

COUNCIL FOR HOMEOPATHIC CERTIFICATION

PROMOTING HOMEOPATHIC EXCELLENCE THROUGH CERTIFICATION

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Exam Content Outline

Domains and Task Statements for the
Council for Homeopathic Certification Examination



The CHC is a member of the Institute of Credentialing Excellence (ICE) and the CHC Certification Program is accredited by the National Commission for Certifying Agencies (NCCA).



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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](#) under the "Resources" tab of 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 core competency 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 may address any of 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, Vithoukas, 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 Vithoukas' 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 |
| 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, open-ended 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 titrations |
| 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 keynote, 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 |

| # | 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 |

| # | D. HEALTH SCIENCES |
|----|---|
| 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 (<i>CHC Code of Professional Ethics</i> and <i>Client/Patient Healthcare Rights</i>) |
| 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 certification 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 |
| 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 (<i>CHC Code of Professional Ethics</i> and <i>Client/Patient Healthcare Rights</i>) |
| 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: <ul style="list-style-type: none"> • contact information • demographics • signed consent/release/agreement forms • chief complaint • practitioner notes • health histories • medical tests/records (if available) • remedies recommended with potency and form • directions for remedy administration • dates administered • 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-toe physical symptoms • next steps |
| 16 | States the principles of professionalism, ethics, and client rights in homeopathic 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 <ul style="list-style-type: none"> obtaining remedies taking remedies (form, frequency and succussion) possible reactions to remedies methods for reporting reactions processes for asking questions processes for responding to questions and concerns timing and scheduling of follow-ups next steps in the homeopathic process |
| 10 | Uses a broad set of reference tools to enhance knowledge in all areas related to homeopathic practice: <ul style="list-style-type: none"> homeopathic remedies, materia medica homeopathic provings, clinical studies, research alternative/integrative methodologies diseases, pathologies, symptoms medical tests, reports allopathic medications and treatments |

| # | G. HOMEOPATHIC CASE TAKING |
|----|---|
| 1 | Provides pre-consultation information and forms to the client that include <ul style="list-style-type: none"> a description of the framework of the practice health benefits of homeopathy safety of homeopathic remedies nature of disease from a homeopathic perspective the homeopathic process methods for communication between visits full disclosure of the homeopath's training and credentials fee schedules methods of payment consent for audio or videotaping (if applicable) releases for consultation or supervision (if applicable) parental consent for minors (if applicable) emergency contacts client rights health histories |
| 2 | Meets with the client to determine health concerns, symptoms and characteristics |
| 3 | Observes client's appearance, demeanor, non-verbal expressions or body language as well as observable physical characteristics such as condition of skin, pallor, odor, signs of inflammation, injury or shock |
| 4 | Identifies and applies case taking techniques to accommodate differences in age (children, young adults, adults and seniors) and culture or ethnicity |
| 5 | Identifies and applies interviewing techniques for loquacious/rambling clients and encourages discourse from "closed" or frightened clients or those who have difficulty expressing themselves |
| 6 | Clarifies unfamiliar vocabulary, expressions, slang, colloquialisms used by the client in his/her description of symptoms |
| 7 | Elicits and reviews "head to toe" symptoms |
| 8 | Records timeline, from birth to present, of client's and family significant life events (physical, mental, emotional, social and environmental) |
| 9 | Observes and records mental and/or emotional symptoms pertaining to the client's personality and behavior |
| 10 | Explores possible initiating causes of complaints such as suppression, prescriptions, emotions, injuries, exposure, surgeries and/or infections |
| 11 | Elicits general symptoms such as sleep patterns, weather preferences, menstrual history, environmental and occupational stressors, thirst, and food preferences |
| 12 | Explores location, sensation, modalities, concomitants, times, and etiology of physical symptoms |

| # | G. HOMEOPATHIC CASE TAKING |
|----|--|
| 13 | Clarifies information from the medical history and/or medical reports |
| 14 | Explores client's use of coffee, tea, herbs, alcohol and/or recreational drugs |
| 15 | 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 | Discusses any environmental and/or occupational health stressors |
| 17 | Explores any obstacles to cure that may influence the case |
| 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 | 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 |
| 8 | Studies timeline information to identify conditions/events that mark the onset of symptoms and correlate to the etiology of symptoms |
| 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 |

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| 27 | Uses confirmatory symptoms from the case to identify the best-fit remedy |
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| # | I. POSOLOGY |
|----|--|
| 1 | Selects an individualized remedy potency based on factors such as client's strength of vital force, age, gender, type and 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 |

| # | 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 | Ascertains the client's general reaction to the remedy (e.g., sense of well-being, energy, sleep patterns) |
| 9 | Inquires about the status of the presenting (main/chief) complaint |
| 10 | 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 | Manages office practices and procedures to ensure optimum client communication and safety |



| # | K. CONTINUING PROFESSIONAL DEVELOPMENT |
|----|---|
| 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 |