4) hours to complete.

The exam includes questions covering all domains relevant to the professional practice of homeopathiy, including case studies, case analysis/management, repertorization, remedy differentiation, etc. See <u>Exam</u> <u>Development & Study Guides</u> sections for more information.

The exam is based on a standardized score, (similar to SAT scores), with a range between 100 and 300. A number of beta questions may be included in the exam and their answers are not included in the pass/fail score that you receive. **The passing score is 255**. You will receive a Pass/Fail notification immediately upon completion of the exam.

The following are general steps to take the CHC exam. See the <u>Requirements for Taking the CHC Exam</u> and <u>Exam Registration and Application Process</u> sections for more detailed information and step-by-step instructions.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

<ul> <li>Register and complete the online Application Form, including payment of exam fee in full (see the <i>Exam Fees</i> section for fee information), and schedule the exam date and time.*</li> <li>Submit required documentation. When documentation is verified and approved your exam date and time confirmed.</li> <li>Receive eligibility confirmation email to take exam (required for admission for exam)**</li> </ul>
*NOTE: Exams must be scheduled Monday through Friday, irrespective of site availability. If an exam is scheduled outside of this time frame you will be asked to reschedule. Examinations will also not be offered on U.S. holiday dates.
**REMEMBER: Bring eligibility confirmation email and photo ID to the exam site on the day of the exam.
Completing Certification
A CCH Candidate may use the designation CCH(Cand) after their name during the period in which they are a candidate. Following is an overview of Candidate responsibilities:
Within two years after passing the exam:
<ul> <li>Obtain and submit documentation of required supervised clinical hours</li> <li>Participate in a required CCH Orientation Session</li> <li>If applicable:</li> </ul>
<ul> <li>a. Candidates pay renewal fees annually to maintain Candidate status until fully certified.</li> <li>b. A one-time, one-year extension may be requested for extenuating circumstances only.</li> <li>c. The CCH credential is awarded to candidates who complete the certification process. See <u>Candidate Information</u>.</li> </ul>
Recertification
An Active certificant may use the initials CCH after their name during the period for which they are in good standing. Beginning the year after certification is earned, annual recertification is required to maintain the good standing of credential. See the <a href="CHC Recertification Handbook">CHC Recertification Handbook</a> for requirements.
Purpose of Recertification
The CHC has established a recertification process structured to maintain and expand the competencies of professional practice, safeguard quality services for the general public, and reinforce professional accountability to homeopathic and other healthcare communities. Continuing Professional Development includes:

#### **Recertification Process Overview**

The CHC requires annual credential recertification. Recertification is an online process and certificants are solely responsible for obtaining online access. Certificants should contact the CHC if issues arise with the online process. The recertification process includes the following:

Appropriate options for continuing education, professional development, and personal growth

☐ A standardized process for submission and evaluation of recertification requirements

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

Documentation of continuing professional development
Signed attestations for the CHC Code of Professional Ethics, Client/Patient Healthcare Rights,
and Fitness to Practice (see <b>Compliance Attestations</b> section)
Recertification fee payment
Online verification of contact information by certificant

Contact information is maintained by the certificant via the My CHC page on the website and accessed by secure password. Submission of all certification requirements must be received by November 30th each year.

The CHC will not begin review of recertification submissions until October 1st and will only review submissions for which all required elements are complete.

Within approximately 4 to 6 weeks of successful submission of all recertification requirements, the CHC sends the certificant an electronic certificate listing effective dates and a Letter of Good Standing.

A certificant who completes recertification requirements on or before the deadline each certification year (defined as January 1st - December 31st) shall be considered In Good Standing. Recertification is not required in the year that the CCH credential is first awarded. For example, someone awarded the CCH credential in 2016 need not submit recertification requirements for the November 30, 2016 deadline; instead, the November 30, 2017 deadline applies.

### **Requirements for Taking the CHC Exam**

### **Residency Requirement**

Applicants must reside in the United States or Canada. At this time, the CHC does not accept applications from homeopaths residing in countries outside the United States and Canada. See <u>Required Supporting</u> <u>Documentation</u> below.

### **Required Education**

In add	dition to the residency requirement, the following must be met before applying to take the CHC exam:
	A minimum of 500 hours of preparation in the theory and foundations of homeopathy.
	Note: Beginning January 1, 2018, this preparation must be completed in an
	ACHENA-accredited school or a program curriculum that has been approved by ACHENA.
	One college level course in both Anatomy/Physiology and Human Pathology.

- Compliance Attestations, including Fitness to Practice attestations and questions, and compliance with standards of ethical practice as detailed in the CHC's <u>CHC Code of Professional Ethics</u> and <u>CHC Client/Patient Healthcare Rights</u>.
- □ Recommended (but not required until January 1, 2018): a minimum of 250 hours of clinical training.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Compliance Attestations**

Compliance with professional ethics, client/patient rights, and Fitness to Practice reporting is paramount to obtaining and retaining the CCH crodential. Truthful answers to the following questions are required during

the CHC's application, candidate renewal, and recertification processes.
Ethics
☐ I have reviewed the CHC Code of Professional Ethics and continue to practice in a manner consistent with the criteria set forth by the CHC.
☐ I have reviewed the CHC Client/Patient Healthcare Rights and continue to practice in a manner consistent with the criteria set forth by the CHC.
Fitness to Practice Attestation
□ I will report to the CHC any health-related impairments and/or disciplinary or criminal matters of any kind that I may be involved in within thirty days of onset. I will release to the CHC all pertinent information related to such reporting throughout the application and candidacy process and, if applicable, for as long as I hold the CCH credential. I understand that failure to meet Fitness to Practice reporting requirements could result in disciplinary action including denial/revocation of application or certification.
Fitness To Practice Questions
Fitness to Practice requires the necessary physical, mental, and legal capacity to practice competently and ethically, with a primary duty to the client to ensure safety. Questions should be answered with respect to the timeframe <b>since the last submitted attestation</b> . If no such attestation was submitted previously, answer the questions with respect to the timeframe of your adult history.

Health Status Questions	CHECK ONE
Has your physical or psychological health status interfered with your ability to practice a health-related profession or otherwise interrupted your professional or academic activities for more than three months?	☐ Yes ☐ No
Have you been, or are you currently, impaired because of substance abuse, including alcohol?	☐ Yes ☐ No

If you answer "yes" to any Health Status question, you must

- 1. Submit a personal written statement addressing the history and current status of any physical, psychological, or substance abuse-related impairments, and attestations that:
  - a. You are no longer impaired (or are currently under treatment for the impairment), and
  - b. The impairment, and/or treatment for such, does not interfere with your ability to practice.
- 2. Submit written documentation from a healthcare professional who has treated you addressing the impairment and your fitness to practice.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

Legal Status Questions	CHECK ONE
Have you been a defendant in litigation related to the practice of a health-related	☐ Yes
profession?	☐ No
Has a judgment been entered against you or have you been a party to a settlement	☐ Yes
in any legal proceeding related to the practice of a healthcare profession?	☐ No
Have you been convicted of any type of felony?	☐ Yes
	☐ No
Have you been convicted of any other crime or are you on probation or parole?	☐ Yes
	☐ No
Have you had any disciplinary or administrative actions taken against you by any	☐ Yes
licensing board or health-related professional association or school?	☐ No
Have you been denied or voluntarily surrendered a license to practice in any health-	☐ Yes
related profession?	☐ No

If you answered "yes" to any of the Legal Status questions, you must:

- 1. Submit personal written statement(s) that include:
  - a. An explanation of the charges or claims;
  - b. A statement that the case is still pending in any legal jurisdiction and/or with any state/provincial agency, healthcare professional board, association, or with the CHC OR an explanation of how the charges or claims were resolved.
- 2. Submit official copies of legal documents relating to the charges or claims that support your written statement.

#### **Contact Information**

	I have reviewed	(and updated, if r	necessary) my	personal a	nd practice of	contact info	rmation o	n the
CH	IC website.							

#### **Acknowledgement of Understanding**

☐ I attest that I understand all of the statements and questions above, have answered each truthfully and accurately to the best of my knowledge, and agree to be fully bound thereby.

Download **CHC Compliance Attestations** on our website

#### **Exam Fees**

The exam fee (per the table below) must be paid in full during the exam application process.

Exam Type	Fee
Qualifying Exam	\$500
Exam Retake	\$275

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Required Supporting Documentation**

#### Verification of Residence

A photocopy of any one of the following is acceptable as documentation to verify residence in the United States or Canada:

Driver's license
State or other governmental identification card
Passport
Current utility bill issued in the applicant's name

#### **Homeopathic and Health Science Education Documentation**

The CHC will accept transcripts from schools as documentation of homeopathic and health science education. The application process requires uploaded or scanned official documents as one pdf file in Certifior. For applicants who studied outside of the United States or Canada, see the Applicants Who Studied Abroad section below for further requirements.

#### **Fitness to Practice Criteria**

The Application Form for the CHC exam contains several questions about the applicant's fitness to practice. Applicants are required to respond to all health and legal questions truthfully and completely and to provide additional information and/or documentation if necessary. See <u>Compliance Attestations</u> for further information.

Legal or health issues do not necessarily disqualify a candidate from obtaining CHC certification. If the circumstances do not appear to compromise the applicant's ability to practice and proper supporting documentation has been received, the application will move forward in the eligibility review process. In cases where a determination cannot be made by CHC Exam Committee, applications will be forwarded to the CHC Standards and Ethics Committee (SEC) for review. Applicants will be notified if the SEC is required to review a submitted application. The applicant will be notified if the application has been approved or if additional information is required. All records maintained by the CHC are confidential and will be released only through written request or as required by law.

#### **Applicants Who Studied Abroad**

Applicants who reside in the United States or Canada but who received homeopathic training outside the United States or Canada must submit a copy of their transcripts evaluated by one of the transcript evaluation organizations identified below.

At a minimum, the curriculum of study in classical homeopathy must include 500 hours of study in the foundations of homeopathy (Historical and Theoretical Aspects of Classical Homeopathy, Materia Medica, Repertory, Health Science, Homeopathic Case Taking, Initial Homeopathic Case Analysis, Posology, Follow-up and Case Management) from a school of homeopathy. Once the exam is passed, a minimum of 500 hours in clinical observation and analysis must be documented by a qualified homeopath. A minimum 140 hours of the 500 hours of clinical observation and analysis must document one-on-one supervision of the applicant by a qualified homeopath. The 140 hours must have included independent cases taken and analyzed by the applicant with appropriate follow-ups that were supervised by a qualified homeopath. In addition to the 1000 hours of homeopathic study, a college-level course in human anatomy and physiology

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

and a college-level course in human pathology are required. Beginning January 1, 2018, a minimum of 250 hours of clinical training is required before the exam can be taken.

Transcripts which were issued from a country other than the US or Canada (unless ACHENA accredited) must be submitted with an English language evaluation report of all applicable transcripts by a credential evaluation service such as Educational Credential Evaluators (ece.org), American Association of Collegiate Registrars and Admissions Officers (aacroa.org) or World Educational Services (wes.org). Additional coursework, clinical training, and/or supervision may be required based on the evaluation received from the service.

The CHC does not have reciprocal agreements with any homeopathic certifying, licensing or registering organizations outside of the United States or Canada. All applicants who have been trained outside the US or Canada must meet all requirements for qualifying to take the CHC exam.

### **English Proficiency Requirement**

Proficiency in oral and written English is expected of all CHC exam applicants. No additional time accommodations are granted on the basis of limited English proficiency.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Exam Registration and Application Process**

The CHC uses a web-based program called Certifior to process applications, administer, score, and report examinations. The instructions in this section provide you with the necessary information to register with Certifior for the ability to apply, schedule, pay, and sit for the CHC exam. This process allows you to keep track of your progress as you move from one area to the next, streamlining communications through email.

To be considered for eligibility to take the exam, completed applications must be received by the application deadline. See the CHC website for current deadline information.

Incomplete applications and applications submitted after the application deadline will not be processed. The applicant will be notified of application status within two (2) weeks of the close of the application deadline.

### BE SURE YOU MEET ALL ELIGIBILITY SUBMISSION REQUIREMENTS BEFORE REGISTERING FOR THE EXAM.

Payment in full will be required as part of the application process. If it is determined that you are not yet eligible (and rectification does not occur before the registration deadline) or if you choose to not proceed after submitting your application, it will be considered as a cancellation and a partial refund will be issued according to the <u>Exam Postponement/Cancellation</u> schedule.

An ap	plication r	nust include	all of the	rollowing:	
	A compl	eted applica	ation form		

All required supporting documentation IN ONE PDF DOCUMENT UPLOAD
 Exam fee payment in full (\$500 for initial; \$275 for retakes)
 Supplemental documentation (if applicable), ADA request forms, applicable copies of medical licenses, health or legal documentation, *Clinical Training Log for Certification* (if submitting clinical hours with the application; see the *Candidate Information* section).

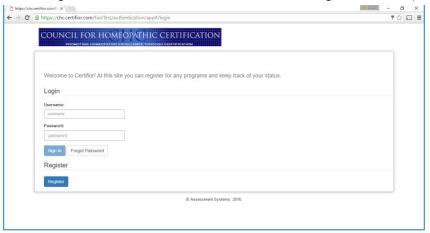
### Step 1: Register as an Applicant

Access Certifior via this link: <a href="https://chc.certifior.com/FastTest/authentication/app#/login">https://chc.certifior.com/FastTest/authentication/app#/login</a> (click on the link or copy and paste it into your web browser). The most current version of your web browser is required for this link to work accurately. <a href="mailto:Google Chrome">Google Chrome</a> is suggested.

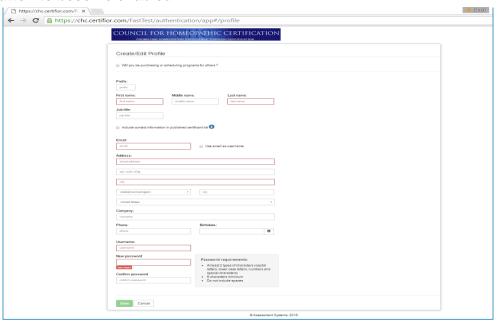
The sub-steps are as follows with screenshots included:

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

1. Access Certifior through the link listed above and select the Register button (shown below).



2. Enter all information requested on the Create/Edit Profile screen (shown below) and then select the Save button. Note that ALL required information fields MUST be answered to allow the Save button to become enabled.



PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

3. You will receive an email from Certifior/CHC asking you to verify your email address. An example email is shown below. Follow the instructions in the email.

From: Certifior [mailto:noreply@fasttestweb.com]
Sent: Wednesday, February 10, 2016 9:13 AM
To:
Subjecst: Please verify email address
Your Name

Please verify your email address by clicking on the link below.

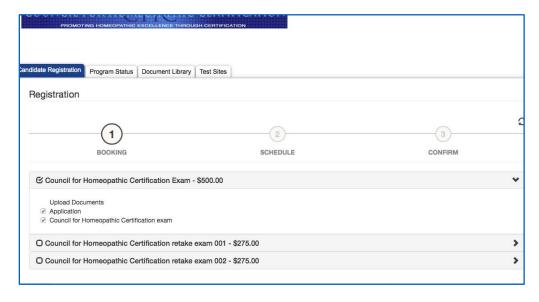
CLICK HERE TO VERIFY YOUR EMAIL

Your email verification is required in order for you to receive time critical information regarding the certification process.

4. Once verification is completed, you will be able to Apply for the Exam.

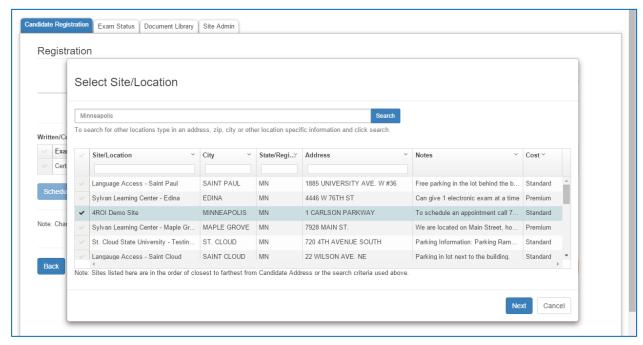
### Step 2: Apply for the Exam

 If not already logged in, sign into Certifior and select (click on) the first option (Council for Homeopathic Certification Exam- \$500.00) on the Candidate Registration tab, then follow the instructions on the screen. Note: if you are retaking the exam you will select (Retake 001 or Retake 002 - \$275.00) When done, click the Next button to continue to Scheduling.

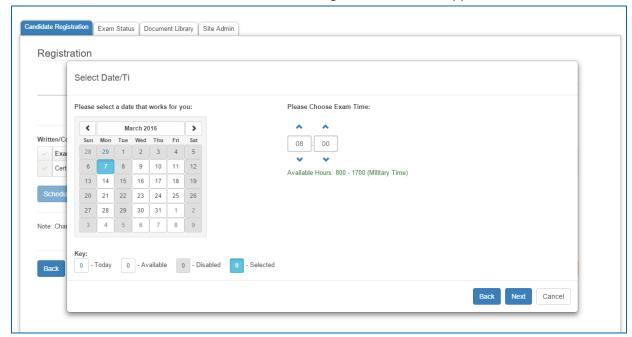


PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

2. On the Select Site/Location screen, choose the location nearest you by clicking the box to the left of the site name (see example screen below).



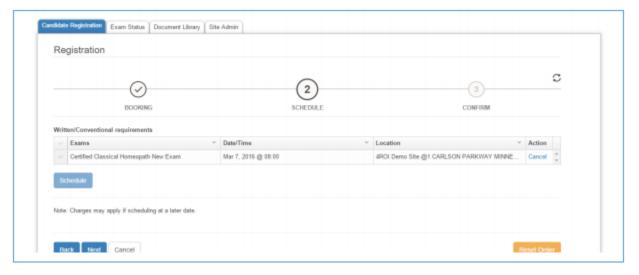
3. Click the Next button to continue with scheduling. A calendar will appear.



- 4. On the Select Date/Time screen, select the available date (Monday through Friday only) then, using a 24-hour clock, enter your preferred **start** time. Note the **following important points**:
  - Exams must be scheduled Monday through Friday, irrespective of site availability. If you schedule your exam outside of this time frame you will be asked to reschedule.
     Examinations will also not be offered on U.S. holiday dates.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

- b. The scheduled time must occur within the time frame of open/close times of the testing center. You must enter a start time that allows for a 4-hour exam such that the total time does not go past the closing time of the site you have selected. If you choose an invalid start time, the Exam Time box will appear in red and you will not be able to continue with scheduling.
- c. If you need to choose another site, click the Back button to access the Select Site/Location screen.
- 5. Once scheduling is complete, click the Next button to return to the Candidate Registration screen.



- 6. Review the scheduled exam information. If incorrect, click the Schedule button and repeat the previous step. If correct, click the Next button to proceed to confirmation and payment.
- 7. Follow screen instructions for confirmation and payment. Note that only credit card payments are accepted. Ensure the billing address noted on the payment screen matches the address associated with the credit card being used.
- 8. When you have completed payment, you will be returned to the Candidate Registration window. Click on the Exam Status tab and follow screen instructions to complete the application and upload required documents (which will need to be validated for eligibility to take the exam; see the *Required Supporting Documentation* section).

The verification of your documentation will be reviewed within 2 weeks of the close of the application period. Then, you will receive an eligibility confirmation email when all of the information needed to sit for the exam has been verified. You must print the confirmation email and take it with you to the exam site along with a government issued, picture form of identification.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Exam Postponement/Cancellation**

Applicants may defer (i.e., postpone). The request must be in writing and submitted no less than 14 days prior to their scheduled exam date. For example, an applicant who schedules an exam (initial or retake) in October may defer and take the exam the following April. Only one deferral is allowed; further deferral requests are considered as cancellations. The below table details refund and cancellation fee policies:

Action	Deadline*	Refund	Fee
Postponement	Up to 14 days prior to exam date**	\$250	\$0
or	Within 14 days prior to exam date	\$0	\$0
Cancellation	Within 10 days prior to exam date	\$0	\$100
No show / no notification	Exam date	\$0	\$100

<sup>\*</sup>Deadlines timeframes are in calendar days.

If an applicant defers, the refund policy will apply to the subsequent exam cycle. Cancellation fees apply to every exam cycle. Refunds are not given for exam retake cancellations.

The CHC understands that emergencies and extenuating circumstances sometimes occur. In these cases, applicants may appeal for refund, in writing, within 30 business days of their scheduled exam date. Reversal of refunds and/or fees is at the sole discretion of the CHC.

### **Exam Day**

You will need to bring the printout of the **eligibility confirmation email** with you to the proctor site. This will have been sent to you as a confirmation email from Certifior. You are also required to bring a Government Issued Photo ID.

All exams are administered by trained proctors at sites determined through Assessment Systems and must be completed within a single, continuous session. You are provide four (4) hours to complete the exam. Candidates may not stop their exam administration and return to continue later.
No outside materials or references of any sort are allowed while taking the exam. This includes access to pagers, radios, cell phones, watches, translators, dictionaries, and all other electronic devices and paper material.
Eating or drinking in the exam room will not be allowed unless deemed necessary due to a documented medical condition and approved prior to the examination date.
Test misconduct of any kind will not be tolerated. Examples of possible misconduct include but are not limited to: consulting textbooks or notes, discussing or reviewing any examination items with another individual or talking to other candidates or others during the examination. If the proctor suspects anyone of misconduct during the examination, the proctor has the right to stop the examination.
The proctor will not answer any questions pertaining to the examination content.

<sup>\*\*</sup>Refunds are not given for exam retake cancellations.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

	As you click the "I am Done" button, a short survey will appear. Upon completing the survey your exam result (Pass/Fail indication with score) will display on the screen. Within two (2) weeks you will receive an emailed as well.
	If you pass the exam, you will be awarded the designation Certified Classical Homeopath, Candidate CCH(Cand). See <i>Candidate Information</i> for further instructions.
	If you fail the exam, you will receive follow-up correspondence containing information regarding your standardized score and the offer to discuss strength and weakness with a board member so that you know where to focus your studies for a retake. <b>Do not call the office inquiring about exam results. CHC Policy does not allow for exam results to be given over the phone</b> .
Exan	n Retakes
exam time, t	ants who do not achieve a passing score may apply to retake the exam once within the next two cycles. The exam may not be retaken within the same cycle (month). If an applicant fails the second he applicant must wait one full year before retaking the exam. Additional study is encouraged before an exam. Each retake exam requires a \$275 fee

### **Request for Reasonable Accommodations for Testing**

Candidates requesting reasonable accommodations because of disabilities covered by applicable laws must meet the following standards:

Provide documentation of an evaluation and/or diagnosis by a licensed professional. The diagnosis must be within the professional's scope of practice. If testing was performed on the candidate, the results of those tests must be provided.
The documentation must be signed by the licensed professional on official letterhead from that person's practice. The professional must be clearly identified by name and profession.
The documentation must have been completed within the last three (3) years.
The documentation must state the diagnosis clearly and must specify what accommodations are required for the candidate to experience a fair administration of the examination. The accommodations must be presented as a requirement given the nature of the disability, not as a suggestion.
Documentation from a school psychologist is only acceptable if the candidate is still a student in that school system. IEPs and 504 Plans from a candidate's secondary education or earlier are not acceptable because they are administrative documents, not the evaluations of licensed professionals, and they are not assessments of the candidate as an adult.
In addition to the documentation described above, if the candidate has received accommodations from a school or course of study within the last three (3) years, the candidate must provide a letter from her or his professional program attesting to the nature of accommodations that were provided for testing throughout the course of study.

**Note**: Proficiency in oral and written English is expected of all CHC exam applicants. See <u>English</u> <u>Proficiency Requirement</u>. No additional time accommodations will be granted on the basis of limited English Proficiency.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#### **Reasonable Accommodation Process**

During the open registration timeline for the exam, the CHC office must be contacted and the request form, letters from treating practitioners, and other supplemental supporting documentation submitted. The candidate should not proceed with the registration process for the exam without first hearing from the CHC regarding the accommodation. This process must be completed before completing the registration process and well in advance of the examination date. A determination will be made by the Examination Committee within 2 weeks as to whether the accommodation is valid under the ADA and whether accommodations requested can be met. If the CHC can accommodate the applicant, registration and application can be continued through the Certifior website.

Reasonable Accommodations documents are available through Certifior and posted on the CHC website. A candidate can also request documents from the Executive Administrator by email of phone (866-242-3399, <a href="mailto:chcinfo@homeopathicdirectory.com">chcinfo@homeopathicdirectory.com</a>). Documents can be mailed or emailed to the CHC for Exam Committee review and approval.

#### **Reasonable Accommodation Appeals**

Applicants appealing a determination for reasonable accommodations, must submit written justification for reconsideration to the Appeals Committee at the address below.

Appeals must be submitted within 5 business days of notification of the CHC's original decision. Appeals should include a copy of the original application, the determination letter, and the reason for the appeal. Appeals may be faxed (815-366-7622), but must also be mailed to:

The Council for Homeopathic Certification PO Box 75 Chartley, MA 02712.

<sup>&</sup>lt;sup>1</sup> http://www.homeopathicdirectory.com/documents/ADA%20Request%20Form.pdf

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### Request for Reasonable Accommodations for Testing Form

Name:	Date of Birth:				
Address:					<del></del> -
City State/Prov:		Zip:	Country:		
Phone:	Email: _				
Is this your initial application f	or certification or a re	take?	Reta	ake	
If this is a retake, have you re	ceived accommodation	ons on previous CHC	exams?	Yes	☐ No
Description of disability:					
When was this disability first of	diagnosed?				
What measures are used to n	nitigate its impact?				
What accommodations have	you received for past	standardized testing	or in your form	nal homeopat	hic education
Accommodation(s) being requ	uested:				
Additional testing time Other accommodation (explain		☐ Double time	Reader	☐ Other	(explain)
How will the accommodations	requested reduce the	e impact of the disab	ility?		
I attest to the fact that the abo	ove information is acc	urate. I understand tl	nat the CHC re	serves the ri	ght to
withhold or cancel my scores	if it is subsequently d	etermined that, in the	e CHC's judgm	ent, any info	mation
presented on this form, or sup	pporting documentation	on is either questiona	ble, inaccurate	or used to o	btain
accommodations that are not	necessary.				
Signature:			Date:		

All requisite documents for Reasonable Accommodation are included in the Certifior document Library.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Reconsiderations/Appeals**

### **Complaints**

A written request regarding exam eligibility, ADA accommodations, exam scoring or other perceived exam inconsistencies must include the candidate's name, address, test date, test code from the confirmation email, location, and a description of the specific issue or concern(s). **Failing an examination is not, in and of itself, sufficient grounds to submit a complaint**. No information regarding specific questions will be discussed with candidates. **The CHC never releases copies of examinations or examination questions**. It is a breach of test security and CHC policy to discuss the content of any portion of the examination, in part or in whole, with anyone other than CHC personnel.

If an irregularity or adverse event or situation occurs during the exam, the candidate must notify the proctor immediately and notify the CHC by phone or email within 24 hours of taking the examination (866-242-3399, chcinfo@homeopathicdirectory.com).

Candidate concerns will be forward to the appropriate CHC Committee for a determination. The candidate will be notified in writing within 30 days of any action resulting from the inquiry.

Write to: The Council for Homeopathic Certification, PO Box 75 Chartley, MA 02712

### **Appeals**

Candidates may submit concerns regarding denied exam eligibility, denied accommodations, exam scoring or other inconsistencies related to the exam by writing to the CHC at the address below within 5 business days of taking the exam.

Written appeals regarding denied eligibility or accommodations must include the candidate's name, address, email address, telephone number, date of application submission and a rationale (with appropriate documentation if necessary) for reconsideration of the denial.

### Work/Study Visas, Legal Right to Work and Job Opportunities

The CHC has no information regarding job opportunities for homeopaths. The CHC is unable to provide referrals, information, or assistance for questions on work or study visas. The CHC credential does not provide any legal right to work in any country, province or state. All immigration and naturalization processes in North American countries are completely separate from the CHC, and internationally licensed homeopaths are advised to seek appropriate legal counsel for these questions. Please do not email or telephone the CHC with inquiries on these topics.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Exam Development & Study Guides**

### **CHC Job Analysis**

To ensure the CHC certification exam is valid (e.g., the content of the exam accurately reflects what homeopathic practitioners do on the job), it is necessary to conduct surveys of practitioners to assess the tasks they are performing. This is called a Job Analysis (JA) survey. The primary purpose of the JA is to ensure exam content reflects expectations of an entry-level practitioner in the profession of homeopathy. Since the field of homeopathy as practiced in the U.S. and Canada is evolving, it is extremely important to continually review and update the content of the CHC exam accordingly. Best practice in exam validation requires that a JA be performed a minimum of every five years. The CHC conducted its first JA in December 2014. Approximately 200 practicing homeopaths completed the survey and the report from this survey is available on the CHC's website; see CHC's Job Analysis Survey on the CHC website.

As a result of the statistical analyses performed on JA survey responses, an exam content outline (a basic set of domains and knowledge, skills and abilities statements) was verified by the homeopathic community. The average rating for each statement evaluated by the 200 survey respondents indicated that each of the statements was "very important" or "critical" for homeopaths entering the field to know and be able to perform. These domains and statements are listed in the following section. Questions on the exam address the statements listed in each domain.

### **Exam Content Outline (Domains and Statements)**

#	A. HISTORICAL AND THEORETICAL ASPECTS OF CLASSICAL HOMEOPATHY
1	Applies knowledge of homeopathic history and theory to all aspects of classical homeopathic practice
2	Cites the development of classical homeopathy and the social forces that have influenced its practice over its 200 year history
3	Lists the philosophers and authors, and their contributions, who have had major influences on classical homeopathic thought (e.g., Hahnemann, Kent, Hering, Vithoulkas, Roberts)
4	Recognizes homeopathy's emerging role in the current spectrum of healthcare practices
5	Identifies and explains the principles of Hahnemannian homeopathy including Vital Force, Law of Similars, Totality of Symptoms, Provings, Minimum Dose, Single Remedy, and Potentization
6	Explains the role provings play in the development of homeopathic remedies and cure
7	Lists the characteristics of a sound model for organizing and conducting a proving
8	Describes the principles and the dynamic nature of health, disease, and cure from a classical homeopathic perspective
9	Describes the nature of susceptibility and causative factors of disease
10	Identifies and defines factors, both historical and current, that differentiate homeopathy and allopathy
11	Explains how homeopathic remedies and their administration differs from allopathic medicines and their administration
12	Explains how Vithoulkas' hierarchy of symptoms and the intensity of symptoms relates to the possibility of homeopathic cure
13	Identifies the potential pitfalls of keynote prescribing
14	Identifies precautions for prescribing remedies for particular diseases and pathologies
15	States the theory of miasms from the perspective of classical homeopathic theory
16	Identifies the characteristics of the five major miasms (psoric, sycotic, syphilitic, tubercular, cancer)
17	Explains how miasmatic theory relates to remedy selection
18	Provides examples of primary and secondary actions of remedies
19	Relates how mental and emotional functioning affect health and well-being
20	Recognizes how the dynamics of interpersonal relationships can impact mental and physical health

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#	A. HISTORICAL AND THEORETICAL ASPECTS OF CLASSICAL HOMEOPATHY
21	Recognizes the normal stages of response to stressful life events (i.e., death and dying, trauma, separation from loved ones, divorce, unemployment)
22	Employs open ended questioning techniques suitable for case taking and follow-up
23	Relates how interviewing techniques are applicable to homeopathic case taking and follow-up
24	Identifies how projection can influence the client/practitioner relationship
25	Identifies the components required for establishing secure, confidential client records
26	Identifies and develops note taking skills suitable to homeopathic practice
27	States the fundamental components of homeopathic case taking (e.g., safe and secure environments, privacy, confidentiality, freedom from bias, non-interruption, fidelity in note-taking, observation skills, attentive listening, openended questioning, observations from family members) as identified by Hahnemann, Kent, Vithoukas and Roberts
28	States the fundamental components of homeopathic case analysis (e.g., models of analysis, main complaint, what needs to be cured, health histories, miasms, characteristic systems, SRPs, modalities, symptom intensity, obstacles to cure, repertorization, remedy differentials, confirmatory symptoms) as identified by Hahnemann, Kent, Vithoukas and Roberts
29	States the fundamental components of homeopathic case management (e.g., reviewing case records, ascertaining when, if, and how the remedy was taken, ascertaining the client's general reaction to the remedy, observing physical characteristics and demeanor, ascertaining the status of the main complaint, reviewing the presenting symptoms, inquiring about new symptoms, conducting a "head to toe" review and noting significant life events) as identified by Hahnemann, Kent, Vithoukas and Roberts

#	B. MATERIA MEDICA
1	Utilizes knowledge and understanding of materia medica to accurately and appropriately recommend homeopathic treatment
2	Identifies the original source from which remedies are developed
3	Explains the manufacturing of mother tincture and triturations
4	Outlines the basic steps followed in producing remedies
5	Defines nosode, sarcode, isopathy, tautopathy, tissue salt and provides example remedies for each
6	Explains the roles of the FDA and the <i>Homeopathic Pharmacopoeia of the United States</i> in homeopathic remedy production
7	Defines polychrest and lists remedies commonly considered polychrests
8	Lists commonly used remedies for first aid and acute cases
9	States the keynotes, primary indicators and affinities for the 155 remedies identified by the CHC for study link
10	Identifies remedy relationships that follow well from acute to chronic or chronic to acute prescribing
11	Defines and gives examples of sensation, modality, SRP (Strange, Rare, or Peculiar), concomitant and general symptoms as they relate to remedies
12	Recognizes remedies that may have a similar action but are developed from substances originating from different kingdoms
13	Identifies conditions/substances that may antidote remedies
14	Defines complementary remedy relationships and cites common examples from the materia medica
15	Identifies remedies that often follow well in a series
16	Identifies remedies that are inimical to each other
17	Identifies remedies that are commonly associated with the five major miasms
18	Classifies the pace and depth of action of remedies

### PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#	C. REPERTORY
1	Utilizes a variety of repertories to assist in determining an appropriate remedy
2	States the necessity of a repertory and explains the source of its content and historical development
3	Identifies organizational structure, hierarchical arrangement, strengths, and limitations in commonly used repertories
4	Distinguishes among the major repertory authors
5	Defines medical and homeopathic terminology used in repertories
6	Explains symbols, references and remedy grades used in repertories
7	Explains how the number of rubrics selected for repertorization in a particular case and the number of rubrics selected to describe one symptom can affect the results of the repertorization process
8	Recognizes the potential bias inherent in the greater representation of well-proven versus less-well proven remedies in the repertory
9	Selects appropriate rubrics for identified symptoms

#	D. HEALTH SCIENCES
1	Recognizes the signs and symptoms of the need for urgent or emergency care and formulates a plan of action with the client based on that determination
2	Identifies the range of normal physical, mental and emotional development for various ages
3	Names the organ systems of the body and their major functions
4	Uses proper anatomical terminology to describe body components, body directions, surfaces and planes
5	Uses common medical terminology appropriately
6	Recognizes the common symptoms of conventional medically diagnosed diseases
7	Is familiar with commonly used medical tests and reports
8	Recognizes commonly prescribed medications and their uses
9	Identifies the restrictions/boundaries associated with altering regimens of medically prescribed medications
10	Recognizes the potential consequences associated with drug and substance withdrawal (both prescribed and self-administered)
11	Explains the role health histories play in homeopathic care
12	Identifies significant components to include in health histories

#	E. ETHICS		
1	Abides by the professional code of ethics of the homeopathic profession and that of healthcare professions in general (CHC Code of Professional Ethics and Client/Patient Healthcare Rights)		
2	2 Maintains professional and personal integrity in all client, peer, and public relationships		
3	Does not engage in any inappropriate personal, sexual or financial interactions with the client		
4	Refrains from making medical diagnoses, unless licensed to do so		
5	Refrains from making misleading statements or false advertising, including "guaranteeing a cure"		
6	Provides accurate information to clients and the public regarding the homeopath's education, training, and certific status		
7	Examines one's personal values, culture, beliefs and education in regard to race, age, gender, sexual orientation, cultural, national or ethnic origin, political or religious belief, and/or disability to prevent bias and prejudice in the client/practitioner and professional relationships.		
8	Avoids treating clients if unable to safely and effectively treat due to one's own substance abuse or psychological or physical impairment		
9	Recognizes when there may be a personal or professional conflict of interest and makes referrals to other appropriate practitioners		
10	Recognizes when one's experience or training is limited and makes referrals to other appropriate practitioners		

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#	E. ETHICS	
11	Acknowledges, respects and affirms the client as the authority on his/her own health and wellbeing, including that the client has the right to actively participate in any and all decisions regarding his/her health care as well as to refuse any recommendations made by the homeopath	
12	Safeguards private client information in all areas of homeopathic practice (CHC Code of Professional Ethics and Client/Patient Healthcare Rights)	
13	Reports case studies accurately, honestly and without distortion while protecting the confidentiality and privacy of the client.	
14	Demonstrates respect for colleagues and other healthcare practitioners	
15	Establishes and maintains secure client records (paper/digital) in accordance with HIPAA privacy standards which includes the following:	
	contact information     demographics	
	<ul> <li>demographics</li> <li>signed consent/release/agreement forms</li> </ul>	
	chief complaint	
	practitioner noteshealth histories	
	medical tests/records (if available)remedies recommended with potency and form	
	<ul> <li>directions for remedy administration</li> <li>dates administered</li> </ul>	
	follow-up notes	
	client's general reaction to the remedy	
	observed changes in client's appearance, demeanor, body language and physical characteristics	
	review of presenting symptoms and identification of changes	
	new or previously unreported symptoms	
	decisions regarding "new" symptoms (accessory remedy symptoms or a return of former "old" symptoms)	
	mental/emotional states     head to too physical symptoms	
	<ul> <li>head-to-toe physical symptoms</li> <li>next steps</li> </ul>	
16	States the principles of professionalism, ethics, and client rights in homeopathic care	
10	To States the principles of professionalism, ethics, and client rights in nomeopathic care	

#	F. CORE ELEMENTS OF CLASSICAL HOMEOPATHIC PRACTICE		
1	Establishes a secure, professional and confidential environment for consultations that is quiet, accessible and distraction-free		
2	Maintains an atmosphere conducive to mutual respect and open communication between client and homeopath		
3	Acknowledges and respects the client's culture, beliefs, values and customs		
4	Encourages the client to describe his/her health concerns without interruption		
5	Employs active listening techniques in case consultations and when communicating with clients		
6	Asks open-ended questions that do not judge or lead the client		
7	Takes clear, coherent notes in the client's own words.		
8 Maintains confidential client records.			
9	At all appropriate stages in the homeopathic process, provides clear written and verbal explanations to the client for obtaining remedies		
	<ul> <li>taking remedies (form, frequency and succussion)</li> <li>possible reactions to remedies</li> <li>methods for reporting reactions processes for asking questions processes for responding to questions and concerns</li> <li>timing and scheduling of follow-ups</li> <li>next steps in the homeopathic process</li> </ul>		
10	Uses a broad set of reference tools to enhance knowledge in all areas related to homeopathic practice:		
homeopathic remedies, materia medica, homeopathic provings, clinical studies, research, alternative methodologies, diseases, pathologies, symptoms, medical tests, reports, allopathic medications and			

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

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7 Elicit 8 Reccand 6 9 Obse 10 Explosurge 11 Elicit	its and reviews "head to toe" symptoms	
8 Reco and 6 9 Obse 10 Explo surge 11 Elicit	·	
9 Obse	ords timeline, from birth to present, of client's and family significant life events (physical, mental, emotional, social	
10 Explosurge	Records timeline, from birth to present, of client's and family significant life events (physical, mental, emotional, social and environmental)	
surge 11 Elicit	Observes and records mental and/or emotional symptoms pertaining to the client's personality and behavior	
	Explores possible initiating causes of complaints such as suppression, prescriptions, emotions, injuries, exposure, surgeries and/or infections	
	Elicits general symptoms such as sleep patterns, weather preferences, menstrual history, environmental and occupational stressors, thirst, and food preferences	
12 Explo	2 Explores location, sensation, modalities, concomitants, times, and etiology of physical symptoms	
13 Clari	Clarifies information from the medical history and/or medical reports	
-	Explores client's use of coffee, tea, herbs, alcohol and/or recreational drugs	
	Ascertains client's reaction(s) to past and current medications and/or other healing therapies, herbs, over-the-counter medications, skin care products and/or supplements	
16 Disci	cusses any environmental and/or occupational health stressors	
17 Explo	Explores any obstacles to cure that may influence the case	
18 Obta	18 Obtains observations from family members or caregivers of the client's health condition, if appropriate	

#	H. INITIAL HOMEOPATHIC CASE ANALYSIS	
1	Applies well-accepted models of case analysis appropriately (e.g., essence, hierarchy of symptoms, identification of themes)	
2	Repertorizes symptoms to assist in determining an appropriate remedy	
3	Selects the best-fit remedy based on the totality of the symptom picture	
4	4 Makes reasonable prognoses based on all factors related to the case	
5	Identifies the main complaint in the case	
6	Differentiates whether a case is acute or chronic	
7	Distinguishes what needs to be cured in the case	

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

# H. INITIAL HOMEOPATHIC CASE ANALYSIS		
8	Studies timeline information to identify conditions/events that mark the onset of symptoms and correlate to the etiology symptoms	
9	9 Applies information from medical histories, medical tests, and allopathic diagnoses to understanding the case	
10	Considers the potential impact of the miasmatic aspects of the family and client's history on the case	
11	Ascertains the most characteristic symptoms of the case and ranks symptoms from most to least vital	
12	Identifies Strange, Rare and Peculiar (SRP) symptoms	
13	Identifies modifying characteristics of important symptoms such as location, sensation, modalities, times of aggravation or amelioration, onset, and concomitants	
14	Identifies any common symptoms of reported diseases	
15	Ascertains the intensity of symptoms	
16	Ascertains the strength of the vital force by considering factors such as age, severity of symptoms, current medications, known pathologies and sensitivities	
17	Examines any possible obstacles to cure and/or maintaining causes	
18	Groups related symptoms	
19	Selects a set of rubrics that accurately fits the characteristic symptoms of the case	
20	Combines rubrics appropriately to describe single symptoms	
21	Calculates (manually or with a software program) the probability that a particular remedy will match the case symptom picture by taking into consideration the number of symptoms matched as well as the grade (weight) of the remedies within a particular set of rubrics	
22	Selects 4-5 best-fit remedies from the repertorization of the symptom totality	
23	Studies and compares the 4-5 best-fit remedies to identify the single best-fit remedy for the case	
24	Differentiates among remedies with similar symptom pictures	
25	Matches the seat of action (i.e., organ affinities and/or pathologies) and the pace of action (i.e., slow vs. fast acting) of the remedy to the client	
26	Considers factors such as miasm, kingdom, source and synthetic remedies for tie-breaking when there are multiple good options	
27	Uses confirmatory symptoms from the case to identify the best-fit remedy	

#	I. POSOLOGY		
1	Selects an individualized remedy potency based on factors such as client's strength of vital force, age, gender, ty severity of symptoms, individual sensitivities and susceptibilities, current medications or other treatments		
2	Determines the most appropriate form of administration such as globules, powder, liquid, olfactory, topical		
3	Determines the frequency of repetition, if applicable		
4	Identifies the various potencies in which homeopathic remedies are manufactured (i.e., C, X, M, Q, LM) and the use of each)		
5	Articulates the circumstances (e.g., age, sensitivity, condition, nature of the remedy) in which different potencies are suitable or recommended by various authors		
6	Identifies precautions when prescribing potencies for particular diseases and pathologies		
7	Identifies and compares the various forms by which homeopathic remedies can be administered (e.g., globules, liquid, powder, olfactory, topical, or aqueous dilution)		
8	Identifies the possible outcomes of administering a correct remedy but in a potency too high or too low		
9	Identifies possible outcomes of administering a remedy too frequently or too infrequently		
10	Identifies and compares directions for administering and/or succussing various potencies and forms		

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#	J. FOLLOW-UP AND CASE MANAGEMENT		
1	Evaluates and monitors client's progress on the recommended remedy		
2	Applies all aspects of effective case taking and case analysis to follow-up and case management processes		
3	Accurately assesses and manages potentially challenging aspects of cases such as homeopathic aggravations, anti- doting, obstacles to cure, suppression, return of old symptoms, and/or accessory symptoms		
4	Re-evaluates and adjusts treatment plans and prognoses, as needed		
5	Reviews client's records from the original and previous consultations		
6	Observes changes in the client related to appearance, demeanor, body language as well as in physical characteristics such as color of orifices, complexion, odors or signs of inflammation or injury		
7	Ascertains when (or if) the client began taking the remedy and the frequency taken		
8	(-g,,g,		
9	Inquires about the status of the presenting (main/chief) complaint		
10	0 Reviews the presenting symptoms with the client to identify any changes		
11	Reviews mental/emotional states and "head to toe" physical symptoms		
12	Requests allopathic summaries, test results, if appropriate		
13	Inquires about any symptoms that appear to be "new" or previously unreported		
14	Determines whether "new" symptoms are accessory remedy symptoms or a return of former "old" symptoms		
15	Determines whether or not the remedy acted		
16	Manages client's urgent conditions and acute illnesses while treating the chronic case		
17	Determines whether the case is moving in the direction of cure (Hering's Law)		
18	Determines whether to wait, repeat the remedy, repeat the remedy in a different potency, change the form or frequency of administration, change the remedy or retake the case		

#	K. CONTINUING PROFESSIONAL DEVELOPMENT	
1	1 Manages office practices and procedures to ensure optimum client communication and safety	
2	Reflects upon one's practice by evaluating data such as remedy results, the proportion of returning clients, referrals, and/or client satisfaction	
3	Recognizes and utilizes self-reflection to assess areas of strength and weakness in one's homeopathic professional practice	
4	Seeks and maintains national certification as a homeopath	
5	Seeks and develops competencies for continued growth in professional skills and abilities	
6	Attends educational and professional activities that enhance and improve homeopathic practice	
7	Contributes to the homeopathic profession through activities such as presenting at conferences, conducting research, writing articles, teaching, supervising, leading a study group, conducting a proving or advocating for homeopathy in the public sector	
8	Seeks opportunities for and provides volunteer service to the homeopathic community	
9	Establishes networks with colleagues for case-review	
10	Seeks regular peer/supervisory support/feedback in an effort to broaden one's knowledge base	
11	Shares personal/professional expertise and experience with other professional homeopaths	
12	Identifies the components of and develops a business plan	
13	Identifies strategies (e.g., conferences, seminars, study groups, schooling) for promoting strengths and addressing weaknesses of one's training and practice	
14	Acknowledges the benefits of national certification in classical homeopathy	
15	Outlines the steps and requirements for obtaining and maintaining national certification in classical homeopathy	

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### Health Sciences/Human Pathology Study Guide

Each entry level homeopathic practitioner is expected to have a basic familiarity with these human disease conditions so that the practitioner avoids errors in practice or potentially serious medico-legal consequences. In addition, a working knowledge of pathology allows the homeopath to work more confidently with clients, health care practitioners and the Integrative health community.

	Each practitioner should have knowledge of medical terminology, clinical pathophysiology and therapeutics sufficient to allow the practitioner to interface with clients and other practitioners. When encountering a diagnosed condition, the homeopath will be more readily able to go to the medical literature and learn more about the condition.
All practitioners, licensed or unlicensed, must be able to recognize the signs and sympotentially serious or life-threatening illness. When homeopaths with knowledge of hu disease encounter an undiagnosed condition, they will be more capable of knowing w refer immediately; refer but not on an emergency basis; treat homeopathically without which may easily lead to "malpractice" challenges.	
	Homeopaths must be able to assess the appropriateness of homeopathy and other therapeutics, as well as the practitioner's own limitations of competence, for the safety and benefit of the client. Each practitioner needs to be aware of the kinds of complaints that typically do or do not respond well to homeopathy and counsel his/her clients appropriately.
	Every practitioner must understand the normal symptoms of common pathologies in order to identify individualizing and characteristic symptoms in the client that are so important to effective homeopathic remedy selection.
	In order to effectively manage client cases, an understanding of the normal progression of the pathology is necessary so that it is possible to tell whether, and in what ways, the client is improving. It is important to know conditions that tend to resolve on their own, as well as those that tend to change from one state to another, regardless of homeopathic intervention.

The following recommendations are provided to ensure that candidates are prepared to perform well on the health sciences portion of the CHC exam. The CHC ethical guidelines require that each practitioner work within his/her level of capability and training; by providing this list of pathologies for students to study, the CHC does not in any way assert that any candidate who has become certified is prepared to work with all of these disease conditions. Each practitioner should seek appropriate mentoring and guidance when working with any disease condition new to his/her experience to ensure the transition from factual knowledge to clinical application is appropriate for the client.

Each candidate for the CHC exam should have knowledge of the following pathologies, as recommended in The Standards for Homeopathic Education and Competencies for Homeopathic Practice (S&C) document by the Accreditation Commission for Homeopathic Education in North America (ACHENA). With the breadth of pathology listed here, any specific version of the health sciences exam will not ask questions about all of it. As with the homeopathic remedies for the Materia Medica section of the exam, any of the remedies listed could be covered on the exam, and only a subset of them will be queried on any particular exam version. However, the candidate is greatly benefited by the acquisition of the knowledge and review in all areas that study for the exam requires, as this creates a more robust knowledge base for practice.

The table on the following pages provides an overview of typical presentations of urgent/acute complaints and routine/chronic complaints by body system. There is, inevitably, overlap between both the body system involved and the nature of the complaint. Acute exacerbation of chronic complaints can appear as urgent;

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complaints have been listed here as they are most likely to appear and in a body system most affected. The arrangement here is only to minimize duplication, allow an orderly way to provide a coherent list, and to offer a suggestion for organization of study. For each item listed, the candidate should know the typical signs and symptoms, as well as the typical predisposing conditions and usual progression of disease. It is also recommended that each candidate be familiar with, or be able to research, typical diagnostic tests and therapeutics related to each condition, as this will be useful information in daily practice. This information is available in the Health Sciences recommended texts listed for exam preparation; many reliable and well-written websites also have excellent information on these pathologies, such as:

www.merckmanuals.com
www.webmd.com
http://www.mayoclinic.com/health/DiseasesIndex/DiseasesIndex
http://www.cdc.gov/DiseasesConditions/

BODY SYSTEM	URGENT/ACUTE	ROUTINE/CHRONIC
Infectious (conditions not already listed in other categories)		Influenza, common cold, mononucleosis, scarlet fever, pertussis, Fifth's disease, chlamydia, systemic candidiasis, moniliasis, trichomoniasis, amebiasis, giardiasis, hookworm, malaria (chronic)
Malignancy	Fever in immunosuppressed client, bleeding in thrombocytopenic client, acute spinal cord compression, intestinal obstruction, appropriate criteria for referral for any client suspected of having cancer	Recognition of signs and symptoms of common forms of cancer
Immunology	AIDS, anaphylaxis	Chronic fatigue immunodeficiency syndrome, environmental illness, systemic allergy, acquired and congenital immunodeficiency syndromes
Skin	Melanoma, third degree burn, second degree burn over large surface area, drug rash, erythema multiforme, gangrene, abscess, cellulitis, syphilis, petechiae	Eczema, psoriasis, seborrhea, nevi, boils, impetigo, monilial dermatitis, tinea (capitis, corporis, cruris, pedis, versicolor), vitiligo, syphilis, varicella, herpes (zoster, simplex), molluscum, rubella, rubeola, warts, scabies, lice, first and second degree burns over small areas, urticaria, contact dermatitis (Rhus dermatitis), acne, rosacea, alopecia, aphthous stomatitis, lipoma, keloid, dermatofibroma, hemangioma, insect bites, basal cell carcinoma, squamous cell carcinoma, seborrheic keratosis, solar keratosis
Gastrointestinal and Mouth and Nutritional / Metabolic	Acute appendicitis, volvulus, intussusception, incarcerated hernia, acute abdomen and other surgical emergencies, upper and lower GI bleeding, acute hepatitis, acute pancreatitis, pyloric stenosis, acute cholecystitis, acute diarrhea, acute diverticulosis, acute parotitis, failure to thrive	Gallstones, flatulence, encopresis, constipation, chronic diarrhea, malabsorption syndromes, celiac disease, lactose intolerance, parasite infestation, hernia, peptic and duodenal ulcer, esophageal motility disorders, gastroesophageal reflux, cirrhosis, acute gastroenteritis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, hemorrhoids, chronic hepatitis B, hepatitis C, chronic pancreatitis, diverticulosis, periodontal disease, dental abscess, caries, obesity, anorexia, B-12 deficiency, phenylketonuria

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

BODY SYSTEM	URGENT/ACUTE	ROUTINE/CHRONIC
Cardiovascular and Hematology	Acute myocardial infarction, cardiac and aortic aneurysm, hypertensive crisis, endocarditis, unstable angina, pericarditis, pericardial tamponade, congestive heart failure, acute arrhythmia, acute deep vein thrombosis, cerebral aneurysm, disseminated intravascular coagulation (DIC), immune thrombocytopenic purpura (ITP), thrombotic thrombocytopenic purpura (TTP)	Hypertension, stable angina, chronic arrhythmia, coronary artery disease, valvular heart disease, congenital heart disease, cardiomyopathy, chronic congestive heart failure, peripheral vascular disease, superficial thrombophlebitis, carotid artery stenosis, cerebral aneurysm, Raynaud's syndrome, anemia (nutritional, hereditary, associated with systemic disease), polycythemia, thrombocytopenia, leukopenia
Musculoskeletal	Fractures, acute rheumatic fever, septic arthritis (gonococcal, Lyme, etc), temporal arteritis, acute gouty arthritis	Strains, sprains, osteoarthritis, osteoporosis, rheumatoid arthritis, gout, costochondritis, Reiter's syndrome, scleroderma, systemic lupus, erythematosus (SLE), polymyalgia rheumatica, polyarteritis nodosa, dermatomyositis/polymyositis, Sjogren's syndrome, ankylosing spondylitis, fibromyalgia, chronic Lyme disease, carpal tunnel syndrome, shin splints, back pain and other repetitive stress syndromes
Endocrine	Diabetic coma and ketosis, hyperthyroid crisis, acute hypoglycemia, thyroid nodule	Hyperthyroidism, hypothyroidism, diabetes mellitus, diabetes insipidus, Cushing's syndrome, Addison's disease, chronic hypoglycemia, thyroid enlargement, acromegaly
Ophthalmology	Retinal detachment, iritis, uveitis, corneal abrasion, papilledema, acute red eye, foreign body	Conjunctivitis, stye, blepharitis, Meibomian cyst, lachrymal duct obstruction, subconjunctival hemorrhage, glaucoma, diabetic retinopathy, myopia, hyperopia, astigmatism, strabismus, cataract, ocular tumors, ocular migraine
Respiratory and Ear/Nose/Throat	Peritonsillar abscess, epiglottitis, foreign bodies (eye, ear, nose, throat), streptococcal pharyngitis, mastoiditis, acute asthma, status asthmaticus, pneumonia, pulmonary embolus, pneumothorax, tuberculosis	Otitis (media, externa), mastoiditis, hearing disorders, epistaxis, adenoid and tonsillar hypertrophic pharyngitis, sinusitis, allergic rhinitis, croup, laryngitis, bronchitis, chronic asthma, chronic obstructive pulmonary disease (COPD), pleurisy, tuberculosis, sarcoidosis, bronchiectasis, Meniere's disease, obstructive sleep apnea, occupational lung diseases (asbestosis, etc), carbon monoxide poisoning
Neurological	Stroke, subarachnoid hemorrhage, subdural hematoma, space occupying lesion / pathology, meningitis, encephalitis, cerebral abscess, skull fracture, vertebral fracture, Bell's palsy, trigeminal neuralgia	Headaches, post-concussive syndrome, vertigo, epilepsy, traumatic brain injury, multiple sclerosis, amytrophic lateral sclerosis, myasthenia gravis, muscular dystrophy, peripheral neuropathy, sciatica, polio, vertebral disc disease, spinal stenosis, dementia, Parkinson's disease, cranial synostosis, Tourette's syndrome
Psychiatric	Suicidal or homicidal ideation, acute mania, acute psychosis, child abuse, spousal abuse, elder abuse, delirium	Post-traumatic stress syndrome, dissociative disorder, alcoholism, drug addiction, other substance abuse, bipolar disorders, psychosis, depression, grief reaction, obsessive-compulsive disorder, anxiety disorders, personality disorders, eating disorders, autism, Asperger's syndrome, verbal and non-verbal learning disorders, mental retardation, attention deficit disorder, dementia, somatization disorder, communication disorder (stutter, dyslexia, dysgraphia, etc), conduct disorder, tic disorders, sleep disorders, impulse control disorders, adjustment disorders

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

BODY SYSTEM	URGENT/ACUTE	ROUTINE/CHRONIC
Genitourinary	inflammatory disease, acute STD (gonorrhea, syphilis, chlamydia, etc), toxemia of pregnancy, miscarriage, puerperal fever, pyelonephritis, kidney stones, testicular torsion, ovarian torsion, testicular cancer, acute renal failure, acute prostatitis, epididymitis	Pregnancy, nausea of pregnancy, hyperemesis gravidarum, bacterial vaginosis, vaginitis, HPV, cervical dysplasia, herpes simplex, vaginal atrophy, premenstrual syndrome, metrorrhagia, menopause, endometriosis, ovarian cyst, polycystic ovarian syndrome, amenorrhea, infertility, uterine prolapse, fibroids, infertility, breast lump, mastitis, sexual dysfunction (anorgasmia, impotence), enuresis, urinary tract infection, incontinence, inguinal hernia, femoral hernia, chronic renal failure, chronic prostatitis
(conditions not already listed in	hyperbilirubinemia, fetal alcohol syndrome or drug	Lachrymal duct obstruction, herpangina, accident prevention, immunization, pica, lead poisoning, worms, cerebral palsy, atopic disease, developmental delay, anticipatory guidance, congenital hip dislocation, clubfoot

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PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Suggested References for Study**

Phil	os	ophy					
		Hahnemann: Organon of Medicine, 5th & 6th Editions; Chronic Diseases, Theoretical Part					
		Kent: Lectures on Homeopathic Philosophy					
		Roberts: The Principles and Art of Cure by Homeopathy					
		Vithoulkas: The Science of Homeopathy					
		De Schepper: Hahnemann Revisited					
Mate	eri	a Medica					
		Boericke: Materia Medica with Repertory					
		Clarke, J.H.: Dictionary of Practical Materia Medica					
		Cummings & Ullman: Everybody's Guide to Homeopathic Medicine					
		Gibson, D.: First Aid Homeopathy in Accidents & Injuries					
		Kent: Lectures on Homeopathic Materia Medica					
		Kruzel: The Homeopathic Emergency Guide					
		Morrison, R.: Desktop Guide					
		Vermeulen: Prisma; Concordant Materia Medica					
Rep	ert	tory and Language					
		Kent: Repertory					
		Schroyens: Synthesis Repertory					
		van Zandvoort: Complete Repertory					
		Yasgur: Dictionary of Homeopathic Medical Terminology					
Ethi	cs						
		CHC Code of Professional Ethics and CHC Client/Patient Healthcare Rights (on our website)					
		Corey Gerald, Issues and Ethics in the Helping Professions					
		Robinson, Theodore, W. How to Open or Improve a Successful Alternative Health Care Practice					
		Wilson, Lawrence, Legal Guidelines for Unlicensed Practitioners					
Hea	lth	Sciences					
		Seller, R.: Differential Diagnosis of Common Complaints					
		The Merck Manual of Medical Information, Home Edition					
		Thibodeau/Patton: The Human Body in Health & Disease					
		American Red Cross: Standard First Aid & Personal Safety					
		Taber: Cyclopedic Medical Dictionary					
		CHC Health Sciences Human Pathology Study Guide					
Star	nda	ards and Competencies					
		Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America, September 2013, available at <a href="https://www.achena.org/Standards.htm">www.achena.org/Standards.htm</a>					
Web	si	tes					
		National Health Freedom: www.nationalhealthfreedom.org/Index.html					
		Ullman: A Condensed History of Homeopathy					
		Grief.com: The Five Stages of Grief					

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **List of Remedies for Study**

Aconitum napellus	Chamomilla	Kali bichromicum	Phosphorus
Aethusa	Chelidonium	Kali bromatum	Phytolacca
Agaricus	China officinalis	Kali carbonicum	Platina
Allium cepa	Cicuta	Kali phosphoricum	Plumbum
Aloe	Cimicifuga	Kali sulphuricum	Podophyllum
Alumina	Cocculus	Kreosotum	Psorinum
Anacardium	Coccus cacti		Pulsatilla
Antimonium crudum	Coffea	Lac caninum	Pyrogenium
Antimonium tart.	Colchicum	Lachesis	
Apis	Colocynthis	Latrodectus mactans	Ranunculus bulbosa
Argentum metallicum	Conium	Laurocerasus	Rhus toxicodendron
Argentum nitricum	Crocus sativus	Ledum	Rumex crispus
Arnica	Crotalus horridus	Lilium tigrinum	Ruta graveolens
Arsenicum album	Cuprum	Lobelia inflata	_
Arsenicum iodatum	Cyclamen	Lycopodium	Sabadilla
Asafoetida		Lyssin	Sabina
Asarum	Digitalis		Sambucus nigra
Aurum	Drosera	Magnesia carbonica	Sanguinaria
	Dulcamara	Magnesia muriatica	Sarsparilla
Badiaga		Magnesia phosphorica	Sepia
Baptisia	Elaps	Mancinella	Silica
Baryta carbonica	Equisetum	Medorrhinum	Spigelia
Belladonna	Eupatorium perf.	Mercurius	Spongia tosta
Bellis perennis	Euphrasia	Mercurius corr.	Stannum
Berberis		Mercurius iod. flavus	Staphysagria
Borax	Ferrum	Mercurius iod. ruber	Stramonium
Bromium	Ferrum phos.	Mezereum	Sulphur
Bryonia	Flouricum acidum		Sulphuricum acidum
		Naja	Symphytum
Cactus	Gambogia	Natrum arsenicum	Syphilinum
Calcarea carbonica	Gelsemium	Natrum carbonicum	
Calcarea fluorica	Glonoinum	Natrum muriaticum	Tabacum
Calcarea phosphorica	Graphites	Natrum phosphoricum	Tarentula cubensis
Calcarea sulphurica		Natrum sulphuricum	Tarentula hispanica
Calendula	Hamamelis	Nitricum acidum	Thuja
Camphora	Helleborus	Nux moschata	Tuberculinum
Cannibus indica	Hepar sulph.	Nux vomica	
Cantharis	Hyoscyamus		Urtica urens
Capsicum	Hypericum	Opium	
Carbo animalis			Veratrum album
Carbo vegetabilis	Ignatia	Palladium	Viburnum
Carcinosin	lodum	Petroleum	
Caulophyllum	Ipecacuanha	Phosphoricum acidum	Zincum metallicum
Causticum	Iris versicolor	1 '	

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### Sample Exam Questions

Sam	ple Exam Questions				
DOM	IAIN A - HISTORICAL AND THE	ORETICAL ASI	PECTS OF CLASS	SICAL HOMEOPA	ATHY
1	Which of these four symptoms would Vithoulkas consider to be deepest in a case?	A) Apathy	B) Headache brought on by stool	C) Cardiomyopathy	D) Asthma
2	What occurs when two dissimilar diseases meet in the same person?	A) They both nullify each other leaving a cured state	B) The acute disease suspends the chronic	C) The stronger disease suspends the weaker	D) The older disease is always suspended by the newer one
OOM	IAIN B - MATERIA MEDICA				
3	A child of four is late learning to walk and talk. He tends to be clumsy and has frequent little twitches in his face and eyelids. He often behaves with an odd combination of nervousness and excitement.	A) Cicuta	B) Calcarea carbonica	C) Baryta carbonica	D) Agaricus
4	A nosode is a potentized remedy made from	A) Diseased tissue	B) Healthy organ tissue	C) Client's body fluids	D) Human excretions
DOM	IAIN C - REPERTORY				
5	Typically, sections or chapters in a repertory are organized	A) By organ and physiological system	B) Alphabetically	C) From above downward in the body and from general to specific	D) Mental and physical pathologie
6	The best rubric for someone who sounds as if they are "talking through a piece of cloth".	A) Larynx and Trachea, Voice, hoarseness	B) Throat, Voice, Husky	C) Larynx and Trachea, Voice, Guttural	D) Larynx and Trachea, Voice, Muffled
DOM	IAIN D - HEALTH SCIENCES				
7	Hydrochlorothiazide is a diuretic medication that is commonly used to lower blood pressure. The way in which it works is to	A) Make the blood "thinner"	B) Decrease the blood volume	C) Relax arterial blood vessels	D) Decrease cardiac output
3	Which of the following constitutes a medical emergency?	A) Cardiac palpitations, with no other symptoms		C) Fever of 104.5°F.	D) Heat stroke
	IAIN E ETUICO				
) ()	IAIN E -ETHICS  In a small office, client records kept in a file cabinet in the waiting room. Client records		B) Are confidential if the cabinets are locked at the end of the day	C) Infringes on a client's right to confidentiality	D) Are confidential because a clearly written sign says "Staff Access Only"
10	As long as the parties are single consenting adults, it is within ethical boundaries to embark on a	A) Always	B) Sometimes	C) Maybe	D) Never

romantic relationship with a client.

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	AIN F - CORE ELEMENTS OF	OLAGOIOAL IIO	B) Puts personal	10110=	
11	When engaged in active listening, the homeopath	A) Evaluates what is being said	emotions aside during the conversation	C) Nods in agreement or disagreement	D) Takes notes on what the client says
12	How should a classical homeopath conduct an interview to obtain the most accurate client information?	A) Provide an intake form with mental, emotional and physical categories	B) Let the client speak without interruption before asking clarifying questions	C) Ask questions to help the client formulate clear and accurate answers	materia medica to
DOM	AIN G - HOMEOPATHIC CASE	TAKING			
13	Noting the non-verbal expressions of a client	A) Are important because they are strange, rare and peculiar symptoms	B) Rarely lead to the correct remedy	C) Are important only if they are unusual for the client	D) Are important symptoms of a case
14	During the initial homeopathic interview, the practitioner is looking for	A) What is altered or unusual for the client	B) The genus epidemicus for the disease	C) Symptoms of specific diseases the client mentions	D) Specific information from medical tests and reports
	when repertorizing, the least important symptoms are	A) Mental	B) Sensations	C) Peculiar	D) Common
15		A) Mental			
16	The homeopath is most liable to make mistakes when interpreting.	Mental/emotional symptoms	B) Physical symptoms	C) Common symptoms	D) General symptoms
2014	MNI DOSOLOGY				
JUIVI	Alow-potency repeated-dose is		B) Chronic organic		
7	especially useful when treating	A) Children	disease with low vitality	C) Acute ailments with high vitality	D) Pregnant womer
18	Remedies labeled as "M" potencies such as 1M, 10M, 50M are part of what homeopathic series?	A) The X series, diluted on a scale of 1 part substance to 9 parts dilutant	B) The C series diluted on a scale of 1 part substance to 99 parts dilutant		2 part substance to
DOM	AIN J - FOLLOW-UP AND CAS	E MANAGEMEI	NT		
19	If, in the treatment of an acute disease, new symptoms appear and cause discomfort, what is the best course of action?	A) Immediately repeat the same remedy	B) Wait until the new symptoms disappear	C) Re-evaluate the case and prescribe a different remedy	D) Give the same remedy in a higher potency
	A client complains of physical symptoms with no obvious mental				

depression.

20

or emotional issues. A single dose

symptoms are somewhat improved. However, now he is experiencing

after two months and reports no

aggravation and the physical

1M is prescribed. The client returns A) Retake the case

and change the

remedy

B) Wait

D) Repeat remedy

in a higher potency

C) Antidote

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DOM	AIN K - CONTINUING PROFES	SSIONAL DEVE	LOPMENT		
21	A few individuals provide feedback to a homeopath indicating that she can be overbearing and intimidating. What should the homeopath do?		B) Take some time to seriously reflect on what she may be doing to elicit this reaction in others	o C) Ensure she accounts for these reactions as symptoms in the client's case notes	D) Suggest that these clients see a therapist to work through their insecurities
22	The Council for Homeopathic Certification is a	A) Membership organization	B) Governmental agency	C) Certifying body	D) Licensing body

### CASE EXAM (Domains B,C,G, and H)

23 44 yo married woman; music teacher; amateur artist

Observation: Intense, animated, talks with hands.

She reports the following symptoms all of which have worsened since her husband lost his business about five months ago. She is very uncomfortable, restless and anxious about her health. She indicates the doctors haven't helped her and she doesn't trust them.

She is experiencing tremendous fatigue after several rounds of bronchitis during the previous winter/spring. The fatigue is getting worse. "I can barely drag myself through the day." < Waking/Morning.

She has had no menses for last four months. Typically, she is very irritable before menses. (Generally, PMS symptoms > once flow begins.) She says her interest in sex is "zero". She has hot flashes, every 15 minutes. Dripping perspiration with flushing.

It is difficult for her to empty her bladder completely, the flow is slow to start and it hurts (9 out of 10). It feels like when she has had cystitis in the past.

"I'm trapped in this marriage! My husband doesn't do anything for us! I want him to be part of the family! When he comes home, he's always in a bad mood and criticizes me. I wish he would go to work and never come home. I don't think I get the truth from him. Something's up with him!"

"I've been having panic attacks that wake me in the middle of the night. I'm afraid I will not be able to support the kids and myself. I sleep better with the window open and wearing a loose fitting nightgown.

Heart Surgery 11 years ago: Mitral valve prolapse. Valve repair.

After my heart surgery, I had to take care of the house and kids myself, while my husband went skiing. Friends helped, but it was very embarrassing. I told my friends he was on a business trip. He abandoned us. My heart was broken in more ways than one." I'm having pain in my chest again. Squeezing. Aching. (6 out of 10) "I think it's a broken heart."

Childhood: I had some asthma as a child, it would be worse when my allergies flared in the winter and spring. My nose and eyes run. I was always an "outsider." I was a tomboy. Our town had a school for boys who were interested in industrial arts and engineering. I begged my parents to let me go. When I graduated, I wanted to go to music school, but my parents wouldn't let me. I went to school for applied mathematics instead. My parents never understood me. My father drank. They abandoned me. I didn't fit in. I didn't want to follow their rules or live up to their expectations.

I was in love with a boy in high school. The relationship had to end, because he developed mental illness. I really loved him. I still do. I'm so sad. I miss him.

Fears: Financial security. Heights. Falling. Death. Fm Hx: Alcoholism-father. Depression-mother.

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

CASE	EXAM (Domains B,C,G, and	H)			
23.1	Important themes to consider when analyzing this case are		B) Loss of income, abandonment, feeling criticized, disappointed ove	C) Bladder pain, abandonment, need for open air, relationship with children	D) Being an outsider, alcoholic father, fatigue, perspiration
23.2	A general symptom in this case is	A) Fatigue < morning	B) Cystitis	C) Irritability	D) Embarrassment
23.3	A common symptom in this case is	A) Pain with cystitis	B) Inability to empty her bladder	C) Her alcoholic father	D) Feelings of abandonment
23.4	A modality affecting her bronchitis is	A) Time of day	B) Fatigue	C)The seasons	D) Opening a window
23.5	The correct order of events in this case is	A) Panic attacks, husband lost business, cessation of menses, fatigue	B) Teenage love affair, asthma, cessation of menses, husband lost business	C) Asthma, bronchitis, husband lost business, panic attack	D) Mitral valve prolapse, marriage, asthma, bronchitis
23.6	Asthma and bronchitis are symptoms.	A) General	B) Mental/Emotional	C) Concomitant	D) Physical
23.7	As important aspect of this case is	A) Financial worries	B) Mitral valve prolapse	C) Embarrassment	D) Need to sleep with an open window
23.8	Select the best set of rubrics to include in a repertorization of this case from the following:	of (120 rxs); Female	e Genitalia/Sex, Tumor e Genitalia/Sex, Tumor ses, Absent (212 rxs)		
		of (120 rxs); Female	eeling (191 rxs); Mind, e Genitalia/Sex, Tumor ses, Absent (212 rxs)		
	C) Mind, Forsaken feeling (191 rxs); Mind, Ardent (36 rxs); Mind, Fear, High Plant of (120 rxs); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rxs); Female Genitalia/Sex, Menses, Absent (212 rxs)				
			verty (66 rxs); Mind, S 57 rxs); Bladder, Urina		
23.9	The most likely differential required for this case is between	A) Sepia and Pulsatilla	B) Phosphoric acid and Natrum mur.	C) Bryonia and Arsenicum alb.	D) Kali carb. and Silica
23.10	A more definitive analysis of this case could be reached if there were	A) A clearer etiology	B) SRP symptoms	C) A medical history	D) Food dislikes

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

#### REPORITIZATION Select the best set of rubrics to include in a repertorization of this case from the following: Remedy Graph: Clipboard A Waffle Graph 🔻 🔛 🔉 🛗 📭 🔯 🐼 🕬 🕬 🖦 Generalities; OVULATION, ailments during (47) Generalities; FOOD and drinks; Sweets; agg. (72) MEDICAMENTS, allopathic medicine; Oversensitive ...(18) Mind; OCCUPATION, diversion amel. (89) 24.1 The numbers 118, 47, 72, 18 and 89 A.) The total weight B) The number of C) The page on D) The importance (degree) of the remedies identified which the remedy is of the rubric in the represent\_ remedies shown in for each rubric found in the repertorization the chart repertory 24.2 The number 4 in the Sulphur column A)The grade of the C) The total weight B) The total number D) The probability represents \_ remedy within the of rubrics that contain (degree) of Sulphur that Sulphur is the rubric Sulphur in the repertorized correct remedy rubrics 24.3 The rubric, "Generalities, Grief, A) Small rubrics B) The high intensity C) It is a strange, D) It is the only sorrow, agg." is underlined to have been of the symptom rare and peculiar rubric in a particular combined symptom indicate ] family C) Chamomilla and D) Natrum 24.4 Two remedies of equal probability in A) Arsenicum and B) Lycopodium and Phosphoric acid Lachesis carbonicum and this repertorization are \_\_\_ Lachesis Lycopodium 24.5 A) Physical B) General modalities C) Mental symptoms D) Characteristic Not included in this repertorization modalities symptoms

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### Sample Exam Answer Key

Sample Exam Qu	uestion Answer Key	Sample Case	Answer Key
Question #	Answer	Question #	Answer
1	A	23.1	В
2	С	23.2	А
3	D	23.3	А
4	A	23.4	С
5	С	23.5	С
6	D	23.6	D
7	В	23.7	А
8	D	23.8	D
9	С	23.9	А
10	D	23.10	В
11	В		
12	В	Sample Reporitiza	tion Answer Key
13	D	24.1	В
14	A	24.2	В
15	D	24.3	В
16	A	24.4	С
17	В	24.5	А
18	В		
19	С		
20	A		
21	В		
22	С		

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Candidate Information**

Upon passing the CHC exam, if additional clinical hours are needed, the CCH(Cand) is awarded until full credential requirements are met. Following is an overview of Candidate responsibilities:

Within two years after **passing** the exam:

- Obtain and submit documentation of required supervised clinical hours (see <u>Clinical</u> <u>Requirements</u>)
- 2. Participate in a required CCH Orientation Session
- 3. If applicable:
  - a. Candidates pay renewal fees annually to maintain Candidate status until fully certified (see <u>CCH(Cand) Renewal Timeline and Fees</u>)
  - b. A one-time, one-year extension may be requested for extenuating circumstances only (see *CCH(Cand) Extension*)

If the candidate fails to complete certification process requirements within the allotted time frame and/or does not submit renewal requirements as described above, candidacy for certification expires. The candidate may then no longer use the CCH(Cand) credential and must restart the certification process as a new applicant if he/she wishes to become certified.

### **Clinical Requirements**

Within two (2) years after passing the exam, a candidate must submit documentation of 500 hours of clinical training, which includes requisite minimum of 10 chronic cases independently taken and written up with two (2) follow-ups each supervised by a CCH or DHANP Certified Supervisor. You must document these case hours using the CHC *Clinical Training Log for Certification*.

If you graduate from an ACHENA accredited school and your transcript indicates that you have completed a minimum of 500 hours of clinical training, you are not required to complete and submit the *Clinical Training Log for Certification*.

**Note**: Beginning January 1, 2018, Anatomy and Physiology, Human Pathology, 500 hours of theory and foundations of homeopathy **AND 250 hours of clinical work** must be completed **before** the application deadline to take the exam.

#### **Clinical Training Log for Certification**

Use this form to document your clinical training. Record each case you observe, analyze, or for which you have full responsibility. For the case identifier, use only initials NOT names of clients; or a numbering system agreed with your supervisor is also acceptable. Along with the Supervisor's name, include credentials in the form of initials after the name. In the OA / C column indicate the category of training - OA for observation and Analysis, and C for the 10 cases (initial and 2 follow ups) required, and then indicate the number of hours credited for the case. The supervisor's signature is required with each case. Submit this form with your application. Photocopy or reprint it and include as many pages of the form as needed. Remember that the more thorough and organized your application is, the easier it is for the reviewers to approve!

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **Clinical Training Log for Certification Form**

Name:					
Exam Da	te Applied for		_		
Date	Case ID	Supervisor (print)	OA/C	Hours	Supervisor's Signature

Date	Case ID	Supervisor (print)	UAC	nouis	Supervisor's Signature

Download a copy of the Clinical Training Log on our website

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

### **CCH(Cand) Renewal Overview**

The CCH(Cand) certificate holder must renew the certificate annually. Renewal submissions are required beginning in the same year as the exam is taken for March/April examinees and beginning the following year for October examinees.

The renewal process includes the following requirements:

Annual submission of the Compliance Attestations
Payment of the renewal fee (see CCH(Cand) Renewal Timeline and Fees)
Ensuring contact information is current and accurate (via the My CHC page on the website)

### **CCH(Cand) Renewal Timeline and Fees**

The deadline for submission of all renewal requirements is November 30th each year. Renewal submission will not be accepted later than 90 days past the deadline. The renewal fee structure is as follows:

First Year Renewal	Renewal Fee	Late Fee	Total
By the Nov 30th deadline	\$50	N/A	\$50
Within 30 days past the deadline (by Dec 30th)	\$50	\$25	\$75
After 30 days but within 60 days (Dec 31st through Jan 30th)	\$50	\$50	\$100
After 60 days but within 90 days (Jan 31st through Feb 28th)	\$50	\$75	\$125

Second Year Renewal	Renewal Fee	Late Fee	Total
By the Nov 30th deadline	\$75	N/A	\$50
Within 30 days past the deadline (by Dec 30th)	\$75	\$25	\$100
After 30 days but within 60 days (Dec 31st through Jan 30th)	\$75	\$50	\$125
After 60 days but within 90 days (Jan 31st through Feb 28th)	\$75	\$75	\$150

### **CCH(Cand) Extension**

If personal or professional circumstances prevent the candidate from completing certification requirements within the two-year post-exam period, the CHC will consider a one-time, one-year extension. Extension requests (and all extension submission requirements) must be submitted prior to CCH(Cand) expiration.

To request an extension, the candidate must:

Submit a written request, including an explanation of why the extension is needed
Pay the \$75 CCH(Cand) renewal fee for the additional year
Pay a \$100 extension fee
Submit the <u>Compliance Attestations</u> form ( <u>download form on our website</u> )