

Accreditation Commission for Homeopathic Education  
in North America



ACCREDITATION MANUAL

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Structure, Scope, Eligibility  
Requirements and Standards

**101 South Whiting Street**

**Suite 315**

**Alexandria, VA 22304**

<http://www.ACHENA.org>

[info@aCHEna.org](mailto:info@aCHEna.org)

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## **Preface**

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

The higher education community recognizes the following purposes of accreditation:

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

### **A note About the Practice of Homeopathy and the Range of Professional Homeopaths:**

Homeopathy is a comprehensive system of medicine that has been practiced around the world for more than 200 years. This accreditation manual outlines the Structure, Scope, Eligibility Requirements and Standards for the education of professional homeopaths in the US and Canada. It must be noted that the ranks of professional homeopaths include individuals with a wide range of backgrounds and scopes of practice including: physicians and naturopaths who are licensed to practice medicine; nurse practitioners, physician assistants; nurses; psychologists; certified classical homeopaths and others. Professional homeopaths that are licensed to practice medicine diagnose illness and treat disease using homeopathy. However, nothing in this accreditation manual should be interpreted to imply that non-physician professional homeopaths are engaged in the practice of medicine. The scope of practice of the non-physician, professional homeopath is to employ the system of homeopathy to promote wellness, not to diagnose or treat disease.

# **1. The Accreditation Commission for Homeopathic Education in North America**

The Accreditation Commission for Homeopathic Education in North America, ACHENA, was founded in 1982 as the Council on Homeopathic Education (CHE) as an independent organization to apply the tenets of accreditation to the education of professional homeopaths in the United States and Canada. ACHENA, as a specialized accrediting agency, is the deliberative body for the assessment of compliance with established educational standards for the training of professional homeopaths in the United States and Canada. ACHENA's current scope is accreditation throughout the United States and Canada of:

- o Freestanding institutions and colleges of Homeopathy that offer Master's Degree or Master's Level Programs

Title IV Note: Only freestanding institutions or colleges of homeopathy may use accreditation by this agency to establish eligibility to participate in Title IV programs. As an independent agency, ACHENA's decisions are not subject to review or alteration by any organization, individual or any other outside agency.

## **1.1 The Structure of ACHENA**

ACHENA, a US based non-profit organization, established a Commission composed of commissioners who direct and supervise the accreditation process. Commissioners are chosen from among the general public, programs that are accredited by ACHENA, homeopathic practitioners and general academia. Commissioners serve in their individual capacities and not as representatives of any institution or organization.

The Commission designates professional staff to carry out its policies and to maintain liaison support between the programs and ACHENA. All correspondence to ACHENA should be addressed to ACHENA's main office.

Meetings of the ACHENA non-profit Board of Directors, take place at least six times per year and the full Commission meets at least twice a year. Meetings to determine policy and to take action on programs are closed. ACHENA reserves the right to invite guests to provide consultation to the Commission as needed. ACHENA has free standing committees as required to conduct the organization's business. The Commission may establish special committees as necessary. ACHENA reserves the right to make changes at any time to its policies, procedures and processes governing the accreditation review process. ACHENA has an established public comment process to provide stakeholders and the general public with an opportunity for review and input regarding ACHENA's accreditation standards, policies, procedures and processes. Accredited schools and candidates for accreditation will be given a reasonable length of time to comply with any changes in standards. ACHENA publishes an updated listing on its website of all accredited programs.

## **1.2 The Scope of ACHENA: Programs and Institutions Eligible for Accreditation**

The Commission accredits the Master's Degree in Homeopathy or the Professional Homeopathic Practitioner certificate or diploma program, as well as freestanding institutions and colleges of homeopathy that offer such programs.

### **1.2.1 Master's Degree in Homeopathy or Professional Homeopathic Practitioner Certificate or Diploma Program**

The professional program in homeopathy shall follow at least two years of accredited postsecondary education. The length of study for a full time program shall be at least three, 15 week academic semesters and the length of study for a part time program shall be a minimum of three academic years.

### **1.2.2 Institutional Accreditation**

When an accreditable homeopathy program is offered in a non-accredited, freestanding institution offering exclusively programs in homeopathy, the Commission provides institutional, as well as programmatic, accreditation.

### **1.2.3 Programmatic Accreditation**

When an accreditable homeopathy program is offered in a nationally accredited institution offering degree or comparable certificate programs in fields other than homeopathy, the Commission provides programmatic accreditation only.

### **1.2.4 Multi-Purpose Institutions**

When an accreditable homeopathy program is offered in a non-accredited institution which also offers programs in other fields, the Commission may review the homeopathy program. Should the program meet ACHENA standards, the program would achieve programmatic accreditation only. Reference to ACHENA accreditation or candidacy in institutional publications shall be limited to the homeopathy program only.

Programmatic accreditation by ACHENA does not make the homeopathy program (or any other program in the institution) eligible to participate in the federal Title IV program. To be eligible for Title IV, the institution must also achieve institutional accreditation from a multipurpose, institutional accrediting body recognized by the U.S. Secretary of Education. If an ACHENA-accredited, single-purpose, freestanding institution becomes a multipurpose institution (i.e., also offers a program in a field other than homeopathy, or a program which is not approved by ACHENA), ACHENA's accreditation will convert to programmatic accreditation. As such, the eligibility of the institution or program for Title IV participation may be suspended by the U.S. Secretary of Education.

### **1.2.5 Abbreviated Programs**

An institution offering a professional master's level or professional homeopathic practitioner diploma or certificate program in homeopathy leading to competency as an independent practitioner, may not offer a parallel professional program with lesser

requirements that leads to the Masters Degree in Homeopathy or Professional Homeopathic Practitioner certificate or diploma. All programs offered for the purpose of training a professional homeopath for entry level independent practice must be at the professional master's degree level.

#### **1.2.6 Unapproved Programs**

Institutions that pursue or have achieved institutional accreditation or candidacy with the Commission may seek to offer programs in homeopathy or in other subjects, for which the Commission has not established substantive standards for review and approval. In keeping with the Commission's responsibility to protect the public interest, commencing any such program by a College that has achieved institutional accreditation or candidacy with the Commission is considered a substantive change. ACHENA policy establishes that any substantive change requires that the institution secure Commission review and approval prior to commencing such new program. This policy is established to ensure that implementation of new programs and their operation will not adversely affect the capacity of the institution to continue to meet the Commission's standards, even if such programs will be accredited by another accrediting agency.

#### **1.2.7 Degree-Granting Status**

Accredited institutions or programs must have legal capacity in the state in which it is located to offer a master's level degree program in homeopathy or award a professional homeopathic practitioner diploma or certificate.

#### **1.2.8 Correspondence Programs**

The Commission does not accredit correspondence programs in which: 1) the institution or program provides educational materials by mail or electronic transmission to students who are separated from the instructor, 2) the course of study is self-paced, and 3) interaction between the student and instructor is limited and primarily initiated by the student. Such programs are not eligible for accreditation.

#### **1.2.9 Use of Distance Education Technologies**

The Commission may accredit institutions and programs which employ distance education technologies in an educationally sound manner as a part of their program of study when such institution or program meets all other eligibility requirements and standards and criteria required for accreditation.

## **2. The Accreditation Process**

Accreditation is a voluntary process. In the process, ACHENA assesses the extent to which the institution and its programs achieve their mission, goals, objectives as well as institutional/programmatic and student learning outcomes. The accreditation process provides a structure under which the institution/program can continually assess its effectiveness relative to ACHENA standards. For ACHENA to review a program for accreditation, the program (and the institution in which it resides) must fall within ACHENA's scope of accreditation (See,

Section 1.2). The initial accreditation process consists of two distinct, yet related processes: the Eligibility Process, whose objective is Candidacy for Accreditation, and the Self- Study Process, whose objective is Accreditation.

## **2.1 The Eligibility Process**

The process for achieving Candidacy with ACHENA has two fundamental components:

1. The Eligibility Report, submitted to document evidence of meeting each of the Eligibility Requirements and progress and action plans for meeting fully the Standards and Criteria for Accreditation; and
2. The Eligibility Site Visit, conducted by the Commission to confirm the evidence presented in the Eligibility Report.

These two components of the Eligibility Process are designed to provide the Commission with information sufficient to determine if the candidate meets the three fundamental requirements to be a Candidate for Accreditation:

1. The program is in compliance with the Commission's Eligibility Requirements and has adopted and initiated action plans to comply fully with the Standards and Criteria for Accreditation during the Candidacy period.
2. The program is capable of undertaking and completing the self-study process required for accreditation within three years of achieving Candidacy status.
3. The program provides documented evidence that it is making progress towards accomplishing its stated objectives and has a plan for assessing its effectiveness and program and student learning outcomes.

During the Eligibility Process, the Commission reviews each candidate in accordance with all of the available information gathered through the process and other authoritative data contained in the record. The Commission's review is comprehensive, including all off-campus sites. While respecting each institution/ program's objectives, the Commission assesses the degree to which the candidate meets its objectives in terms of institutional/ program and student learning outcomes and judges the integrity, record and ability of the institution/program to meet the Standards and Criteria for Accreditation.

If, following the Eligibility Process, the Commission finds that the program meets the requirements for candidacy and possesses the institutional and programmatic structures necessary for development toward accreditation, the Commission will grant Candidacy to the program. In granting Candidacy, the Commission acknowledges the ability of the program to meet its immediate needs, to undertake realistic analysis and planning to correct any deficiencies, and to organize and acquire any needed resources to accomplish its stated mission, goals, objectives and outcomes.

## **2.2 The Self-Study and Evaluation Process**

Having established that a program possesses adequate educational structures and processes as measured against the Eligibility Requirements and ACHENA Standards (i.e., Standards and Criteria for Accreditation), the process of accreditation continues with the institution/program's comprehensive self-evaluation, or "self-study" of those structures and processes. The self-study process must be institution or program-wide in scope and must focus upon the Standards and Criteria for Accreditation that the Commission uses to determine and assure educational quality.

The self-study process has the following components:

- **The Self-Study Report:** The Self-Study Report is a comprehensive assessment document submitted by the program, which reports the outcomes of the self-study process including particular attention to institutional/program and student learning outcomes (Refer to the Self-Study Guide);
- **The Team Site Visit:** The site visit is conducted by a team appointed by the Commission to validate the contents of the self-study report as well as confirm program compliance with ACHENA standards. The team prepares a report of the program Compliance, Non-Compliance and Areas Requiring Further Development relative to ACHENA standards.
- **Formal Institutional Response (FIR):** The program submits a formal institutional response to the site visit team report following an opportunity to correct errors of fact that are confirmed by the team. Factual corrections must be based on evidence that was made available either as a part of the Self Study Report or as updated material provided during the site visit. No amendments to the record are permitted after the final team report has been submitted to the Commission and the institution.
- **Closed Hearing with the Commission:** A closed hearing is conducted only upon request of the Commission or the institution to clarify the program record.

Throughout the self-study and review process, the Commission assesses each program record, with particular attention to the institution's plans for and success in achieving its mission, goals, objectives, and institution/program and student learning outcomes. The Commission assesses the institution/program's compliance with ACHENA standards. Through the process, the Commission seeks to determine that:

1. The mission, goals, objectives, institutional/program and student learning outcomes have been adequately documented;
2. The institution/program has adequate resources to achieve mission, goals, objectives and outcomes;
3. The institution/program is organized in such a way that mission, goals, objectives and outcomes are being supported;

4. The program is achieving its mission, goals, objectives and outcomes; and
5. There is documented evidence of sufficient stability for the program to continue to achieve its mission, goals, objectives and outcomes.

### **3.0 Eligibility Requirements, Standards and Criteria**

Accreditation is not intended to impose upon a program a rigid uniformity of mission, goals, objectives, outcomes, operations or clinical or theoretical content and approaches. Since programs in the same field may have different objectives, each program is judged in light of its own published mission, goals and objectives in accord with ACHENA standards.

ACHENA adopts standards to assess a program's candidacy or accreditation status. The Commission expects a program, throughout the accreditation process, to demonstrate how it is achieving its mission, goals, objectives and outcomes relative to ACHENA standards.

ACHENA Eligibility Requirements and Standards are arranged into two categories: Eligibility Requirements and Standards and Criteria for Accreditation, which include rubrics or Guidelines.

- The **Eligibility Requirements** are the basic threshold requirements for master's and master's level programs.
- The **Standards and Criteria for Accreditation** are benchmarks by which ACHENA determines if a program meets ACHENA expectations. They expand and elaborate upon the Eligibility Requirements, describing in greater detail the specific applications of the Requirements and the issues upon which the Commission expects the program to focus on in its development.
- Certain ACHENA standards contain rubrics (i.e., Guidelines). Guidelines are provided by ACHENA for the purpose of consistently interpreting and meeting the Criteria.

### **4.0 General Eligibility Requirements for Master's Degree & Professional Homeopathic Practitioner Diploma and Certificate Programs**

To be eligible for ACHENA Accreditation, Initial Accreditation or Re-accreditation, an institution and its ACHENA programs must demonstrate that they meet or continue to meet the following Eligibility Requirements of ACHENA. Once eligibility is established, institutions and their ACHENA programs must then demonstrate that they meet ACHENA Standards. Please note that a complete list of required accompanying documentation is listed in the *Guide For Preparing The Eligibility Report* on the ACHENA webpage. The process of determining eligibility is found in *ACHENA Policies & Procedures Manual*.

#### **General Eligibility Requirements**

1. The institution is authorized to operate as an educational institution and to award

postsecondary degrees, certificates or diplomas by an appropriate governmental organization and other agencies as required by each of the jurisdictions in which it operates. Based on review of individual institutional/program requests, ACHENA may determine that governmental authorization from a foreign government or other agency is an acceptable alternative.

2. The institution and its ACHENA program(s) are operational with students actively pursuing the Masters Degree or master's level certificate or diploma program. For those seeking initial or re-accreditation, the homeopathic program(s) has graduated students and can demonstrate appropriate learning outcomes.
3. The institution and its homeopathic programs comply with all federal, state and local laws and regulations applicable to their operations.
4. The institution/program's mission and goals are clearly defined and adopted by its governance structure consistent with its legal authorization, and are appropriate to the degrees, certificates or diplomas granted upon completion of the program.
5. The institution or program provides evidence of planning that integrates plans for academic, personnel, information, learning resources, and financial development.
6. The institution or program documents a funding base, financial resources, and plans for financial development adequate to support mission, goals, and objectives of the homeopathic program(s) and to assure financial stability. The institution periodically undergoes and makes available to the Commission an external audit by a certified public accountant or an audit by an appropriate public audit agency.

NOTE: For programmatic accreditation, the institution in which the program resides periodically undergoes an external audit by a certified public accountant or an audit by an appropriate public audit agency. The Commission will review relevant financial data.

7. The institution or program devotes a sufficient portion of its income to the support of its homeopathic educational programs.
8. The institution or program has a clearly defined functioning governance structure responsible for the quality and integrity of the institution and its homeopathic programs, as well as to ensure that the institution/program's mission, goals and objectives are being carried out.
9. There is in operation a "conflict of interest policy" for the governance structure (and fiduciary body members, if such a body exists), which addresses matters such as remuneration, contractual relationships, employment, family, financial or other interests that could pose conflicts of interest, and that assures that those interests

are disclosed and do not interfere with the impartiality of members of the governance structure or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution and its homeopathic programs.

10. The governance structure is able to assure that the institution and its homeopathic program(s) adhere to the eligibility requirements, describes itself in identical terms to all accrediting agencies, can be reasonably expected to adhere to ACHENA accreditation standards and policies, communicates any changes in its accredited status, and assures that the governance structure and the institution make freely available to the Commission accurate, fair, and complete information on all aspects of its homeopathic programs and their operations.
11. The institution has a chief executive officer or administrative team that is responsible for the entire operation of the institution or program and must be directly responsible for the administration of the policies and procedures set forth by the governing body.
12. The institution has qualified administrative staff who provide the administrative services necessary to support its homeopathic programs and mission, goals and objectives.
13. The programs in homeopathy are congruent with the institution's mission; they have clearly defined and published objectives; they are of sufficient content and length; they are conducted at levels of quality and rigor appropriate to the credentials offered upon program completion.
14. The homeopathy program engages in systematic evaluation of student achievement.
15. The institution or program engages in systematic evaluation of how well and in what ways it is accomplishing its purposes, goals, objectives and outcomes, including assessment of student learning and documentation of effectiveness.
16. The institution provides sufficient learning and information resources and services to support the nature, scope, and level of the homeopathy programs offered.
17. The institution has adopted and adheres to admissions policies consistent with its mission that specify the qualifications of students appropriate for its homeopathy program(s).
18. Faculty is sufficient in number, background and experience to support the homeopathy programs offered and includes a core of faculty with sufficient responsibility to the institution to assure the continuity and coherence of its homeopathy programs. The institution provides a clear statement of faculty

responsibilities that include development and review of curriculum as well as assessment of learning outcomes.

19. The institution maintains physical facilities for administration, faculty, students, and programs and services that are appropriate for the institution's mission and its homeopathy educational programs.
20. The institution provides student services and development programs to students in its homeopathy program(s), which are consistent with student characteristics and its mission, goals, objectives and outcomes.
21. The institution publishes in its catalog or other appropriate places accurate and current information that describes purposes and objectives, admission requirements and procedures, academic calendars, rules and regulations directly affecting students, homeopathy programs and courses, credentials offered and their requirements, costs and refund policies, grievance procedures, academic credentials of faculty and administrators, and other items relative both to attending and with- drawing from the homeopathic program(s).

### **5.0 Accreditation Standards for Master's Degree or Professional Homeopathic Practitioner Level Diploma or Certificate Programs**

Please note that a complete list of required accompanying documentation is included in the *Guide For Preparing The Eligibility Report* on the ACHENA webpage. The *ACHENA Self Study Guide* provides direction for undergoing an institution wide self study and provides guidelines for preparing reports and submission procedures.

- a) The program will ensure that, upon completion of the program, the professional practitioner's knowledge and skills will meet defined competencies outlined in the ACHENA standards.
- b) The program shall impart the ability to apply major homeopathic modalities including homeopathy.
- c) The program will provide the professional practitioner with a broad perspective with which to engage in collaborative interactions between homeopathic practitioners and other health care practitioners and clients.
- d) The program will develop students' abilities to synthesize knowledge, engage in scientific and scholarly inquiry, and to think critically and creatively.
- e) The program shall emphasize the importance of continuing professional development and teach the value of being a lifelong learner of the art and science of homeopathy.
- f) The program shall encourage the academic discourse between faculty and students which results in the development of an academic community that will enrich and advance the profession, and contribute to the development of future generations of practitioners, faculty, researchers, clinical supervisors, and leaders of the profession.

## **Standard 1-- Purpose**

The institution or program shall have a mission statement that provides clear direction for the institution and its programs. This shall include as a formally adopted statement of purpose that includes the training of professional practitioners of classical<sup>1</sup> homeopathy.

### **Criterion 1.1 -- Content**

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

**Guideline:** The statement of purpose and goals should reflect the purpose for which the program was founded, the philosophies it represents, the community in which it is located, the constituencies it serves, the needs-social, cultural and material- of its community and clientele, and the institution's resources-human, physical, and financial.

### **Criterion 1.2 -- Educational Objectives**

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

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

### **Criterion 1.3 -- Relationship**

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

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

### **Criterion 1.4 -- Review**

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

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<sup>1</sup> 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.

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

## **Standard 2 -- Legal Organization**

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

### **Criterion 2.1 -- Off-campus control**

The institution must have ultimate responsibility for all of its off-campus educational activities, regardless of whether the activity has been arranged by agreement with other organizations or individuals.

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

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

## **Standard 3 -- Governance**

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

### **Criterion 3.1 -- Membership**

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

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

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

### **Criterion 3.2 -- Role**

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

**Criterion 3.3 -- Bylaws or policies**

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

**Criterion 3.4 -- Meetings**

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

**Standard 4 -- Administration**

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

**Criterion 4.1 -- Chief Administrator**

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

- a. The chief administrator or administrative team shall have a clearly defined, written job description. The job description should be reviewed periodically and any time the institution or program undergoes a significant change in operations, mission, scope or size.
- b. The chief administrator or a designated person from the administrative team shall serve as a liaison between the governing body and the program staff. S/he should delegate responsibilities and authority to the administrative staff and provide for regular evaluation of the administrative staff.
- c. The chief administrator or administrative team shall provide leadership for the development and operation of all institutional or program functions, shall ensure the development and use of appropriate procedures of plan maintenance and fiscal management, shall maintain a sound administrative structure for the orderly operation of the institution or program, and shall be responsible for the communications between the institution and its community.

**Guideline:** The chief administrator or someone on the administrative team should possess a higher education degree and substantial higher education administration experience.

**Criterion 4.2 -- Organization of staff**

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

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

**Criterion 4.3 -- Academic Leadership**

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

**Criterion 4.4 -- Integrity**

The program must conduct its operation with honesty and integrity.

**Standard 5 -- Records**

The program shall have and complete record keeping systems.

**Criterion 5.1 -- Permanent Records**

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

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

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

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

**5.2 -- Clinical Records**

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

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

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

### **Criterion 5.3 -- Data**

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

## **Standard 6 -- Admissions**

The program shall have implemented an admission policy that, as a prerequisite for admission into the professional program, requires the satisfactory completion at least two academic years (60 semester credits/90 quarter credits) of education at the baccalaureate level that is appropriate preparation for graduate level work, or the equivalent (e.g. certification in a medical profession requiring at least the equivalent training of a registered nurse or physician's assistant), from an institution accredited by an agency recognized by the U.S. Secretary of Education. Preferably, the two academic years at the baccalaureate should include basic human science courses.

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

A maximum of 30 semester credits (or 50%) of the prerequisite two-year education requirement may be earned through prior learning assessment using either or a combination of the following assessment techniques: (1) credit by examination through the use of standardized tests and/or (2) assignment of credit for military and corporate training based on recommendations established by the American Council on Education.

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

**Guideline:** Credit for military and corporate training may be assigned according to the recommendations established by the American Council on Education in

The National Guide to Educational Credit for Training Programs and the Guide to the Evaluation of Educational Experience in the Armed Services.

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

**Guideline:** The program may accept credit toward its admissions requirement that has been awarded by portfolio assessment or may accept >50% of credit toward its admission requirement earned through Credit By Examination if that assessment was performed and credit was awarded by an institution (other than the institution itself) accredited by an institutional agency recognized by the Secretary of Education.

**Guideline:** On a limited basis, institutions or programs offering the Professional Homeopathic Practitioner Level Diploma or Certificate Program (i.e. not the Master of Homeopathy) may exempt exceptional students from the requirement of prior academic experience but the rationale for the exemption and unique experience of the student must be clearly documented in admissions records of the student.

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

The program may accept transfer credit toward the professional program that the program judges to be equivalent to its requirements for graduation from the professional program; however, at least one academic year required for completion of the professional program must be taken in the program granting the certificate or degree designating successful completion of the professional program.

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

#### **Criterion 6.3 -- Policy publication**

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

#### **Criterion 6.4 - Policy planning**

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

**Guideline:** In situations beyond the control of a foreign applicant, when transcripts and documents are not available to confirm completion of prior

postsecondary education, a special admissions procedure may be employed, on a case by case basis, to determine the level of education earned and/or what additional preparation will be required in order to meet the admissions standard.

**Criterion 6.5 -- Advanced standing**

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

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

**Guideline:** All prior learning and transfer equivalencies should be established, and credit granted, by the end of the first year of enrollment in the professional program, or the student should be dropped from the program.

**Guideline:** Assessment of prior learning and transfer credits should be completed by persons qualified to make such assessments.

**Guideline:** In considering the acceptance of education and training obtained in foreign countries, the program should obtain advisory assistance from a reputable foreign credentials assistance agency for the interpretation of foreign educational credentials to assist with approximating comparable levels of educational achievement in the U.S.

**Criterion 6.6 -- Prerequisites**

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

**Criterion 6.7 -- Recruitment**

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

**Criterion 6.8 -- English language competency**

(a) English language competency must be required of all students seeking admission to the program taught in English. This may be satisfied by scoring at least 500 on the Test of English as a Foreign Language (TOEFL) and at least the currently reported mean score on the Test of Spoken English (TSE); (b) for those who shall complete the program in another language, a TOEFL score of at least 450 must be obtained and a mean score on the TSE, or the student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate level education in an institution accredited by an agency recognized by the U.S. Secretary of Education or from an equivalent English language

institution in another country. Applicants who do not satisfy this requirement may be considered for admission with English as a second language, but they must satisfy the proficiency requirement in English before beginning the clinical experience.

**Criterion 6.9 -- Enrollment**

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

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

If the program's student retention rate falls below sixty-five percent (65%) or if the program's graduation rate falls below fifty percent (50%), ACHENA shall review the program to determine if it remains in compliance with the accreditation criteria (in trial status).

**Standard 7 -- Assessment**

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

**Criterion 7.1 -- Programmatic Review**

1. The program, with appropriate involvement from all program constituencies, engages in regular, ongoing assessment, which addresses
  - a. Its effectiveness in achieving program goals and objectives (i.e., its outcomes);
  - b. How its goals and objectives are met (i.e., its processes); and
  - c. Its procedures to make program changes as necessary (i.e., feedback loop for improvement).
  
2. The program demonstrates commitment to excellence through periodic, systematic reviews of its goals and educational objectives, training model, teaching methodologies, use of distance learning technologies and curriculum to ensure their appropriateness in relation to:
  - a. The program's mission and goals;

- b. Local, regional and national needs for homeopathic services;
  - c. National standards of professional competency and practice;
  - d. The evolving body of scientific and professional knowledge;
  - e. Its graduates' job placements and career paths.
3. The program must assess the effectiveness of its training and the accomplishment of its stated objectives by measuring and documenting achievements of a sufficient number of students and graduates in verifiable and internally consistent ways.

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

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

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

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

**Criterion 7.4 -- Standard Measurement**

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

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

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

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

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

## **Standard 8 -- Program of Study**

The Master's Degree in Homeopathy and Professional Homeopathic Practitioner Program shall meet or exceed the following minimum standards:

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

These requirements may be satisfied by courses at schools and institutions serving as standalone homeopathy programs and by a college or university accredited by an agency recognized by the U.S. Secretary of Education provided that the core content is consistent with the program's objectives. The program must ensure that the sequencing, duration, nature and content of all didactic, practical, and clinical training courses are appropriately integrated and consistent with the program's purposes and educational objectives.

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

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

Curriculum includes:

1. History of Medicine: Hippocrates to Galen and Paracelsus
2. History of Vitalism: Paracelsus to Hahnemann
3. History of Homeopathy
  - a. Hahnemann and his contemporaries
  - b. Familiarity with the Organon and its different editions
  - c. Familiarity with early generations of homeopathic authors
4. World History of Homeopathy
  - a. The spread of homeopathy and its proponents
5. History of Homeopathy in North America
  - a. The spread of homeopathy to North America and its proponents

- b. Familiarity with philosophers, authors, activists, and social, political and economic forces that have had major influences on the homeopathic discipline and profession as it developed
6. Current Affairs in Homeopathy in the US and Canada
  - a. Familiarity with homeopathic organizations, associations and leaders
  - b. Familiarity with philosophers, authors, activists, and social, political and economic forces currently influencing the homeopathic profession today.
7. Current Legal & Political Affairs: US
  - a. Affordable Health Care Act and Rules
  - b. Legality of Practice
  - c. Categories of Practice
8. Current Legal & Political Affairs: Canada
  - a. Provincial Regulation
9. Awareness of other forms of holistic medicine
  - a. naturopathy, traditional oriental medicine, Ayurveda and herbology.
10. National Healthcare Landscape-
  - a. CAM
  - b. Integrative Medicine
  - c. Homeopathy's place in Integrative Healthcare

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

Programs must impart a thorough understanding of the principles of homeopathy that guide its theories and implementation in clinical practice. Homeopathic educational programs must familiarize students with a variety of approaches to attain the competencies stated in section 8.11, spanning a spectrum from the writings of Hahnemann to the writings and teachings of contemporary respected homeopaths. Each educational organization may select a manner in which to accomplish this. However, all students of homeopathy will be able to weigh the benefits and limitations of many different approaches to understanding homeopathic philosophy, principles, and methodology.

#### Fundamental Concepts

- Concept of health, disease and healing.
- Differences between homeopathic, isopathic, allopathic. antipathic
- Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of *The Organon*.
- Concept of susceptibility and causative factors.
- Concept of the Vital Force.
- Case management according to the Law of Similars.
- Principles of homeopathy.
- Definition of basic homeopathic terms.
- Concept of the core dose.
- The single remedy.
- Potency scales, including: X, C, D, K, LM, Q, and Fibonacci.

### Symptoms and signs

- Strange, rare and peculiar symptoms.
- Common and uncommon symptoms.
- Hierarchy of symptoms.
- Classification of symptoms.
- Suppression of symptoms.

### Classification of diseases

- Miasms
- Natural and Artificial
- Acute and Chronic
- Etiologies
- Suppressed disease
- One-sided disease
- Stages of disease process
- Epidemics and genus of epidemics
- Mental and Emotional diseases
- Intermittent diseases

### Theory of Case Management

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

*(REFERENCE: European Guidelines for Homeopathic Education, 2<sup>nd</sup> Edition, June 2000)*

### **C. Homeopathic Case-Taking**

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

1. The student must be familiar with guidance on case taking from a diverse range of respected homeopathic authors and teachers.
2. The education of the student must examine the ways in which various analysis approaches can require the gathering of different kinds of information.
3. The student must have sufficient opportunity to observe several experienced homeopaths taking cases, ideally in person as well as from cases on video (always subject to the

permission of the client). In this aspect of the student's education, the mentoring homeopath should elucidate the strengths and weaknesses of the way in which each case was taken, the ways in which the case-taking methods were adapted to the situation of the individual client, and other learning points.

4. The student, alone or in a group of students, must have adequate opportunity to take cases in a setting mentored by an experienced homeopath that provides direct feedback on the art and techniques in a manner that enables the student to hone his or her case-taking skills.
5. Through reading and experience the student must acquire a thorough understanding of the way in which case taking over a series of visits forms a fabric by which the success of a course of homeopathic care can be managed, and the course adjusted as necessary.
6. Although the types of records to be kept will vary depending on the practice style or licensing requirements for each homeopath, the student must understand how case records must make appropriate references to medical information that is provided by or mentioned by the client.
7. By reading and observation, the student must acquire sufficient understanding of the nature, individualization, sensitivity, confidentiality, and accurate recording of information that together form the setting in which cases should be taken.
8. The student must read numerous well-respected homeopathic journals to observe the manner in which cases are recorded, learning the highest standards of accuracy, specificity, and comprehensiveness.
9. The student will observe a sufficient and wide range of cases that exemplify varying pathologies, etiologies, severity, and stages of illness (acute versus chronic) in children and adults.

#### ***D. Case Analysis***

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

1. Assess the strength of the client's vital force, center of gravity, and susceptibility;
2. Evaluate the onset, duration, and intensity/severity of symptoms;
3. Distinguish characteristic from common symptoms, recall the importance of strange, rare and peculiar symptoms and identify complete symptoms (location, sensation, modality, and concomitant)
4. Perceive the totality of symptoms required for effective remedy selection;
5. Determine the nature of the illness in terms of acute or chronic and analyze accordingly
6. Assess previous and current therapeutic history/treatment;
7. Demonstrate diversity of case analysis strategies, including the ability to distinguish and articulate other various management and analysis strategies, and apply them as appropriate;

8. Translate the client's symptoms into repertory language, and repertorize the case in a manner appropriate to the case presented;
9. Employ research, evaluate and ultimately apply information gathered through various sources – including: materia medica, provings, journals, databases, and the Internet;
10. Examine the effects of different potencies and their relevance to a case as well as selecting the appropriate frequency and method of administering remedies (posology);
11. Identify various types of computer analysis techniques and differentiate their strengths and weaknesses;
12. Illustrate the value, limitations, and use of medical reports in homeopathic case analysis; and,
13. Order and evaluate the resources available to clients in assessing whether they are able to make important changes in their lives that may be beneficial

### ***E. Case Management***

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

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

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

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

1. The program must expose the students to numerous well-respected homeopathic journals in order that students observe the manner in which cases are recorded, noting the highest standards of accuracy, specificity, and comprehensiveness and the manner in which cases are managed.
2. During clinical training, the student must receive mentoring to develop and refine her or his skills in case management. This must include client interactions, keeping appropriate case records, managing the progress of cases, and ways to find necessary information or assistance to achieve the best possible outcomes for the client.
3. The student must be exposed to guidance on case management from respected homeopathic authors and teachers that includes but is not limited to:
  - a) Remedy and potency selection
  - b) Administration of remedies (low and/or high potencies, frequency)
    - i. First aid

- ii. Acute diseases
    - iii. Chronic diseases
  - c) Follow-up evaluation
    - i. Reaction to the remedy
    - ii. Aggravation
    - iii. Disruption
    - iv. Suppression
    - v. Palliation
    - vi. Antidoting
    - vii. No effect, etc.
  - d) Identifying changes in the vital force
  - e) Identifying Herring's teachings on "direction of cure"
  - f) Identifying Hahnemann's teachings on "obstacles to cure"
  - g) Remedy selection, dose and repetition.
4. The education of the student must examine various analysis and case management approaches illustrating how varying strategies can require the gathering of different kinds of information.
  5. The student must have sufficient opportunity to observe several experienced homeopaths managing cases, ideally in person as well as from cases on video (always subject to the permission of the client). In this aspect of the student's education, the mentoring homeopath must elucidate the strengths and weaknesses of the way in which each case was managed, the ways in which the case management methods were adapted to the situation of the individual client, and other learning points.
  6. By reading and experience the student must acquire a thorough understanding of the way in which case taking over a series of visits forms a fabric by which the success of a course of homeopathic care can be followed and adjusted as necessary.
  7. Although the types of records to be kept will vary depending on the practice style or licensing requirements for each individual, the student must understand how a case should document appropriate references to medical information that is provided by the client or mentioned by the client.

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

1. Exercising perceptiveness in taking and following cases
2. Practicing effective and attentive listening skills
3. Practicing good observation skills
4. Displaying open-mindedness
5. Maintaining unconditional positive regard
6. Employing appropriate, effective, and sensitive communication
7. Managing the understandable concerns of a client who is not experiencing the level of results she or he had hoped for
8. Maintaining appropriate aspects of the client confidentiality relationship in situations where consideration must be given to contacting outside parties (e.g. child protective services)

9. Managing situational issues, such as forgetting to follow through on a task for which a commitment had been made to a client
10. Collaborating with others including, health care professionals, clients, and families
11. Displaying adeptness in dealing with clients who are unable or unwilling to pay.

## **F. Repertory**

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General areas of study:

1. Introduction to repertory.
  - a. Purpose, history, additions and organization of repertories.
  - b. Boenninghausen's repertory (the first repertory)
  - c. Kent through modern repertories, including computerized repertories.
2. The general layout of repertories and limitations of various repertories.
  - a. Grading of symptoms/rubrics in each.
  - b. Organization- Kent's through newer organizing techniques.
  - c. Strengths and limitations of older repertories, especially Kent's.
  - d. Structure of Kent's repertory.
  - e. Using Kent's repertory in homeopathic case analysis.
  - f. Understanding the basic organization of each section of the repertory.
  - g. Understand the structure of computerized repertories including their strengths and limitations.
3. Purpose of rubrics and sub-rubrics and how they are developed and organized.
  - a. Common and confusing rubrics
  - b. Cross referencing important rubrics
  - c. How to choose the best rubrics for a case
  - d. Combining rubrics.
  - e. Errors in rubric indenting
4. Terminology and abbreviations used in the repertories, including contemporary and anachronistic medical terminology.
5. Ways to translate contemporary language and meaning into the language of a repertory (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.

### ***G. Materia Medica***

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

1. Knowledge of the major writers and books: from Hahnemann to the present day.
2. How to compare and contrast information about remedies to appreciate what is similar and what is different about them. Methods for this include:
  - a. Using categories such as "families" (remedies grouped according to plant or mineral constituents) to bring into consideration a less used or less familiar remedy by referencing its similarities to another remedy
  - b. Performing a "differential" by identifying aspects of the materia medica that are

different among several remedies that may otherwise seem to match the symptoms of an individual.

3. How to evaluate materia medica sources. (thoroughly proven, partially proven, and unproven data; data collection, editing, short cuts, etc.)

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

1. Sources for homeopathic remedies - using aspects like biology, botany, chemistry, physics, doctrine of signatures, mythology, folklore, culture, applications, and use in other forms of healing
  - a. The history, culture and behavior of the substance in the natural world.
  - b. Toxicology
  - c. Pathogenesis
  - d. Pharmacology
  - e. Nomenclature
  - f. Homeopathic proving -Authors and methodology
2. Clinically confirmed symptoms
3. Repertory rubrics
4. Etiology
5. Different approaches to symptomatology
  - a. Totality of symptoms
  - b. Individualizing symptoms ('strange, rare, and peculiar')
  - c. Mental/emotional (including delusions, fears and dreams)
  - d. Concomitant symptoms
  - e. Symptoms suggestive of miasmatic influence
  - f. Organ affinities
  - g. Pathognomonic symptoms
  - h. Modalities
  - i. Sensation and function
  - j. Acute and first aid uses
  - k. Remedy relationships (family groupings)
    - i. Mineral groupings and relationships, animal and botanical groupings
    - 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*

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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:*

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Aconitum napellus, Aethusa, Agaricus, Allium cepa, Aloe, Alumina, Anacardium, Antimonium crudum, Antimonium tart., Apis, Argentum metallicum, Argentum nitricum, Arnica, Arsenicum album, Arsenicum iodatum, Asafoetida, Asarum, Aurum

Badiaga, Baptisia, Baryta carbonica, Belladonna, Bellis perennis, Berberis, Borax, Bromium, Bryonia  
 Cactus, Calcarea carbonica, Calcarea flour, Calcarea phos, Calcarea sulph, Calendula, Camphora, Cannibus indica, Cantharis, Capsicum, Carbo animalis, Carbo vegetabilis, Caulophyllum, Causticum, Chamomilla, Chelidonium, China officinalis, Cicuta, Cimicifuga, Coccus cacti, Coffea, Colchicum, Colocynthis, Conium, Crocus sativus, Crotalus horridus, Cuprum, Cyclamen

Digitalis, Drosera, Dulcamara, Elaps, Equisetum, Eupatorium perf., Euphrasia, Ferrum metallicum, Ferrum phos, Flouricum acidum, Gambogia, Gelsemium, Glonoinum, Graphites, Hamamelis, Helleborus, Hepar sulph, Hyoscyamus, Hypericum

Ignatia, Iodum, Ipecacuanha, Iris versicolor, Kali bichromicum, Kali bromatum, Kali carbonicum, Kali phosphoricum, Kali sulphuricum, Kreosotum, Lac caninum, Lachesis, Latrodectus mactans, Laurocerasus, Ledum, Lillium tigrinum, Lobelia inflata, Lycopodium, Lyssin

Magnesia carbonica, Magnesia muriatica, Magnesia phosphorica, Mancinella, Medorrhinum, Mercurius vivus, Mercurius corr, Mercurius iod flavus, Mercurius iod ruber, Mezereum, Naja, Natrum arsenicum, Natrum carbonicum, Natrum muriaticum, Natrum phosphoricum, Natrum sulphuricum, Nitricum acidum, Nux moschata, Nux vomica

Opium, Palladium, Petroleum, Phosphoric acid, , Phosphorus, Phytolacca, Platina, Plumbum, Podophyllum, Psorinum, Pulsatilla, Pyrogenium, Ranunculus bulbosa, Rhus toxicodendron, Rumex crispus, Ruta graveolens, Sabadilla, Sabina, Sambucus nigra, Sanguinaria, Sarsaparilla, Sepia, Silica, Spigelia, Spongia tosta, Stannum, Staphysagria, Stramonium, Sulphur, Sulphuric acid, Symphytum, Syphilinum

Tabacum, Tarentula cubensis, Tarentula hispanica, Thuja, Tuberculinum, Urtica urens, Veratrum album, Viburnum, Zincum metallicum

## ***J. Homeopathic Proving & Research***

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### ***Proving***

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

Fundamental knowledge of homeopathic proving methods:

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

### ***Research***

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

### ***Philosophy***

- a. Methodology
- b. Historical Research
- c. Current Research
  - i. Clinic trials
  - ii. Basic science research documenting the action of high dilutions
  - iii. Basic science research into the mechanism of action of remedies
  - iv. Proving
  - v. Surveys of practice patterns
  - vi. Literature research regarding the completeness of the Repertory as a reflection of provings and clinical experience.

## ***K. Clinical Training***

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Clinical training is an essential requirement of homeopathic education and should be included as a main focus of a homeopathic teaching program, while running concurrently with

theoretical studies throughout the entire course. In order to gain competence and confidence, the student must take part in the practical experience of clinical case taking, case analysis and case management.

The program must provide a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors must be sufficient to ensure effective instruction of and safe practice by students. Student must receive training from a variety of clinical faculty members.

The skills and attitudes needed in order to be a proficient homeopath are acquired by practicing them rigorously over time. Students should move through stages from observation through groups to independent work. Progression along the continuum of clinical training should be closely tied to, and dependent upon, student assessment practices and documentation of increasing competence. The program and study should address:

- Standards for ethics, collegiality, client relations
- Professional demeanor – conduct oneself in a professional manner while performing duties as homeopath
- Appropriate record keeping including closed confidential client records
- Process for client intake, contact people, ongoing contact
- Informed consent for services
- Definition of roles – student, administrator, supervisor
- Relationship between student and supervisor – clear/appropriate expectations, boundaries
- Grievance processes (students and clients)
- Continuity of care
- Case screening appropriately for clinic setting
- A representative range of cases – age, chief complaint, etc
- Clinical audit

Preferably, a training course should be able to offer 2 main strands:

1. Clinical training in class, giving students opportunities to observe an experienced clinician carrying out consultations with clients, including opportunities to discuss any central and arising issues.
2. Clinical training in smaller groups and one-on-one with a clinical training supervisor, where the student is in the clinician role.

Many courses include video cases and/or live cases from the beginning of the education. Students should be required to practice various aspects of case taking, analysis and management on a regular basis with increasing levels of complexity and increasing degrees of autonomy. Reflective processes and regular supervision with appropriate feedback are important tools to ensure continuous honing of these skills.

While providing the best learning opportunities for students, it is imperative that course providers carefully consider the responsibility to the clients throughout any and all stages of clinical training. This includes client confidentiality issues, continuity of case management, record keeping and ensuring that high-quality care is given at all times.

### **Objectives**

- To acquire the knowledge, practical skills and professional ethics and attitudes essential to clinical practice
- To gain experience in the application and integration of all course components
- To acquire the knowledge and skills needed in order to consider different approaches and strategies adopted by experienced homeopaths
- To establish an individual, flexible framework within which to develop a personal but effective approach to case work
- To learn how to record clinical data and participate in clinical research and audit
- To devise personal coping strategies in response to unexpected reactions, demands and expectations of clients
- To provide a pool of professional experiences to be shared with future professional colleagues or to be used as teaching material
- To learn how to respond in practice to ethical issues, both during and after the clinical intervention

### **Clinical settings**

Clinical education will be most effective if it can be delivered in a variety of settings and cover a wide range of issues. For example:

- Guided and structured observation and analysis of:
  - a. Experienced practitioners working live in a clinical setting
  - b. Video relay of practitioners or practitioners taking live cases
  - c. Video recordings of experienced practitioners working
- Case taking and case management under supervision of experienced homeopaths
  - a. Individually (preceptorship)
  - b. In a group with peer supervision
  - c. Analysis of real and simulated client-practitioner interactions within a group setting
- Appropriate management of clients needing referral to conventional medicine including those with potentially life threatening conditions

It is essential that students have the opportunity to *practice* independent case taking repeatedly in order to develop their own skills and attitudes. While video cases provide a tool which allows students to observe the dynamics between practitioner and client, they cannot replace actual experience with clients.

Students should submit comprehensive case studies (case analysis, rubrics and repertorization, remedy differentiation, selection and response thereto) each including several, and at least two, follow-up visits for each individual client. Where possible, it is advisable that student and supervisor be in the same room as the client so that the supervisor can observe the dynamics of case taking by the student and provide guidance as necessary. Another option is to follow the student's case taking via close circuit TV or one way view mirror, etc. Including clinical training throughout the homeopathic teaching program will enable the student to develop into a proficient, safe, confident and competent homeopathic practitioner

#### ***L. Ethics & Legality***

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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.
8. Establish an understanding of how to distinguish between the legal and ethical aspects of a situation, when that is necessary
9. Safeguard client information including confidentiality and teaching use of cases
10. Set fees, determine refund and cancellation policies
11. To appreciate and cultivate professional & collegial relationships and the boundaries implicit in these
12. Understand conflict of interest in terms of financial gain and appropriate disclosure to clients, students, conference organizers and peers.

#### ***M. Practice Development and Personal Development***

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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
2. Advocacy for homeopathy
3. Volunteer work in homeopathy

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

Source: ECCH Guidelines, 2011: Practitioner and Practice Development

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#### *N: Biomedical Clinical Sciences & Complementary Medicine*

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

10 **Please Note:** These two, 3 credit courses or their equivalents, do not count toward the  
11 required 1,000 hours of coursework in homeopathy. However, discussion of anatomy and  
12 physiology and pathology and disease in the context of case taking, case analysis and the  
13 study of material medica should be considered part of the 1,000 hours of study.

- 14 Homeopathy program curriculum provides the student with a model of the human being in  
15 health and disease, including:
- 16 • Basic sciences relevant to the practice of homeopathy and conducting homeopathic  
17 interviews
  - 18 • Human anatomy and physiology
  - 19 • The nature of the conventional medical model which emphasizes history taking,  
20 diagnosis, treatment and follow-up
  - 21 • Purpose and significance of commonly administered diagnostic tests
  - 22 • Major categories of pharmaceutical medications, including their major effects and side-  
23 effects
  - 24 • The potential for pharmaceutical, herb and nutritional supplement reactions,  
25 interactions, contraindications and side effects and how to access this information
  - 26 • The basis and need for referral and/or consultation
  - 27 • The range of biomedical referral resources and the modalities they employ
  - 28 • Various stages of mental, emotional and physical development throughout life
  - 29 • Functional disorders and pathological processes related to body systems:
    - 30 – integumentary (skin and connective tissues)
    - 31 – musculo-skeletal
    - 32 – gastrointestinal
    - 33 – respiratory
    - 34 – cardiovascular and hematological
    - 35 – immunological
    - 36 – reproductive (including obstetrics)
    - 37 – urinary
    - 38 – endocrine
    - 39 – neurological
    - 40 – special senses
    - 41 – mental and emotional
  - 42 • Pathognomonic and individualizing symptoms
  - 43 • Basic first aid techniques for effective emergency intervention
  - 44 • Disorders due to physical agents
    - 45 – Sunburn
    - 46 – heat stroke
    - 47 – electric shock
    - 48 – radiation
    - 49 – high altitude
    - 50 – environmental pollution
    - 51 – others
  - 52 • Poisoning and influence of crude medicinal substances and comparable therapeutic  
53 interventions
  - 54 • Drug abuse, nutrition, lifestyle diseases
  - 55

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

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

59

60 **Criterion 8.1 -- (a) Program length/ Minimum time frame**

61 The minimum length of the program shall be 1,000 hours including a minimum of 500  
62 classroom hours and a minimum of 500 hours of clinical training which includes clinical  
63 observation, supervised case-taking, case analysis and case management.

64

65 **Guideline:** The minimum length of a full time program should be three, fifteen  
66 week academic semesters.

67

68 **Guideline:** The minimum length of a part time program should be three  
69 academic years. The program should keep students actively engaged in the  
70 course of study for at least 10 months of the year with a minimum monthly  
71 engagement of 25 hours.

72

73 **Criterion 8.1 -- (b) Maximum time frame**

74 The maximum time frame for a full time program should be no more than 3 academic  
75 years. A part time program should be no more than 6 academic years.

76

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

78 One semester credit is granted: for each 15 hours of classroom contact plus  
79 appropriate outside preparation or the equivalent; for each 30 hours of supervised  
80 laboratory or clinical instruction plus appropriate outside preparation; and for each  
81 45 hours of clinical externship or independent study. One quarter credit is granted:  
82 for each 10 hours of classroom contact plus appropriate outside preparation or the  
83 equivalent; for each 20 hours of supervised laboratory or clinical instruction plus  
84 appropriate outside preparation; and for 30 hours of clinical externship or independent  
85 study.

86

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

88

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

93

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

98

99 **Guideline:** Program length in terms of clock or credit hours and the number of

100 courses per semester should be sufficient to enable the student to achieve the  
101 program's educational objectives and should be in accordance with acceptable  
102 educational practices.

103  
104 **Guideline:** The program is expected to articulate its curriculum for each  
105 academic year, identifying semesters, courses and precise clock or credit hours.  
106 A credit hour is 50 minutes of instruction per week for a specified term or  
107 semester.

108  
109 **Criterion 8.2 -- Completion Designation**

110 To each person successfully completing the professional program, the program must  
111 award a certificate, diploma, or degree following both the general practices of higher  
112 education and the requirements of individual state jurisdictions.

113  
114 **Guideline:** The preferred designation for an individual completing a course of  
115 study is the Master's Degree in Homeopathy or Professional Homeopathic  
116 Practitioner diploma or certificate.

117  
118 **Criterion 8.3 -- Consistent with purpose:**

119 The professional masters' level homeopathy program must offer a program of study  
120 that is consistent with and clearly related to its statement of purpose and educational  
121 objectives.

122  
123 **Criterion 8.4 -- Appropriate Level of Instruction**

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

129  
130 **Criterion 8.5 -- Off-Campus Training**

131 If components of the program are conducted at sites geographically separated from the  
132 main campus, the academic leadership of the program must ensure that all educational  
133 components and services of the program are sufficient in quality. The academic  
134 leadership shall be responsible for the conduct and maintenance of quality of the  
135 educational experiences offered at the geographically separated sites and for  
136 identification of faculty at all sites.

137  
138 **Criterion 8.6 -- Use of Distance Education**

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

143 **Note:** Teaching clinics that use a camera in one room and have students observe in the  
144 next room via video feed or that employ a one way mirror are not considered to be  
145 employing distance education.  
146

147 **Guideline:** Institutions and programs that employ distance learning technologies  
148 should take steps to ensure that the faculty is proficient in, and comfortable  
149 with, the use of the technology for teaching purposes.  
150

151 **Guideline:** Institutions and programs that employ distance learning technologies  
152 should take steps to ensure that students are proficient in, and comfortable  
153 with, the use of the technology.  
154

155 **Guideline:** Institutions and programs that employ distance learning technologies  
156 that are synchronous should establish policies and procedures to ensure  
157 meaningful participation by distant students in all classroom activities, including:  
158 opportunities to ask questions, participate in discussion and benefit from the full  
159 range of methods of teaching employed in the classroom.  
160

161 **Guideline:** Institutions and programs employing distance learning technologies  
162 that are asynchronous should establish policies and procedures to ensure faculty  
163 monitor student progress, are accessible to respond to student questions and  
164 maintain regular contact with students via phone, email or on-line.  
165

166 **Guideline:** Institutions and programs that employ distance learning technologies  
167 gather feedback about the impact of the use of such technologies on campus-  
168 based students and the physical classroom environment.  
169

170 **Guideline:** Use of distance learning technologies should not be employed  
171 sporadically solely for the convenience of students but should be used as part of  
172 an overall planned curriculum and course of study.  
173

174 **Guideline:** Institutions and programs employing distance learning technologies  
175 should routinely evaluate student achievement and should compare levels of  
176 achievement attained through use of distance education with the level of  
177 achievement attained through traditional classroom instruction.  
178

179 **Guideline:** Institutions and programs which employ distance learning  
180 technologies should develop systems to ensure that students attending via  
181 distance learning can notify the instructor immediately of any malfunction in the  
182 technology. There should be a process in place to periodically monitor that  
183 distance learning technologies are operating as intended without technical  
184 malfunction or interruption.  
185

186 **Guideline:** Institutions and programs which employ distance learning  
187 technologies should engage in community building activities to promote a  
188 unified school community. All students, whether they are distance learning or  
189 campus based students, should have ample opportunities to build meaningful  
190 relationships with each other, faculty, administrators and student services staff.  
191

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

193 Institutions and programs which employ distance education technologies as part of  
194 their program of study must have processes in place through which the institution  
195 establishes that the student who registers in a distance education course or program is  
196 the same student who participates in and completes the course or program and  
197 receives the academic credit.  
198

199 **Guideline:** The institution or program must have policies and procedures in  
200 place to verify the identity of a student who participates in class or coursework  
201 by using methods such as-- (i) A secure login and pass code; (ii) Proctored  
202 examinations; and use of new or other technologies and practices that are  
203 effective in verifying student identity  
204

205 **Guideline:** The institution or program must make clear in writing its practices to  
206 protect student privacy and notify students of any projected additional student  
207 charges associated with the verification of student identity at the time of  
208 registration or enrollment.  
209

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

211 If inclusion of distance learning into the course of study results in an  
212 increase in student enrollment of greater than 50 percent, the institution or program  
213 must report this increase to AHCENA within 10 days of the increased level of student  
214 registration.  
215

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

217 Institutions or programs employing distance learning technologies must inform  
218 students during the application process of any required equipment for participating in  
219 distance learning activities, for example, computer, speakers, microphone, internet  
220 access, etc. Any additional fees should also be explained as part of the application  
221 process and in all cases before student enrollment.  
222

223 **Criterion 8.7 -- Syllabi**

224 A syllabus must be prepared for each course or major unit of instruction in the program  
225 and must be distributed to each student in the course and must be maintained in the  
226 program's curriculum files. A syllabus must contain at least the following: the purpose  
227 of the course; the objectives of the course in specific terms; the prerequisites of the  
228 course; an outline of the course and laboratory instruction in enough detail to permit  
229 the student's to see its full scope; the method(s) of instruction; the requirements of the

230 course with the important dates (e.g., papers, projects, examinations); the type of  
231 grading system used; and the required and recommended reading.

232  
233 **Guideline:** Syllabi should be made available to faculty members so that they may  
234 learn what the various courses in the curriculum include and can relate their  
235 instruction to other courses.

236  
237 **Guideline:** Any adaptations to methods of instruction for distance education  
238 should be clearly delineated in the syllabi.

239  
240 **Criterion 8.8 -- Clinical training**

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

246  
247 **Guideline:** Accredited institutions and programs should provide students with  
248 clinical training in a teaching clinic. Such a clinic should be operated by the  
249 institution or should be placed in a clinical facility with a formal affiliation with  
250 the institution or via externship where the institution exercises academic  
251 oversight substantially equivalent to the academic oversight exercised for  
252 teaching clinics operated by the institution, where: (1) Clinical instructors'  
253 qualifications meet school requirements for clinical instruction; (2) Regular,  
254 systematic evaluation of the clinical experience takes place; and, (3) Clinical  
255 training supervision procedures are substantially equivalent to those within the  
256 teaching clinic operated by the institution.

257  
258 **Guideline:** The number of clinical supervisors must be sufficient to ensure  
259 effective instruction of, and safe practice by, students. Student must receive  
260 training from a variety of clinical faculty members.

261  
262 **Criterion 8.9 -- Clinical observation**

263 The institution or program must assure that each student fulfill at least 250 hours  
264 observing clinical practice. This may include a mix of clinical observation via use of: 1)  
265 asynchronous distance learning technologies or video cases of expert practitioners  
266 taking and managing cases, 2) synchronous distance learning technology to observe  
267 experienced practitioners and senior students performing case taking and managing  
268 cases, and 3) live, direct in-person observation of experienced clinicians or senior  
269 students in the school's teaching clinic.

270  
271 **Guideline:** Programs and institutions should provide ample, meaningful clinical  
272 observation opportunities for all students. Institutions and programs should  
273 ensure that distance learning students have sufficient opportunities for live, in-

274 person or synchronous clinical observation of experienced clinicians or senior  
275 students taking, analyzing and managing cases in a teaching clinic.

276  
277 **Guideline:** A clinical setting is defined as a place where clients are regularly  
278 treated. If any observation is conducted outside of a clinical setting, an  
279 educationally justifiable reason for considering it to be observation is necessary.

280  
281 **Criterion 8.10 -- Supervised clinical practice**

282 The program must assure that each student participate in a minimum of 250 hours in  
283 the supervised care of clients. The clinical training should progress in such a manner  
284 that affords students with increasing responsibility for live, in-person individual case-  
285 taking, case analysis and case management with supervision in a school clinic,  
286 externship or comparable setting.

287  
288 **Guideline:** Student assessment practices should ensure that students are  
289 prepared for independent case taking and analysis before the student enters  
290 this level of training.

291  
292 **Guideline:** The teaching clinic should provide students with ample live, direct,  
293 in-person experience with case taking, analysis and management to enable them  
294 to successfully manage clients independently upon graduation.

295  
296 **Guideline:** Any application of distance learning technology in student supervised  
297 clinical practice should be clearly spelled out in the course syllabi, should have  
298 sound educational justification and should be closely monitored and evaluated.

299  
300 **Guideline:** Institutions and programs that offer distance education must  
301 establish an on-campus clinical training component for distance learning  
302 students. The on-campus clinical training component must be of sufficient  
303 length and quality to ensure that such student is prepared for clinical practice  
304 upon graduation. It must be of sufficient length to afford an opportunity for the  
305 skills development by the student as well as direct observation and assessment  
306 by faculty of each distance learning student's case taking and clinical skills.

307  
308 **Criterion 8.11 – Student Participation in Provings**

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

311  
312 **Criterion 8.12 -- Professional Competencies**

313 The homeopathy program of study must lead to the following professional  
314 competencies to be attained through learning experiences included in the curriculum or  
315 approved adjunct programs.

316  
317

318 **Guideline:** Student participation in school sponsored provings should be  
319 voluntary. Student agreement to participate in a proving should be documented  
320 via a written informed consent process that includes a clear description of the  
321 risks and benefits of participating in the proving.  
322

### 323 *General Homeopathic Competencies*

---

324 Demonstrate skills and attitudes necessary to recommend homeopathic remedies in a manner  
325 that will be safe and effective for each client. Recognize the interdependence of homeopathy  
326 with other fields of health care, the need for effective communication among health care  
327 professionals, and the need for appropriate consultation in clinical medicine.  
328

329 Demonstrate knowledge of the administration of homeopathic remedies, medical terminology,  
330 chemistry, biology, botany, physics, psychology, human anatomy, physiology, pathology and  
331 pathophysiology to enable recognition of and differentiation between pathognomonic and  
332 individualizing symptoms in a client's case and to determine when referral may be necessary.  
333

### 334 *Specific Competencies:*

---

335  
336 Upon successful graduation, all students offered the Master's degree in Homeopathy or the  
337 Homeopathic Practitioner Certificate or Diploma must be able to meet the following  
338 competencies:  
339

#### 340 *A. History and Development of Homeopathy*

341  
342 Cite the development of homeopathy and the social forces that have influenced its practice  
343 over its 200-year history. List the philosophers and authors who have had major influences on  
344 homeopathic thought and be able to place them in context. Demonstrate awareness of  
345 homeopathy's current place in the healthcare landscape both in terms of trends of practice of  
346 the discipline and the current legal and political climate.  
347

#### 348 *B. Homeopathic Philosophy, Principles, and Methodology*

349  
350 Relate the principles of homeopathy that guide its theories and implementation in clinical  
351 practice. Identify that principles and philosophy of homeopathy are based on foundations that  
352 are over 200 years old. Possess knowledge of the natural world and the human body sufficient  
353 to understand homeopathic philosophy and homeopathic therapeutics. Demonstrate a  
354 thorough understanding of the principles, dynamics and nature of health and disease from a  
355 homeopathic perspective. Illustrate the ways the homeopathic view differs from the allopathic  
356 view, and other views of health and disease, both current and historical. Demonstrate  
357 knowledge and understanding of the theories, principles, and methods put forth by  
358 Hahnemann and other respected homeopaths in their various writings.  
359

#### 360 *C. Homeopathic Materia Medica*

361

362 Cite the various sources of information for materia medica. Identify major writers, from  
363 Hahnemann to the present.

- 364 1. Demonstrate ability to make effective, efficient, and critical use of relevant source  
365 materials to study remedies
- 366 2. Make effective differentiation between the actions of one remedy and another  
367 seemingly similar remedy
- 368 3. Conduct thorough and accurate research in a wide range of materia medica sources -  
369 not only standard materia medica reference works but also provings, homeopathic  
370 software, and the internet

371

372 Identify and utilize the various attributes of remedies including (as applicable):

- 373 1. The history, culture and behavior of the substance in the natural world.
- 374 2. The Doctrine of Signatures
- 375 3. Toxicological history
- 376 4. Proving symptoms
- 377 5. Sensation and function
- 378 6. Mental / Emotional symptoms (including delusions, fears and dreams)
- 379 7. SRP (strange, rare and peculiar symptoms)
- 380 8. Generalities
- 381 9. Modalities
- 382 10. Clinical symptoms/pathology
- 383 11. Etiology
- 384 12. Local symptoms
- 385 13. Organ and system affinities
- 386 14. Keynote and confirmatory symptoms
- 387 15. Concomitant symptoms
- 388 16. Miasmatic relationships
- 389 17. Remedy relationships
- 390 18. Relationships within the materia medica
- 391 19. Relationships of substances
  - 392 a. Periodic table relationships, animal, botanical, fungi and bacterial groupings
  - 393 b. Antidotes, affinities, inimicals, complementaries, remedies that follow well
- 394 20. Acute / first aid uses
- 395 21. Comparative and differential study
- 396 22. Progressive stages of pathology of remedies
- 397 23. Chemistry of the substance
  - 398 a. The differences among polychrests, so-called 'small remedies', nosodes,  
399 sarcodes, isopathics, tautopathics, tissue salts, and imponderables
  - 400 b. The use of case studies (live, paper and video)
  - 401 c. The use of journals and electronic sources in the study of materia medica
  - 402 d. The use of repertory comparisons
  - 403 e. Remedy indications for different stages of human development/stages of life
  - 404

405 Demonstrate a variety of ways to learn and understand remedies. Endeavor to continually  
406 expand knowledge of remedies. Demonstrate several techniques to most easily access  
407 information about remedies with which not familiar - particularly to enable identification of  
408 "small" remedies that may better fit the symptoms of the case or to find a similar remedy to  
409 ones being considered when those remedies do not adequately cover the case.

410  
411 Consider remedies in various ways, and able to categorize them is in groupings like:

- 412
- 413 1. Remedies that are often used in differentials when a client's key symptoms are
  - 414 2. difficult to match to a single remedy
  - 415 3. Remedies that can be expected to apply to numerous cases in clinical practice
  - 416 4. Essential remedies for first aid, crisis management, and prophylaxis
- 417

#### 418 ***D. Homeopathic Provings and Research***

419

##### 420 *Provings*

421 Relate the basic purpose of conducting provings. Cite the importance of provings to the  
422 evolution of the homeopathic "materia medica".

423

##### 424 *Research*

425 Evaluate the following different types of research in homeopathy in order to weigh the value  
426 and applicability of the research finding to the practice of homeopathy:

- 427 1. Basic Science - Peer reviewed, published research papers on provings
  - 428 2. Clinical Science Research - Evaluating homeopathic efficacy
  - 429 3. Community Science Research - Evaluating demographics, cost and efficacy of  
430 practice within the homeopathic community through surveys and other tools
- 431

#### 432 ***E. Homeopathic Repertory***

433

434 Demonstrate knowledge of the structure, purpose, and limitations of the various repertories  
435 and demonstrate competent use of significant repertories in case analysis. The homeopathic  
436 student must also demonstrate knowledge of ways of analyzing a case other than by  
437 repertorization.

438

#### 439 ***F. Posology***

440

441 Demonstrate the ability to choose a remedy in the correct potency and dilution and in the  
442 dosage and method of administration most suited to each case. For case management, discuss  
443 the expectations for the selected potency and dosage; evaluate the progress of the case  
444 accordingly, and revise posology if appropriate.

445

#### 446 ***G. Homeopathic Case Taking***

447

448 Demonstrate an ability to assess the suitability of the case to homeopathic care and  
449 independently conduct a comprehensive homeopathic interview.

450 Demonstrate taking a case in a confidential, efficient, non-judgmental, accurate, and complete  
451 manner. Listen, elicit and record information in sufficient detail that will lead to the successful  
452 analysis of each individual client’s case. Differentiate types of cases (acute, chronic) and,  
453 determine relevant case taking strategy.

454 Demonstrate consultation skills. Specifically, the practitioner must show:

455

456 a. Clarity of perception:

457

- i. Homeopaths should have sufficient knowledge of health on the mental, emotional and physical levels, to be able to perceive what needs to be healed in others.

458

459

460 b. The ability to recognize Hahnemann’s teachings on “obstacles to cure”, including:

461

- i. The relationship between the physical, social, emotional and economic contexts in which people live and their health and wellbeing.

462

- ii. The implications for health and disease of personal and family health history, life events and environmental factors.

463

- iii. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption) on an individual’s health and social wellbeing.

464

- iv. The resources available to individuals to make changes in their circumstances and lifestyles.

465

- v. How personal beliefs and preferences affect individuals’ lives and the choices they make, the context in which they live and their health and wellbeing.

466

- vi. How drugging results in masking, suppressing, alteration of individualizing characteristic symptoms of the original disease symptoms.

467

468

469 c. Facility in effective and sensitive interviewing attitudes and techniques that will enable  
470 individuals to reveal and talk through relevant issues in their physical, mental and  
471 emotional health.

469

472 d. The ability to recognize and interpret significant aspects of a client’s appearance, body  
473 language, speech and behavior.

470

474 e. The ability to explain to clients the nature and depth of homeopathic case taking, and  
475 sensitivity to concerns and difficulties that can arise during this process.

471

476 f. The ability to take clear and coherent notes according to the standards and conventions  
477 of the healing professions

472

478 g. Knowledge of when it may be necessary or useful to involve someone besides the client  
479 in consultation (for example, when treating children). This includes recognizing the  
480 potential for reticence, misrepresentation and misunderstanding when others are  
481 involved in these discussions, and being able to minimize those risks.

473

482 h. Awareness of the dangers of imposing one’s own beliefs, values and attitudes on  
483 individuals and of the importance of respect for the client’s beliefs, values and  
484 attitudes, both personal and cultural.

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## 490 *H. Homeopathic Case Analysis*

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490

491

492 Analyze gathered data, identify essential features of the case and their relationships, assesses the  
493 relative value of all the information, and determine what information, if any, is missing that is needed  
494 for a proper homeopathic analysis.

495  
496 Demonstrate ability to synthesize disparate information into a homeopathically meaningful  
497 totality and understanding of disease categories and from that develop a case management  
498 strategy based on sound homeopathic principles.

499 Specifically:

- 500 a. Analyze what needs to be addressed in a case; identify the central disturbance or  
501 center of gravity and themes of the case; identify what is distinguishing and  
502 characteristic within the "totality" of symptoms in the mental, emotional and  
503 physical spheres -combined.
- 504 b. Determine and record the effect on the case analysis of any information that is  
505 judged to be missing, incomplete, or contradictory.
- 506 c. Assess previous and current therapeutic history/treatment, including homeopathy,  
507 allopathy, and other therapeutic modalities.
- 508 d. Describe the sensations and functioning of the individual and evaluate the vitality  
509 and health of the person (in homeopathic terms, the "vital force"). Record and  
510 evaluate the client's personal and family history; miasmatic history; susceptibility;  
511 suppression; organ affinities and systemic effects. Prioritize symptoms and explain  
512 the hierarchy of symptoms according to homeopathic principles. Demonstrate  
513 knowledge and utilization of modalities (such as: time of day, side of the body, and  
514 aggravation or amelioration) that are striking for a particular individual. Apply in  
515 analysis the circumstances and timing of the onset of symptoms, aspects of  
516 causation and etiology, and their duration and intensity or severity. Identify and  
517 isolate "concomitant" symptoms that may have been present at the same time but  
518 are due to separate (usually transitory or extraneous) causes.
- 519 e. Differentiate between strange, rare, and peculiar symptoms and common  
520 symptoms. In distinguishing common from characteristic (individualizing) symptoms,  
521 consider the client's apparent pathology based on allopathic diagnosis and  
522 recognize symptoms common to that pathology. Evaluate the effect of any  
523 etiological, exciting, or maintaining causes, as well as any underlying susceptibilities.
- 524 f. Present case analysis in a manner that can be readily understood by other  
525 homeopathic and health care professionals. Demonstrate diversity of case analysis  
526 strategies.
- 527 g. Translate the client's symptoms into repertory language, and repertorize the case in  
528 a manner appropriate to the case presented. Convert observed symptoms into  
529 repertory language. Employ research, evaluate and ultimately apply information  
530 gathered through various sources – including: materia medica, provings, journals,  
531 databases, and the internet. Demonstrate use of other resources to determine how  
532 issues of physiology and pathophysiology may influence the case. Illustrate the  
533 value, limitations, and use of medical reports in homeopathic case analysis.
- 534 h. Produce a differential analysis of the main remedies considered, noting the key  
535 points for and against each choice. Distinguish and articulate other case

- 536 management and analysis strategies, and apply them as appropriate. Identify  
537 various types of computer analysis techniques and differentiate their strengths and  
538 weaknesses.
- 539 i. Examine the effects of different potencies and their relevance to a case. Select the  
540 appropriate frequency and method of administering remedies (posology).
  - 541 j. Document and evaluate identified obstacles such as antidoting, environmental  
542 interference, and iatrogenic influences. Identify possible means to overcome  
543 identified obstacles and discuss options with the client.
  - 544 k. Order and evaluate the resources available to clients in assessing whether they are  
545 able to make important changes in their lives that may be beneficial.

### 547 *I. Homeopathic Case Management*

548

549 In the broadest sense, case management includes case taking, case repertorization and  
550 analysis, posology, and other homeopathic aspects of evaluating health and disease. However,  
551 effective management of homeopathic cases demonstrates an integration of the fundamentals  
552 of homeopathic theory and philosophy with the practical aspects of maintaining an effective  
553 practitioner-client relationship. It begins with ensuring that a case is appropriate for  
554 homeopathic care and includes determining a prognosis and following the case until the best  
555 possible results have been achieved.

556

557 Professional competencies for homeopathic case management include:

558

- 559 1. Careful determination of the initial remedy recommendation - including potency and  
560 dosing
- 561 2. Conduction of proper follow-up sessions
- 562 3. Assessment of the multivarious action of a remedy
- 563 4. Identification and management of any remedy aggravations
- 564 5. Evaluation of the possible antidoting of a remedy
- 565 6. Evaluation of palliation or suppression
- 566 7. Assessment of the susceptibility of the client
- 567 8. Assessment of Hahnemann's teachings on "obstacles to cure"
- 568 9. Employment of intercurrent remedies, when (if) it is indicated
- 569 10. Determination of when to make a second remedy recommendation and how to choose  
570 it
- 571 11. Effective utilization of resources such as: materia medica, therapeutic guides,  
572 repertories, *Physicians' Desk Reference (PDR)*, and the internet
- 573 12. Effective utilization of coaching/mentoring/preceptoring for assistance in case  
574 management (especially the new student).
- 575 13. Ensuring that homeopathic care shall achieve the greatest possible improvement with  
576 minimal disruption to the vital force

577

578 Synthesize homeopathic knowledge and experience in order to evaluate and supervise the  
579 entire course of homeopathic care as an ongoing and cumulative process - an extended cycle

580 of reflection and response. Justify strategies for homeopathic care. Maintain clear and  
581 transparent records of case management so that the aim and feasibility of homeopathic care  
582 is kept constantly under review. Demonstrate knowledge of a hierarchy of change within a  
583 healing process and demonstrate ability to provide appropriate communication to clients both  
584 during and between follow-ups.

585

### 586 *J. Assessment of Effectiveness of Treatment*

587

588 Evaluate the efficacy of a remedy recommendation by:

- 589 1. Re-evaluation of the case at follow-up appointments and check-ins
- 590 2. Comparison with previous conditions or expectations
- 591 3. Modification of the treatment plan, if required

592

### 593 *K. Record Keeping*

594

595 Demonstrate appropriate management of case records:

596

- 597 1. Confidentiality– Written case records (and any videos or other media) are maintained in a  
598 safe and secure manner that precludes viewing or access by anyone other than the  
599 practitioner (and, on a need to know basis, colleagues who will be bound by duties of  
600 confidentiality).
- 601
- 602 2. Accuracy – Case records written in a chronological manner that fully and understandably  
603 records all salient homeopathic information for each visit or conversation with a client as  
604 well as any other pertinent information or paperwork provided by the client.
- 605
- 606 3. Objective and Subjective Information – The homeopathic “data” for the case is adequately  
607 recorded in a manner that is consistent with the way in which it is expected that the case  
608 will be analyzed. Clear to a well informed reader what homeopathic process was being  
609 followed. Ideally, information relevant to other possible approaches to analyzing a case  
610 would be noted. Case clearly differentiates subjective elements (personal observations  
611 and perspectives) and objective elements (data collected by the homeopath or others).
- 612
- 613 4. Assessment and Plan –Assessment includes both the likely homeopathic prognosis for the  
614 case, and, as appropriate, other considerations for the case. The assessment includes a  
615 differential for several key homeopathic remedies that were considered. The plan records  
616 which homeopathic remedy was chosen, the potency, and the frequency for taking it. Plan  
617 includes any instructions, cautions, requests, or other instructions given to the client. Plan  
618 includes an interval after which a follow-up visit or report should be made by the client.  
619 Longer term strategy for the case recorded (and subsequently updated) to provide a means  
620 of tracking progress over time.
- 621
- 622 5. Periodic review (audit) of case records conducted as a way of ensuring his or her personal  
623 progress in maintaining good records and improving case management skills.
- 624

625 *L. Conventional Medicine and Complementary Alternative Medicine*

626

627 1. Recognize the presentations and signs and symptoms of common diseases encountered  
628 in practice. Distinguish between disease-specific signs and symptoms, iatrogenic signs  
629 and symptoms and those signs and symptoms, which are characteristic of the client's  
630 individuality.

631 2. Coordinate homeopathy care with other fields of health and wellness. Communicate  
632 with other health and wellness professionals. Consult with primary and specialty care  
633 medical providers when appropriate. Develop Integrative Health Care practices.  
634 Demonstrate community service and leadership to promote homeopathy as part of the  
635 national healthcare landscape.

636 3. Demonstrate knowledge of alternative medicine. Specifically the practitioner must:  
637 a. Have sufficient knowledge of massage and body work, acupuncture, osteopathic,  
638 and chiropractic care to recognize the appropriate time for referral to practitioners  
639 of these modalities.  
640 b. Have sufficient knowledge of alternative modalities to be conversant with  
641 c. practitioners who refer clients from these modalities.

642

643 Demonstrate a general understanding of:

644

645 1. The types of medicines most often prescribed by conventional health care providers for  
646 common conditions in order to have constructive discussions with clients. Be alert to  
647 the possibility of needing additional information that will assist or improve the  
648 homeopathic analysis or management of the case.

649

650 2. Allopathic and herbal pharmacology. The level of competence must be sufficient:  
651 a. To recognize the effects, side-effects and interactions of drugs and substances  
652 b. To understand the influence of these substances on the natural history of the  
653 client's illness and how to differentiate between characteristic and iatrogenic signs,  
654 symptoms and modalities.

655 c. To know the dangers or consequences of an individual's withdrawing from drugs  
656 and substances, both prescribed and self-administered

657 d. To recognize the danger of interfering with regimes of prescribed medications.

658

659 3. Ways to obtain information on prescription drugs, supplements, and herbal medicines  
660 that can be used to consider how they may affect a specific client's case.

661

662 4. Demonstrate knowledge of the psychological and emotional functioning of individuals  
663 and how this may affect their health and wellbeing. Specifically demonstrate:

664 a. Familiarity with the normal stages of child and adult development.

665 b. Familiarity with the normal stages of response to stressful life events (e.g., death  
666 and dying, child and adult responses to trauma).

667 c. An appreciation of the dynamics of family and other relationships and their  
668 impact on the client's life circumstances and mental and physical health.

- 669 d. An appreciation for the nature of disability, the social resources available to the  
670 disabled, and the effects of disability on the individual, health-care providers  
671 and members of the client's support system.  
672 e. Sufficient knowledge of the terminology of mainstream psychiatry to enable the  
673 homeopathic practitioner to interface with mental health providers.  
674
- 675 5. Observe appropriate steps to comply with the legal status of homeopathic practice in  
676 place of practice.  
677

### 678 *M. Clinical Competencies*

- 679
- 680 a. Demonstrate adherence to the theories, principles, and methods put forth by Hahnemann and  
681 other respected homeopaths in their various writings.
- 682 b. Demonstrate the ability to discern the direction of case progress and related aspects of  
683 homeopathic philosophy as enumerated by authors recognized by the global homeopathic  
684 community.
- 685 c. Recognize the importance of undergoing qualified homeopathic care in order to  
686 appreciate the role of the client, understand the action of remedies and to have direct  
687 experience of case taking.
- 688 d. Understand and adhere to the current National Occupational Standards (where  
689 available) and the professional association's Code of Ethics. Adheres to standards and  
690 ethics in the management of live cases.
- 691 1. Perform homeopathic case taking, case analysis, and case management as outlined  
692 in Sections H, I, and J above.
- 693 2. Conduct oneself in a professional and respectful manner; create and establish an  
694 atmosphere that is conducive to mutual respect and open communication.
- 695 3. Maintain confidentiality / demonstrate knowledge of confidentiality standards
- 696 4. Employ personal coping strategies to cope with unexpected/uncomfortable events
- 697 e. Being a Homeopathic Provider requires competency in the safe administration of  
698 homeopathic remedies, including the safety of both the client and the homeopath. The  
699 practitioner must also have the ability to manage the clinical case using clinical skills.  
700 Necessary competencies include:
- 701 1. Demonstration of appropriate use of referrals for emergency care, medical  
702 evaluation, acupuncture, osteopathic or chiropractic care and other types of  
703 evaluation and treatment.
- 704 2. Demonstration of appropriate use of supervision and homeopathic consultation.
- 705 3. The ability to use feedback from others, including clients and colleagues.
- 706 4. Recognition of maintaining effective collaborative relationships.
- 707 5. The ability to engage in self-evaluation.
- 708 6. The ability to access and integrate new information to assist in decision-making.
- 709 7. The ability to use research, including provings, audits and case studies, to plan  
710 implement and critically evaluate concepts and strategies leading to improvements  
711 in care.
- 712 8. The ability to critically evaluate professional knowledge, legislation, policy and

713 research in order to refine clinical practice.  
714 9. The ability to predict the development and limit the effect of difficult situations in  
715 clinical practice.

716  
717 *N. Ethical & legal Competencies*

718  
719 Homeopathic practitioners must demonstrate sufficient knowledge of and be bound by a strict  
720 and comprehensive code of ethics. Homeopaths must also be familiar with the legal and  
721 regulatory oversight of their mode of practice.

722 The homeopathic practitioner must demonstrate the ability to:

- 723
- 724 1. Practice with integrity and responsibility
  - 725 2. Promote the well being of clients
  - 726 3. Obtain informed consent of the client, as appropriate
  - 727 4. Encourage and participate in the development of understanding between colleagues
  - 728 5. Distinguish between ethical and legal issues in a given case and use skill in working with  
729 both when these conflict

730  
731 The homeopathic practitioner must demonstrate the ability to adhere to ethical standards by:

- 732
- 733 1. Maintaining freedom from bias in all areas in order to ethically take cases
  - 734 2. Being alert to recognize when to refer to a different homeopathic practitioner when  
735 one cannot be unbiased.
  - 736 3. Maintaining healthy senses and astute observation.
  - 737 4. Maintaining a well developed sense of professionalism.
  - 738 5. Demonstrating ongoing professional, ethical interactions with clients, and collaboration  
739 with fellow homeopaths and other practitioners.

740  
741 *O. Compliance with Practices Established by the Profession and Society at Large*

742  
743 Convey comprehension of the importance of:

- 744
- 745 1. Maintenance of professional development through continuing education.
  - 746 2. Maintenance of personal development by continued cultivation of character.

747  
748 **Criterion 8.13 -- Continuing Education**

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

753

754 **Criterion 8.14 -- Licensure and Certification Exam Rates**  
755 If the program's national certification exam pass-rate falls below seventy percent (70%),  
756 ACHENA shall review the program to determine if it remains in compliance with the  
757 accreditation criteria.  
758  
759

760 **Standard 9 -- Faculty**

761 The program should have faculty adequate for the programs offered.  
762

763 **Criterion 9.1 -- Faculty Size and Qualifications**

764 The program must maintain a faculty that is academically qualified and numerically  
765 sufficient to perform responsibilities assigned to it.  
766

767 **Criterion 9.2 -- Faculty Background and Experience**

768 The general education, the professional education, the teaching experience, and the  
769 practical professional experience must be appropriate for the subject area taught. Every  
770 faculty member must demonstrate successful experience and provide continuing  
771 evidence of keeping abreast of developments in his or her field.  
772

773 **Guideline:** Qualifications for core faculty include the following:

- 774 1. Completion of certification equivalent to that provided by The Council  
775 for Homeopathic Certification.  
776 2. Completion of a professional program in homeopathy.  
777 3. Three years of professional practice.  
778

779 **Guideline:** The program should verify the appropriate credentials of its faculty  
780 and maintain such in the faculty member's file.  
781

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

783 Conditions of service must be both adequate and equitable, and administered ethically,  
784 to provide faculty members with academic freedom, opportunities for professional  
785 growth and development, and adequate preparation time.  
786

787 **Guideline:** Faculty contracts should clearly specify responsibilities.  
788

789 **Guideline:** Provisions for benefits and/or professional development should be  
790 renewed periodically.  
791

792 **Guideline:** Evaluation of individual faculty performance should be carried out  
793 periodically.  
794

795 **Criterion 9.4 -- Policies and Procedures**

796 The recruitment, appointment, promotion and retention of well-qualified faculty  
797 members must be outlined in policies and procedures that are stated clearly in

798 institutional documents. Due attention must be given to pertinent legal requirements  
799 in areas of non-discrimination, equal opportunity, and affirmative action employment  
800 practices.

801  
802 **Criterion 9.5 -- Communication**

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

805  
806 **Guideline:** The faculty should hold meetings several times a year to consider  
807 educational policies and issues.

808  
809 **Guideline:** Minutes of faculty meetings should be taken and should be kept in a  
810 permanent file within the institution.

811  
812 **Standard 10 -- Student Services**

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

816  
817 **Criterion 10.1 -- Support fulfillment of objectives**

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

820  
821 **Guideline:** The institution or program should assure all students, including  
822 distance learning students, have access to a well-developed program of  
823 counseling, advisement, orientation, financial aid and career development,  
824 placement. The organization of the services, as well as the resources and staffing  
825 provided, should be determined by the institution as long as provision for all of  
826 the above services is made.

827  
828 **Criterion 10.2 -- Published, fair student policies**

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

833  
834 **Guideline:** There should be a fair and formal process for the faculty or  
835 administration to follow when taking any action that adversely affects the status  
836 of a student. The process should include timely notice of the impending action,  
837 disclosure of the evidence on which the action would be based, and an  
838 opportunity for the student to respond.

839

840 **Guideline:** The enrollment, cancellation, and refund policies should comply with  
841 applicable federal and state laws and regulations.

842  
843 **Criterion 10.3 -- Opportunity to be heard**

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

846  
847 **Guideline:** The interest of students and alumni in institutional development  
848 should be encouraged.

849  
850 **Guideline:** Student personnel policies should foster associations among  
851 students, faculty, and the administration and provide opportunities for the  
852 development of individual potential.

853  
854 **Criterion 10.4 -- Grievances**

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

859  
860 The program must disclose the Commission's address in its published policy on  
861 student complaints so that, if upon the program's disposition of a legitimate student  
862 complaint, the student is not satisfied that the program has adhered to its policy or  
863 been fair in its handling of the complaint, the student may contact the Commission.

864  
865 **Standard 11 -- Physical Facilities**

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

872  
873 **Criterion 11.1 -- Classroom Size and Equipment**

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

876  
877 **Criterion 11.2 -- Compliance with Standards**

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

879  
880 **Criterion 11.3 -- Upkeep**

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

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

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

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

**Criterion 11.5 - Clinic space and equipment**

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

**Standard 12 -- Financial Resources**

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

**Criterion 12.1 -- Resources**

The program shall have the financial capacity to respond to financial emergencies or unforeseen occurrences. If an accumulated deficit has been recorded, a realistic plan with reasonable and attainable benchmarks to eliminate the deficit must be clearly presented, understood, and approved by the governing entity. If a program has an operating loss for three consecutive years, it will be required to submit a financial plan.

**Criterion 12.2 -- Control**

The institution must have control of its financial resources and budgetary processes and be free from undue influence or pressure from external funding sources or agencies. In multi-purpose institutions, the program must have sufficient control over its program budget.

**Criterion 12.3 -- Expenditure**

The income of the program must be expended to provide adequately for instruction, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific functions that are consistent with the goals of the program.

**Criterion 12.4 -- Budgetary Process**

The process by which the program's annual budget is established, and resources allocated, must be clearly defined and consistently implemented. It must provide a realistic projection of the program's revenue and expenditures. The budget must be reviewed and approved by the institution's governing entity. The program must be able

928 to project its expenditures and revenues for at least a three-year period. The budget  
929 shall include notes explaining the assumptions on which the projected figures are  
930 based, e.g., the basis for increases or decreases in revenue or expenses.  
931

932 **Criterion 12.5 -- Management**

933 The financial management system must be set up to allow for a full audit by an outside  
934 independent certified public accountant. Each year, a minimum of a reviewed financial  
935 statement must be prepared. An accrual basis of accounting is required.  
936

937 **Criterion 12.6 -- Audit**

938 For the most recent year prior to submitting an Eligibility Report or seeking  
939 reaccreditation, a full audit with a management letter, certified by a licensed CPA, must  
940 be available to provide a detailed and accurate picture of the financial status of the  
941 program since the preceding year's reviewed financial statement. It must include a  
942 balance sheet statement, certified for one year, the statement of revenue and  
943 expenditures, and change in fund balance and/or financial position, all certified by an  
944 independent auditor with no relation to the institution. This audit must be reviewed by  
945 the appropriate individuals or responsible groups within the program.  
946

947 **Guideline:** The accountant that conducts the school's audit should be  
948 knowledgeable regarding higher education institutions.  
949

950 **Criterion 12.7 -- Indebtedness**

951 Adequate resources must be available to meet debt-service requirements of short-term  
952 and long-term indebtedness without adversely impacting the quality of the program.  
953

954 **Criterion 12.8 -- Financial aid operation**

955 If the program utilizes public resources for financial aid, the financial aid operation  
956 must be capably administered as documented by reports from the funding source.  
957

958 **Criterion 12.9 -- Default rate**

959 If the program's cohort default rate exceeds 25%, or if it is 15% or higher and has  
960 increased 50% over the prior year's rate, the Commission shall review the program to  
961 determine if it remains in compliance with the accreditation criteria.  
962

963 **Criterion 12.10 -- Refund Policy**

964 The program must clearly define and uniformly follow a fair and equitable refund policy  
965 for unearned tuition that complies with applicable state and federal laws and  
966 regulations.  
967

968 **Guideline:** The pro rata amount may be computed by using the ratio of the  
969 number of weeks of instruction completed to the total number of weeks of  
970 instruction scheduled for the period of enrollment.  
971

972 **Guideline:** Refund computations should apply to the stated tuition charges  
973 attributable to each school term.

974

975 **Standard 13 -- Publication and Advertising**

976 The institution shall publish, and make available to students and to the general public, a  
977 catalog or comparable official publication that honestly and accurately sets forth its:

978

- 979 • Current purposes and educational objectives
- 980 • Entrance requirements and procedures
- 981 • Admissions and transfer credit policies
- 982 • Rules and regulations for conduct and attendance
- 983 • Opportunities and requirements for financial aid (if applicable)
- 984 • Procedures for discipline and or dismissal (for academic and other reasons)
- 985 • Grievance procedures for students
- 986 • Grading policy
- 987 • Fees and equitable refund policies
- 988 • Program completion and performance requirements
- 989 • Members of the administration
- 990 • Professional education and qualifications of full- and part-time faculty (If  
991 degrees are listed, the institution from which the higher degree was issued  
992 must be listed; when indicating an earned doctorate, designation of the  
993 country of origin, other than the U.S., in which the degree is conferred shall  
994 be listed, e.g., Ph.D. (UK), M.D. (China)
- 995 • Members of the governing and advisory boards
- 996 • Non-discrimination policy
- 997 • Curriculum with course descriptions of each course
- 998 • Academic calendar
- 999 • Course schedule
- 1000 • Description of each academic program and course of study
- 1001 • Description of the learning and other physical resources
- 1002 • Sources from which students and prospective students can obtain the legal  
1003 requirements for licensure and entry into the profession in the state in  
1004 which the program is located and other states in which the program is explicitly  
1005 approved for its graduates to sit for licensure. The program shall also  
1006 state whether its graduates are eligible for licensure in the state in which  
1007 the program is located.

1008

1009 **Criterion 13.1 -- Completeness and Accuracy**

1010 Publications, advertising, and other communications of information concerning the  
1011 institution's programs, services, activities, and personnel must fully disclose the  
1012 institution's educational offerings and must represent them to students, faculty, staff,  
1013 the public and the Commission in language that is accurate, honest, clear, and  
1014 unambiguous.

1015 **Guideline:** Degree titles of faculty should reflect the actual degree conferred.

1016

1017 **Criterion 13.2 -- Accurate disclosure**

1018 Programs, courses, services, and personnel not available during a given academic year  
1019 must be identified clearly.

1020

1021 **Criterion 13.3 -- Representation of opportunities**

1022 Publications and advertising must not misrepresent employment, career, or licensure  
1023 opportunities.

1024

1025 **Criterion 13.4 -- Status with ACHENA**

1026 The program must accurately report its accreditation status and relationship with the  
1027 Commission according to the statements provided to it by the Commission.

1028

1029 **Standard 14 -- Library and Learning Resources**

1030 The program shall have learning resources and equipment adequate for the educational  
1031 programs offered, or shall have made specific long-term written arrangements for access to  
1032 such resources.

1033

1034 **Criterion 11.1 -- Resources and access**

1035 The institution must have its own library or collection of learning resources, or must  
1036 have executed long-term written contracts providing for usage of other specific library  
1037 resources for the students if adequate and reasonable accessibility is ensured.

1038

1039 **Guideline:** The library's materials, services, and related equipment should  
1040 facilitate and improve learning, foster inquiry and intellectual development, and  
1041 support the educational program.

1042

1043 **Guideline:** The library should be housed in a convenient location, be available to  
1044 students, faculty, and the community, as appropriate, and it should contribute  
1045 sufficiently to the achievement of the educational objectives of the program.

1046

1047 **Guideline:** Institutions and programs offering distance education must make  
1048 reasonable efforts to ensure that distance learning students have access to  
1049 materials available in the library. This should include opportunities for students  
1050 to learn about the scope of library holdings and opportunities for them to access  
1051 these holdings on-line, through homeopathic software programs or through  
1052 borrowing hard copies of materials via the mail.

1053

1054 **Guideline:** Expenditures and materials should be consistent with accepted  
1055 standards.