

Accreditation Commission for Homeopathic Education
in North America



**ACCREDITATION STANDARDS
FOR THE
DOCTORAL DEGREE IN HOMEOPATHY**

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Preface

1 Accreditation within American higher education involves an external peer review process in
2 which a private, non-governmental agency, formed by the educational institutions and/or the
3 profession that it serves, grants public recognition to an institution or program that meets
4 certain established and nationally accepted criteria of quality. To participate in an accreditation
5 process, an educational program or institution voluntarily undertakes a comprehensive self-
6 assessment of its purpose and of the structures that support that purpose, according to the
7 criteria developed by the accrediting agency.

8

9 The higher education community recognizes the following purposes of accreditation:

- 10 1) To foster excellence in postsecondary education through the development of criteria and
11 guidelines for assuring educational effectiveness;
- 12 2) To encourage institutional and programmatic self-improvement through continuous self-
13 study and assessment;
- 14 3) To assure the higher education community, the general public, and other agencies or
15 organizations that an institution or program has clearly defined and appropriate
16 objectives, has the resources for reasonable assurance of the attainment of stated
17 objectives, and is making a continuous effort to produce evidence of the attainment of its
18 objectives;
- 19 4) To provide counsel and assistance to developing institutions and programs;
- 20 5) To encourage diversity, experimentation, and innovation within the boundaries of
21 generally accepted standards and guidelines of academic quality; and,
- 22 6) To protect institutions against encroachment that might jeopardize educational
23 effectiveness or academic freedom.

24

1.0 Accreditation Standards for the Doctoral Degree in Homeopathy

Doctoral Degree in Homeopathy

The doctoral program in homeopathy shall follow at least three years of accredited postsecondary education. The length of study for a full time program shall be at least eight 15-week academic semesters and the length of study for a full time program shall be a minimum of four academic years. In cases of advance standing, this would be a minimum of two years. The minimum prerequisite is a bachelor's degree with prerequisites in biology, chemistry and physics.

35

- 36 a. The Doctor of Homeopathy shall be a clinically based, professional degree program. The
37 doctoral program shall provide advanced graduate studies in core, clinical, and specialty
38 areas and will require advanced training in research and leadership. The program must
39 ensure that the sequencing, duration, nature, and content of all didactic, practical, and

- 40 clinical training courses are appropriately integrated and consistent with the program's
41 goals and objectives.
- 42
- 43 b. The doctoral program will provide advanced training in homeopathy at a doctoral level
44 for the purpose of developing knowledge, skills and competencies in core, specialty and
45 clinical areas, particularly in the areas of clinical assessment, diagnosis, and
46 intervention.
- 47
- 48 c. The doctoral program shall impart an ability to practice homeopathic medicine and a
49 knowledge of other integrative approaches.
- 50
- 51 d. The doctoral program shall provide opportunities for specialization.
- 52
- 53 e. The doctoral program will provide knowledge and skills with which to engage in
54 collaborative interactions among homeopathic practitioners, with other health care
55 practitioners, and with patients.
- 56
- 57 f. The doctoral program will develop students' abilities to synthesize knowledge, engage
58 in scientific and scholarly inquiry, and to think critically and creatively.
- 59
- 60 g. The doctoral program shall encourage the academic discourse between faculty and
61 students which results in the development of an academic community that will enrich
62 and advance the profession, and contribute to the development of future generations
63 of practitioners, faculty, researchers, clinical supervisors, and leaders of the profession
- 64
- 65 h. The doctoral program will provide critical thinking and phenomenological competencies
66 necessary to expand continually the borders of homeopathic knowledge, skill, and so as
67 to inculcate among its practitioners the value of life-long questioning and discovery.
- 68

69 **Standard 1-- Purpose**

70 The institution or program shall have a mission statement that provides clear direction for the
71 institution and its programs. This shall include a formally adopted statement of purpose that
72 includes the training of professional practitioners of classical¹ homeopathy.

73 **Criterion 1.1 -- Content**

74 The statement of purpose must include a brief description of the program's goals.

75 **Guideline:** The statement of purpose and goals should reflect the purpose for
76 which the program was founded, the philosophies it represents, the community

¹ ACHENA is qualified and directed to accredit only programs which teach the art and science of Hahnemannian homeopathy as set out in the Organon. These practices are generally termed "classical" by the homeopathic community at large and include the principles of prescribing a single homeopathic remedy in a minimum dose according to the law of similars and based on a totality of symptoms. These teachings must be evidenced in the curriculum as well as in the clinical applications of the curriculum.

79 in which it is located, the constituencies it serves, the needs-social, cultural and
80 material- of its community and clientele, and the institution's resources-human,
81 physical, and financial.

82

83 **Criterion 1.2 -- Educational Objectives**

84 The program must maintain clearly specified and measurable educational objectives
85 which reflect the effects the educational program is designed to have on students and
86 is consistent both with its purpose and with the degree, certificate or diploma it
87 awards.

88

89 **Guideline:** Educational objectives should provide the parameters within which
90 the institution/ program's instructional activities can be verified.

91

92 **Criterion 1.3 -- Relationship**

93 The program must demonstrate that its resources and its current or projected
94 programs, services and activities are consistent with its statement of purpose and
95 educational objectives, and that the institution is currently achieving its purposes and
96 objectives.

97

98 **Guideline:** The statement of purpose should guide the adoption of priorities in
99 allocating resources, and should ensure consistency in the conduct of the
100 institution's activities.

101

102 **Criterion 1.4 -- Review**

103 The mission, statement of purpose and educational objectives must be reviewed
104 periodically by the institution's relevant communities of interest, and revised when
105 necessary to ensure their relevance and accuracy.

106

107 **Guideline:** The reexamination of the statement of purpose demonstrates that
108 the program's objectives continue to be relevant to its stated purposes, and
109 whether these objectives are being fulfilled. The review process should be
110 undertaken by representatives of the student body, faculty, administration,
111 alumni, practicing homeopaths in the community, and the governing board.

112

113 **Standard 2 -- Legal Organization**

114 The program shall be in a legally organized institution and authorized to conduct its operation
115 under the laws of its own state and community as far as the state and community provide for
116 such authorization, and shall be in compliance with all local, state and federal (including OSHA)
117 regulations applicable to it.

118

119 **Criterion 2.1 -- Off-campus control**

120 The institution must have ultimate responsibility for all of its off-campus educational
121 activities, regardless of whether the activity has been arranged by agreement with

122 other organizations or individuals.
123

124 **Criterion 2.2 -- Organizational types eligible for accreditation**

125 To be eligible for accreditation, the institution must be one of the following: a public or
126 private nonprofit educational institution, a proprietary institution of higher education,
127 or a public or private non-profit post-secondary vocational institution

128
129 **Standard 3 -- Governance**

130 The institution shall have a clearly defined governance structure that must exercise ultimate
131 and general control over the institution's affairs.

132
133 **Criterion 3.1 -- Membership**

134 The membership of the governing body should be clearly delineated and appropriate to
135 the organizational type of the institution.

136
137 **Guideline:** There shall be a clearly defined process which ensures a reasonable
138 degree of faculty and student participation in governance of the institution.

139
140 **Guideline:** Governance input may come from advisory boards of faculty,
141 students or the general public.

142
143 **Criterion 3.2 -- Role**

144 The governance structure must include responsibility for establishing broad policy and
145 long-range planning, appointing and evaluating leadership as appropriate to the
146 organizational type, ensuring financial stability, reviewing and approving the annual
147 budget, approving major program changes and playing a major role in the development
148 of external relations.

149
150 **Criterion 3.3 -- Bylaws or policies**

151 The governing/advisory board must have bylaws or clearly defined policies that explain
152 the power, duties, meeting schedule, membership requirements, terms of office, and
153 responsibilities of the governing body.

154
155 **Criterion 3.4 -- Meetings**

156 The governance meetings must be held at regularly stated times and be of sufficient
157 length for the governance structure to fulfill competently its responsibilities to the
158 institution. Agendas of the meetings must be prepared and accurate minutes of the
159 meetings kept and filed.

160
161 **Criterion 3.5--Faculty and Student Involvement for Doctoral Programs**

162 Faculty should have input into the governance of the doctoral program. Any admissions
163 criteria specific to the doctoral program, and admission decisions, reflect ongoing
164 involvement by the doctoral faculty. Any graduation or progression criteria specific to
165 the doctoral program reflect ongoing involvement by the doctoral faculty. Governance

166 of the educational program includes faculty and student input into curricular and
167 academic decisions.

168

169 **Standard 4 -- Administration**

170 The program shall have a qualified chief administrator and qualified administrative staff of a
171 size and organizational structure that is appropriate to the size and purpose of the program.

172

173 **Criterion 4.1 -- Chief Administrator**

174 The chief administrative officer must be responsible for the entire operation of the
175 institution or program, and must be directly responsible for the administration of the
176 policies and procedures as set forth by the governing body.

- 177
- 178 a. The chief administrator shall have a clearly defined, written job
179 description. The job description should be reviewed periodically and any
180 time the institution or program undergoes a significant change in
181 operations, mission, scope or size.

182

 - 183 b. The chief administrator or a designated person from the administrative
184 team shall serve as a liaison between the governing body and the
185 program staff. S/he should delegate responsibilities and authority to the
186 administrative staff and provide for regular evaluation of the
187 administrative staff.

188

 - 189 c. The chief administrator shall provide leadership for the development and
190 operation of all institutional or program functions, shall ensure the
191 development and use of appropriate procedures of plan maintenance
192 and fiscal management, shall maintain a sound administrative structure
193 for the orderly operation of the institution or program, and shall be
194 responsible for the communications between the institution and its
195 community.

196

197 **Guideline:** The chief administrator should possess a higher education degree
198 and substantial higher education administration experience.

199

200 **Criterion 4.2 -- Organization of staff**

201 The administrative staff must demonstrate stability, be qualified, and be well organized
202 with clearly defined roles and responsibilities.

203

204 **Guideline:** All administrative staff should have clearly defined, written job
205 descriptions and these job descriptions should be reviewed periodically and
206 whenever the institution or program undergoes a significant change in
207 operations, mission or scope.

209 **Criterion 4.3 -- Academic Leadership**

210 The program must have a clearly defined and effective structure for academic
211 leadership. The academic leadership structure must effectively facilitate curriculum
212 development and the ongoing assessment of the program. The individuals responsible
213 for the academic leadership of the program must be qualified for those positions.

214

215 **Criterion 4.4 -- Integrity**

216 The program must conduct its operation with honesty and integrity.

217

Standard 5 -- Records

218 The program shall have and complete record keeping systems.

219

220 **Criterion 5.1 -- Permanent Records**

221 Observing the requirements of right-to-privacy legislation, the program must maintain
222 and safeguard accurate permanent academic records that reasonably document the
223 satisfaction of program requirements.

224

225 **Guideline:** The institution/ program should have a written plan for storage of
226 permanent student records in the event that the institution closes.

227

228 **Guideline:** The institution/ program should ensure convenient access by
229 students to all student records, including academic, attendance, and financial
230 records. If records are not stored on-site, the institution/ program must ensure
231 secure on-line access to student records.

232

233 **Guideline:** Institutions and programs may maintain records in electronic format
234 but must establish robust policies and procedures to protect the security of
235 these records and provide for regular file back-up.

236

237 **5.2 -- Clinical Records**

238 The program must maintain clinical records of clients currently being seen by the
239 students which are accurate, secured, complete, and are kept confidential with respect
240 to the generally accepted standards of health care practice.

241

242 **Guideline:** to maintain the highest level of homeopathic care through
243 accessibility to client records by all current and future caregivers, the program
244 should have provisions for translating into English, if needed, case records that
245 are recorded in a foreign language. All records shall be maintained for at least
246 seven years.

247

248 **Guideline:** Clinical charts should be signed by the student and supervisor.

250 **Criterion 5.3 -- Data**

251 The program must maintain data that will facilitate the compilation of the following
252 records and statistics: student profiles showing number of students enrolled graduated
253 and readmitted; licensure statistics for doctoral degree programs; admissions data
254 showing the number of applications received and accepted; and ages, sex and
255 educational backgrounds, and racial origins (optional) of the student body.

256

257 **Standard 6 -- Admissions**

259 Admission into a doctoral program requires the satisfactory completion of a bachelor's degree
260 from an institution accredited by an agency recognized by the U.S. Secretary of Education. The
261 four academic years at the baccalaureate must include biology, chemistry and physics.

262

263 **Criterion 6.1 -- Assessment of prior learning**

264 A maximum of 60 semester credits (or 50%) for the doctoral program, of the
265 prerequisite three-year education requirement may be earned through prior learning
266 assessment using either or a combination of the following assessment techniques: (1)
267 credit by examination through the use of standardized tests and/or (2) assignment of
268 credit for military and corporate training based on recommendations established by the
269 American Council on Education.

270

271 **Guideline:** Credit by examination can be earned through successful testing and
272 the recommended college credit equivalencies of the College Scholarship
273 Service's AP (Advanced Placement) examinations, the College Scholarship
274 Service's CLEP (College Level Examination Program) examinations, the American
275 College Testing PEP (Proficiency Examination Program) examinations,
276 PONSI (N.Y. State Department of Education Program on Non-collegiate Sponsored
277 Instruction), the USAFI (U.S. Armed Forces Institute) program, and the
278 DANTES (Defense Activity for Non-Traditional Education Support) tests.

279

280 **Guideline:** Credit for military and corporate training may be assigned according
281 to the recommendations established by the American Council on Education in
282 The National Guide to Educational Credit for Training Programs and the Guide
283 to the Evaluation of Educational Experience in the Armed Services.

284

285 **Guideline:** The program should inform students who are awarded credit
286 through prior learning assessment, that some state licensing agencies and
287 some institutions may not accept prior learning assessment credits that have
288 been awarded by a non-regionally accredited institution.

289

290 **Guideline:** The program may accept credit toward its admissions requirement
291 that has been awarded by portfolio assessment or may accept >50% of credit
292 toward its admission requirement earned through Credit By Examination if that

293 assessment was performed and credit was awarded by an institution (other
294 than the institution itself) accredited by an institutional agency recognized by
295 the Secretary of Education.

296

297 **Criterion 6.2 -- Transfer Credit and Advanced Standing Process**

298 The program may accept transfer credit toward the doctoral program that the program
299 judges to be equivalent to its requirements for graduation. However, at least 1.5
300 academic years must be taken in the program granting the doctoral program.

301

302 **Guideline:** Admissions standards should reflect that only those applicants who
303 can achieve the educational objectives of the program should be accepted into
304 the program.

305

306 **Criterion 6.3 -- Policy publication**

307 The program's admissions policy, including policies for evaluating transfer credit and
308 prior learning, must be clearly stated in institutional publications. Published transfer
309 policies must include a statement established by the institution regarding transfer of
310 credit earned at another institution of higher education.

311

312 **Criterion 6.4 - Policy planning**

313 The admissions policy must involve careful planning to determine whether it is serving
314 the needs and interests of its students, and how it could be doing so more effectively.

315

316 **Guideline:** In situations beyond the control of a foreign applicant, when
317 transcripts and documents are not available to confirm completion of prior
318 postsecondary education, a special admissions procedure may be employed, on
319 a case by case basis, to determine the level of education earned and/or what
320 additional preparation will be required in order to meet the admissions
321 standard.

322

323 **Criterion 6.5 -- Advanced standing**

324 The program must demonstrate an acceptable process for assuring equivalent
325 competence in the acceptance of transfer and prior learning credits.

326

327 **Guideline:** A statement of the applicant's prior experience, which may be
328 considered as an equivalency to part of the entrance requirement or to the
329 program's requirements, should be articulated and filed, along with the
330 applicant's materials, when the applicant is accepted, and before any classes are
331 commenced.

332

333 **Guideline:** All prior learning and transfer equivalencies should be established,
334 and credit granted, by the end of the first year of enrollment in the doctoral
335 program.

336 **Guideline:** Assessment of prior learning and transfer credits should be
337 completed by persons qualified to make such assessments.
338
339 **Guideline:** In considering the acceptance of education and training obtained in
340 foreign countries, the program should obtain advisory assistance from a
341 reputable foreign credentials assistance agency for the interpretation of foreign
342 educational credentials to assist with approximating comparable levels of
343 educational achievement in the U.S.
344

345 **Criterion 6.6 -- Prerequisites**

346 The program must show evidence that it has developed appropriate course sequencing
347 and course prerequisites and that students enrolled in a course have completed all
348 prerequisites.

350 **Criterion 6.7 -- Recruitment**

351 The program must observe honest, ethical, and legal recruiting practices.

353 **Criterion 6.8 -- English language competency**

354 (a) English language competency must be required of all students seeking admission to
355 the program taught in English. This may be satisfied by scoring at least 500 on the Test
356 of English as a Foreign Language (TOEFL) and at least the currently reported mean score
357 on the Test of Spoken English (TSE); (b) for those who shall complete the program in
358 another language, a TOEFL score of at least 450 must be obtained and a mean score on
359 the TSE, or the student must have completed a two-year (60 semester credits or 90
360 quarter credits) baccalaureate level education in an institution accredited by an agency
361 recognized by the U.S. Secretary of Education or from an equivalent English language
362 institution in another country. Applicants who do not satisfy this requirement may be
363 considered for admission with English as a second language, but they must satisfy the
364 proficiency requirement in English before beginning the clinical experience.

366 **Criterion 6.9 -- Enrollment**

367 Participation in courses in homeopathy for the doctoral degree program, presumes four
368 years of accredited, postsecondary education at the baccalaureate level prior to
369 enrollment in such courses. Non-matriculated students must meet all entry
370 requirements and course prerequisite requirements for participation in particular
371 courses with the exception of courses which may be open to the general public.
372 Programs must have clearly defined policies with respect to allowing non-matriculated
373 students to take courses and must ensure that their participation does not adversely
374 affect the quality of instruction.

376 **Criterion 6.10 -- Retention and Graduation Rates**

377 If the program's student retention rate falls below sixty-five percent (65%) or if the
378 program's graduation rate falls below fifty percent (50%), ACHENA shall review the

379 program to determine if it remains in compliance with the accreditation criteria (in trial
380 status).

381 **Criterion 6.11—Challenge Examinations for Doctoral Programs**

382 Any procedures for challenge examinations which are available for didactic course work
383 must be clearly articulated and must ensure that students have acquired the relevant
384 knowledge and skills required by the challenged course(s).

385 **Standard 7 -- Assessment**

386 The program shall demonstrate a commitment to excellence through assessment, which
387 assures that its goals and objectives are met, enhances the quality of professional education
388 and training obtained by its students, and contributes to the fulfillment of its institution's
389 mission and program educational objectives and competencies. The program shall
390 demonstrate and document an assessment system that provides accurate information to the
391 student and to the program of the student's educational progress regarding relevant
392 knowledge, skills, clinical skills and competencies and attitudes.

393 **Criterion 7.1 -- Programmatic Review**

- 397 1. The program, with appropriate involvement from all program constituencies,
398 engages in regular, ongoing assessment, which addresses
 - 399 a. Its effectiveness in achieving program goals and objectives (i.e., its
400 outcomes);
 - 401 b. How its goals and objectives are met (i.e., its processes); and
 - 402 c. Its procedures to make program changes as necessary (i.e., feedback
403 loop for improvement).
- 404 2. The program demonstrates commitment to excellence through periodic,
405 systematic reviews of its goals and educational objectives, training model,
406 teaching methodologies, use of distance learning technologies and curriculum to
407 ensure their appropriateness in relation to:
 - 408 a. The program's mission and goals;
 - 409 b. Local, regional and national needs for homeopathic services;
 - 410 c. National standards of professional competency and practice;
 - 411 d. The evolving body of scientific and professional knowledge;
 - 412 e. Its graduates' job placements and career paths.
- 413 3. The program must assess the effectiveness of its training and the
414 accomplishment of its stated objectives by measuring and documenting
415 achievements of a sufficient number of students and graduates in verifiable and
416 internally consistent ways.

420 **Criterion 7.2 -- Measurement of Student Achievement**

421 The program must establish principles and methods for the ongoing assessment of
422 student achievement. A variety of assessment measures must be systematically and
423 sequentially applied throughout the program in homeopathy. Assessment processes
424 must measure rates of student drop out, course completion and student performance
425 in the professional competencies as outlined in Standard 8 and the achievement of
426 program educational objectives.

427 **Criterion 7.3 -- Assessment of Graduates' Success**

428 The program must maintain appropriate records of the professional career
429 development of its graduates including: rates of students taking and passing national
430 certification exams, rates of graduate employment in the field of homeopathy and
431 other measures which may include publications, teaching, further study or other
432 contributions to the field.

433 **Criterion 7.4 -- Standard Measurement**

434 Equivalent methods and standards of student assessment must be applied at all
435 institutional sites, including externships.

436 **Criterion 7.5 -- Assessment Practices for Distance Learning Students**

437 The program must have policies and procedures to verify the authenticity of distance
438 learning student's work on exams, papers and casework. Programs that meet this
439 standard would likely employ methods such as-- a secure login and pass code;
440 proctored examinations; and use of new or other technologies and practices that are
441 effective in verifying student identity.

442 **Guideline:** Assessment practices for distance learning students must be of
443 comparable intensity and comprehensiveness as assessment practices in place
444 for on-campus students.

445 **Guideline:** Institutions and programs that employ distance learning must have a
446 process for direct observation and assessment of the clinical skills of distance
447 learning students.

448 **Criterion 7.6--Curriculum Review for Doctoral Programs**

449 There is regular curriculum review which evaluates and revises as needed the content
450 and instructional methodology of the program to ensure that required competencies
451 and expected outcomes are achieved; the review process takes into account findings
452 identified by the program's or institution's outcomes assessment processes and
453 advances in medical sciences. This process includes faculty input.

454 **Criterion 7.7-Assessment of Faculty Competence for Doctoral Programs**

455 There is an ongoing evaluation plan of faculty competence.

461 **Standard 8 -- Program of Study**

462 The Doctoral degree in Homeopathy shall meet or exceed the following minimum standards:

- 464 1. meet or exceed the minimum length of Program of Study for a part time or full time
465 program as described in criterion 8.1;
466 2. meet or exceed all professional competencies listed in Criterion 8.12;
467 3. include an adequate clinical training component; and,
468 4. include the following minimum core curriculum (A - N) designed to train students to
469 achieve the competencies of an independent professional homeopathy provider.

470
471 The program must ensure that the sequencing, duration, nature and content of all didactic,
472 practical, and clinical training courses are appropriately integrated and consistent with the
473 program's purposes and educational objectives.

474
475 **Guideline-Course Content for the Doctoral Program in Homeopathy:** The academic
476 component provides in-depth instruction in a variety of therapeutic and clinical subject
477 areas relevant to the practice of homeopathic medicine. The following subject
478 matter/courses are included (minimum 1060 total hours):

- 480 • **Philosophy (100 hours)**
481 • **History (20 hours)**
482 • **Materia Medica (360 hours)**
483 • **Repertory (80 hours)**
484 • **Case Taking (120 hours)**
485 • **Case Analysis (120 hours)**
486 • **Case Management and Posology (120 hours)**
487 • **Research (40 hours)**
488 • **Ethics and Jurisprudence (40 hours)**
489 • **Leadership (20 hours)**
490 • **Personal and Professional Development (40 hours)**

491
492 **Guideline-Course Content for Medical Courses for Doctoral Programs:** The academic
493 component provides an in-depth study of the human body, as well as instruction in a
494 variety of therapeutic and clinical subject areas relevant to the practice of homeopathic
495 medicine; where appropriate, instruction includes related experiences in laboratory
496 settings designed to reinforce and augment students' classroom learning. The following
497 subject matter/courses are included (minimum 1440 hours):

- 498
499 • **Basic Sciences (Total 770 hours)**
500 ○ Anatomy (160 hours)
501 ○ Biochemistry (80 hours)
502 ○ Embryology (20 hours)
503 ○ Endocrinology (20 hours)

- 504 ○ Genetics (20 hours)
- 505 ○ Immunology (20 hours)
- 506 ○ Microbiology (30 hours)
- 507 ○ Neuroanatomy (40 hours)
- 508 ○ Pathophysiology (160 hours)
- 509 ○ Pharmacology (80 hours)
- 510 ○ Physiology (160 hours)
- 511
- 512 ● **Clinical Medicine (440 hours)**
 - 513 ○ Addictionology (20 hours)
 - 514 ○ Allergies (20 hours)
 - 515 ○ Cardiology (20 hours)
 - 516 ○ Counseling/coaching (20 hours)
 - 517 ○ Dermatology (20 hours)
 - 518 ○ Emergency Medicine (20 hours)
 - 519 ○ Endocrinology (20 hours)
 - 520 ○ ENT (20 hours)
 - 521 ○ Family Medicine (20 hours)
 - 522 ○ Gastroenterology (20 hours)
 - 523 ○ Geriatrics (20 hours)
 - 524 ○ Gynecology (30 hours)
 - 525 ○ Hematology (20 hours)
 - 526 ○ Neurology (20 hours)
 - 527 ○ Obstetrics (20 hours)
 - 528 ○ Oncology (30 hours)
 - 529 ○ Pediatrics (20 hours)
 - 530 ○ Pulmonology (20 hours)
 - 531 ○ Psychiatry (20 hours)
 - 532 ○ Rheumatology (20 hours)
 - 533 ○ Urology (20 hours)
- 534 ● **Community Medicine (40 hours)**
 - 535 ○ Epidemiology (20 hours)
 - 536 ○ Public Health (20 hours)
- 537
- 538 ● **Diagnostics (170 hours)**
 - 539 ○ Clinical Assessment (Diagnosis and Differential Diagnosis) (60 hours)
 - 540 ○ Laboratory Assessment (30 hours)
 - 541 ○ Physical Assessment (60 hours)
 - 542 ○ Radiological Assessment (20 hours)
- 543
- 544 ● **Integrative Medicine (20 hours)**
 - 545 ○ Introduction to Integrative Medicine
- 546

547 **Guideline-Core Curriculum for Doctoral Programs:** The core curriculum must include
548 instruction necessary to provide knowledge and skill development in critical thinking,
549 problem solving, and communication skills that transmit the essence of Homeopathic
550 medicine and prepare graduates for leadership roles within the field. The need for
551 lifelong learning must be reflected as an integral theme of the curriculum. The core
552 curriculum must emphasize knowledge and skill development that reflects the changing
553 roles and responsibilities of the practitioner and the dynamic nature of the profession.
554

555 The doctoral program must provide a curriculum covering the competencies in the
556 following core areas:

- 557
- 558 1. Advanced patient assessment and diagnosis;
 - 559 2. Advanced clinical intervention and treatment;
 - 560 3. Consultation and collaboration;
 - 561 4. Clinical supervision and practice management;
 - 562 5. Research;
 - 563 6. Community involvement;
 - 564 7. Leadership.

565

566 **Guideline-National Standards for Doctoral Programs:** The curriculum is congruent with
567 national standards for doctoral level homeopathic education that are now being
568 established.

569 **A. History, Development & Current Affairs of Homeopathy**

570 The programs must familiarize students with the history and development of homeopathy and
571 the social, economic, and political forces that have influenced its practice over the past 200-
572 years, up to and including, present day. Programs must introduce and place in context the
573 philosophers, authors, activists, and the social, political and economic forces that have had
574 major influences on the homeopathic discipline and profession. Programs must address
575 homeopathy's current place in the national and state by state healthcare landscape, both in
576 terms of trends of practice of the discipline and the current legal and political climate.
577 Students must be taught the importance and practicalities of engaging with the profession.
578 Programs must inform about how, and require students to, engage with the community so that
579 they understand the importance of both practice promotion and profession promotion and, if
580 desired, how they may contribute as leaders of the emerging profession.

581 Curriculum includes:

- 583 1. History of Medicine: Hippocrates to Galen and Paracelsus
- 584 2. History of Vitalism: Paracelsus to Hahnemann
- 585 3. History of Homeopathy
 - 586 a. Hahnemann and his contemporaries
 - 587 b. Familiarity with the Organon and its different editions
 - 588 c. Familiarity with early generations of homeopathic authors
- 589 4. World History of Homeopathy

- 590 a. The spread of homeopathy and its proponents
- 591 5. History of Homeopathy in North America
- 592 a. The spread of homeopathy to North America and its proponents
- 593 b. Familiarity with philosophers, authors, activists, and social, political and
- 594 economic forces that have had major influences on the homeopathic discipline
- 595 and profession as it developed
- 596 6. Current Affairs in Homeopathy in the US and Canada
- 597 a. Familiarity with homeopathic organizations, associations and leaders
- 598 b. Familiarity with philosophers, authors, activists, and social, political and
- 599 economic forces currently influencing the homeopathic profession today.
- 600 7. Current Legal & Political Affairs: US
- 601 a. Affordable Health Care Act and Rules
- 602 b. Legality of Practice
- 603 c. Categories of Practice
- 604 8. Current Legal & Political Affairs: Canada
- 605 a. Provincial Regulation
- 606 9. Awareness of other forms of holistic medicine
- 607 a. naturopathy, traditional oriental medicine, Ayurveda and herbology.
- 608 10. National Healthcare Landscape-
- 609 a. CAM
- 610 b. Integrative Medicine
- 611 c. Homeopathy's place in Integrative Healthcare
- 612 11. Contemporary Emerging Thought In Homeopathy
- 613 12. Homeopathy's Role in Western Science

614 **B. Homeopathic Philosophy, Principles and Methodology**

615 Programs must impart a thorough understanding of the principles of homeopathy that guide

616 its theories and implementation in clinical practice. Homeopathic educational programs must

617 familiarize students with a variety of approaches to attain the competencies stated in section

618 8.11, spanning a spectrum from the writings of Hahnemann to the writings and teachings of

619 contemporary respected homeopaths. Each educational organization may select a manner in

620 which to accomplish this. However, all students of homeopathy will be able to weigh the

621 benefits and limitations of many different approaches to understanding homeopathic

622 philosophy, principles, and methodology.

623

624 Fundamental Concepts

- 625 • Concept of health, disease and healing.
- 626 • Differences between homeopathic, isopathic, allopathic, antipathic
- 627 • Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of *The*
- 628 *Organon*.
- 629 • Concept of susceptibility and causative factors.
- 630 • Concept of the Vital Force.
- 631 • Case management according to the Law of Similars.
- 632 • Principles of homeopathy.

- 633 • Definition of basic homeopathic terms.
634 • Concept of the core dose.
635 • The single remedy.
636 • Potency scales, including: X, C, D, K, LM, Q, and Fibonacci.

637
638 Symptoms and signs

- 639 • Strange, rare and peculiar symptoms.
640 • Common and uncommon symptoms.
641 • Hierarchy of symptoms.
642 • Classification of symptoms.
643 • Suppression of symptoms.

644
645 Classification of diseases

- 646 • Miasms
647 • Natural and Artificial
648 • Acute and Chronic
649 • Etiologies
650 • Suppressed disease
651 • One-sided disease
652 • Stages of disease process
653 • Epidemics and genus of epidemics
654 • Mental and Emotional diseases
655 • Intermittent diseases

656
657 Theory of Case Management

- 658 • Primary and secondary action
659 • Evaluation of client response to remedy
660 • Second remedy recommendation
661 • Herring's teachings on "direction of cure"
662 • Hahnemann's teachings on "obstructions to cure"
663 • Management of case on all levels
664 • Posology-including the forms in which remedies can be given (i.e. liquid, powder, tablet,
665 globules, inhalation, or others).

666
667 (*REFERENCE: European Guidelines for Homeopathic Education, 2nd Edition, June 2000*)

668 **C. Homeopathic Case-Taking**

669 Taking a homeopathic case requires special skills. These skills should grow with experience. A
670 well taken case is the basis for sound analysis, repertorization, prognosis, and follow-up. The
671 program of study should provide students with a strong foundation for meeting the real-life
672 challenges that arise in case-taking in professional practice, including the following:

675 Subjective Data

- 676 1. The student must be familiar with guidance on case taking from a diverse range of
677 respected homeopathic authors and teachers.
- 678 2. The education of the student must examine the ways in which various analysis approaches
679 can require the gathering of different kinds of information.
- 680 3. The student must have sufficient opportunity to observe several experienced homeopaths
681 taking cases, ideally in person as well as from cases on video (always subject to the
682 permission of the client). In this aspect of the student's education, the mentoring
683 homeopath should elucidate the strengths and weaknesses of the way in which each case
684 was taken, the ways in which the case-taking methods were adapted to the situation of the
685 individual client, and other learning points.
- 686 4. The student, alone or in a group of students, must have adequate opportunity to take cases
687 in a setting mentored by an experienced homeopath that provides direct feedback on the
688 art and techniques in a manner that enables the student to hone his or her case-taking
689 skills.
- 690 5. Through reading and experience the student must acquire a thorough understanding of the
691 way in which case taking over a series of visits forms a fabric by which the success of a
692 course of homeopathic care can be managed, and the course adjusted as necessary.
- 693 6. Although the types of records to be kept will vary depending on the practice style or
694 licensing requirements for each homeopath, the student must understand how case
695 records must make appropriate references to medical information that is provided by or
696 mentioned by the client.
- 697 7. By reading and observation, the student must acquire sufficient understanding of the
698 nature, individualization, sensitivity, confidentiality, and accurate recording of information
699 that together form the setting in which cases should be taken.
- 700 8. The student must read numerous well-respected homeopathic journals to observe the
701 manner in which cases are recorded, learning the highest standards of accuracy, specificity,⁷
702 and comprehensiveness.
- 703 9. The student will observe a sufficient and wide range of cases that exemplify varying
704 pathologies, etiologies, severity, and stages of illness (acute versus chronic) in children and
705 adults.

706
707 Objective Data

- 708 1. For Doctoral Programs only, case taking should include the capacity to make a physical
709 examination and obtain necessary laboratory and radiological studies.

710 **D. Case Analysis**

711 Programs must impart the cognitive skills required for effective case analysis and emphasize
712 the importance of a thorough recording of that analysis. Programs must teach a variety of case
713 analysis strategies that range from historic to current practice. The program must impart the
714 ability to:

- 715 1. Assess the strength of the client's vital force, center of gravity, and susceptibility;
- 716 2. Evaluate the onset, duration, and intensity/severity of symptoms;

- 718 3. Distinguish characteristic from common symptoms, recall the importance of
719 strange, rare and peculiar symptoms and identify complete symptoms (location,
720 sensation, modality, and concomitant)
721 4. Perceive the totality of symptoms required for effective remedy selection;
722 5. Determine the nature of the illness in terms of acute or chronic and analyze accordingly
723 6. Assess previous and current therapeutic history/treatment;
724 7. Demonstrate diversity of case analysis strategies, including the ability to distinguish and
725 articulate other various management and analysis strategies, and apply them as
726 appropriate;
727 8. Translate the client's symptoms into repertory language, and repertorize the case in a
728 manner appropriate to the case presented;
729 9. Employ research, evaluate and ultimately apply information gathered through various
730 sources – including: *materia medica*, provings, journals, databases, and the Internet;
731 10. Examine the effects of different potencies and their relevance to a case as well as selecting
732 the appropriate frequency and method of administering remedies (*posology*);
733 11. Identify various types of computer analysis techniques and differentiate their strengths and
734 weaknesses;
735 12. Illustrate the value, limitations, and use of medical reports in homeopathic case analysis;
736 and,
737 13. Order and evaluate the resources available to clients in assessing whether they are able to
738 make important changes in their lives that may be beneficial
739 14. Case analysis should include the capacity to form a medical diagnosis for commonly
740 occurring medical problems and to interpret diagnostic testing results.

741 **E. Case Management**

742 Programs must elucidate and expand upon the multi-faceted nature of case management:

- 744 A. Management of the practitioner-client relationship
745 B. Homeopathic management of the evolution of the case
746 C. Homeopathic management of the dynamics of the case
747 D. Management of the case records

749 The basic manner in which these are done and the competencies needed to perform them
750 effectively will be the same for all homeopathic practitioners. However, how the practitioner-
751 client relationship and the case records are managed will be influenced by the license or
752 regulations, if any, under which each individual practices.

753 Standards for education in case management may vary according to the teaching style and
754 clinical mentoring style of various homeopathic programs. However, the educational standards
755 below must be met in an appropriate manner.

- 757 1. The program must expose the students to numerous well-respected homeopathic
759 journals in order that students observe the manner in which cases are recorded, noting

- 760 the highest standards of accuracy, specificity, and comprehensiveness and the manner
761 in which cases are managed.
- 762 2. During clinical training, the student must receive mentoring to develop and refine her
763 or his skills in case management. This must include client interactions, keeping
764 appropriate case records, managing the progress of cases, and ways to find necessary
765 information or assistance to achieve the best possible outcomes for the client.
- 766 3. The student must be exposed to guidance on case management from respected
767 homeopathic authors and teachers that includes but is not limited to:
- 768 a) Remedy and potency selection
- 769 b) Administration of remedies (low and/or high potencies, frequency)
- 770 i. First aid
- 771 ii. Acute diseases
- 772 iii. Chronic diseases
- 773 c) Follow-up evaluation
- 774 i. Reaction to the remedy
- 775 ii. Aggravation
- 776 iii. Disruption
- 777 iv. Suppression
- 778 v. Palliation
- 779 vi. Antidoting
- 780 vii. No effect, etc.
- 781 d) Identifying changes in the vital force
- 782 e) Identifying Herring's teachings on "direction of cure"
- 783 f) Identifying Hahnemann's teachings on "obstacles to cure"
- 784 g) Remedy selection, dose and repetition.
- 785 4. The education of the student must examine various analysis and case management
786 approaches illustrating how varying strategies can require the gathering of different
787 kinds of information.
- 788 5. The student must have sufficient opportunity to observe several experienced
789 homeopaths managing cases, ideally in person as well as from cases on video (always
790 subject to the permission of the client). In this aspect of the student's education, the
791 mentoring homeopath must elucidate the strengths and weaknesses of the way in
792 which each case was managed, the ways in which the case management methods were
793 adapted to the situation of the individual client, and other learning points.
- 794 6. By reading and experience the student must acquire a thorough understanding of the
795 way in which case taking over a series of visits forms a fabric by which the success of a
796 course of homeopathic care can be followed and adjusted as necessary.
- 797 7. Although the types of records to be kept will vary depending on the practice style or
798 licensing requirements for each individual, the student must understand how a case
799 should document appropriate references to medical information that is provided by the
800 client or mentioned by the client.

801
802 Programs will teach interpersonal skills necessary for case management, including:

- 803 1. Exercising perceptiveness in taking and following cases

- 804 2. Practicing effective and attentive listening skills
805 3. Practicing good observation skills
806 4. Displaying open-mindedness
807 5. Maintaining unconditional positive regard
808 6. Employing appropriate, effective, and sensitive communication
809 7. Managing the understandable concerns of a client who is not experiencing the level of
810 results she or he had hoped for
811 8. Maintaining appropriate aspects of the client confidentiality relationship in situations
812 where consideration must be given to contacting outside parties (e.g. child protective
813 services)
814 9. Managing situational issues, such as forgetting to follow through on a task for which a
815 commitment had been made to a client
816 10. Collaborating with others including, health care professionals, clients, and families
817 11. Displaying adeptness in dealing with clients who are unable or unwilling to pay.
818 12. Students will have the capacity to integrate homeopathic management with
819 conventional medical therapies.

820 **F. Repertory**

821 General areas of study:

- 822
823 1. Introduction to repertory.
824 a. Purpose, history, additions and organization of repertories.
825 b. Boenninghausen's repertory (the first repertory)
826 c. Kent through modern repertories, including computerized repertories.
827 2. The general layout of repertories and limitations of various repertories.
828 a. Grading of symptoms/rubrics in each.
829 b. Organization- Kent's through newer organizing techniques.
830 c. Strengths and limitations of older repertories, especially Kent's.
831 d. Structure of Kent's repertory.
832 e. Using Kent's repertory in homeopathic case analysis.
833 f. Understanding the basic organization of each section of the repertory.
834 g. Understand the structure of computerized repertories including their strengths and
835 limitations.
836 3. Purpose of rubrics and sub-rubrics and how they are developed and organized.
837 a. Common and confusing rubrics
838 b. Cross referencing important rubrics
839 c. How to choose the best rubrics for a case
840 d. Combining rubrics.
841 e. Errors in rubric indenting
842 4. Terminology and abbreviations used in the repertories, including contemporary and
843 anachronistic medical terminology.
844 5. Ways to translate contemporary language and meaning into the language of a repertory
845 (or the *materia medica*) and ways to interpret the language of a repertory (or the

materia medica) – in its historical and social context - into contemporary language and meaning

6. Various tabulation tools—their strengths, limitations and uses.
 - a. Paper graphs, computers, and other techniques
 - b. Their use in modern practice.
 7. Different roles of repertorization in selecting a remedy:
 - a. How to use the repertory effectively.
 - b. Different types of repertory analysis.
 - c. Limitations of repertories – not 100% inclusive
 8. Awareness of other methods (than repertorization) to review and study *materia medica*

Specific areas of study:

Structure (schema of Kent's Repertory, using the Final General edition)

1. Rubrics, sub-rubrics, grading of symptoms
 2. Construction of symptom arrangement:
 - a. Timings
 - b. Sides
 - c. Sensation
 - d. Location
 - e. Modalities
 - f. Extension
 3. Content of the main sections
 4. Detailed examination of specific general sections of the repertories with definition of pathological terms in historical context:
 - a. Generalities
 - b. Chill
 - c. Fever
 - d. Perspiration
 - e. Others
 5. Content and modern use of the Mind section
 6. Rubric groupings and foundations for rubric definition - differentiating between similar rubrics.
 7. Problems and mistakes in Kent and other repertories
 8. Omissions – Kent’s repertory does not include all of the information available to him
 9. Additions

Different Approaches and techniques of repertorization.

1. Combination and elimination
 2. Instruction on the use of repertory grid
 3. Others

Computer repertorization

1. Possibilities and limitations, strategies for effective use:
 - Isis, MacRepertory, Radar, Reference Works, Similia, and others.

890 **G. Materia Medica**

891 Educational programs must provide students with a thorough comprehension of the following
892 aspects of homeopathic materia medica:

- 893 1. Knowledge of the major writers and books: from Hahnemann to the present day.
- 894 2. How to compare and contrast information about remedies to appreciate what is similar
895 and what is different about them. Methods for this include:
 - 896 a. Using categories such as "families" (remedies grouped according to plant or mineral
897 constituents) to bring into consideration a less used or less familiar remedy by
898 referencing its similarities to another remedy
 - 899 b. Performing a "differential" by identifying aspects of the materia medica that are
900 different among several remedies that may otherwise seem to match the symptoms
901 of an individual.
- 902 3. How to evaluate materia medica sources. (thoroughly proven, partially proven, and
903 unproven data; data collection, editing, short cuts, etc.)

904
905 The study of materia medica must include characteristic symptoms, disturbances, and themes
906 in the physical, mental, emotional, spiritual spheres of remedies that lead to an understanding
907 of:

- 908 1. Sources for homeopathic remedies - using aspects like biology, botany, chemistry,
909 physics, doctrine of signatures, mythology, folklore, culture, applications, and use in
910 other forms of healing
 - 911 a. The history, culture and behavior of the substance in the natural world.
 - 912 b. Toxicology
 - 913 c. Pathogenesis
 - 914 d. Pharmacology
 - 915 e. Nomenclature
 - 916 f. Homeopathic proving -Authors and methodology
- 917 2. Clinically confirmed symptoms
- 918 3. Repertory rubrics
- 919 4. Etiology
- 920 5. Different approaches to symptomatology
 - 921 a. Totality of symptoms
 - 922 b. Individualizing symptoms ('strange, rare, and peculiar')
 - 923 c. Mental/emotional (including delusions, fears and dreams)
 - 924 d. Concomitant symptoms
 - 925 e. Symptoms suggestive of miasmatic influence
 - 926 f. Organ affinities
 - 927 g. Pathognomonic symptoms
 - 928 h. Modalities
 - 929 i. Sensation and function
 - 930 j. Acute and first aid uses
 - 931 k. Remedy relationships (family groupings)
 - 932 i. Mineral groupings and relationships, animal and botanical groupings
 - 933 ii. Chemistry/biology of the substance

- iii. Antidotes, affinities, inimicals, complementaries, remedies that follow well
 - iv. Polychrests, so-called ‘small remedies’, nosodes, sarcodes, isopathics, bacteria and fungi, and ‘imponderables’
 - v. Tautopathics, gemmotherapeutics, tissue salts, and flower essence

6. How *materia medica* applies to other approaches or aspects of remedy study -

 - a. Constitutional types
 - b. Essences
 - c. Core elements
 - d. Central delusion
 - e. Central disturbance
 - f. Developmental stages in remedies from the picture in health through to deep pathology
 - g. Remedy indications for different stages of human development/stages of life
 - h. Miasmatic influences, and newer methods

7. Clinical application -

 - a. Remedy relationships
 - b. Comparative *Materia Medica*
 - c. Differential *Materia Medica*

8. Awareness of how *Materia Medica* is constantly evolving

H. Posology

Homeopaths must develop an understanding of the principles and possible effects of using the full range of homeopathic potencies, including:

1. Recall the scales of dilution - starting with mother tincture
 2. Describe the model of potentization through succussion
 3. Apply the above foundational concepts in choice of homeopathic remedy, potency and dosage as it pertains to the sensitivity of the individual, acute versus chronic cases, client's level of vitality, age, and onset/duration of symptoms
 4. Demonstrate the methods of administration of a remedy, including dry dose, wet dose, split dose, cupping, LM in water, Fibonacci, ointment, solution, topical, inhalation, suppository
 5. Apply sound principles regarding frequency of dosing
 6. Identify appropriate circumstances for use of higher potencies such as exact match in chronic cases, young otherwise healthy persons with acute symptoms, etc.

I. Required remedies:

List of Required Homeopathic Remedies for the Doctoral Degree Programs

Abelmoschus, Abies Canadensis, Abies nigra, Abroma augusta, Abrotanum, Absinthium, Acalypha indica, Acetic acid, Aconitum napellus, Actea racemosa (Cimicifuga), Actea spicata, Adamas, Adonis vernalis, Aesculus hippocastanum, Aethusa cynapium, Agaricus muscaris, Agnus castus, Agraphis mutans, Aleteris farinose, Alfalfa, Ailanthus glandulosa, Allium cepa, Allium sativa, Aloe socotrina, Alstonia scholaris, Alumen, Alumina, Alumina silicata, Ambra grisea, Ammonium bromatum, Ammonium carbonicum, Ammonium iodatum, Ammonium phosphoricum, Ammonium muriaticum, Amyl nitrosum, Anacardium orientalis, Anqustra vera, Anthracinum

976 *Antimonium crudum, Antimonium tartaricum, Apis mellifica, Apium graveolens, Apocynum cannabinum, Aralia*
977 *racemosa, Aranea diadema, Argentum metallicum, Argentum nitricum, Arnica Montana, Arsenicum album*
978 *Arsenicum bromatum, Arsenicum hydrogenisatum, Arsenicum iodatum, Arsenicum sulphur flavum, Artemesia*
979 *vulgaris, Arum triphyllum, Asafoetida, Asarum europium, Asterias rubens, Aurum arsenicum, Aurum iodatum,*
980 *Aurum metallicum, Aurum muriaticum, Aurum muriaticum natronitum, Avena sativa, Bacillinium, Badiaga, Baptisia*
981 *tinctora, Baryta acetica, Baryta carbonicum, Baryta iodata, Baryta muriaticum, Baryta phosporicum, Baryta*
982 *sulfuricum, Belladonna, Bellis perennis, Benzinum, Benzoicum acidum, Berberis aquifolium, Berberis vulgaris,*
983 *Berbin, Bismuthum, Blatta orientalis, Borax, Boricum acidum, Boron, Bothrops lanciolatus, Bovista, Bromium,*
984 *Bryonia album, Bufo rana, Bursa pastoris, Cactus grandiflorus, Cadmium sulphuricum, Caladium seguinum,*
985 *Calcarea acetica, Calcarea arsenicosa, Calcarea carbonica, Calcarea fluorica, Calcarea iodata, Calcarea phosphorica*
986 *Calcarea silicata, Calcarea sulphurica, Calendula officianalis, Camphora, Cannabis indicus, Cannabis sativa,*
987 *Cantharis, Capsicum, Carbo animalis, Carbo vegetabilis, Carbolicum acidum, Carcinosinum, Carduus marianus,*
988 *Cascara sagrada, Cascarilla, Castanea vesca, Castoreum, Caulophyllum, Causticum, Ceanothus americanus, Cedron*
989 *Chamomilla, Chelidonium majusk, Chelone, Chemopodium Anthelminticum, Chelaopodium Anthelminticum,*
990 *Chimaphilla umbellata, Chininum arsenicosum, Chininum sulphuricum, Chionanthus, Cholesterinum, Chromicum*
991 *acidum, Chrysorobinum Cicuta virosa, Cina, Cinnabaris, Cinchonia officianalis, Cinnamonomum, Cistus Canadensis,*
992 *Clematis erecta, Cobaltum, Coca, Cocaineae, Coccinella septempunctata, Coccus indicus, Coccus cacti, Coffea*
993 *cruda, Colchicum autumnale, Collinsonia Canadensis, Colocynthis, Comocledia dentate, Condurango, Conium*
994 *maculatum, Convallaria majallis, Copiva, Corallium rubrum, Cornus circinata, Crataegus, Crocus sativa, Croton*
995 *tiglum, Crotalus horridus, Cubeba, Culex musca, Cuprum aceticum, Cuprum arsenicum, Cuprum metallicum,*
996 *Curare, Cyclamen, Daphne indica, Dioscorea villosa, Digitalis purpurea, Diphtherinum, Dolichos pruriens, Drosera*
997 *rotundifolia, Dulcamara, Echinacea, Elaps corallinus, Elaterium ecbalium, Epiphegus, Equisetum arvense,*
998 *Equisetum hiemale, Erigeron Canadensis, Eucalyptus, Euonymus stropurea, Eupatorium perfoliatum, Eupatorium*
999 *pupureum, Euphorbium, Euphorvia lathyrus, Euphrasia officianalis, Eupion, Fagopyrum, Fallicum acidum, Ferrum*
1000 *arsenicosum, Ferrum iodatum, Ferrum metallicum, Ferrum phosphoricum, Ferrum picricum, Ficus religiosa, Filix*
1001 *mas (Aspidum), Fluoricum acidum, Formica rufa, Fraxinus Americana, Fumaria officianalis, Gadolinium*
1002 *phosphoricum, Gallic acid, Gambogia, Gelsemium, Ginseng, Glonoine, Gnaphallium, Gossypium, Granatum,*
1003 *Graphites, Gratiola, Grindelia, Guaiacum, Hamamelis virginica, Hekla lava, Helleborus niger, Heloderma, Helonias*
1004 *dioica, Hepar sulphuris calcareum, Hydrocyamine hydrobromate, Hydrophobinum, Hura brasiliensis, Hydrangea*
1005 *arborescens, Hydrastis Canadensis, Hydrocynicum acidum, Hydrocotyle asiatica, Hyoscyamus niger, Hypericum*
1006 *perforatum, Iberis, Ignatia amara, Indigo, Indoformum, Insulin, Iodum, Ipecacuanha, Iris versicolor, Jaborandi,*
1007 *Justicia, Jatropha, Kali arsenicosum, Kali bichromicum, Kali bromatum, Kali carbonicum, Kali chloricum, Kali*
1008 *cyanatum, Kali iodatum, Kali muriaticum, Kali nitricum, Kali phosphoricum, Kali sulphuricum, Kalmia latifolia, Kola*
1009 *nut, Kreosotum, Lac caninum, Lac defloratum, Lac felinum, Lac leoninum, Lachesis, Lacticum acidum, Lactuca*
1010 *virosa, Lamprohiza splendidula, Lapis albus, Lathyrus sativus, Latroductus mactans, Laurocerasus, Lecithinum,*
1011 *Ledum palustre, Lemna minora, Leptandra, Lilium tigrinum, Lithium carbonicum, Lobelia, Lycopodium,*
1012 *Lycopersicum virginicus, Lyssin, Magnesium carbonica, Magnesium muriaticum, Magnesium phosphoricum,*
1013 *Magnesium sulphuricum, Magnetis polus australis, Malandrinum, Mancinella, Manganum aceticum, Mangifera*
1014 *indica, Medorrhinum, Melilotus alba, Menyanthes trifoliata, Mephites putorius, Mercurius corrosivus, Mercurius*
1015 *cyanatus, Mercurius dulcis, Mercurius iodatus flavus, Mercurius iodatus rubber, Mercurius solubilis, Mezereum,*
1016 *Millefolium, Morphinum, Moschus, Murex purpurea, Muriaticum acidum, Mygale lasiodora, Myrica cerifera,*
1017 *Myristica sabifaera, Naja tripudians, Naphthaline, Natrum arsenicosum, Natrum carbonicum, Natrum muriaticum,*
1018 *Natrum phosphoricum, Natrum sulphuricum, Niccolum, Nitricum acidum, Nitrogen, Nux moschata, Nux vomica,*
1019 *Ocimum canum, Oenanthe crocata, Oleander, Oleum animale, Onosmodium, Oophorinum, Opium, Origanum,*
1020 *Ornithogalum umbelatum, Osmium, Oxalicum acidum, Paeonia officianalis, Palladium, Pareira brava, Paris*
1021 *quadrifolia, Passiflora incarnata, Pertussinum, Petroleum, Phasco-cin, Phellandrinum, Phosphoricum acidum,*
1022 *Phosphorus, Physostigma, Phytolacca decandra, Picricum acidum, Pilocarpus microphyllus, Pix liquida, Plantago*
1023 *majora, Platinum metallicum, Plumbum metallicum, Podophyllum, Polygonum, Pothos foetidus, Prunus spinosa,*
1024 *Psorinum, Ptelea trifoliata, Pulex, Pulsatilla nigrans, Pylocarpus, Pyrogenium, Quercus, Radium bromatum,*
1025 *Ranunculus bulbosa, Ranunculus scleratus, Raphanus, Ratanhia, Rheum, Rhododendron, Rhus aromatica, Rhus*
1026 *toxicodendron, Rhus venata, Robinia, Rosa arkansas, Rumex crispus, Ruta graveolens, Sabadilla, Sabal serruta,*
1027 *Sabina, Saccharum officianale, Sambucus nigra, Samarium metallicum, Sanguinaria Canadensis, Sanicula,*

1028 *Sarsaparilla, Secale cornutum, Selenium, Senega, Senecio aureus, Senna, Sepia officianalis, Silica, Solanum*
1029 *lycopersicum, Solanum tuberosum aegrotans, Solidago virgo*
1030 *Spartium scoparium, Spigelia, Spongia tosta, Squilla maritime, Stannum metallicum, Staphysagria, Sternum*
1031 *metallicum, Sticta pulmonalis, Stramonium, Strontium carbonicum, Strophanthus hispidus, Strychninum, Succinum*
1032 *Sulphur, Sulphur iodatum, Sulphuric acidum, Sumbul, Symphoricarpos racemosa, Symphtum, Syphilinum,*
1033 *Syzgium jambolanum, Tabacum, Taraxacum, Tarentula Hispanica, Tarentula Cubensis, Taxus baccata, Tellurium,*
1034 *Terebinthina, Teucrium marum verum, Thallium, Theridion, Thiosinaminum, Thlapsi bursa pastori, Thuja*
1035 *occidentalis, Thymol, Thyroidinum, Tilia europa, Trifolium pratense, Trillium pendulum, Trombidium, Tuberculinum,*
1036 *Uranium nitricum, Urtica urens, Ustilago maydis, Utricularia gibba, Vaccinum, Valeriana, Vanadium, Variolinum,*
1037 *Veratrum album, Veratrum viride, Verbascum, Vespa crabro, Viburnum opulus, Vinca minor, Viola odorata, Viola*
1038 *tricolor, Vipera, Viscum album, Wyethia, Xanthoxylum, X-ray, Yucca, Zinc arsenite, Zinc chromate, Zinc iodide*
1039 *Zincum metallicum, Zincum phosphate, Zincum sulphate, Zincum valerianate, Zingiber*

1040 **J. Homeopathic Proings & Research**

1041 *Provings*

1042 Homeopathic educational programs must provide students with a basic understanding of the
1043 principles of and purposes for homeopathic provings.

1044 Fundamental knowledge of homeopathic proving methods:

- 1045 a. The purpose of provings.
1046 b. The history of provings (Hahnemann through modern methodologies).
1047 c. Types of provings (informal/partial through Hahnemannian).
1048 d. Provings in relation to allopathic drug trials.

1049 *Research*

1050 Homeopathic educational programs must provide students with a basic understanding of the
1051 principles of how to conduct and interpret research – homeopathic, medical, and other.

1052 *Philosophy*

- 1053 a. Methodology
1054 b. Historical Research
1055 c. Current Research
1056 i. Clinic trials
1057 ii. Basic science research documenting the action of high dilutions
1058 iii. Basic science research into the mechanism of action of remedies
1059 iv. Provings
1060 v. Surveys of practice patterns
1061 vi. Literature research regarding the completeness of the Repertory as a
1062 reflection of provings and clinical experience.

1063 *Conduction of Research*

- 1064 i. Students will participate in and help to conduct, ~~help to~~ gather data and analyze a
1065 homeopathic research project.
1066 ii. Students will be able to compare, contrast and analyze contemporary homeopathic
1067 research.
1068 iii. Students will be able to analyze homeopathic research for its quality and

1073 reproducibility.
1074 iv. Students will be able to communicate effectively homeopathic research with the
1075 allopathic community.

1076 **K. Clinical Training**

1077 Academic and clinical education components are carefully coordinated, integrated, and are
1078 mutually reinforcing. The program allows for a graduated progression in the student's
1079 development of knowledge, skills, attitudes and behaviors, and fosters the student's
1080 consequent ability to manage increasingly complex clinical knowledge and patient cases.
1081 Throughout the entire program, homeopathic principles, philosophy, and clinical theory and
1082 practice are integrated into the academic and clinical education components of the program.
1083

1084 Clinical training requirements for Doctoral Programs include the training requirements for
1085 Master's Degree and Master's level programs (see 12a). In addition, it includes the following;
1086

- 1087 a. The doctoral program shall provide an in-depth level of practical and clinical training
1088 and experience in specific specialty areas that will distinguish the candidate as having
1089 advanced expertise in homeopathic medicine.
- 1090 b. The program must provide in-depth didactic and practical training in the area(s) of
1091 clinical specialty sufficient to support the clinical experience. Clinical training for the
1092 doctoral program shall be characterized by a broader and more in-depth clinical
1093 experience than what is offered at the master's level. Clinical training in the doctoral
1094 program is focused in the training of a doctor as a primary care provider.
- 1095 c. Both didactic and clinical components of clinical training may be completed through
1096 joint arrangements with other institutions. The program must closely and systematically
1097 monitor the structure, setting, organization, comprehensiveness, and the general
1098 quality of the specialty program provided to its students and to be responsible for the
1099 learned competencies and outcomes.
- 1100 d. The primary clinical experience must be in an internship, although the program may
1101 also offer externship experiences. Clinical training must place students in internship
1102 settings with an adequate number of professional supervisors and provide a wide range
1103 of educational experiences.
- 1104 e. The program must provide opportunities for interns to engage in collaborative
1105 interactions with other medical providers in appropriate clinical settings.
- 1106 f. The clinical curriculum of the doctoral program shall provide the student with the
1107 opportunity for assuming in-depth professional responsibilities and demonstrating
1108 professional role modeling. This may include supervised: teaching assignments,
1109 participation in administration of services, quality assurance activities, clinical research
1110 activities, and supervision responsibilities. The clinical program must promote the
1111 integration of practice and scholarly inquiry.

1112
1113 **K.1 - Competency Based:** The clinical education component of the program is competency
1114 based and is carefully integrated with the academic component of the program of study. It
1115 provides an opportunity for students to develop competence in integrating homeopathic

1116 principles, philosophy and clinical theory into clinical practice, as well as for further
1117 development and application of the knowledge, attitudes, behaviors and values introduced in
1118 the academic component.

1119

1120 **K, 2 - Successful Practice:** The clinical educational component enables students to develop the
1121 clinical competence, professionalism and confidence necessary for successful clinical practice.
1122 The clinical component also teaches students to be an integral member of the health care
1123 profession and an active participant in the community, to collaborate effectively with providers
1124 in other health care fields, and to work in an integrative health care setting.

1125

1126 **K, 3 - Increasing Responsibility:** Student achievement standards, competencies, policies, and
1127 evaluation procedures in the clinical education component are consistent with the principle of
1128 gradually ascending student responsibility: the level of clinical responsibility accorded student
1129 clinicians is gradually increased in accordance with their level of competence.

1130

1131 **K, 4 - General Content:** The following are among the elements that characterize the clinical
1132 education component:

- 1133
- 1134 a. A clinical experience that integrates homeopathic principles, philosophy, clinical theory
and clinical practice into every clinical interaction;
 - 1135 b. A clinical experience that provides students with the opportunities to develop the
1136 clinical knowledge, skills and critical judgment necessary for safe and effective practice
1137 as a primary care/general practice homeopathic physician/doctor, including patient
1138 counseling/coaching on health promotion and disease prevention, patient assessment,
1139 diagnosis, treatment, prognosis and management, and referral as appropriate;
 - 1140 c. Opportunities to demonstrate competence as set forth in this standard;
 - 1141 d. Opportunities to develop the skills, attitudes and behaviors necessary to establish
1142 effective professional relationships with patients, faculty, colleagues, other health care
1143 practitioners and the public.
 - 1144 e. Opportunities to treat patients of all ages, to treat a wide variety of conditions and
1145 diseases, and to develop case management skills;
 - 1146 f. Opportunities to interact with other healthcare providers;
 - 1147 g. Group forums for discussion among clinical faculty and students on a variety of clinical
1148 subjects and case analyses, with the inclusion of homeopathic principles, philosophy
1149 and clinical theory in all relevant aspects of the forum;
 - 1150 h. Opportunities to develop cultural/ethnic competence including socio-sexual and gender
1151 sensitivity, as well as an understanding of medical ethics and the medical consequences
1152 of common societal and environmental problems;
 - 1153 i. Opportunities to develop a thorough knowledge and the necessary skills of charting
1154 practices and patient record maintenance, including applicable legal requirements; and
 - 1155 j. Opportunities in homeopathic practice management (e.g., attracting and retaining
1156 patients, time management, charging and collecting fees, etc.).

1159 **K, 5 - Hours:** The program's clinical education component provides at least 1,000 clock hours
1160 of clinical training involving patient contact in a clinical setting. The following requirements
1161 pertain to the clinical education component:

- 1162
- 1163 a. Of the 1,000 hours, student clinicians must spend a minimum of 700 hours involved in patient care—in either a primary or secondary capacity—under supervision of clinical faculty members, in a homeopathic clinic where clinical competencies are evaluated by the program. For most clinical education settings, the faculty-to-student clinician ratio should be 1 to 6 or better.
 - 1164 b. The program must have a written policy covering preceptorships that ensures a consistent and worthwhile educational experience, and must have a formal relationship with each preceptor based on its written policy.

1171

1172 **K, 6 - Clinical Education Administration, Resources and Facilities:**

- 1173
- 1174 a. Clinical education is overseen by an appropriately qualified senior academic administrator who is involved in (i) curriculum design and implementation, (ii) oversight of clinical faculty, and (iii) the development of standards, policies and procedures pertaining to clinical education.
 - 1175 b. Clinical education takes place in healthcare clinics and/or hospitals that provide patient care in accordance with applicable local, state/provincial and federal requirements governing health and safety.
 - 1176 c. Clinical education is conducted in accordance with published policies on ethical behavior for students, clinical faculty, administrators and staff, and in accordance with policies and procedures on quality assurance and conflict-of-interest for the dispensary/medicinal. Sufficient resources are allocated to the clinical education component of the program to achieve its educational goals and objectives. There is sufficient patient volume for the number of student clinicians, and the clinical facilities are adequate in size and equipped as needed to provide experience in all aspects of homeopathic assessment, diagnosis and treatment covered in the program curriculum.
 - 1177 d. Administrative staffing of the clinical education component is sufficient to meet its needs, patient-care rooms are appropriately equipped, physical medicine facilities and equipment are adequate, the clinical laboratory is appropriately equipped, and a homeopathic dispensary fully serves the needs of patients, faculty and students.
 - 1178 e. There are record-keeping procedures in place that fully document completion of clinical education requirements.
 - 1179 f. The program must maintain clinical records of patients that are accurate, secured, backed up, complete and are kept confidential in accordance with applicable legal requirements. Clinical record keeping practices must conform to generally accepted standards of healthcare practice. Clinical charts must be signed by both the student and the supervisor.
 - 1180 g. The following requirements pertain to affiliated clinical training sites at which students may fulfill a portion of the 700 hours clinical education requirement stated above:

- A written affiliation agreement must be in place whenever an affiliated clinical training site is not under the direct administration of the program. The agreement must clearly state the educational goals for the training site and the role of the student clinicians.
- The program's standards, policies and procedures must be consistently applied to student clinicians regardless of the training site, and student clinicians must receive comparable educational opportunities and experiences at all sites;
- The program must employ student evaluation procedures at affiliated training sites comparable to those used at the principal teaching clinic, including procedures for evaluation of clinical competencies and student achievement;
- Instructors at affiliated sites must have a formal written arrangement with the program, and must have qualifications comparable to the program's clinical faculty and perform the same function.

K, 7 - Clinical Preceptors: Doctoral faculty may share the clinical teaching of students with qualified preceptors. A preceptor must have authorization by the appropriate state authorities to practice legally in their jurisdiction. A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least two years of clinical experience.

K, 8 - Clinical Preceptor Orientation: Clinical preceptors should be oriented so they understand the learning goals of the clinical experience and the level of progression that the student has attained. The faculty should interface closely with preceptors to assure appropriate clinical experiences for students.

L. Ethics & Legality

The educational process must prepare students to:

1. Develop a clear and objective understanding of the national, state and local laws and regulations affecting the scope of practice of a professional homeopath and be able to define a clear scope of professional practice within which he or she will work.
2. Explore and become conscious of their personal values, moral standards, and integrity.
3. Understand how their personal ethical values can limit or support healing.
4. Establish their own personal code of ethics compatible with the code of ethics of the homeopathic profession and that of health care professions in general.
5. Be able to set appropriate boundaries with clients that establish standards of behavior for the practitioner and for the client including, but not limited to, avoiding any form of sexual misconduct.
6. Establish appropriate ways to react to the awareness that a colleague may be impaired by alcohol, by substance abuse, or by inappropriate self-treatment, including appropriate ways to report such concerns.
7. Establish appropriate ways to react to the apparent incompetence of a colleague or situations where a colleague may be practicing outside the scope of his or her legitimate scope of practice, including appropriate ways to report such concerns.

- 1246 8. Establish an understanding of how to distinguish between the legal and ethical aspects
1247 of a situation, when that is necessary
1248 9. Safeguard client information including confidentiality and teaching use of cases
1249 10. Set fees, determine refund and cancellation policies
1250 11. To appreciate and cultivate professional & collegial relationships and the boundaries
1251 implicit in these
1252 12. Understand conflict of interest in terms of financial gain and appropriate disclosure to
1253 clients, students, conference organizers and peers.
1254 13. Represent the profession and pave the way for the homeopathic profession as a
1255 primary care modality.
1256 14. Developing awareness and knowledge of malpractice issues, and licensure as a primary
1257 care providers.
1258 15. Acquiring the ability to advocate on behalf of the profession the growth of
1259 homeopathy.
1260 16. Integrating understanding and awareness of health policy as it effects the homeopathic
1261 profession.

M. Practice Development and Personal Development

Practitioner and Practice Development are essential components of a homeopathy course curriculum. Their inclusion facilitates students in establishing and managing a successful practice capable of meeting the diverse needs of their clients

Important areas to be covered as part of the curriculum are:

1. Personal and professional development
2. Practice management and running a business
3. Practitioner and client relationship
4. Practice promotion

The following broad areas should form part of an effective homeopathy curriculum.

1. Reflective skills
2. Interpersonal and communication skills
3. Personal development
4. Personal health management

In the ever evolving and developing world of homeopathy it is important that practitioners continue to nourish and be responsible for their continued professional and personal development. Continued professional development is an ongoing process of reinforcing, enhancing and extending one's existing understanding, knowledge, skills and competencies. Also, a homeopathic professional should support the importance and value of taking leadership roles in the socio-political dimensions of the homeopathic profession as an integral part of professional responsibility.

Professional Involvement

1. Participation in professional association organizing

1289 2. Advocacy for homeopathy

1290 3. Volunteer work in homeopathy

1291

1292 Statutory and regulatory requirements to maintain membership with professional
1293 organizations differ. At a minimum, professional homeopaths must complete sufficient
1294 continuing professional development activities to meet the requirements of organizations that
1295 have granted them certification or of associations to which they belong.

1296

1297 Professional development in integrative medicine.

1298

1299 Source: ECCH Guidelines, 2011: Practitioner and Practice Development

1300 **N. Biomedical Clinical Sciences & Complementary Medicine**

1301 Accredited institutions and programs must ensure that, prior to graduation, all students have
1302 completed coursework in anatomy and physiology and pathology and disease. This
1303 coursework should be equivalent to a 3 credit college course in anatomy and physiology and a
1304 3 credit college course in pathology and disease. The institution or program may provide the
1305 coursework directly or offer students a list of options/ resources where the coursework may
1306 be completed.

1307

1308 Homeopathy program curriculum provides the student with a model of the human being in
1309 health and disease, including:

- 1310 • Basic sciences relevant to the practice of homeopathy and conducting homeopathic
1311 interviews
- 1312 • Human anatomy and physiology
- 1313 • The nature of the conventional medical model which emphasizes history taking,
1314 diagnosis, treatment and follow-up
- 1315 • Purpose and significance of commonly administered diagnostic tests
- 1316 • Major categories of pharmaceutical medications, including their major effects and side-
1317 effects
- 1318 • The potential for pharmaceutical, herb and nutritional supplement reactions,
1319 interactions, contraindications and side effects and how to access this information
- 1320 • The basis and need for referral and/or consultation
- 1321 • The range of biomedical referral resources and the modalities they employ
- 1322 • Various stages of mental, emotional and physical development throughout life
- 1323 • Functional disorders and pathological processes related to body systems:
 - 1324 – integumentary (skin and connective tissues)
 - 1325 – musculo-skeletal
 - 1326 – gastrointestinal
 - 1327 – respiratory
 - 1328 – cardiovascular and hematological
 - 1329 – immunological
 - 1330 – reproductive (including obstetrics)

- 1331 – urinary
- 1332 – endocrine
- 1333 – neurological
- 1334 – special senses
- 1335 – mental and emotional
- 1336 • Pathognomonic and individualizing symptoms
- 1337 • Basic first aid techniques for effective emergency intervention
- 1338 • Disorders due to physical agents
 - 1339 – Sunburn
 - 1340 – heat stroke
 - 1341 – electric shock
 - 1342 – radiation
 - 1343 – high altitude
 - 1344 – environmental pollution
 - 1345 – others
- 1346 • Poisoning and influence of crude medicinal substances and comparable therapeutic interventions
- 1347 • Drug abuse, nutrition, lifestyle diseases

1349
1350 A. Biomedical sciences for doctoral programs reflect the knowledge, skills and attitudes
1351 necessary to educate a doctor at a primary level of care. Competence is related to ambulatory
1352 primary health care services to patients who present in healthy states and those who present
1353 with common acute and stable chronic conditions, across the life cycle. This includes the
1354 following:

- 1355 • Evaluate patient backgrounds genetic profile, and developmental stages to formulate
1356 plans for health promotion and disease prevention.
- 1357 • Evaluate individual health risk utilizing principles of disease susceptibility, epidemiology
1358 and clinical prevention.
- 1359 • Appraise acuity and complexity of patient condition and determine the need to consult
1360 or refer patients to other health professionals or health care settings in an appropriate
1361 time frame.
- 1362 • Integrate homeopathic, complementary, alternative and conventional medical
1363 therapies into the comprehensive plan of care based on patient preferences and
1364 diagnosis.
- 1365 • Use advanced health assessment skills to differentiate between normal, variations of
1366 normal and abnormal findings.
- 1367 • Provide the full spectrum of health care services across the life cycle to include health
1368 promotion, disease prevention, health protection, anticipatory guidance,
1369 coaching/counseling, disease management, palliative, and end of life care.

1370
1371 **B.** The academic component provides in-depth study of the human body, as well as
1372 instruction in a variety of therapeutic and clinical subject areas relevant to the practice of

1374 homeopathic medicine; where appropriate, instruction includes related experiences in
1375 laboratory settings designed to reinforce and augment students' classroom learning. The
1376 following subject matter/courses are included:

1377

- 1378 • **Basic Sciences (Total 770 hours)**

- 1379 ○ Anatomy (160 hours)
- 1380 ○ Biochemistry (80 hours)
- 1381 ○ Embryology (20 hours)
- 1382 ○ Endocrinology (20 hours)
- 1383 ○ Genetics (20 hours)
- 1384 ○ Immunology (20 hours)
- 1385 ○ Microbiology (30 hours)
- 1386 ○ Neuroanatomy (40 hours)
- 1387 ○ Pathophysiology (160 hours)
- 1388 ○ Pharmacology (80 hours)
- 1389 ○ Physiology (160 hours)

1390

- 1391 • **Clinical Medicine (440 hours)**

- 1392 ○ Addictionology (20 hours)
- 1393 ○ Allergies (20 hours)
- 1394 ○ Cardiology (20 hours)
- 1395 ○ Counseling/coaching (20 hours)
- 1396 ○ Dermatology (20 hours)
- 1397 ○ Emergency Medicine (20 hours)
- 1398 ○ Endocrinology (20 hours)
- 1399 ○ ENT (20 hours)
- 1400 ○ Family Medicine (20 hours)
- 1401 ○ Gastroenterology (20 hours)
- 1402 ○ Geriatrics (20 hours)
- 1403 ○ Gynecology (30 hours)
- 1404 ○ Hematology (20 hours)
- 1405 ○ Neurology (20 hours)
- 1406 ○ Obstetrics (20 hours)
- 1407 ○ Oncology (30 hours)
- 1408 ○ Pediatrics (20 hours)
- 1409 ○ Pulmonology (20 hours)
- 1410 ○ Psychiatry (20 hours)
- 1411 ○ Rheumatology (20 hours)
- 1412 ○ Urology (20 hours)

1413

- 1414 • **Community Medicine (40 hours)**

- 1415 ○ Epidemiology (20 hours)
- 1416 ○ Public Health (20 hours)

- 1418 • **Diagnostics (170 hours)**
1419 ○ Clinical Assessment (Diagnosis and Differential Diagnosis) (60 hours)
1420 ○ Laboratory Assessment (30 hours)
1421 ○ Physical Assessment (60 hours)
1422 ○ Radiological Assessment (20 hours)
1423
1424 • **Integrative Medicine (20 hours)**
1425 ○ Introduction to Integrative Medicine

Standard 8 -- Specific Criterion Related to the Program of Study

These credit requirements are over and above the 60 semester credits required for admission to the professional master's degree or master's level programs.

Criterion 8.1 - Program length/ Minimum time frame for Doctoral Degree Programs
A homeopathic medicine program consists of a minimum of four academic years. It is typically presented in a quarter, trimester or semester format. Including clinical education, a homeopathic medicine program requires a minimum of 4000 clock hours, 1000 hours of which must be in clinical training. Assignment of credits to individual courses is consistent with accepted practices in higher education.

Guideline: The minimum length of a full time program should be six, fifteen week academic semesters.

Criterion 8.1 -- (b) Maximum time frame

The maximum time frame for a full time Doctoral Program should be no more than 6 academic years.

Criterion 8.1 -- (c) Clock to credit hour conversion

One semester credit is granted: for each 15 hours of classroom contact plus appropriate outside preparation or the equivalent; for each 30 hours of supervised laboratory or clinical instruction plus appropriate outside preparation; and for each 45 hours of clinical externship or independent study. One quarter credit is granted: for each 10 hours of classroom contact plus appropriate outside preparation or the equivalent; for each 20 hours of supervised laboratory or clinical instruction plus appropriate outside preparation; and for 30 hours of clinical externship or independent study.

Guideline: An academic year is defined as at least 30 instructional weeks.

Guideline: If translation is provided for a class taught by an instructor who is not fluent in the language of the students, the program should take into account an adjustment to the class-to-credit-hour-ratio to allow for the extra time needed for translation.

1461 **Guideline:** The program should regularly assess the impact of its academic
1462 load on students. While the maximum load that can be taken in one semester
1463 is left up to the program, it should have a policy in place so that the public is
1464 aware of how an academic load is authorized.

1465
1466 **Guideline:** Program length in terms of clock or credit hours and the number of
1467 courses per semester should be sufficient to enable the student to achieve the
1468 program's educational objectives and should be in accordance with acceptable
1469 educational practices.

1470
1471 **Guideline:** The program is expected to articulate its curriculum for each
1472 academic year, identifying semesters, courses and precise clock or credit hours.
1473 A credit hour is 50 minutes of instruction per week for a specified term or
1474 semester.

1475
1476 **Criterion 8.2 -- Completion Designation**

1477 To each person successfully completing the doctoral program, the program must award
1478 a certificate, diploma, or degree following both the general practices of higher
1479 education and the requirements of individual state jurisdictions.

1480
1481 **Guideline:** To each person successfully completing a doctoral degree program,
1482 the Doctor of Homeopathy ("DH") degree or Homeopathic Doctor ("HD") is
1483 awarded. A certificate of completion or a diploma may be awarded in the
1484 interim while the school is actively pursuing state authorization to grant a
1485 doctoral degree.

1486
1487 **Criterion 8.3 -- Consistent with purpose:**

1488 The doctoral homeopathy program must offer a program of study that is consistent
1489 with, and clearly related to, its statement of purpose and educational objectives.

1490
1491 **Criterion 8.4 -- Appropriate Level of Instruction**

1492 The program must be appropriate to an institution of higher education offering a
1493 professional master's level homeopathy program. The program must be sufficiently
1494 rigorous in breadth and depth and appropriate to the education and training of
1495 independent practitioners in the field of homeopathy. For a program taught in multiple
1496 languages or locations, the level of instruction must be consistent.

1497
1498 **Criterion 8.5 -- Off-Campus Training**

1499 If components of the program are conducted at sites geographically separated from the
1500 main campus, the academic leadership of the program must ensure that all educational
1501 components and services of the program are sufficient in quality. The academic
1502 leadership shall be responsible for the conduct and maintenance of quality of the
1503 educational experiences offered at the geographically separated sites and for
1504 identification of faculty at all sites.

1505 **Criterion 8.6 -- Use of Distance Education**

1506 ACHENA accredited institutions and programs that employ distance education
1507 technologies as part of their program of study should clearly delineate those areas in
1508 the course of study that are appropriate for delivery via distance education and clearly
1509 delineate the type of distance learning technology to be employed.

1510 **Note:** Teaching clinics that use a camera in one room and have students observe in the
1511 next room via video feed or that employ a one way mirror are not considered to be
1512 employing distance education.

1513
1514 **Guideline:** Institutions and programs that employ distance learning technologies
1515 should take steps to ensure that the faculty is proficient in, and comfortable
1516 with, the use of the technology for teaching purposes.

1517
1518 **Guideline:** Institutions and programs that employ distance learning technologies
1519 should take steps to ensure that students are proficient in, and comfortable
1520 with, the use of the technology.

1521
1522 **Guideline:** Institutions and programs that employ distance learning technologies
1523 that are synchronous should establish policies and procedures to ensure
1524 meaningful participation by distant students in all classroom activities, including:
1525 opportunities to ask questions, participate in discussion and benefit from the full
1526 range of methods of teaching employed in the classroom.

1527
1528 **Guideline:** Institutions and programs employing distance learning technologies
1529 that are asynchronous should establish policies and procedures to ensure faculty
1530 monitor student progress, are accessible to respond to student questions and
1531 maintain regular contact with students via phone, email or on-line.

1532
1533 **Guideline:** Institutions and programs that employ distance learning technologies
1534 gather feedback about the impact of the use of such technologies on campus-
1535 based students and the physical classroom environment.

1536
1537 **Guideline:** Use of distance learning technologies should not be employed
1538 sporadically solely for the convenience of students but should be used as part of
1539 an overall planned curriculum and course of study.

1540
1541 **Guideline:** Institutions and programs employing distance learning technologies
1542 should routinely evaluate student achievement and should compare levels of
1543 achievement attained through use of distance education with the level of
1544 achievement attained through traditional classroom instruction.

1545
1546 **Guideline:** Institutions and programs which employ distance learning
1547 technologies should develop systems to ensure that students attending via
1548 distance learning can notify the instructor immediately of any malfunction in the
 technology. There should be a process in place to periodically monitor that

1549 distance learning technologies are operating as intended without technical
1550 malfunction or interruption.

1551
1552 **Guideline:** Institutions and programs which employ distance learning
1553 technologies should engage in community building activities to promote a
1554 unified school community. All students, whether they are distance learning or
1555 campus based students, should have ample opportunities to build meaningful
1556 relationships with each other, faculty, administrators and student services staff.
1557

1558 **Criterion 8.6 -- (a) Verifying student identity**

1559 Institutions and programs which employ distance education technologies as part of
1560 their program of study must have processes in place through which the institution
1561 establishes that the student who registers in a distance education course or program is
1562 the same student who participates in and completes the course or program and
1563 receives the academic credit.
1564

1565 **Guideline:** The institution or program must have policies and procedures in
1566 place to verify the identity of a student who participates in class or coursework
1567 by using methods such as-- (i) A secure login and pass code; (ii) Proctored
1568 examinations; and use of new or other technologies and practices that are
1569 effective in verifying student identity
1570

1571 **Guideline:** The institution or program must make clear in writing its practices to
1572 protect student privacy and notify students of any projected additional student
1573 charges associated with the verification of student identity at the time of
1574 registration or enrollment.
1575

1576 **Criterion 8.6 -- (b) Inform AHCENA of significant increase in student enrollment**

1577 If inclusion of distance learning into the course of study results in an
1578 increase in student enrollment of greater than 50 percent, the institution or program
1579 must report this increase to ACHENA within 10 days of the increased level of student
1580 registration.
1581

1582 **Criterion 8.6 -- (c) Inform students of additional fees for distance education**

1583 Institutions or programs employing distance learning technologies must inform
1584 students during the application process of any required equipment for participating in
1585 distance learning activities, for example, computer, speakers, microphone, internet
1586 access, etc. Any additional fees should also be explained as part of the application
1587 process and in all cases before student enrollment.
1588

1589 **Criterion 8.7 -- Syllabi**

1590 A syllabus must be prepared for each course or major unit of instruction in the program
1591 and must be distributed to each student in the course and must be maintained in the
1592 program's curriculum files. A syllabus must contain at least the following: the purpose

1593 of the course; the objectives of the course in specific terms; the prerequisites of the
1594 course; an outline of the course and laboratory instruction in enough detail to permit
1595 the student's to see its full scope; the method(s) of instruction; the requirements of the
1596 course with the important dates (e.g., papers, projects, examinations); the type of
1597 grading system used; and the required and recommended reading.

1598

1599 **Guideline:** Syllabi should be made available to faculty members so that they may
1600 learn what the various courses in the curriculum include and can relate their
1601 instruction to other courses.

1602

1603 **Guideline:** Any adaptations to methods of instruction for distance education
1604 should be clearly delineated in the syllabi.

1605

1606 **Criterion 8.8 -- Clinical training**

1607 Clinical education and training must consist of clinical observation and the supervised
1608 care of clients which leads the student through gradually increasing levels of
1609 responsibility for client treatment, resulting in the ability to function independently by
1610 graduation. The program must provide a clinical education program of sufficient length,
1611 variety and quality to fulfill its educational purposes.

1612

1613 **Guideline:** Accredited institutions and programs should provide students with
1614 clinical training in a teaching clinic. Such a clinic should be operated by the
1615 institution or should be placed in a clinical facility with a formal affiliation with
1616 the institution or via externship where the institution exercises academic
1617 oversight substantially equivalent to the academic oversight exercised for
1618 teaching clinics operated by the institution, where: (1) Clinical instructors'
1619 qualifications meet school requirements for clinical instruction; (2) Regular,
1620 systematic evaluation of the clinical experience takes place; and, (3) Clinical
1621 training supervision procedures are substantially equivalent to those within the
1622 teaching clinic operated by the institution.

1623

1624 **Guideline:** The number of clinical supervisors must be sufficient to ensure
1625 effective instruction of, and safe practice by, students. Student must receive
1626 training from a variety of clinical faculty members.

1627

1628 **Criterion 8.9 -- Clinical observation**

1629 The institution or program must assure that each student fulfill an adequate number of
1630 hours of observing clinical practice. This may include a mix of clinical observation via
1631 use of: 1) asynchronous distance learning technologies or video cases of expert
1632 practitioners taking and managing cases, 2) synchronous distance learning technology
1633 to observe experienced practitioners and senior students performing case taking and
1634 managing cases, and 3) live, direct in-person observation of experienced clinicians or
1635 senior students in the school's teaching clinic.

1637 **Guideline:** Programs and institutions should provide ample, meaningful clinical
1638 observation opportunities for all students. Institutions and programs should
1639 ensure that distance learning students have sufficient opportunities for live, in-
1640 person or synchronous clinical observation of experienced clinicians or senior
1641 students taking, analyzing and managing cases in a teaching clinic.

1642
1643 **Guideline:** A clinical setting is defined as a place where clients are regularly
1644 treated. If any observation is conducted outside of a clinical setting, an
1645 educationally justifiable reason for considering it to be observation is necessary.
1646

1647 **Criterion 8.10 -- Supervised clinical practice**

1648 The program must assure that each student participate in an adequate number of hours
1649 in the supervised care of clients. The clinical training should progress in such a manner
1650 that affords students with increasing responsibility for live, in-person individual case-
1651 taking, case analysis and case management with supervision in a school clinic,
1652 externship or comparable setting.
1653

1654 **Guideline:** Student assessment practices should ensure that students are
1655 prepared for independent case taking and analysis before the student enters
1656 this level of training.
1657

1658 **Guideline:** The teaching clinic should provide students with ample live, direct,
1659 in-person experience with case taking, analysis and management to enable them
1660 to successfully manage clients independently upon graduation.
1661 **Guideline:** Any application of distance learning technology in student supervised
1662 clinical practice should be clearly spelled out in the course syllabi, should have
1663 sound educational justification and should be closely monitored and evaluated.
1664

1665 **Guideline:** Institutions and programs that offer distance education must
1666 establish an on-campus clinical training component for distance learning
1667 students. The on-campus clinical training component must be of sufficient
1668 length and quality to ensure that such student is prepared for clinical practice
1669 upon graduation. It must be of sufficient length to afford an opportunity for the
1670 skills development by the student as well as direct observation and assessment
1671 by faculty of each distance learning student's case taking and clinical skills.
1672

1673 **Criterion 8.11 – Student Participation in Provings**

1674 Institutions and programs should establish clear policies and procedures regarding
1675 student participation in provings conducted by the institution/ program.
1676

1677 **Guideline:** Student participation in school sponsored provings should be
1678 voluntary. Student agreement to participate in a proving should be documented
1679 via a written informed consent process that includes a clear description of the
1680 risks and benefits of participating in the proving.

1681 **Criterion 8.12(b) -- Professional Competencies for the Doctoral Degree Programs**

1682 The homeopathy program of study for the Doctoral Degree Program must lead to the following
1683 professional competencies to be attained through learning experiences included in the
1684 curriculum or approved adjunct programs.

1685

1686 **Guideline for Doctoral Programs:** The entire program of study, including the academic
1687 and clinical components, is “competency based.” A homeopathic medicine program
1688 clearly articulates—both for individual courses and for the program in its entirety—the
1689 core competencies and educational objectives necessary for a student to graduate as a
1690 competent doctor of homeopathic medicine. The program also incorporates all
1691 competencies formally adopted by ACHENA.

1692

1693 **Doctoral students in homeopathy will demonstrate competence in the provision of
ambulatory primary health care services to patients who present in healthy states and
those who present with common acute and stable chronic conditions, across the life cycle.**

1694 **On completion of the Doctor of Homeopathy program, the student will be able to:**

1695

1696 **DOMAIN 1: COMPREHENSIVE CLINICAL CARE**

- 1697 • **Competency 1:** Evaluate patient backgrounds utilizing homeopathic case-taking,
1700 genetic profile, family history, age, and developmental stage to formulate plans for
1701 health promotion and disease prevention.
- 1702 • **Competency 2:** Evaluate individual health risk utilizing principles of disease
1703 susceptibility, epidemiology and clinical prevention.
- 1704 • **Competency 3:** Appraise acuity and complexity of patient condition and determine the
1705 need to consult or refer patients to other health professionals or health care settings in
1706 an appropriate time frame.
- 1707 • **Competency 4:** Integrate homeopathic, complementary, alternative and conventional
1708 medical therapies into the comprehensive plan of care based on patient preferences
1709 and diagnosis.
- 1710 • **Competency 5:** Use advanced health assessment skills to differentiate between
1711 normal, variations of normal and abnormal findings.
- 1712 • **Competency 6:** Provide the full spectrum of health care services across the life cycle to
1713 include health promotion, disease prevention, health protection, anticipatory guidance,
1714 coaching/counseling, disease management, palliative, and end of life care.
- 1715 • **Competency 7:** Expand and utilize a wide range of homeopathic medicines and
1716 approaches for treatment of acute and chronic health problems (see Appendix for list of
1717 medicines).

1718 **DOMAIN 2: INTERDISCIPLINARY AND PATIENT CENTERED COMMUNICATION**

- 1719 • **Competency 1:** Assemble a collaborative interdisciplinary network, refer and consult
1720 appropriately across a broad range of complementary and alternative therapies,
1721 medical specialties and community resources, while maintaining primary responsibility
1722 for comprehensive patient care.

1723
1724 • **Competency 2:** Translate health information, help in navigation of the health care
1725 system, and promote informed choices and shared decision-making in addressing the
1726 specific needs of a patient in the context of family and community.

1727 • **Competency 3:** Establish and maintain high-level therapeutic relationships with
1728 patients, while engaging in a process of phenomenological reflective practice.

1729 **DOMAIN 3: SYSTEMS AND CONTEXT OF CARE**

1730 • **Competency 1:** Evaluate gaps in health care access that compromise optimal patient
1731 outcomes, and apply current knowledge of the organization and financing of health
1732 care systems to advocate for the patient and to ameliorate negative impact of systemic
1733 problems on patient care.

1734 • **Competency 2:** Analyze the principles of legal and ethical decision-making and apply
1735 them to dilemmas that arise in patient care, inter- professional relationships, and
1736 research.

1737
1738 **DOMAIN 4: RESEARCH: ANALYSING, GENERATING, AND USING THEORIES AND**
1739 **EVIDENCE FOR HOMEOPATHIC PRACTICE AND SCHOLARSHIP**

1740 • **Competency 1:** Analyze the theoretical and philosophical foundations of homeopathy
1741 and related therapeutic and philosophical systems.

1742 • **Competency 2:** Contribute to the body of homeopathic knowledge through the
1743 conduct of drug provings, clinical research, pharmacological research, epidemiological
1744 studies, basic research into the biological foundations of homeopathy, and/or other
1745 research projects.

1746 • **Competency 3:** Critically appraise and synthesize research findings and other evidence
1747 to achieve optimal patient outcomes.

1748 • **Competency 4:** Utilize information technologies to identify deficits in the existing body
1749 of homeopathic knowledge, facilitate clinical care, and effectively analyze data.

1750 • **Competency 5:** Demonstrate a capacity for converting *materia medica* and
1751 repertorization strategies into state of the art computer based research methods.

1752 • **Competency 6:** Analyze and apply principles of critical thinking to the process of clinical
1753 decision-making and scholarly inquiry.

1754
1755 **DOMAIN 5: LEADERSHIP**

1756 • **Competency 1:** Analyze and apply interpersonal, group and/or organizational theories
1757 in the identification of areas for improvement in the delivery of health care in a given
1758 setting.

1759 • **Competency 2:** Demonstrate effective leadership and collaborative skills in planning
1760 and implementing quality improvement in a health care setting.

1761 • **Competency 3:** Demonstrate the ability to apply principles of strategic planning and
1762 budget analysis in a health care setting.

1763 • **Competency 4:** Engage in professional collaboration and leadership activities at the
1764 local, regional, national, and international levels to disseminate new knowledge and
1765 advocate for the profession of homeopathy.

1766 **O. Compliance with Practices Established by the Profession and Society at Large**

1767
1768 Convey comprehension of the importance of:

- 1769
1770 1. Maintenance of professional development through continuing education.
1771 2. Maintenance of personal development by continued cultivation of character.

1772
1773 **Criterion 8.13 -- Continuing Education**

1774 When continuing education programs and special instructional activities are offered,
1775 provision for such activities must include an adequate administrative structure, a sound
1776 financial base, and appropriate facilities. Continuing education courses cannot be
1777 converted to usable hours that will meet the program's graduation requirements.

1778
1779 **Criterion 8.14 -- Licensure and Certification Exam Rates**

1780 If the program's national certification exam pass-rate falls below seventy percent (70%),
1781 ACHENA shall review the program to determine if it remains in compliance with the
1782 accreditation criteria.

1783
1784 **Standard 9 -- Faculty**

1785 The program should have faculty adequate for the programs offered.

1786
1787 **Criterion 9.1 -- Faculty Size and Qualifications**

1788 The program must maintain a faculty (homeopathic, medical and clinical) that is
1789 academically qualified and numerically sufficient to perform responsibilities assigned to
1790 it.

1791
1792 **Guideline for Doctoral Programs:** Medical faculty should hold a doctoral degree
1793 or equivalent. Exceptions can be made for exceptionally qualified faculty with
1794 appropriate justification. Clinical faculty should be able to legally practice within
1795 their given jurisdiction. Medical faculty members have expertise in the area in
1796 which they are teaching.

1797
1798 **Criterion 9.2 -- Faculty Background and Experience**

1799 The general education, the professional education, the teaching experience, and the
1800 practical professional experience must be appropriate for the subject area taught. Every
1801 faculty member must demonstrate successful experience and provide continuing
1802 evidence of keeping abreast of developments in his or her field.

1803
1804 **Guideline:** Qualifications for core homeopathic faculty for the doctoral degree
1805 include the following:

- 1806 1. Completion of certification equivalent to that provided by The Council
1807 for Homeopathic Certification.
1808 2. Completion of a professional program in homeopathy.
1809 3. Five years of full time professional practice.

1810 **Guideline:** The program should verify the appropriate credentials of its faculty
1811 and maintain such in the faculty member's file.

1812

1813 **Criterion 9.3 -- Professional Development and Benefits**

1814 Conditions of service must be both adequate and equitable, and administered ethically,
1815 to provide faculty members with academic freedom, opportunities for professional
1816 growth and development, and adequate preparation time.

1817

1818 **Guideline:** Faculty contracts should clearly specify responsibilities.

1819

1820 **Guideline:** Provisions for benefits and/or professional development should be
1821 renewed periodically.

1822

1823 **Guideline:** Evaluation of individual faculty performance should be carried out
1824 periodically.

1825

1826 **Criterion 9.4 -- Policies and Procedures**

1827 The recruitment, appointment, promotion and retention of well-qualified faculty
1828 members must be outlined in policies and procedures that are stated clearly in
1829 institutional documents. Due attention must be given to pertinent legal requirements
1830 in areas of non-discrimination, equal opportunity, and affirmative action employment
1831 practices.

1832

1833 **Criterion 9.5 -- Communication**

1834 Provision must be made for regular and open communication among members of the
1835 faculty and between the faculty and administrative officers of the institution.

1836

1837 **Guideline:** The faculty should hold meetings several times a year to consider
1838 educational policies and issues.

1839

1840 **Guideline:** Minutes of faculty meetings should be taken and should be kept in a
1841 permanent file within the institution.

1842

1843 **Criterion 9.6--Faculty Resources for Doctoral Programs**

1844 Faculty resources support the teaching of the didactic and clinical components of
1845 the doctoral program. There are sufficient faculty members to ensure quality
1846 instruction and clinical experiences for doctoral students.

1847

1848 **Standard 10 -- Student Services**

1849 The program shall provide student services and activities that reflect the program's objectives,
1850 create good student morale, and assist students in the achievement of personal and
1851 professional growth while making progress toward their career goals.

1852 **Criterion 10.1 -- Support fulfillment of objectives**

1853 Student services and activities must fulfill the objectives of the program and meet
1854 public and community service needs.

1855
1856 **Guideline:** The institution or program should assure all students, including
1857 distance learning students, have access to a well-developed program of
1858 counseling, advisement, orientation, financial aid and career development,
1859 placement. The organization of the services, as well as the resources and staffing
1860 provided, should be determined by the institution as long as provision for all of
1861 the above services is made.

1862 **Criterion 10.2 -- Published, fair student policies**

1863 The program must develop a statement of student rights, privileges and responsibilities
1864 of students and of disciplinary proceedings for violations of those responsibilities. This
1865 statement must be made available to students through the catalog, student handbook
1866 other appropriate means.

1867
1868 **Guideline:** There should be a fair and formal process for the faculty or
1869 administration to follow when taking any action that adversely affects the status
1870 of a student. The process should include timely notice of the impending action,
1871 disclosure of the evidence on which the action would be based, and an
1872 opportunity for the student to respond.

1873
1874 **Guideline:** The enrollment, cancellation, and refund policies should comply with
1875 applicable federal and state laws and regulations.

1876 **Criterion 10.3 -- Opportunity to be heard**

1877 Some provision or vehicle must be provided for obtaining student views in the
1878 decision-making process of the institution.

1879
1880 **Guideline:** The interest of students and alumni in institutional development
1881 should be encouraged.

1882
1883 **Guideline:** Student personnel policies should foster associations among
1884 students, faculty, and the administration and provide opportunities for the
1885 development of individual potential.

1886 **Criterion 10.4 -- Grievances**

1887 The program must have fair and efficient procedures for reviewing and responding to
1888 legitimate grievances made by students and must maintain a record of all student
1889 complaints during the preceding three-year period demonstrating that these
1890 complaints were handled in a fair and equitable manner.

1891
1892 The program must disclose the Commission's address in its published policy on
1893 student complaints so that, if upon the program's disposition of a legitimate student

1896 complaint, the student is not satisfied that the program has adhered to its policy or
1897 been fair in its handling of the complaint, the student may contact the Commission.
1898

1899 **Standard 11 -- Physical Facilities**

1900 The program shall provide facilities that are safe, accessible, functional, flexible, appropriately
1901 maintained and sufficient to house the program, to provide for effective functioning, and to
1902 accommodate the staff and the student body. The facilities shall include a clinic and, if
1903 applicable, an homeopathic dispensary; appropriate media and learning equipment adequate for
1904 the educational programs offered; or in lieu of a clinic, have made specific long range written
1905 arrangements for reasonable student access to such resources.

1906
1907 **Criterion 11.1 -- Classroom Size and Equipment**

1908 The program must provide classroom space properly equipped for and appropriate to
1909 its curriculum and size.

1910
1911 **Criterion 11.2 -- Compliance with Standards**

1912 Facilities must meet all federal, state, and local fire, safety, and health standards.

1913 **Criterion 11.3 – Upkeep**

1914 Provisions for the cleaning, repair and maintenance of buildings and grounds, and
1915 specific responsibilities for the care of grounds, security, fire protection, utilities and
1916 plant upkeep must be maintained appropriately.

1917
1918 **Criterion 11.4 -- Staff and faculty space and equipment**

1919 Adequate facilities and appropriate media and learning equipment must be available
1920 for administrative and faculty support as well as for students.

1921
1922 **Guideline:** Facilities and equipment should be adequate to maintain and process
1923 records.

1924
1925 **Criterion 11.5 - Clinic space and equipment**

1926 The program must provide clinic space with sufficient equipment and facilities.

1927
1928 **Standard 12 -- Financial Resources**

1929 The program shall have an adequate financial base for existing program commitments, shall
1930 provide evidence of adequate financial planning and shall have an appropriate financial
1931 management system. The program must be financially stable, with resources sufficient to carry
1932 out its objectives, to complete the instruction of all enrollees, and to support adequately its
1933 programs and activities now and in the foreseeable future. In the case of a program in an
1934 institution that is a sole-proprietorship, books and bank accounts for the program are required,
1935 and those books shall be distinct from the books and accounts for any other enterprise owned
1936 by the proprietor.

1937
1938 **Criterion 12.1 -- Resources**
1939 The program shall have the financial capacity to respond to financial emergencies or
1940 unforeseen occurrences. If an accumulated deficit has been recorded, a realistic plan
1941 with reasonable and attainable benchmarks to eliminate the deficit must be clearly
1942 presented, understood, and approved by the governing entity. If a program has an
1943 operating loss for three consecutive years, it will be required to submit a financial plan.
1944
1945 **Criterion 12.2 -- Control**
1946 The institution must have control of its financial resources and budgetary processes and
1947 be free from undue influence or pressure from external funding sources or agencies. In
1948 multi-purpose institutions, the program must have sufficient control over its program
1949 budget.
1950
1951 **Criterion 12.3 -- Expenditure**
1952 The income of the program must be expended to provide adequately for instruction,
1953 administration, learning resources, student services and activities, maintenance,
1954 equipment, supplies, and other specific functions that are consistent with the goals of
1955 the program.
1956
1957 **Criterion 12.4 -- Budgetary Process**
1958 The process by which the program's annual budget is established, and resources
1959 allocated, must be clearly defined and consistently implemented. It must provide a
1960 realistic projection of the program's revenue and expenditures. The budget must be
1961 reviewed and approved by the institution's governing entity. The program must be able
1962 to project its expenditures and revenues for at least a three-year period. The budget
1963 shall include notes explaining the assumptions on which the projected figures are
1964 based, e.g., the basis for increases or decreases in revenue or expenses.
1965
1966 **Criterion 12.5 -- Management**
1967 The financial management system must be set up to allow for a full audit by an outside
1968 independent certified public accountant. Each year, a minimum of a reviewed financial
1969 statement must be prepared. An accrual basis of accounting is required.
1970
1971 **Criterion 12.6 -- Audit**
1972 For the most recent year prior to submitting an Eligibility Report or seeking
1973 reaccreditation, a full audit with a management letter, certified by a licensed CPA, must
1974 be available to provide a detailed and accurate picture of the financial status of the
1975 program since the preceding year's reviewed financial statement. It must include a
1976 balance sheet statement, certified for one year, the statement of revenue and
1977 expenditures, and change in fund balance and/or financial position, all certified by an
1978 independent auditor with no relation to the institution. This audit must be reviewed by
1979 the appropriate individuals or responsible groups within the program.
1980

- 1981 **Guideline:** The accountant that conducts the school's audit should be
1982 knowledgeable regarding higher education institutions.
1983
1984 **Criterion 12.7 -- Indebtedness**
1985 Adequate resources must be available to meet debt-service requirements of short-term
1986 and long-term indebtedness without adversely impacting the quality of the program.
1987
1988 **Criterion 12.8 -- Financial aid operation**
1989 If the program utilizes public resources for financial aid, the financial aid operation
1990 must be capably administered as documented by reports from the funding source.
1991
1992 **Criterion 12.9 -- Default rate**
1993 If the program's cohort default rate exceeds 25%, or if it is 15% or higher and has
1994 increased 50% over the prior year's rate, the Commission shall review the program to
1995 determine if it remains in compliance with the accreditation criteria.
1996
1997 **Criterion 12.10 -- Refund Policy**
1998 The program must clearly define and uniformly follow a fair and equitable refund policy
1999 for unearned tuition that complies with applicable state and federal laws and
2000 regulations.
2001 **Guideline:** The pro rata amount may be computed by using the ratio of the
2002 number of weeks of instruction completed to the total number of weeks of
2003 instruction scheduled for the period of enrollment.
2004
2005 **Guideline:** Refund computations should apply to the stated tuition charges
2006 attributable to each school term.
2007
2008 **Standard 13 -- Publication and Advertising**
2009 The institution shall publish, and make available to students and to the general public, a
2010 catalog or comparable official publication that honestly and accurately sets forth its:
2011
2012
 - Current purposes and educational objectives
 - Entrance requirements and procedures
 - Admissions and transfer credit policies
 - Rules and regulations for conduct and attendance
 - Opportunities and requirements for financial aid (if applicable)
 - Procedures for discipline and or dismissal (for academic and other reasons)
 - Grievance procedures for students
 - Grading policy
 - Fees and equitable refund policies
 - Program completion and performance requirements
 - Members of the administration
 - Professional education and qualifications of full- and part-time faculty (If

2024 degrees are listed, the institution from which the higher degree was issued
2025 must be listed; when indicating an earned doctorate, designation of the
2026 country of origin, other than the U.S., in which the degree is conferred shall
2027 be listed, e.g., Ph.D. (UK), M.D. (China)

- 2028 • Members of the governing and advisory boards
- 2029 • Non-discrimination policy
- 2030 • Curriculum with course descriptions of each course
- 2031 • Academic calendar
- 2032 • Course schedule
- 2033 • Description of each academic program and course of study
- 2034 • Description of the learning and other physical resources
- 2035 • Sources from which students and prospective students can obtain the legal
2036 requirements for licensure and entry into the profession in the state in
2037 which the program is located and other states in which the program is explicitly
2038 approved for its graduates to sit for licensure. The program shall also
2039 state whether its graduates are eligible for licensure in the state in which
2040 the program is located.

2041

2042 Criterion 13.1 -- Completeness and Accuracy

2043 Publications, advertising, and other communications of information concerning the
2044 institution's programs, services, activities, and personnel must fully disclose the
2045 institution's educational offerings and must represent them to students, faculty, staff,
2046 the public and the Commission in language that is accurate, honest, clear, and
2047 unambiguous.

2048 **Guideline:** Degree titles of faculty should reflect the actual degree conferred.

2049

2050 Criterion 13.2 -- Accurate disclosure

2051 Programs, courses, services, and personnel not available during a given academic year
2052 must be identified clearly.

2053

2054 Criterion 13.3 -- Representation of opportunities

2055 Publications and advertising must not misrepresent employment, career, or licensure
2056 opportunities.

2057

2058 Criterion 13.4 -- Status with ACHENA

2059 The program must accurately report its accreditation status and relationship with the
2060 Commission according to the statements provided to it by the Commission.

2061

2062 Standard 14 -- Library and Learning Resources

2063 The program shall have learning resources and equipment adequate for the educational
2064 programs offered, or shall have made specific long-term written arrangements for access to
2065 such resources.

2067 **Criterion 11.1 -- Resources and access**

2068 The institution must have its own library or collection of learning resources, or must
2069 have executed long-term written contracts providing for usage of other specific library
2070 resources for the students if adequate and reasonable accessibility is ensured.

2071
2072 **Guideline:** The library's materials, services, and related equipment should
2073 facilitate and improve learning, foster inquiry and intellectual development, and
2074 support the educational program.

2075
2076 **Guideline:** The library should be housed in a convenient location, be available to
2077 students, faculty, and the community, as appropriate, and it should contribute
2078 sufficiently to the achievement of the educational objectives of the program.

2079
2080 **Guideline:** Institutions and programs offering distance education must make
2081 reasonable efforts to ensure that distance learning students have access to
2082 materials available in the library. This should include opportunities for students
2083 to learn about the scope of library holdings and opportunities for them to access
2084 these holdings on-line, through homeopathic software programs or through
2085 borrowing hard copies of materials via the mail.

2086
2087 **Guideline:** Expenditures and materials should be consistent with accepted
2088 standards.

2089
2090 **Guideline:** The learning resources are sufficient to support the professional
2091 doctoral program, including support of faculty, student scholarship and research
2092 at a professional doctoral level.

2093 **Criterion 14.2—Library Access**

2094 The library must include adequate space and access time appropriate for the size of the
2095 student body. Access and utilization of library resources by faculty and students in the
2096 core areas including homeopathy, biomedical sciences, research, specialty and clinic
2097 topics must be demonstrated by the institution.

2098 **Criterion 14.3 - Professional Librarian for Doctoral Programs**

2099 The program must have a professional librarian with expertise in issues of library
2100 development, management, and computer on-line research.

2101 **Criterion 14.4 - Library Holdings for Doctoral Programs**

2102 The program's library must have, in print or electronic format:

- 2103
2104
2105 1. Suitable and sufficient dictionaries and general reference materials in
2106 homeopathy;
2107 2. Minimum holdings of 1,000 homeopathic volumes, whichever is greater,
2108 accessible to students and faculty;

- 2109 3. Appropriate number and balance of both homeopathy and biomedicine journals
2110 and texts in the program's specialty area(s);
2111 4. Sufficient holdings, or convenient and ready access to other library resources,
2112 covering subject matter in the curriculum other than homeopathic and
2113 biomedicine, including volumes concerning research, statistics, ethics, natural
2114 history, counseling/coaching skills, and additional foundation areas related to
2115 the program.

2116 **Criterion 14.5 - Computer Resources for Doctoral Programs**

2117 The program must have on-site computer resources sufficient to provide ready access
2118 to biomedical and other databases.

2119 **Criterion 14.6 - Other Resources, Facilities and Services**

2120 Institutional resources, facilities, and services support the development, management,
2121 and evaluation of the doctoral program.