



Accreditation Commission for Homeopathic Education in North America

Eligibility and Accreditation Manual

Structure, Scope, Eligibility Requirements
and Accreditation Standards

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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.
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.

1.0 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:

- Freestanding institutions and colleges of Homeopathy that offer Master's Degree or Master's Level Programs
- Freestanding institutions and colleges of Homeopathy that offer Doctoral Level Programs (Note: Standards for the Doctoral Program are outlined in a separate document titled: Accreditation Standards for the Doctoral Degree in Homeopathy found on the ACHENA website at: <http://achena.org/Standards.htm>).

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. ACHENA accredits schools that prepare professional homeopathic practitioners via educational programs that are at least 1,000 hours in length. Programs may be delivered in any of the following three formats: 1) in-person, 2) blended learning (i.e. combination of in-person and distance learning), and 3) distance learning.

Note: Standards for the Doctoral Program are outlined in a separate document titled: Accreditation Standards for the Doctoral Degree in Homeopathy and can be found on the ACHENA website at: <http://achena.org/Standards.htm>. ACEHNA accreditation of distance learning only programs at the Doctoral level is currently under review and discussion.

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 creditable 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 creditable 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 creditable 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 Master's 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. Schools with institutional accreditation offering unapproved programs must state clearly in all publications, communications, and marketing materials that the unapproved program is not an ACHENA accredited program.

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, and 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.

2.0 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.

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

The **Eligibility Standards** are the basic threshold requirements for master's and master's level programs. Achieving eligibility is the first step in the accreditation process.

The **Standards and Criteria for Accreditation** are benchmarks by which ACHENA makes accreditation decisions. They expand and elaborate upon the Eligibility Standards and establish specific criteria for achieving full accreditation.

Certain ACHENA standards contain rubrics (i.e., Guidelines). Guidelines are provided by ACHENA for the purpose of consistently interpreting and meeting the Criteria.

3.1 The Eligibility Process

The process for achieving Candidacy with ACHENA has two steps:

1. Completion of the ACHENA Initial Application for Accreditation; and
2. Submission of the Eligibility Packet documenting that the institution or program meets all eligibility requirements and is prepared to undertake a comprehensive

self-study in relationship to ACHENA's accreditation standards.

The 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 and Initial Curriculum review standards and is working toward complying fully with the Standards and Criteria for Accreditation.
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.

4.0 Eligibility Standards for Master's Degree & Professional Homeopathic Practitioner Diploma and Certificate Programs

To be eligible for initial ACHENA Accreditation, an institution and its professional homeopathic practitioner program must demonstrate that they meet the following Eligibility Requirements of ACHENA. Once eligibility is established, institutions and their ACHENA programs must then demonstrate that they meet ACHENA Standards.

1. The homeopathic educational program is located in an educational institution that is legally authorized to offer post-secondary education by an appropriate agency. * see Note to Standard One.

Rationale: Schools should operate in accordance with the law and be authorized to offer certificates, degrees, or diplomas to students.

2. The institution or program has a governance structure and a clear, concise, and realistic mission statement. The mission statement is accompanied by a set of programmatic goals, objectives and institutional values that guide the program in establishing its specific measurable educational outcomes for students in the program.

Rationale: A governance structure provides leadership for the educational program and the mission statement and values establish the unique identity of the school. Establishing measurable educational outcomes is essential for evaluating whether the program is achieving its stated goals.

3. The course of study provided is congruent with ACHENA's Program of Study as defined in

Standard 8 of the ACHENA Accreditation Manual. A syllabus is in place that minimally describes learning objectives, topics to be covered, teaching modalities, resources/reference material, out of class assignments and assessment methods used to evaluate learning outcomes.

Rationale: Students enrolled in a professional homeopathic educational program should be assured that they will receive sequential instruction in all areas required for practice. A school's Program of Study signals credentialing bodies and the public that its program conveys all the information, skills, practices, and attitudes required for effective practice.

4. Faculty is sufficient in number, background, and experience to support the homeopathic educational programs offered and includes a core of faculty with sufficient responsibility to the institution to assure the continuity and coherence of its homeopathy programs. An individual instructor's qualifications shall be commensurate with the specific courses being taught. All faculty responsible for delivering clinical training or providing clinical supervision should hold the CCH or similar designation. The institution provides a clear statement of faculty responsibilities that includes: opportunities for development or review and input into curriculum; a role in assessment of learning outcomes; and, a process for faculty evaluation.

Rationale: Qualified, well-informed faculty who are aware of their responsibilities and who are regularly evaluated, are the core of an effective educational program. It is important that faculty who deliver the curriculum have input into development and assessment of that curriculum. Faculty providing clinical supervision should have extensive clinical experience and hold the CCH designation or a similar designation.

5. The institution documents a funding base and financial resources adequate to support its mission and goals and to assure financial stability. The institution will submit an external Financial Review by an outside independent licensed CPA prior to and included with the Self Study, and with every subsequent accreditation renewal.

Rationale: A school's financial stability is important for assuring students and the general public of its ongoing viability.

6. There are policies in place that address: (i) "conflict of interest" for members of the governance structure, and (ii) equal opportunity and nondiscrimination in hiring and admissions practices.

Rationale: Conflict of interest policies, equal opportunity and nondiscrimination policies establish that the school operates in a fair, unbiased manner.

7. The institution has a chief executive officer or administrative team that is responsible for the entire operation of the institution or program and is responsible for the administration of the policies and procedures set forth by the governing body.

Rationale: The tasks associated with running an educational program extend beyond classroom instruction. Examples of some of these tasks include: handling admissions; scheduling; record keeping; preparing educational materials; developing course descriptions; marketing; evaluation; and others. Administrative leadership and support are required to complete these tasks.

8. The institution has qualified administrative staff which provides the administrative services necessary to support its homeopathic program(s) and mission, goals and objectives.

Rationale: The tasks associated with running an educational program extend beyond classroom instruction. Examples of some of these tasks include: handling admissions; scheduling; record keeping; preparing educational materials; developing course descriptions; marketing; evaluation; and others. Administrative leadership and support are required to complete these tasks.

9. The program has developed a plan for: (i) evaluating each student's academic and clinical performance and achievement in relation to the program's mission and educational requirements, and (ii) assessing overall program outcomes and effectiveness in relation to the program's mission and programmatic objectives.

Rationale: Establishing a plan for evaluation is important for documenting achievement of mission and learning objectives. Evaluation results are not required at this stage, only that a plan is in place. Evaluation results will be reported on in the accreditation phase as part of the self-study.

10. The institution maintains ownership or has access to rented or free physical facilities and learning resources (including instructional resources, a physical or virtual library, other on-line resources and/or digital learning tools) for administration, faculty and students that are appropriate for the institution's mission and its homeopathic educational programs.

Rationale: In order to be successful, the school community requires access to minimum facilities and resources to achieve the school's stated mission.

11. If the institution offers distance education, information technology resources and expertise are adequate to ensure coursework is delivered effectively and faculty and students are able to use the technology as intended.

Rationale: To be successful, distance learning programs must have resources to ensure faculty and students can effectively use the technology as intended.

12. The institution has published and adheres to admissions policies consistent with its mission that specify student minimum requirements and any specific personal characteristics needed for success in its homeopathic educational program(s).

Rationale: Students have a right to clear information about admissions policies so that they can: 1) self-evaluate their qualifications for the program before applying for admission, and 2) be assured that all admission decisions are fair and unbiased.

13. The institution provides student services which are consistent with student characteristics and its mission, goals, objectives and outcomes.

Rationale: Students engaged in a course of study sometimes need additional support to meet educational objectives. Recognizing this, effective schools offer a reasonable level of student services.

14. The institution publishes in its catalog or other appropriate places such as its website, accurate and current information that describes:

1. Educational program(s) offered and their purposes and objectives
2. Admission requirements and procedures
3. Academic calendar
4. Rules and regulations directly affecting students
5. Credentials offered and their requirements
6. Cost and refund policies
7. Grievance procedures
8. Academic credentials of faculty and administrators, and
9. Other items relative to attending and withdrawing from the homeopathic program(s).

Rationale: Schools have a responsibility to disclose all relevant information, policies and requirements to students who are considering attending their program. Full disclosure is required for students to make an informed decision about attending the program.

15. The institution or program is prepared to undertake a comprehensive self-study in relation to ACHENA's accreditation standards as outlined in the ACHENA Accreditation Manual.

Rationale: The purpose of the eligibility phase is to determine if an institution or program is prepared to pursue accreditation. Since conducting a self-study is a core component of the accreditation process, providing evidence that an institution or program is prepared to undertake self-study is an essential component of establishing eligibility.

Note to Standard # 1:

ACHENA recognizes that the governmental and nongovernmental agencies that authorize institutions to offer post-secondary homeopathic educational programs in some jurisdictions may not recognize the professional homeopathic practitioner. Therefore, these agencies may lack policies, procedures or be silent with regards to authorizing programs or institutions to

offer homeopathic educational programs. In the instance where a jurisdiction is silent with regard to providing authorization or will not provide authorization, ACHENA will provisionally accept as meeting this standard, a summary of the school's research into this issue or an explanation of steps taken by the school to obtain such authorization. At the time of Self Study submission, the school must show that it is authorized to conduct its operation under the laws of the United States or Canada, and shall be in compliance with all local, provincial, state and federal regulations applicable to it. Schools with concerns about their jurisdiction's political – legal environment toward homeopathy are encouraged to contact ACHENA to discuss approaches to meeting this standard.

4.1 Review of Initial Applications and Eligibility Packets

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.

Please note that a complete list of materials required for establishing candidacy can be found on the ACHENA website under Forms and Documents.

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

Upon being granted candidacy, institutions and programs begin an institution wide self-study with regards to the full accreditation standards outlined below. The intent of the self-study is to demonstrate that:

- a) Upon graduation from 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 - Mission Statement

The institution or program shall have a concise mission statement that provides clear direction for the institution and its programs in the training of professional practitioners of classical homeopathy.

Institutional, programmatic and course level goals and objectives flow from the mission statement and serve as a benchmark against which all organizational outcomes can be measured to ensure fulfillment of the mission.

Criterion 1.1 - Description

The mission statement should be precise and describe the fundamental purpose the program fulfills, the philosophies it represents, the community it serves and the social, cultural and economic needs of the institution and its community. Clearly specified programmatic and/or educational goals and objectives reflect how the mission statement is to be achieved-

Guideline: The mission statement and objectives form a part of the strategic planning process that includes input from stakeholders.

Guideline: The primary mode of delivery of the program is specified and a description as to how this supports the mission and how sufficient quality is maintained must be provided.

Criterion 1.2 - Educational Goals and Objectives

The program must maintain clearly specified and measurable educational goals and objectives which reflect the desired program outcomes and is consistent with the degree, certificate or diploma it awards.

Guideline: Educational goals and objectives provide a framework of outcomes from the institution's educational activities that are reviewed through a process involving qualified stakeholders.

Guideline: Goals and objectives may include but are not limited to:

- Local, regional and national needs for homeopathic services.
- National standards of professional competency and practice.
- Contributions to the evolving body of scientific and professional knowledge;
- Job placements and possible career paths.

Criterion 1.3 - Strategic Planning and Review Process

The regular reassessment of the program's goals and objectives demonstrates whether the mission continues to be relevant and consistently fulfilled. Measurable indicators of student success derived from data and institutional progress (such as grades, clinical progress and supervision reports) provide the requisite key performance indicators to fulfill this requirement.

Guideline: Reliable feedback loops gather data and other information about all areas of operations (e.g. Admissions, Technology, Academics, Finance, Alumni, Faculty, Human Resources) to inform the planning and continuous improvement review process.

Guideline: This process results in the development of action plans based on measured outcomes to help implement appropriate strategic priorities.

Guideline: The review process should include representatives of the student body, faculty, administration, alumni, and the governing board, where appropriate.

Standard 2 - Legal Organization

The program shall be delivered by a legally organized institution in the United States or Canada, authorized to conduct its operation under the laws of the United States or Canada and shall be in compliance with all local, provincial, state and federal regulations applicable to it.

Criterion 2.1 - Off-campus control

The institution carries all responsibility for its off-campus educational activities to the same degree that such requirements must be met with respect to on-campus activities. This applies regardless of whether the activity has been arranged within the institution or 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 includes a governing

body. The governing board exercises ultimate and general control over the institution's affairs. The governing board consists of qualified individuals that are guided by a set of bylaws and an appropriate Conflict of Interest policy. The program conducts its operations with honesty and integrity.

Criterion 3.1 - Membership

The membership of the governing body is clearly identified by the institution.

Guideline: Governing board members follow a prescribed and consistent selection pathway that includes the application of a stringent Conflict of Interest policy.

Guideline: The Governing Board is responsible for selecting a highly qualified Chief Executive Officer, Executive Director, Chief Administrator or President to oversee the day-to-day operations 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: Governing board members and their qualifications are ~~depicted~~ listed on the institution's website.

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

Criterion 3.2 - Role

The governance structure allows for general oversight and stability in the institution's efficient and effective deployment of resources. This includes ensuring that a qualified Chief Executive Officer, Executive Director, Chief Administrator or President provides for sufficient administrative capacity, succession and business continuity planning and that the institution demonstrates sufficient competence to fulfill its mission and is able to meet its responsibilities to students.

Guideline: The institution's leaders and/or board members possess the qualifications to effectively oversee its successful operation.

Guideline: Board officials exhibit the skills and experience necessary for establishing broad policy, long-range planning, appointing and evaluating leadership, ensuring financial stability and 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, Policies and Procedures

The governing/advisory board presides over a set of bylaws and a clearly defined set of board and operational policies that explain the power, duties, meeting schedule, membership

requirements, terms of office, and responsibilities of the governing bodies. These address all facets of the operation of the institution including the minimization of legal, operational and financial risk.

Guideline: Board policies and procedures address the composition, responsibilities, duties and terms of office of all board members and officers.

Guideline: Operational policies and procedures address academic and clinical teaching, faculty, legal and financial, student services, student and institutional assessments, records, admissions and recruitment, online learning, facilities and library aspects.

Standard 4 - Administration

The program has an appropriately qualified and dedicated Chief Executive Officer, Executive Director, Chief Administrator or President and an appropriately qualified chief academic administrator who is able to effectively manage and revise the program as needed as well as an administrative team with sufficient capacity and definition of roles and responsibilities and of a size and structure that is appropriate to the size and purpose of the program.

Criterion 4.1 - Chief Administrator and the Leadership Team

The Chief Executive Officer, Executive Director, Chief Administrator or President is responsible for the entire operation of the institution or program, and is directly responsible for the formulation and administration of the policies and procedures as approved by the governing body.

Guideline: The chief administrator and members of the senior leadership team have clearly defined written job descriptions that describe the roles and responsibilities for each position. The job description requires periodic review and must be updated as the institution or program undergoes a significant change in operations, mission, scope or size.

Guideline: The chief administrator serves as a liaison between the governing body and program staff. Responsibilities are delegated to the administrative staff. The chief administrator and all administrative staff participate in a regular evaluation process.

Guideline: The chief administrator and the senior leadership team provide appropriate direction and control for the development and operation of all institutional and program functions, ensure the development and implementation of appropriate policies and procedures, of the strategic plan, execute a prudent fiscal management plan and maintain an administrative structure to ensure for accountability and sound communications between the institution and its community.

Guideline: It is advisable that the chief program administrator or someone on the

Leadership Team, have a Masters or other advanced degree in Higher Education.

Criterion 4.2 - Organization of staff

The administrative staff have adequate qualifications and clearly defined roles and responsibilities.

Guideline: An organizational chart depicting roles, responsibilities, and reporting lines exists.

Guideline: All administrative staff have clearly defined, written job descriptions which undergo periodic review as necessary.

Criterion 4.3 - Academic Leadership

Program leadership has a clearly defined and effective structure that ensures effective teaching, programmatic review and student involvement. Academic leadership facilitates curriculum development and ongoing assessment of the program. Academic leaders demonstrate appropriate academic qualifications.

Standard 5 - Maintaining Record Keeping Systems

The program shall maintain complete record keeping systems.

Criterion 5.1 - Permanent Student Records

Observing the requirements of right-to-privacy legislation, the program maintains and safeguards accurate permanent academic records that document student participation and success.

Guideline: The institution/program has a set of document retention policies and procedures for the maintenance and secure storage of all student records.

Guideline: In the event that an institution is required to close, a plan to preserve and make available all student records has been formulated.

Guideline: The institution/program ensures through the implementation of a records policy, the convenient access to academic, attendance, and financial records by students. If records are not stored on-site, the institution/program must ensure secure and ready on-line access-

Guideline: Institutions have a backup electronic disaster recovery plan.

Criterion 5.2 - Clinical Care and Student Records

The program maintains clinical records of all clients attended to by students. The institution is responsible for maintaining complete, accurate, secure, and confidential records which abide by generally accepted standards of health care practice and federal HIPAA laws.

Guideline: The program makes best efforts to translate foreign language records into English to maintain the highest level of homeopathic care possible. by current and future caregivers. All records shall be maintained for a minimum of seven years.

Guideline: Institutions develop, implement and closely monitor policies and practices to ensure that clinical records prepared by students and shared between students and clinical supervisors are transmitted and maintained in a secure and confidential manner.

Guideline: Clinical records resulting from student work require review and evaluation by the supervisor as well as signature by both student and supervisor.

Criterion 5.3 - Data

The program must maintain the following data:

1. Number of students who applied and were accepted, enrolled, graduated and readmitted.
2. Age, gender, educational background, and racial origins (optional) of the student body.

Standard 6 - Admissions

The program has implemented an admissions policy that clearly states the educational requirements necessary to achieve academic and professional success. This requires the satisfactory completion of at least two academic years (60 semester credits/90 quarter credits) or its equivalent, of education at the baccalaureate level. Admissions criteria align with the institution's mission and target student population.

The program formulates, documents and implements a robust, systematic and consistent assessment process by a qualified individual/s that determines an applicant's level of academic readiness as well as acceptable prior learning or transfer credit/s to be applied towards completion of the professional program.

The institution admits students regardless of race, national origin, ability, sex, gender, sexual orientation or age.

The institution is responsible for establishing a reliable and documented applicant/student verification process and admissions criteria requiring documentation that applicants possess the likelihood to be successful in the program and/or successful in a distance education environment if used as a mode of delivery.

Criterion 6.1 - General Admissions

The entry criteria is successful completion of at least two academic years (60 semester credits/90 quarter credits) or 2 years completed of a Baccalaureate degree. In the absence of being able to verify the completion of the degree/credits, the program must demonstrate an acceptable process for assuring equivalent competence in the assignment of credit(s) and/or work experience for prior or experiential learning. Either or a combination of the following assessment techniques may be used: (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, PONS (N.Y. State Department of Education Program on Non-collegiate Sponsored Instruction), the USAFI (U.S. Armed Forces Institute) program, and the DANES (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: 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 or military and corporate training, but the rationale for the exemption and unique experience of the student must be clearly documented in admissions records of the student.

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.

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 6.2 - Advanced Standing

The program may accept transfer credit and or prior academic and/or professional learning that is judged to be equivalent to its requirements for graduation from the professional program; however, a minimum of one-quarter of the total-program clock hours (or equivalent credit hours) required for completion must be taken in the program granting the certificate or degree designating successful completion of the program. This includes a minimum or ½ of the clock hours (or equivalent credit hours) of the clinical training program.

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

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 6.3 - Policy Publication

The program's admissions policy, including policies for evaluating transfer credit and prior learning, must be clearly stated in institutional publications including, but not limited to website, catalog and handbooks. 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 - Course Prerequisites

The program must show evidence that it has identified appropriate course prerequisites where applicable, and that students enrolled in a course have completed all necessary prerequisites.

Criterion 6.5 - Recruitment

The program must observe honest, ethical, and legal recruiting practices. Marketing materials and representations made to prospective students must be clear and accurate.

Criterion 6.6 - English language competency

1. The institution's admissions criteria disclose procedures for verifying appropriate language proficiencies. English language competency is required of all students seeking admission to any program. For English language programs, a recommended minimum score of 500 on the Test of English as a Foreign Language (TOEFL) (or equivalent score in IELTS) and a minimum of the currently reported mean score on the Test of Spoken

- English (TSE);
2. For non-English programs, a recommended TOEFL score of at least 450 must be obtained and a minimum 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 the English proficiency requirement must be satisfied prior to commencing the clinical training phase.

Criterion 6.7 - Enrollment

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.

Guideline: All prior learning and transfer equivalencies should be established, articulated and filed, along with the applicant's materials and applied to admission requirements and/or to advanced standing placement, by the start of the first enrollment period and/or before any classes are commenced.

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: The institution's enrollment agreements/documents clearly identify the educational offering and assure that each applicant is fully informed of the rights, responsibilities, and obligations of both the student and the institution prior to applicant signature.

Guideline: Tuition (and all additional fees, i.e., applicant/student verification and other distance learning technologies, supervision, etc.) and refund policies are disclosed on all enrollment agreements.

Criterion 6.8 - Retention and Graduation Rates

The program's student retention rate must be a minimum of sixty-five percent (65%) and the graduation rate must be a minimum of fifty percent (50%).

Standard 7 - Evaluation of Student and Programmatic Assessment, Achievement and Satisfaction

The program shall demonstrate a commitment to student academic and professional

achievement through excellence in student and programmatic assessment processes. The institution shall demonstrate how its educational objectives and competencies are met and how this enhances the quality and satisfaction of professional education and training obtained by students.

Goals and Objectives

Programmatic goals and objectives describe the intended educational achievements of the institution.

Course level goals and objectives describe the intended educational achievements at the course level.

Outcomes

The school systematically collects and rigorously analyzes quantifiable and observable evidence of individual and programmatic level learning and growth from multiple valid and reliable sources. Evidence of deficiencies in the achievement of outcomes initiates a process guided by policies and procedures to improve curricular and programmatic effectiveness, instructional practices, professional development, and support services as needed. Student progress is systematically and regularly communicated and maintained on a collaborative basis among students, faculty and administration.

An assessment system that provides accurate information includes an Assessment Plan that describes a range of fair, objective and consistent outcomes and assessment practices measuring students' progress regarding relevant knowledge, skills, clinical skills, competencies and attitudes. These comprise an important source of data for the institutional review process and contribute to the fulfillment of the institution's mission.

Criterion 7.1 - Measurement of Student Achievement

The institution defines standards for student achievement and assesses its performance against those standards. Through regular and systematic assessment, the institution demonstrates that students who complete programs achieve the identified outcomes and competencies and that the standards for student achievement are met. Program and course level learning outcomes describe academic competencies obtained as students progress through the program and define the knowledge and skills that students possess upon its successful completion.

Guideline: Assessment processes measure student performance in the professional competencies. The institution uses the information gained from assessments to improve student learning in conjunction with faculty and students.

Guideline: The program shall systematically and sequentially document quantitative and qualitative, direct and indirect as well as formative and summative evaluation processes to measure competency levels as outlined in the standard describing the Program of Study. These may include among others:

- Oral and written examinations of didactic material.
- Clinical performance at all stages of the program
- Milestone exams
- Case reports on clinical and differential diagnoses
- Scientific literature reviews
- Structured observation and evaluation
- Student case taking and decision-making ability
- Review of patient charts
- Student self-evaluations and reflection
- Student and patient surveys

Assessment practices are listed on course syllabi and grading procedures and random samples are available for evaluation.

Guideline: Program Learning Outcomes are comprised of key performance indicators (KPI) such as:

- Minimum 65% programmatic retention rate.
- Minimum 50% graduation rate in any one year.
- % of students completing within 3 years – full time.
- % of students completing within 6 years – part time.
- % of students employed (including self-employed) within one year.
- % graduating within 150% of time to completion.
- Evaluation of programmatic and professional competencies.
- Alumni satisfaction surveys at a minimum of every 3 years.
- Annual faculty surveys.
- Faculty training opportunities available.
- Key financial ratios.
- Matriculation rates.

The program selects and justifies outcomes obtained.

Guideline: Student achievement metrics are formalized, accessible to students and consistent with the mission. Compliance is ensured through an internal audit process.

Guideline: Faculty receive regular training on optimal assessment practices and forms a

part of the new faculty orientation process.

Guideline: The program tracks remediation rates and quality that may point out program weaknesses.

Criterion 7.2 - Measurement of Student Satisfaction

Guideline: Student satisfaction is measured by regular and comprehensive student surveys, program retention and pass rates and perception of administrative, educational and other support services provided including, as appropriate, consideration of course completion, state or provincial licensing and or duly recognized certification examinations and job placement rates (where applicable).

Student satisfaction is, in part, reflected by student achievement which can be measured in numerous ways. These may include:

1. Program referrals
2. Program retention rates
3. Grievance complaints
4. Alumni engagement
5. Job placement rates (including self-employment)
6. By regular and comprehensive student surveys measuring program satisfaction and student perception of administrative, educational and other support services.

Criterion 7.3 - Assessment of Graduates' Success

Graduate success is measured by achievement levels on certification exams and job placement (gainful employment in the profession), including self-employment rates, if reliable and readily available. Data sources must be provided.

Guideline: Accurate success rates on certification examinations are provided on an annual basis.

Guideline: Formal and informal alumni and/or employer surveys are performed and analyzed on an intermittent basis.

Criterion 7.4 - Standard Measurement

Equivalent methods and standards of student assessment must be applied and demonstrated for all externship and other external or outsourced clinical sites.

Criterion 7.5 - Programmatic Review Process

The institution demonstrates a commitment to educational improvement through ongoing attention to defined goals for retention, persistence and completion rates that are appropriate to its mission and student population.

Guideline: The institution collects and analyzes information on student retention, persistence and completion of programs to make improvements as warranted by the data.

Guideline: The program, with appropriate involvement from all program constituencies, engages in regular and ongoing continuous improvement processes to:

1. Ensure its effectiveness in achieving program goals, objectives and outcomes.
2. Ensure that policies and procedures are revised as necessary to ensure a reliable and representative feedback loop.
3. The program demonstrates commitment to excellence through periodic and systematic reviews of the effectiveness and suitability of its goals and educational objectives, training model, mode of delivery and appropriateness.

Criterion 7.6 - 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. This should include strategies such as use of real-time synchronous distance learning technologies that allow for direct supervisor's observation and assessment of the student's clinical skills; or, supervisor's review of videotaped sessions in which one camera is focused on the student and another camera is focused on the client; or similar arrangement.

Guideline: Institutions and programs that employ distance learning must directly observe a sufficient body of the student's clinical case work in order to effectively assess the student's skills and provide clinical mentoring. Observation must be of sufficient intensity and frequency to ensure that, by graduation, students have attained competency in the full range of skills required for practice.

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

1. Concept of health, disease, and healing.
2. Differences between homeopathic, isopathic, allopathic. antipathic
3. Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of *The Organon*.
4. Concept of susceptibility and causative factors.
5. Concept of the Vital Force.
6. Case management according to the Law of Similars.
7. Principles of homeopathy.

8. Definition of basic homeopathic terms.
9. Concept of the core dose.
10. The single remedy.
11. Potency scales, including: X, C, D, K, LM, Q, and Fibonacci.

Symptoms and signs

1. Strange, rare, and peculiar symptoms.
2. Common and uncommon symptoms.
3. Hierarchy of symptoms.
4. Classification of symptoms.
5. Suppression of symptoms.

Classification of diseases

1. Miasms
2. Natural and Artificial
3. Acute and Chronic
4. Etiologies
5. Suppressed disease
6. One-sided disease
7. Stages of disease process
8. Epidemics and genus of epidemics
9. Mental and Emotional diseases
10. Intermittent diseases

Theory of Case Management

1. Primary and secondary action
2. Evaluation of client response to remedy
3. Second remedy recommendation
4. Herring's teachings on "direction of cure"
5. Hahnemann's teachings on "obstructions to cure"
6. Management of case on all levels
7. 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, 2nd 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

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.
 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

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

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

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:

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, Cocculus, 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 Provings & Research

*Proving*s

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. Provings 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. Provings
 - 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

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:

1. Standards for ethics, collegiality, client relations.
2. Professional demeanor – conduct oneself in a professional manner while performing duties as homeopath.
3. Preparation of written cases that include accurate recording of the details of the client initial interview, case analysis, reportorization, remedy comparison, potency considerations, miasmatic influences, remedy response and progress notes.
4. Appropriate record keeping including closed confidential client records.
5. Process for client intake, contact people, ongoing contact.
6. Informed consent for services.
7. Definition of roles – student, administrator, supervisor.
8. Relationship between student and supervisor – clear/appropriate expectations, boundaries.
9. Grievance processes (students and clients).
10. Continuity of care.
11. Case screening appropriately for clinic setting.
12. A representative range of cases – age, chief complaint, etc.
13. 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

1. To acquire the knowledge, practical skills and professional ethics and attitudes essential to clinical practice.
2. To gain experience in the application and integration of all course components.
3. To acquire the knowledge and skills needed in order to consider different approaches and strategies adopted by experienced homeopaths.
4. To establish an individual, flexible framework within which to develop a personal but effective approach to case work.
5. To learn how to record clinical data and participate in clinical research and audit.
6. To devise personal coping strategies in response to unexpected reactions, demands and expectations of clients.
7. To provide a pool of professional experiences to be shared with future professional colleagues or to be used as teaching material.
8. 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:

1. Guided and structured observation and analysis of:
 - a. Experienced practitioners working live in a clinical setting,
 - b. Video recordings of experienced practitioners working,
 - c. Video relay, video recording, digital recording or use of synchronous distance learning technology of students taking live cases.
2. 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.
3. 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 (recording details of the client interview, case analysis, miasmatic influences, 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 or use synchronous distance learning technology 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, one way view mirror, digital recordings, or other methods.

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

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

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

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.

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

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

1. Basic sciences relevant to the practice of homeopathy and conducting homeopathic interviews.
2. Human anatomy and physiology.
3. The nature of the conventional medical model which emphasizes history taking, diagnosis, treatment and follow-up.
4. Purpose and significance of commonly administered diagnostic tests.
5. Major categories of pharmaceutical medications, including their major effects and side-effects.
6. The potential for pharmaceutical, herb and nutritional supplement reactions, interactions, contraindications and side effects and how to access this information.
7. The basis and need for referral and/or consultation.
8. The range of biomedical referral resources and the modalities they employ.
9. Various stages of mental, emotional and physical development throughout life.
10. Functional disorders and pathological processes related to body systems:
 - integumentary (skin and connective tissues)
 - musculo-skeletal
 - gastrointestinal
 - respiratory
 - cardiovascular and hematological
 - immunological
 - reproductive (including obstetrics)
 - urinary
 - endocrine
 - neurological

- special senses
 - mental and emotional
11. Pathognomonic and individualizing symptoms.
 12. Basic first aid techniques for effective emergency intervention.
 13. Disorders due to physical agents
 - Sunburn
 - heat stroke
 - electric shock
 - radiation
 - high altitude
 - environmental pollution
 - others
 14. Poisoning and influence of crude medicinal substances and comparable therapeutic interventions.
 15. Drug abuse, nutrition, lifestyle diseases.

Standard 8 - Specific Criterion Related to the Program of Study

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

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

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

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

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

Criterion 8.1 - (b) Maximum time frame

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

Criterion 8.1 - (c) Clock to credit hour conversion

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

for each 10 hours of classroom contact plus appropriate outside preparation or the equivalent; for each 20 hours of supervised laboratory or clinical instruction plus appropriate outside preparation; and for 30 hours of clinical externship or independent study.

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

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

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

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

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

Criterion 8.2 - Completion Designation

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

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

Criterion 8.3 - Consistent with purpose

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

Criterion 8.4 - Appropriate Level of Instruction

The program must be appropriate to an institution of higher education offering a professional master's level homeopathy program. The program must be sufficiently rigorous in breadth and depth and appropriate to the education and training of

independent practitioners in the field of homeopathy. For a program taught in multiple languages or locations, the level of instruction must be consistent.

Criterion 8.5 - Off-Campus Training

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

Criterion 8.6 - Use of Distance Education

ACHENA accredited institutions and programs that employ distance education should clearly delineate the type of distance learning technology to be employed.

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

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

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

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

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

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

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

Guideline: Institutions and programs employing in-person, blended and distance learning technologies should routinely evaluate student achievement and should compare levels of achievement attained through use of distance education with the level of achievement attained through blended and traditional classroom instruction.

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

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

Criterion 8.6 - (a) Verifying student identity

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

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

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

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

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

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

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

before student enrollment.

Criterion 8.7 - Syllabi

A syllabus must be prepared for each course or major unit of instruction in the program and must be distributed to each student in the course and must be maintained in the program's curriculum files. A syllabus must contain at least the following: the purpose of the course; the objectives of the course in specific terms; the prerequisites of the course; an outline of the course and laboratory instruction in enough detail to permit the students to see its full scope; the method(s) of instruction; the requirements of the course with the important dates (e.g., papers, projects, examinations); the type of grading system used; and the required and recommended reading.

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

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

Criterion 8.8 - Clinical training

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

Guideline: 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.

Criterion 8.9 - Clinical observation

The institution or program must assure that each student fulfills at least 250 hours observing clinical practice. This may include a mix of clinical observation via use of:

1. asynchronous distance learning technologies or video cases of expert practitioners taking and managing cases,
2. synchronous distance learning technology to observe experienced practitioners and senior students performing case taking and managing cases, and
3. live, direct in-person observation of experienced clinicians or senior students in the school's teaching clinic.

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

Criterion 8.10 - Supervised clinical practice

The program must assure that each student participates in a minimum of 250 hours in the supervised care of clients. The clinical training should progress in such a manner that affords students with increasing responsibility for live, in-person individual case-taking, case analysis and case management with appropriate supervision.

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

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

Criterion 8.10 (a) – Case-Taking, Analysis or Management Outside of a School Clinic Setting

In cases where students are responsible for selecting individuals for case taking, case analysis or case management outside of a school clinic setting, schools shall have policies and procedures to provide guidance to students and clinical supervisors regarding:

1. Ensuring students select individuals appropriate for student case-taking, case analysis and case management.
2. Ensuring students have an opportunity to take a wide range of different types of cases, as would be representative of the student's practice upon graduation.
3. Ensuring students accurately describe their status as a student to all prospective clients.
4. Ensuring students have all clients sign an appropriate disclaimer statement prior to beginning case-taking, case analysis or case management.
5. Ensuring that all clinical records, including those kept by students, are maintained in a secure and confidential manner, consistent with HIPAA requirements.
6. Ensuring that clinical records, digital files, video files, and all other forms of recording of student clinical work are transmitted between students and clinical supervisors in a secure and confidential manner.
7. Ensuring clinical supervisors directly observe an adequate volume of student case-taking to provide clinical mentoring and evaluate student competencies.
8. Ensuring supervisor feedback and assessment of skills, including ensuring that there are evaluation criteria to determine when a student is prepared to accept greater levels of responsibility in case-taking, case analysis and case management.
9. Ensuring supervisors are versed in best practices for review and evaluation of video-taped or digitally recorded cases submitted by students.
10. Ensuring policies and procedures are in place for supervisor approval prior to giving the client a remedy.
11. Ensuring supervisors meet with students either in person or virtually at least four times prior to graduation to (a) review the student's experience with case-taking, case analysis and case management, (b) to ensure student is progressing

through the course of study, (c) to ensure that the breadth of experience is consistent with programs standards, and (d) to ensure that the student has mastered all required clinical competencies prior to graduation.

Criterion 8.11 - Student Participation in Provings

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

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

Criterion 8.12 - Professional Competencies

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

General Homeopathic Competencies

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

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

Specific Competencies

Upon successful graduation, all students offered the Master's Degree in Homeopathy or the Homeopathic Practitioner Certificate or Diploma must be able to meet the following competencies:

A. History and Development of Homeopathy

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

B. Homeopathic Philosophy, Principles, and Methodology

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

C. Homeopathic Materia Medica

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

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

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

1. The history, culture, and behavior of the substance in the natural world.
2. The Doctrine of Signatures
3. Toxicological history
4. Proving symptoms
5. Sensation and function
6. Mental / Emotional symptoms (including delusions, fears and dreams)
7. SRP (strange, rare and peculiar symptoms)
8. Generalities
9. Modalities
10. Clinical symptoms/pathology
11. Etiology
12. Local symptoms
13. Organ and system affinities
14. Keynote and confirmatory symptoms
15. Concomitant symptoms

16. Miasmatic relationships
17. Remedy relationships
18. Relationships within the materia medica
19. Relationships of substances
 - a. Periodic table relationships, animal, botanical, fungi and bacterial groupings.
 - b. Antidotes, affinities, inimicals, complementaries, remedies that follow well.
20. Acute / first aid uses
21. Comparative and differential study
22. Progressive stages of pathology of remedies
23. Chemistry of the substance
 - a. The differences among polychrests, so-called 'small remedies', nosodes, sarcodes, isopathics, tautopathics, tissue salts, and imponderables.
 - b. The use of case studies (live, paper and video).
 - c. The use of journals and electronic sources in the study of materia medica.
 - d. The use of repertory comparisons.
 - e. Remedy indications for different stages of human development/stages of life.

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

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

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

D. Homeopathic Proving and Research

Proving

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

Research

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

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

E. Homeopathic Repertory

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

F. Posology

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

G. Homeopathic Case Taking

Demonstrate an ability to assess the suitability of the case to homeopathic care and independently conduct a comprehensive homeopathic interview. Demonstrate taking a case in a confidential, efficient, non-judgmental, accurate, and complete manner. Listen, elicit, and record information in sufficient detail that will lead to the successful analysis of each individual client's case. Differentiate types of cases (acute, chronic) and, determine relevant case taking strategy. Demonstrate consultation skills. Specifically, the practitioner must show:

- a. Clarity of perception:
 - 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.
- b. The ability to recognize Hahnemann's teachings on "obstacles to cure", including:
 - i. The relationship between the physical, social, emotional, and economic contexts in which people live and their health and wellbeing.
 - ii. The implications for health and disease of personal and family health history, life events and environmental factors.

- iii. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption) on an individual's health and social wellbeing.
 - iv. The resources available to individuals to make changes in their circumstances and lifestyles.
 - 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.
 - vi. How drugging results in masking, suppressing, alteration of individualizing characteristic symptoms of the original disease symptoms.
- c. Facility in effective and sensitive interviewing attitudes and techniques that will enable individuals to reveal and talk through relevant issues in their physical, mental, and emotional health.
 - d. The ability to recognize and interpret significant aspects of a client's appearance, body language, speech, and behavior.
 - e. The ability to explain to clients the nature and depth of homeopathic case taking, and sensitivity to concerns and difficulties that can arise during this process.
 - f. The ability to take clear and coherent notes according to the standards and conventions of the healing professions.
 - g. Knowledge of when it may be necessary or useful to involve someone besides the client in consultation (for example, when treating children). This includes recognizing the potential for reticence, misrepresentation and misunderstanding when others are involved in these discussions, and being able to minimize those risks.
 - h. Awareness of the dangers of imposing one's own beliefs, values, and attitudes on individuals and of the importance of respect for the client's beliefs, values and attitudes, both personal and cultural.

H. Homeopathic Case Analysis

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

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

Specifically:

- a. Analyze what needs to be addressed in a case; identify the central disturbance or center of gravity and themes of the case; identify what is distinguishing and characteristic within the "totality" of symptoms in

the mental, emotional and physical spheres -combined.

- b. Determine and record the effect on the case analysis of any information that is judged to be missing, incomplete, or contradictory.
- c. Assess previous and current therapeutic history/treatment, including homeopathy, allopathy, and other therapeutic modalities.
- d. Describe the sensations and functioning of the individual and evaluate the vitality and health of the person (in homeopathic terms, the “vital force”). Record and evaluate the client's personal and family history; miasmatic history; susceptibility; suppression; organ affinities and systemic effects. Prioritize symptoms and explain the hierarchy of symptoms according to homeopathic principles. Demonstrate knowledge and utilization of modalities (such as: time of day, side of the body, and aggravation or amelioration) that are striking for a particular individual.
Apply in
analysis the circumstances and timing of the onset of symptoms, aspects of causation and etiology, and their duration and intensity or severity. Identify and isolate “concomitant” symptoms that may have been present at the same time but are due to separate (usually transitory or extraneous) causes.
- e. Differentiate between strange, rare, and peculiar symptoms and common symptoms. In distinguishing common from characteristic (individualizing) symptoms, consider the client’s apparent pathology based on allopathic diagnosis and recognize symptoms common to that pathology. Evaluate the effect of any etiological, exciting, or maintaining causes, as well as any underlying susceptibilities.
- f. Present case analysis in a manner that can be readily understood by other homeopathic and health care professionals. Demonstrate diversity of case analysis strategies.
- g. Translate the client’s symptoms into repertory language, and repertorize the case in a manner appropriate to the case presented. Convert observed symptoms into repertory language. Employ research, evaluate and ultimately apply information gathered through various sources – including: materia medica, provings, journals, databases, and the internet. Demonstrate use of other resources to determine how issues of physiology and pathophysiology may influence the case. Illustrate the value, limitations, and use of medical reports in homeopathic case analysis.
- h. Produce a differential analysis of the main remedies considered, noting the key points for and against each choice. Distinguish and articulate other case management and analysis strategies and apply them as appropriate. Identify various types of computer analysis techniques and differentiate their strengths and weaknesses.
- i. Examine the effects of different potencies and their relevance to a case. Select the appropriate frequency and method of administering remedies (posology).

- j. Document and evaluate identified obstacles such as antidoting, environmental interference, and iatrogenic influences.
- k. Identify possible means to overcome identified obstacles and discuss options with the client. 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.

I. Homeopathic Case Management

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

Professional competencies for homeopathic case management include:

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

Synthesize homeopathic knowledge and experience in order to evaluate and supervise the entire course of homeopathic care as an ongoing and cumulative process - an extended cycle of reflection and response. Justify strategies for homeopathic care. Maintain clear and transparent records of case management so

that the aim and feasibility of homeopathic care is kept constantly under review. Demonstrate knowledge of a hierarchy of change within a healing process and demonstrate ability to provide appropriate communication to clients both during and between follow-ups.

J. Assessment of Effectiveness of Treatment

Evaluate the efficacy of a remedy recommendation by:

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

K. Record Keeping

Demonstrate appropriate management of case records:

1. Confidentiality— Written case records, videos or other media are maintained in a safe and secure manner that precludes viewing or access by anyone other than the practitioner, clinical supervisor, other students engaged in clinical training and, on a need-to-know basis, colleagues who will be bound by duties of confidentiality.
2. Accuracy – Case records written in a chronological manner that fully and understandably records all salient homeopathic information for each visit or conversation with a client as well as any other pertinent information or paperwork provided by the client.
3. Objective and Subjective Information – The homeopathic “data” for the case is adequately recorded in a manner that is consistent with the way in which it is expected that the case will be analyzed. Clear to a well-informed reader what homeopathic process was being followed. Ideally, information relevant to other possible approaches to analyzing a case would be noted. Case clearly differentiates subjective elements (personal observations and perspectives) and objective elements (data collected by the homeopath or others).
4. Assessment and Plan –Assessment includes both the likely homeopathic prognosis for the case, and as appropriate, other considerations for the case. The assessment includes a differential for several key homeopathic remedies that were considered. The plan records which homeopathic remedy was chosen, the potency, and the frequency for taking it. Plan includes any instructions, cautions, requests, or other instructions given to the client. Plan includes an interval after which a follow-up visit or report should be made by the client. Longer term strategy for the case recorded (and subsequently updated) to provide a means of tracking progress over

time.

5. Periodic review (audit) of case records conducted as a way of ensuring his or her personal progress in maintaining good records and improving case management skills.

L. Conventional Medicine and Complementary Alternative Medicine

1. Recognize the presentations and signs and symptoms of common diseases encountered in practice. Distinguish between disease-specific signs and symptoms, iatrogenic signs and symptoms and those signs and symptoms, which are characteristic of the client's individuality.
2. Coordinate homeopathy care with other fields of health and wellness. Communicate with other health and wellness professionals. Consult with primary and specialty care medical providers when appropriate. Develop Integrative Health Care practices. Demonstrate community service and leadership to promote homeopathy as part of the national healthcare landscape.
3. Demonstrate knowledge of alternative medicine. Specifically, the practitioner must:
 - a. Have sufficient knowledge of massage and body work, acupuncture, osteopathic, and chiropractic care to recognize the appropriate time for referral to practitioners of these modalities.
 - b. Have sufficient knowledge of alternative modalities to be conversant with practitioners who refer clients from these modalities.

Demonstrate a general understanding of:

1. The types of medicines most often prescribed by conventional health care providers for common conditions in order to have constructive discussions with clients. Be alert to the possibility of needing additional information that will assist or improve the homeopathic analysis or management of the case.
2. Allopathic and herbal pharmacology. The level of competence must be sufficient:
 - a. To recognize the effects, side-effects and interactions of drugs and substances.
 - b. To understand the influence of these substances on the natural history of the client's illness and how to differentiate between characteristic and iatrogenic signs, symptoms, and modalities.
 - c. To know the dangers or consequences of an individual's

- withdrawing from drugs and substances, both prescribed and self-administered.
- d. To recognize the danger of interfering with regimes of prescribed medications.
3. Ways to obtain information on prescription drugs, supplements, and herbal medicines that can be used to consider how they may affect a specific client's case.
 4. Demonstrate knowledge of the psychological and emotional functioning of individuals and how this may affect their health and wellbeing. Specifically demonstrate:
 - a. Familiarity with the normal stages of child and adult development.
 - b. Familiarity with the normal stages of response to stressful life events (e.g., death and dying, child and adult responses to trauma).
 - c. An appreciation of the dynamics of family and other relationships and their impact on the client's life circumstances and mental and physical health.
 - d. An appreciation for the nature of disability, the social resources available to the disabled, and the effects of disability on the individual, health-care providers and members of the client's support system.
 - e. Sufficient knowledge of the terminology of mainstream psychiatry to enable the homeopathic practitioner to interface with mental health providers.

Observe appropriate steps to comply with the legal status of homeopathic practice in place of practice.

M. Clinical Competencies

- a. Demonstrate adherence to the theories, principles, and methods put forth by Hahnemann and other respected homeopaths in their various writings.
- b. Demonstrate the ability to discern the direction of case progress and related aspects of homeopathic philosophy as enumerated by authors recognized by the global homeopathic community.
- c. Recognize the importance of undergoing qualified homeopathic care in order to appreciate the role of the client, understand the action of remedies and to have direct experience of case taking.
- d. Understand and adhere to the current National Occupational Standards (where available) and the professional association's Code of Ethics. Adheres to standards and ethics in the management of live

cases.

1. Perform homeopathic case taking, case analysis, and case management as outlined in Sections H, I, and J above.
 2. Conduct oneself in a professional and respectful manner; create and establish an atmosphere that is conducive to mutual respect and open communication.
 3. Maintain confidentiality / demonstrate knowledge of confidentiality standards.
 4. Employ personal coping strategies to cope with unexpected/uncomfortable events.
- e. Being a Homeopathic Provider requires competency in the safe administration of homeopathic remedies, including the safety of both the client and the homeopath. The practitioner must also have the ability to manage the clinical case using clinical skills. Necessary competencies include:
1. Demonstration of appropriate use of referrals for emergency care, medical evaluation, acupuncture, osteopathic or chiropractic care and other types of evaluation and treatment.
 2. Demonstration of appropriate use of supervision and homeopathic consultation.
 3. The ability to use feedback from others, including clients and colleagues.
 4. Recognition of maintaining effective collaborative relationships.
 5. The ability to engage in self-evaluation.
 6. The ability to access and integrate new information to assist in decision-making.
 7. The ability to use research, including provings, audits and case studies, to plan implement and critically evaluate concepts and strategies leading to improvements in care.
 8. The ability to critically evaluate professional knowledge, legislation, policy, and research in order to refine clinical practice.
 9. The ability to predict the development and limit the effect of difficult situations in clinical practice.

N. Ethical & legal Competencies

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

The homeopathic practitioner must demonstrate the ability to:

1. Practice with integrity and responsibility.
2. Promote the wellbeing of clients.
3. Obtain informed consent of the client, as appropriate.
4. Encourage and participate in the development of understanding between colleagues.
5. Distinguish between ethical and legal issues in a given case and use skill in working with both when these conflict.

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

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

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

Convey comprehension of the importance of:

1. Maintenance of professional development through continuing education.
2. Maintenance of personal development by continued cultivation of character.

Criterion 8.13 -- Continuing Education

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

Criterion 8.14 -- Licensure and Certification Exam Rates

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

Standard 9 - Faculty Qualifications

Institutions demonstrate that qualified individuals serve in all relevant academic roles and contribute to the academic process. The program should provide for a sufficient number of qualified faculty to support the program. Professional training opportunities are monitored and made available where possible.

Criterion 9.1 - Faculty Size

The program maintains a sufficient number of faculty to meet program needs.

Criterion 9.2 - Faculty Qualifications

All faculty members demonstrate an appropriate level of education and experience to support the institution's achievement of its educational objectives.

Guideline: Qualifications for core faculty include the following:

1. Completion of a full professional program in homeopathy.
2. Completion of certification equivalent to that provided by The Council for Homeopathic Certification.
3. A minimum of three years of professional practice experience.

Guideline: The program implements appropriate policies and procedures and maintains hiring documents that verify the personal and professional credentials of its faculty and maintain such in the faculty member's file.

Guideline: Institutions consider pertinent legal requirements in the areas of non-discrimination, equal opportunity, and affirmative action employment practices.

Guideline: Faculty resumes, official transcripts, copies of applicable licenses and other credentials are kept on file. Contracts should clearly specify responsibilities.

Criterion 9.3 - Professional Conditions of Service

Employment conditions are fair and equitable. Members are provided with opportunities for professional growth and development as well as academic freedom.

Guideline: Provisions for benefits and/or professional development are reviewed periodically.

Guideline: The institution has an academic freedom policy in place.

Guideline: The institution regularly evaluates faculty performance using clear and consistent procedures and is carried out on a regular basis.

Criterion 9.4 - Faculty Training

Continuous training on policies, student needs, instructional methods and technologies is available and required.

Criterion 9.5 - Communication

The institution promotes a climate of regular and open communication among members of the faculty and between the faculty and administrative officers of the institution.

Guideline: A culture of commitment and collaboration among administrators, faculty, and staff to provide quality educational programs for continued growth is apparent.

Guideline: The faculty is encouraged to form an independent faculty body and hold meetings on a regular basis to consider relevant issues, educational policies and teaching/grading procedures.

Guideline: Minutes of faculty meetings are maintained and stored within the institution.

Standard 10 - Student Services

The program provides accessible and effective student services and student support programming that reflect the program's objectives, create good student morale, and assist students in the achievement of personal and professional growth while making progress toward their educational goals.

Criterion 10.1 - Fulfillment of objectives

Student services and programming fulfills the objectives of the program and be guided by a philosophy that reflects the institution's mission and special character.

Guideline: The Student Services program systematically identifies the characteristics and needs of its student population and shows evidence of designing, implementing, reviewing and revising programming to meet these needs.

Guideline: The program assures all students, including distance learning students, have access to effective counseling, advisement, orientation, financial aid, career development and placement support services.

Guideline: In providing services, the program adheres to both the spirit and intent of equal opportunity and its own goals for diversity, equity, and inclusion.

Criterion 10.2 - Published student policies

The program has a statement of student rights, privileges and responsibilities of students and of disciplinary proceedings for violations of those responsibilities. This statement is made available to students through the catalog, student handbook and other appropriate means.

Guideline: There is a fair and formal process for the faculty or administration to follow when taking any disciplinary action that affects the enrollment status of a student.

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

Criterion 10.3 - Inclusion of Student Voice

Provision is made for obtaining student perceptions in the decision-making process of the institution.

Guideline: A student(s) is part of and participates in a formal institutional decision-making body.

Guideline: The interests of students and alumni in institutional development are encouraged.

Guideline: In order to develop community, institutional policies and procedures foster associations among students, faculty, and the administration.

Criterion 10.4 - Grievances

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

The process includes genuine attempts at resolving conflict prior to any grievance process. Provision is made for the disclosure of the evidence on which the action is based and an opportunity for the student to respond. Actions are taken in a timely manner, be fair, orderly, equitable and organized.

The program discloses the Commission's contact information in its published policy on student complaints so that, if upon the program's disposition of a legitimate student complaint, the student is not satisfied that the program has adhered to its policy or been fair in its handling of the complaint, the student may contact the Commission. ACHENA's role in these matters relates specifically to the school's application of their own policies and procedures.

Standard 11 - Infrastructure

The program provides facilities that are safe, accessible, functional, flexible, appropriately maintained and sufficient to house the program, to provide for effective functioning, and to accommodate the staff and the student body. The institution provides an in-person and/or virtual clinic and, if applicable, a homeopathic dispensary; appropriate media and learning equipment adequate for the educational programs offered. The program demonstrates that physical and IT resources are adequate to meet the school's mission and that adequate data recovery and business continuity planning exists.

Criterion 11.1 - Virtual and Physical Facilities and Equipment for Students

Adequate physical facilities, such as classroom, clinic, and conference and study areas, and/or virtual spaces and appropriate media and learning equipment are provided that are appropriate to its curriculum and size in service of the school's mission.

Criterion 11.2 - Compliance with Safety Standards

Program delivery infrastructure meets all federal, state, and local fire, safety, workplace and health standards and must have an emergency preparedness plan in place.

Criterion 11.3 - Upkeep and Capital Improvement Plans

Provisions for the regularly scheduled cleaning, repair and maintenance and improvement of buildings and grounds, and specific responsibilities for the care of grounds, security, fire protection, utilities and plant upkeep are maintained appropriately. Additionally, provisions for systems protections and maintenance, IT support and contingency structures, and regular review of those systems and protections are maintained.

Criterion - 11.4 Staff and faculty space and equipment

Adequate physical facilities, such as classroom, clinic, and conference and study areas, and/or virtual spaces and appropriate media and learning equipment are available for administrative and faculty support.

Guideline: Facilities and equipment are adequate to maintain and process records.

Criterion 11.5 - Clinic space and equipment

The program provides an in-person and/or virtual clinic space with sufficient and well-maintained equipment and facilities.

Standard 12 - Financial Resources

The program has 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 is financially stable, with resources sufficient to carry out its objectives, to complete the instruction and graduate all of enrollees, to support adequately its programs and activities, and to support programmatic improvement 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.

The institution's financial planning, including contingency planning, is integrated with overall strategic planning and evaluation processes.

Criterion 12.1 - Resources

The institution has sufficient planning for, management and allocation of the resources necessary to achieve its mission.

Guideline: The program has the financial capacity and contingency planning 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 as measured by financial documents submitted in Annual Reports for three consecutive years, it will be required to submit a financial recovery plan.

Guideline: The program devotes sufficient resources to enhance its information and technological resources including, where applicable, online instructional design and training for faculty, training for faculty/students in online learning technologies and in the development and maintenance of online learning technologies and digital learning resources.

Criterion 12.2 - Control

The institution has control of its financial resources and budgetary processes and is 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 is 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, is clearly defined and consistently implemented. It provides a realistic projection of the program's revenue and expenditures. The budget is reviewed and approved by the institution's governing entity.

Guideline: The program projects its expenditures and revenues for at least a three-year period. The budget shall include notes explaining the assumptions on which the projected figures are based, e.g., the basis for increases or decreases in revenue or expenses.

Criterion 12.5 - Management

An accrual basis of accounting is required. The financial management system must be set up to allow for a full audit by an outside independent licensed CPA if, in ACHENA's opinion, an audit is deemed necessary. Each year, a financial statement must be prepared by schools and submitted with its Annual Report. This yearly financial report must include:

- Most recent Tax Return (prepared by a licensed CPA)
- Current Budget, Balance Sheet, Profit & Loss Statement (may be prepared by bookkeeper or accountant).

These documents must be reviewed for accuracy by the appropriate individuals or responsible groups within the institution. The above documents must be submitted with an affirmation sheet signed by the Director of the institution.

Criterion 12.6 - Evaluation of the School's Finances

To provide a detailed and accurate picture of the financial status of the program, new applicants and applicants for reaccreditation must provide the following:

1. A current Financial Review (prepared by a licensed CPA).
2. Three years' most recent tax returns (prepared by a licensed CPA).
3. Current budget and two years projected budgets (may be prepared by bookkeeper or accountant).
4. Current Balance Sheet and two preceding years Balance Sheets (may be prepared by bookkeeper or accountant).
5. Current Profit & Loss Statements and two preceding years Profit & Loss statements (may be prepared by bookkeeper or accountant).

These documents must be reviewed for accuracy by the appropriate individuals or responsible groups within the institution. The above documents must be submitted with an affirmation sheet signed by the Director of the institution.

Criterion 12.7 - Indebtedness

Adequate resources are available to meet debt-service requirements of short-term and long-term indebtedness without adversely impacting the quality of the program.

Criterion 12.8 - Financial aid operations

If the program utilizes public resources for financial aid, the financial aid operation is capably administered as documented by reports from the funding source.

If the program utilizes private resources for financial aid in the form of scholarships or work study, the financial aid operation must be capably administered as documented by reports.

Criterion 12.9 - Student Loan Default rate

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

Criterion 12.10 - Refund Policy

The program clearly defines and uniformly follows a fair and equitable refund policy for unearned tuition that complies with applicable state and federal laws and regulations.

Guideline: The pro rata amount may be computed by using the ratio of the number of weeks of instruction completed to the total number of weeks of instruction scheduled for the period of enrollment. In some jurisdictions the state or provincial licensing guidelines take precedence.

Guideline: Refund computations should apply to the stated tuition charges attributable to each school term (semester, quarter, trimester, etc.)

Standard 13 - Publication and Advertising

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

Criterion 13.1 - Completeness and Accuracy

The institution publishes, and makes available to students and to the general public (where applicable), an Academic Catalog or comparable official publication that honestly and accurately sets forth its:

- Current purposes and educational objectives
- Entrance requirements and procedures
- Admissions and transfer credit policies
- Rules and regulations for conduct and attendance
- Opportunities and requirements for financial aid (if applicable)
- Procedures for discipline and or dismissal (for academic and other reasons)
- Grievance procedures for students
- Grading policy
- Fees and equitable refund policies
- Program completion and performance requirements
- Members of the administration
- Professional education and qualifications of full- and part-time faculty (If degrees are listed, the institution from which the higher degree was issued must be listed; when indicating an earned doctorate, designation of the country of origin, other than the U.S.,

in which the degree is conferred shall be listed, e.g., Ph.D. (UK), M.D. (China)

- Members of the governing and advisory boards
- Non-discrimination, diversity, equity, and inclusion policies
- Curriculum with course descriptions of each course
- Academic calendar
- Course schedule
- Description of each academic program and course of study
- Description of the learning and other physical resources
- Sources from which students and prospective students can obtain the legal requirements for certification or licensure and entry into the profession in the state in which the program is located. The program shall also state whether-its graduates are eligible for licensure in the state in which the program is located.

The institution publishes, and makes available to students and to the general public (where applicable), a Clinical Training Handbook or comparable official publication that accurately sets forth its:

- Clinical and supervision training hour requirements
- Synchronous, asynchronous and live clinical training model
- Clinical entrance requirements
- Clinical competencies required for graduation
- Clinical record-keeping requirements
- Direct and indirect supervision requirements

Criterion 13.2 - Accurate disclosure

Programs, courses, services, and personnel not available during a given academic year are identified clearly.

Criterion 13.3 - Representation of opportunities

Publications and advertising do not misrepresent employment, career, or certification opportunities.

Criterion 13.4 - Status with ACHENA

The program accurately reports its accreditation status and relationship with the Commission according to the statements provided to it by the Commission.

Standard 14 - Library and Learning Resources

The institution provides access to library and information resources, services, facilities, qualified staff and associated technologies sufficient to support its teaching and learning objectives and its research and public service mission as appropriate.

Criterion 14.1 - Appropriate Resources

The library's materials, services, and related equipment and technologies facilitate and improve learning, foster critical inquiry and intellectual development, and support the educational program.

Guideline: The library is housed in a convenient physical or digital location, is available to students, faculty, and the community, as appropriate, and provides an atmosphere conducive to study and research.

Guideline: Institutions and programs offering both in-person and distance education ensure that distance learning students have digital access to equivalent materials available in the library and/or borrowing access of printed library materials.

Criterion 14.2 - Access

Physical and digital library facilities are constructed and maintained in accordance with legal requirements to ensure access, safety, security, and a healthy environment with consideration for environmental and ecological concerns.

Guideline: Programs offering both in-person and distance education ensure that distance learning students have digital access to equivalent materials available to in-person students in the library and/or borrowing access of printed library materials.

Guideline: Programs show evidence of working to meet the varied physical and/or learning needs of students by providing accommodations of special access where requested, i.e., assistive equipment and software.