

Part I: Skills, Knowledge and Attributes of the Professional Homeopath

History, Development & Current Affairs of Homeopathy

Educational Standards

The programs familiarize students with the history and development of homeopathy and the social, economic, and political forces that have influenced its practice over the past 225- 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. Educational programs 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

- 41 8. Current Legal & Political Affairs: Canada
- 42 a. Provincial Regulation
- 43 9. Awareness of other forms of holistic medicine
- 44 a. Naturopathy, traditional oriental medicine, Ayurveda and herbology.
- 45 10. National Healthcare Landscape- CAM
- 46 a. Integrative Medicine
- 47 b. Homeopathy's place in Integrative Healthcare
- 48

49 *Homeopathic Philosophy, Principles and Methodology*

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51 **Educational Standards**

52

53 Educational programs impart a thorough understanding of the theories, principles and
54 mechanisms of homeopathy that guide its clinical practice. Homeopathic educational programs
55 familiarize students with a variety of approaches to attain the competencies stated in section
56 8.11, spanning a spectrum from the writings of Hahnemann to the writings and teachings of
57 contemporary respected homeopaths. Each educational organization may select a manner in
58 which to accomplish this. However, all students of homeopathy will be able to weigh the
59 benefits and limitations of many different approaches to understanding homeopathic
60 philosophy, principles, and methodology.

61

62 Fundamental Concepts

63

- 64 1. Concept of health, disease, and healing.
- 65 2. Differences between homeopathy, isopathy, allopathy, antipathy
- 66 3. Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of *The*
67 *Organon*.
- 68 4. Concept of susceptibility and causative factors.
- 69 5. Concept of the Vital Force.
- 70 6. Case management according to the Law of Similars.
- 71 7. Principles of homeopathy.
- 72 8. Definition of basic homeopathic terms.
- 73 9. Concept of the core dose.
- 74 10. The single remedy.
- 75 11. Potency scales, including: X, C, D, K, LM, Q, and Fibonacci.

76

77 Symptoms and signs

- 78 1. Characteristic symptoms (constant, striking, found throughout)
- 79 2. Strange, rare, and peculiar symptoms.
- 80 3. Common and uncommon symptoms.

- 81 4. Hierarchy of symptoms.
- 82 5. Classification of symptoms.
- 83 6. Suppression of symptoms.

84

85 Classification of diseases

- 86 1. Miasms
- 87 2. Natural and Artificial
- 88 3. Acute and Chronic
- 89 4. Etiologies
- 90 5. Suppressed disease
- 91 6. One-sided disease
- 92 7. Stages of disease process
- 93 8. Epidemics and genus of epidemics
- 94 9. Mental and Emotional diseases
- 95 10. Intermittent diseases

96

97 Theory of Case Management

- 98 1. Primary and secondary action
- 99 2. Evaluation of client response to remedy
- 100 3. Second remedy recommendation
- 101 4. Direction of cure, as taught by Hahnemann and other homeopathic authors
- 102 5. Obstacles to cure, as taught by Hahnemann and other homeopathic authors
- 103 6. Management of case on all levels
- 104 7. Posology-including the forms in which remedies can be given (i.e., liquid, powder, tablet,
- 105 globules, inhalation, or others).

106

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

108

109 ***Materia Medica***

110

111 **Educational Standards**

112

113 Educational programs provide students with a thorough comprehension of the following aspects
114 of homeopathic materia medica, including:

115

- 116 1. Knowledge of the major writers and books: from Hahnemann to the present day.
- 117 2. How to compare and contrast information about remedies to appreciate what is similar and
118 what is different about them. Methods for this include:

- 119 a. Using categories such as “families” (remedies grouped according to plant or mineral
120 constituents) to bring into consideration a less used or less familiar remedy by
121 referencing its similarities to another remedy.
122 b. Performing a “differential” by identifying aspects of the materia medica that are
123 different among several remedies that may otherwise seem to match the symptoms of
124 an individual.
125 3. How to evaluate materia medica sources. (thoroughly proven, partially proven, and
126 unproven data; data collection, editing, short cuts, etc.)
127

128 The study of materia medica includes characteristic symptoms, disturbances, and themes in the
129 physical, mental, emotional, spiritual spheres of remedies that lead to an understanding of:
130

- 131 1. Sources for homeopathic remedies - using aspects like biology, botany, chemistry, physics,
132 doctrine of signatures, mythology, folklore, culture, applications, and use in other forms of
133 healing.
134 a. The history, culture and behavior of the substance in the natural world.
135 b. Toxicology
136 c. Pathogenesis
137 d. Pharmacology
138 e. Nomenclature
139 f. Homeopathic proving -Authors and methodology
140 g. Clinically confirmed symptoms
141 h. Repertory rubrics
142 i. Etiology
143
144 2. Different approaches to symptomatology
145 a. Totality of symptoms
146 b. Individualizing symptoms (‘strange, rare, and peculiar’)
147 c. Mental/emotional (including delusions, fears and dreams)
148 d. Concomitant symptoms
149 e. Symptoms suggestive of miasmatic influence
150 f. Organ affinities
151 g. Pathognomonic symptoms
152 h. Modalities
153 i. Sensation and function
154 j. Acute and first aid uses
155 k. Remedy relationships (family groupings)
156 l. Mineral groupings and relationships, animal and botanical groupings
157 m. Chemistry/biology of the substance
158 n. Antidotes, affinities, inimicals, complementaries, remedies that follow well

- 159 o. Polychrests, so-called 'small remedies', nosodes, sarcodes, isopathics, bacteria and
160 fungi, and 'imponderables'
- 161 p. Tautopathics, gemmotherapeutics, tissue salts, and flower essence
162
- 163 3. How materia medica applies to other approaches or aspects of remedy study -
164 a. Constitutional types
165 b. Essences
166 c. Core elements
167 d. Central delusion
168 e. Central disturbance
169 f. Developmental stages in remedies from the picture in health through to deep
170 pathology
171 g. Remedy indications for different stages of human development/stages of life
172 h. Miasmatic influences, and newer methods
173
- 174 4. Clinical application -
175 a. Remedy relationships
176 b. Comparative Materia Medica
177 c. Differential Materia Medica
178
- 179 5. Awareness of how Materia Medica is constantly evolving.
180

181 *Homeopathic Provings*

182

183 ***Educational Standards***

184

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

187 Fundamental knowledge of homeopathic proving methods:

- 188 1. The purpose of provings.
189 2. The history of provings (Hahnemann through modern methodologies).
190 3. Types of provings (informal/partial through Hahnemannian).
191 4. Provings in relation to allopathic drug trials.

192

193 Programs will impart information covering:

- 194 1. Guidelines and protocols for provings
195 a. The substance
196 b. Natural History of a Substance
197 c. Preparation of the substance to be proven
198

- 199 2. The structure of a proving group, including the importance of diversity among provers
- 200
- 201 3. Posology
- 202
- 203 4. Record keeping
- 204 a. Supervisor or prover contact and frequency
- 205 b. Basics of data management for provings
- 206 c. Extraction of data, including primary and secondary distinctions
- 207 d. Collation of data
- 208 e. Statistical evaluation of data
- 209 f. Converting data into old and new repertory language and materia medica
- 210
- 211 5. Publishing the results
- 212
- 213 6. Ethical and legal issues related to provings, including use of Institutional Review Boards
- 214
- 215 7. Informed consent and blind studies
- 216
- 217 8. Knowledge of use of placebos in provings
- 218
- 219

220 *Research*

221

222 **Educational Standards**

223

224 Educational programs provide students with a basic understanding of the principles of how to
 225 conduct and interpret both homeopathic and conventional medical research.

- 226 1. Philosophy
- 227 2. Methodology
- 228 3. Historical Research
- 229 4. Current Research
- 230 a. Clinic trials
- 231 b. Basic science research documenting the action of high dilutions
- 232 c. Basic science research into the mechanism of action of remedies
- 233 d. Provings
- 234 e. Surveys of practice patterns
- 235 f. Critical evaluation regarding the degree of completeness of the Repertory (compared to
 236 proving information and clinical experience)
- 237 g. Outcome studies
- 238 h. Case reports and case series
- 239 i. Research evaluating demographics, cost and efficacy of homeopathic practice through
 240 the use of surveys and other tools

241 **Repertory**

242

243 **Educational Standards**

244

245 General areas of study:

246 a. Introduction to repertory.

247 a. Purpose, history, additions, and organization of repertories.

248 b. Boenninghausen’s repertory (the first repertory)

249 c. Kent through modern repertories, including computerized repertories.

250

251 2. The general layout of repertories and limitations of various repertories.

252 a. Grading of symptoms/rubrics in each.

253 b. Organization- Kent’s through newer organizing techniques.

254 c. Strengths and limitations of older repertories, especially Kent’s.

255 d. Structure of various repertories.

256 e. Using the repertory in homeopathic case analysis.

257 f. Understanding the basic organization of each section of the repertory.

258 g. Understand the structure of computerized repertories including their strengths and
259 limitations.

260 3. Purpose of rubrics and sub-rubrics and how they are developed and organized.

261 a. Common and confusing rubrics

262 b. Cross referencing important rubrics

263 c. How to choose the best rubrics for a case

264 d. Combining rubrics

265 e. Errors in rubric indenting.

266

267 4. Terminology and abbreviations used in the repertories, including contemporary and
268 anachronistic medical terminology.

269

270 5. Ways to translate contemporary language and meaning into the language of a repertory
271 (or the materia medica) and ways to interpret the language of a repertory (or the materia
272 medica) – in its historical and social context - into contemporary language and meaning.

273

274 6. Various tabulation tools—their strengths, limitations and uses.

275 a. Paper graphs, computers, and other techniques

276 b. Their use in modern practice.

277

278 7. Different roles of repertorization in selecting a remedy:

279 a. How to use the repertory effectively.

280 b. Different types of repertory analysis.

281 c. Limitations of repertories' inclusivity, including omissions in existing repertories of
282 rubrics for much of women's health, transgender and gender non-conforming
283 individuals, and omissions related to symptoms unique to different skin tones and
284 racial backgrounds.

285
286 8. Awareness of other methods (than repertorization) to review and study materia medica.
287

288 Specific areas of study:

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

290 1. Rubrics, sub-rubrics, grading of symptoms

291

292 2. Construction of symptom arrangement:

293 a. Timings

294 b. Sides

295 c. Sensation

296 d. Location

297 e. Modalities

298 f. Extension

299

300 3. Content of the main sections

301

302 4. Detailed examination of specific general sections of the repertories with definition of
303 pathological terms in historical context:

304 a. Generalities

305 b. Chill

306 c. Fever

307 d. Perspiration

308 e. Others

309

310 5. Content and modern use of the Mind section

311

312 6. Rubric groupings and foundations for rubric definition - differentiating between similar
313 rubrics.

314

315 7. Limitations, mistakes and omissions in historical and contemporary repertories

316

317 8. Additions

318

319 Different Approaches and techniques of repertorization.

320 1. Combination and elimination

321 2. Instruction on the use of repertory grid

322 3. Others

323

324 Computer repertorization

325 1. Possibilities and limitations, strategies for effective use

326 2. Examples of computer programs include those made by Miccant, Synergy, Zeus, Complete
327 Dynamics, Zomeo, HomeoQuest, etc

328

329 *Posology*

330

331 Educational programs address posology in the context of both didactic and clinical training. The
332 curriculum addresses the following topics:

333

334 1. How the client's vitality, age and onset, duration and intensity/severity of symptoms impact
335 the selection of potency and frequency of dosing.

336

337 2. Scales of dilution - starting with mother tincture.

338

339 3. Models of potentization through succussion.

340

341 4. The application of the above foundational concepts in choice of homeopathic remedy,
342 potency and dosage as it pertains to the sensitivity of the individual, acute versus chronic
343 cases, client's level of vitality, age, and onset/duration of symptoms.

344

345 5. The methods of administration of a remedy, including dry dose, liquid dose, split dose,
346 cupping, plussing, LM in water, Fibonacci, ointment, solution, topical, inhalation,
347 suppository.

348

349 6. The application of sound principles regarding frequency of dosing.

350

351 7. The identification of the appropriate circumstances for use of higher potencies such as exact
352 match in chronic cases, young otherwise healthy persons with acute symptoms, etc.

353

354 *Pharmacy in Homeopathy*

355

356 **Educational Standards**

357

358 Educational programs prepare students to have a working knowledge of:

359 1. The role of the Homeopathic Pharmacopoeia Convention of the United States (HPCUS) in
360 publishing the Homeopathic Pharmacopoeia of the United States (HPUS) which sets

361 standards for the manufacture of homeopathic remedies

- 362 2. The manufacture of remedies
363 a. Difference between a manufacturing and a dispensing pharmacy
364 b. Sources of all remedies
365 c. Process by which remedies are made into mother tinctures according to the different
366 directives in the Organon and in the Chronic Diseases
367 d. Changes in pharmacy as a consequence of different editions of the Organon
368 e. Traditions of homeopathy versus the modern commercial realities of remedy
369 manufacture (photo chromatography)
370
- 371 3. The dispensing of remedies
372 a. Methods of administering remedies to clients
373 b. Scales of dynamization - starting with mother tincture
374 c. Different scales used - decimal, centesimal, 50 millesimal
375 d. Different methods of preparation – multiple vial Hahnemann, single vial Korsakoff
376 e. Model of potentization through succussion
377 f. Application of the concepts of dilution and succussion in the choice of homeopathic
378 remedy potency and dosage as it pertains to the sensitivity of the individual and to his
379 or her vital force
380

381

382 *Homeopathic Case Taking*

383

384 **Educational Standards**

385

386 The program provides the student sequential learning opportunities to observe and take cases
387 in a clinical setting with a wide range of pathology and stages of disease in both children and
388 adults to prepare the student for professional practice. The program ensures that:

389

- 390 1. The student is familiar with guidance on case taking from a diverse range of respected
391 homeopathic authors and teachers.
392
- 393 2. The student learns various analytical approaches that require the gathering of different
394 kinds of information.
395
- 396 3. The student has sufficient opportunity to observe several experienced homeopaths
397 taking live cases, telehealth cases, as well as video cases (always subject to the
398 permission of the client). In this aspect of the student's education, the mentoring
399 homeopath should elucidate the strengths and weaknesses of the way in which each
400 case was taken, the ways in which the case-taking methods were adapted to the
401 situation of the individual client, and other learning points.
402

- 403 4. The student, alone or in a group of students, has sufficient opportunity to take cases in a
404 setting mentored by an experienced homeopath that provides direct feedback on the art
405 and techniques in a manner that enables the student to hone their case-taking skills.
406 The patient, supervisor and case taker shall be together in person or virtually for these
407 cases.
408
- 409 5. The student identifies and develops awareness of how conscious and unconscious
410 prejudice may negatively influence case-taking.
411
- 412 6. The student, through self-reflective learning materials, and repeated case taking practice
413 and feedback experiences, acquires a thorough understanding of the way in which case
414 taking over a series of visits forms a professional relationship by which the success of a
415 course of homeopathic care can be managed, and the course adjusted as necessary.
416
- 417 7. The student understands how case records shall include medical information that is
418 provided by the client - although the types of records kept may vary depending on the
419 practice style or licensing requirements for each homeopath. These records are to be
420 [HIPAA](#) compliant.
421
- 422 8. By reading and observation, the student acquires sufficient understanding of the
423 nature, individualization, sensitivity, confidentiality, and accurate recording of
424 information that together form the setting in which cases should be taken.
425
- 426 9. The student is appraised of publications in well-respected homeopathic journals (when
427 available) that describe the manner in which cases are recorded, learning the highest
428 standards of accuracy, specificity, and comprehensiveness. -
429
- 430 10. The student will observe a sufficient and wide range of cases that exemplify varying
431 pathologies, etiologies, severity, and stages of illness (acute versus chronic) in children
432 and adults.
433
- 434 11. As much as possible, the student will be exposed to diverse clientele, for example social
435 groups, ethnic and cultural backgrounds, religious affiliations, sexual and gender
436 identifications. Such diversity of exposure will allow students opportunities to practice
437 the art of being an unprejudiced observer, to identify and examine those experiences
438 that reveal their own biases, and to create a therapeutic, respectful relationship with a
439 diverse clientele.
440
- 441 12. The student is made aware of how power differentials in the clinic may be expressed,
442 and how to create therapeutic relationships based on equity and mutual respect.
443

- 444 13. The student will develop the ability to explore Social Determinants of Health (SDOH)
445 and their relationship to etiology and maintaining cause and obstacle to cure, including:
446 a. Healthy, affordable food from a conveniently located grocery store
447 b. Safe and healthy housing and neighborhood
448 c. Safe and healthy employment/ work environment with adequate income
449 d. Accurate health information and health literacy
450 e. Transportation to facilitate meeting day to day needs
451 f. Social support
452 g. Freedom from all forms of oppression and the ability to express oneself to their
453 highest purpose
454
- 455 14. The student will be prepared to employ the principles of trauma-informed care to create a
456 safe, therapeutic relationship with clients. This includes education about how to integrate
457 the following principles into interactions with clients:
458 a. Taking steps to establish safety;
459 b. Demonstrating trustworthiness;
460 c. Working in a collaborative manner;
461 d. Focusing on client empowerment;
462 e. Moving past cultural stereotypes and biases, and recognizing and addressing
463 historical trauma;
464 f. Not insisting that any particular event, emotion, or response to a potential past
465 trauma be divulged in any given therapeutic session;
466 g. Avoiding having clients repeatedly tell their experience of a traumatic event(s), or
467 h. Assisting clients in accessing social support services, where applicable.
468
469

470 *Case Analysis*

471 **Educational Standards**

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473
474 Educational programs provide progressive opportunities for students to learn and apply
475 homeopathic principles from the Organon and other writings in the context of individual case
476 analysis. Students have multiple opportunities in both didactic and clinical training, to examine
477 how the professional homeopath uses the information from case taking to perform a
478 thoughtful case analysis and then how case analysis informs effective repertorization, remedy
479 differentiation, reading of materia medica, leading to selection of a remedy and case
480 management. The program imparts the ability to:

- 481
482 1. Assess the strength of the client's vital force, center of the case, and susceptibility.
483
484 2. Evaluate the onset, duration, and intensity/severity of symptoms.

- 485
486 3. Distinguish characteristic from common symptoms, recall the importance of strange, rare,
487 and peculiar symptoms, and identify complete symptoms (location, sensation, modality, and
488 concomitant)
489
490 4. Perceive the totality of symptoms required for effective remedy selection.
491
492 5. Determine the nature of the illness in terms of acute or chronic and analyze accordingly.
493
494 6. Assess previous and current therapeutic history/treatment.
495
496 7. Demonstrate diversity of case analysis strategies, including the ability to distinguish and
497 articulate other various management and analysis strategies, and apply them as
498 appropriate.
499
500 8. Translate the client's symptoms into repertory language, and repertorize the case in a
501 manner appropriate to the case presented.
502
503 9. Employ research, evaluate and ultimately apply information gathered through various
504 sources – including: materia medica, provings, journals, databases, and the Internet.
505
506 10. Examine the effects of different potencies and their relevance to a case as well as
507 selecting the appropriate frequency and method of administering remedies (posology).
508
509 11. Identify various types of computer analysis techniques and differentiate their strengths
510 and weaknesses.
511
512 12. Illustrate the value, limitations, and use of medical reports in homeopathic case analysis.
513
514 13. Evaluate the resources available to clients in assessing whether they are able to make
515 important changes in their lives that may be beneficial.
516
517 14. Consider the impact of SDOH, trauma and multi-generational trauma when conducting
518 case analysis.

519

520 *Case Management*

521

522 **Educational Standards**

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524 Programs elucidate and expand upon the multi-faceted nature of case management, including:

525

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

530
531 The basic manner in which these are done, and the competencies needed to perform
532 them effectively will be the same for all homeopathic practitioners. However, how the
533 practitioner-client relationship and the case records are managed will be influenced by
534 the license or regulations, if any, under which each individual practices. Specific class
535 time is devoted to understanding how traditional case management strategies
536 predominantly focus on Hahnemann's 4th, 5th and/or 6th edition Organon and how those
537 case management directives are different. At the end of the program, students will be
538 competent and confident in understanding the reasons for the differences in clinical case
539 management directives.

540
541 The curriculum includes the following:

- 542
- 543 1. The student is appraised of publications in well-respected homeopathic journals (when
544 available) that describe the manner in which cases managed, noting the highest
545 standards of accuracy, specificity, and comprehensiveness and the manner in which cases
546 are managed.
- 547
- 548 2. During clinical training, the student receives mentoring to develop and refine her or his
549 skills in case management. This must include client interactions, keeping appropriate case
550 records, managing the progress of cases, and ways to find necessary information or
551 assistance to achieve the best possible outcomes for the client.
- 552
- 553 3. The student is exposed to guidance on case management from respected
554 homeopathic authors and teachers that includes but is not limited to:
 - 555 a) Remedy and potency selection
 - 556 b) Administration of remedies (low and/or high potencies, frequency)
 - 557 i. First aid
 - 558 ii. Acute diseases
 - 559 iii. Chronic diseases
 - 560 c) Follow-up evaluation
 - 561 i. Reaction to the remedy
 - 562 ii. Aggravation
 - 563 iii. Disruption
 - 564 iv. Suppression
 - 565 v. Palliation
 - 566 vi. Antidoting

- 567 vii. No effect, etc.
- 568 d) Identifying changes in the vital force
- 569 e) Identifying “direction of cure”
- 570 f) Identifying “obstacles to cure”
- 571 g) Remedy selection, dose, and repetition.
- 572
- 573 4. The student has sufficient opportunities to examine various analysis and case
- 574 management approaches illustrating how varying strategies can require the gathering
- 575 of different kinds of information.
- 576
- 577 5. The student has sufficient opportunity to observe several experienced homeopaths
- 578 managing cases, ideally in person as well as from cases on video (always subject to the
- 579 permission of the client). In this aspect of the student’s education, the mentoring
- 580 homeopath must elucidate the strengths and weaknesses of the way in which each case
- 581 was managed, the ways in which the case management methods were adapted to the
- 582 situation of the individual client, and other learning points.
- 583
- 584 6. By reading and experience, the student acquires a thorough understanding of the way in
- 585 which attending to a case over a series of visits forms a basis for continued homeopathic
- 586 care.
- 587
- 588 7. Although the types of records to be kept will vary depending on the practice style or
- 589 licensing requirements for each individual, the student must understand how to document
- 590 appropriate references to medical information that is provided or mentioned by the client.
- 591
- 592 Programs will teach interpersonal skills necessary for case management, including:
- 593
- 594 1. Exercising perceptiveness in taking and following cases
- 595 2. Practicing effective and attentive listening skills
- 596 3. Practicing good observation skills
- 597 4. Displaying open-mindedness
- 598 5. Maintaining unconditional positive regard
- 599 6. Employing appropriate, effective, and sensitive communication
- 600 7. Managing the understandable concerns of a client who is not experiencing the level of
- 601 results they had hoped for
- 602 8. Maintaining appropriate aspects of the client confidentiality relationship in situations
- 603 where consideration must be given to contacting outside parties (e.g., child protective
- 604 services)
- 605 9. Managing situational issues, such as forgetting to follow through on a task for which a
- 606 commitment had been made to a client
- 607 10. Collaborating with others including, health care professionals, clients, and families
- 608

609 11. Displaying adeptness in dealing with clients who are unable or unwilling to pay

610

611

612 *Basic Health Sciences*

613

614 **Educational Standards**

615

616 Accredited institutions and programs must ensure that, prior to graduation, all students have
617 completed coursework in anatomy, and physiology and pathology and disease. This
618 coursework should be equivalent to a 3-credit college course in anatomy and physiology and a
619 3-credit college course in pathology and disease. The institution or program may provide the
620 coursework directly or offer students a list of options/ resources where the coursework may be
621 completed.

622

623 Please Note: These two, 3 credit courses or their equivalents, do not count toward the required
624 1,000 hours of coursework in homeopathy. However, discussion of anatomy and physiology and
625 pathology and disease in the context of case taking, case analysis and the study of material
626 medica should be considered part of the 1,000 hours of study.

627

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

630

631 1. Basic sciences relevant to the practice of homeopathy and conducting homeopathic
632 interviews.

633

634 2. Human anatomy and physiology.

635

636 3. The nature of the conventional medical model which emphasizes history taking, diagnosis,
637 treatment and follow-up.

638

639 4. Purpose and significance of commonly administered diagnostic tests.

640

641 5. Major categories of pharmaceutical medications, including their major effects and side-
642 effects.

643

644 6. The potential for pharmaceutical, herb and nutritional supplement reactions, interactions,
645 contraindications and side effects and how to access this information.

646

647 7. The basis and need for referral and/or consultation.

648

649 8. The range of biomedical referral resources and the modalities they employ.

650

- 651 9. Various stages of mental, emotional and physical development throughout life.
652
- 653 10. Functional disorders and pathological processes related to body systems:
654 - integumentary (skin and connective tissues)
655 - musculoskeletal
656 - gastrointestinal
657 - respiratory
658 - cardiovascular and hematological
659 - immunological
660 - reproductive (including obstetrics)
661 - urinary
662 - endocrine
663 - neurological
664 - special senses
665 - mental and emotional
666
- 667 11. Pathognomonic and individualizing symptoms.
668
- 669 12. Basic first aid techniques for effective emergency intervention.
670
- 671 13. Disorders due to physical agents
672 - Sunburn
673 - Heat stroke
674 - Electric shock
675 - Radiation
676 - High altitude
677 - Environmental pollution
678 - Poisoning and influence of crude medicinal substances and comparable therapeutic
679 interventions.
680 - Drug abuse, nutrition, lifestyle diseases.

681

682

683 *Consumer Education in Homeopathy*

684

685 Educational Standards

686

687 The educational program prepares students to understand and to appropriately educate
688 consumers to:

689

- 690 1. Recognize the scope of practice and the four community-recognized credentials (CCH,
691 DABHM, HANP, RSHom(NA)) associated with each level of education including:

- 692 a. Basic level- Formal or informal, first-aid courses for consumers for home use, self-care,
693 and family care.
- 694 b. Integrative Health Care Training for Licensed Medical Provider Level - Limited certificate
695 programs for licensed medical providers to integrate homeopathy into the practice of
696 medicine within a defined scope of practice.
- 697 c. Professional, Board-Certified, Practitioner Level - Formal and sequential educational
698 programs, which include didactic education, clinical observation, clinical practice and
699 supervision as articulated in the standards and competencies for professional practice
700 outlined in this document.
- 701 d. Advanced Level - Typically integrated within formal and sequential education programs.
702 Includes advanced clinical training and supervision, for professionals-in-training and/or
703 matriculated experienced professionals, as articulated in the standards and
704 competencies for professional public practice outlined in this document.
705
- 706 2. Understand the appropriate scope of consumer education to include:
- 707 a. Instruction on addressing minor, first aid and self-limiting conditions;
- 708 b. Distinction between homeopathic and non-homeopathic products;
- 709 c. Warnings advising consumers not to attempt to use complex homeopathic treatment
710 protocols that may be available on-line or in books to treat complex chronic conditions
711 for themselves or others without consulting with a professional practitioner;
- 712 d. Warnings advising consumers to avoid treating themselves or others with nosodes,
713 sarcodes or any remedies in high potencies;
- 714 e. Advising consumers to seek care from a professional practitioner or licensed health care
715 provider for chronic conditions and whenever a seemingly minor health condition is not
716 improving in response to home treatment;
- 717 f. Education about symptoms for which they should seek immediate medical care.
718

719 **Ethics and Legality**

720 **Educational Standards**

721 The educational program integrates opportunities to explore ethical and professional
722 considerations during didactic and clinical training. Students are provided resources, practical
723 scenarios and opportunities for personal reflection on these topics. The educational program
724 prepares students to:
725
726

- 727
- 728 1. Become familiar with reliable sources of information on the legality of homeopathy practice
729 to inform a clear and objective understanding of the national, state and local laws and
730 regulations affecting the scope of practice of a professional homeopath. The *Homeopathy
731 Practice and the Law: A Guide Homeopathy Practitioners in the United States and Canada*
732 available on the NASH website is one resource:

733 [https://mcusercontent.com/99dba9b88562e2305f8d0516b/files/aab52fc5-5374-3fb6-a90f-](https://mcusercontent.com/99dba9b88562e2305f8d0516b/files/aab52fc5-5374-3fb6-a90f-4530b6847dee/Legal_Guide_for_Practitioners_DRAFT_11_2_.01.pdf)
734 [4530b6847dee/Legal Guide for Practitioners DRAFT 11 2 .01.pdf](https://mcusercontent.com/99dba9b88562e2305f8d0516b/files/aab52fc5-5374-3fb6-a90f-4530b6847dee/Legal_Guide_for_Practitioners_DRAFT_11_2_.01.pdf)

- 735 2. Operate within the political and legal regulations and guidelines appropriate for their level
736 of education, certification or licensure and jurisdiction of practice.
- 737 3. Identify and understand each element of the CHC Code of Ethics or the code of ethics which
738 guides their profession.
- 739 4. Establish their own personal code of ethics compatible with the code of ethics of the
740 homeopathic profession and that of health care professions in general.
- 741 5. Understand how their personal ethical values can limit or support the successful practice of
742 homeopathy
- 743 6. Be able to set appropriate boundaries with clients that establish standards of behavior for
744 the practitioner and for the client including, but not limited to, avoiding any form of
745 sexual misconduct.
- 746 7. Establish appropriate ways to react to the awareness that a colleague may be impaired
747 by alcohol, by substance abuse, or by inappropriate self-treatment, including appropriate
748 ways to report such concerns to the appropriate authorities
- 749 8. Establish appropriate ways to react to the apparent incompetence of a colleague or
750 situations where a colleague may be practicing outside the scope of his or her legitimate
751 scope of practice, including appropriate ways to report such concerns
- 752 9. Establish an understanding of how to distinguish between the legal and ethical aspects of
753 a situation, when that is necessary.
- 754 10. Safeguard client information including confidentiality and teaching that involves the use of
755 cases
- 756 11. Set fees, determine refund and cancellation policies
- 757 12. Appreciate and cultivate professional & collegial relationships and the boundaries
758 implicit in these
- 759 13. Understand conflict of interest in terms of financial gain and appropriate disclosure to
760 clients, students, conference organizers and peers

761

762 ***Practice Development and Personal Development***

763

764 Educational programs provide early instruction about a professional homeopath's public role
765 and the importance of working collaboratively to advance the profession as a whole and their
766 individual careers. Foundational training encourages the expectation to seek out lifelong
767 personal and professional development opportunities, especially through professional
768 organizations.

769

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

771

772

1. Personal and professional development
2. Practice promotion, practice management, and running a business

773 3. Practitioner and client relationship

774 4. Speaking Publicly

775

776 **1. Personal and Professional Development**

777

778 Students are encouraged to identify their individual strengths, weaknesses, and needs in
779 relation to the following areas:

780

781 **Reflective skills, include but are not limited to:**

- 782 • Critical analysis
- 783 • Assessment
- 784 • Observation, awareness, and perception
- 785 • Research and problem solving
- 786 • Organizational skills
- 787 • Self-awareness and self-management
- 788 • Time management
- 789 • Decision making

790

791 **Interpersonal and communication skills, that include, but are not limited to:**

- 792 • Listening
- 793 • Speaking
- 794 • Presentation (written and non-written)
- 795 • Face-to-face communication
- 796 • Communication with clients, their families, healthcare professionals, colleagues, media
- 797 • Awareness of non-verbal communication, body language, facial expression etc.
- 798 • Awareness of culturally and socially appropriate personal forms address, pronouns,
799 racial and ethnic groups, etc.

800

801 **Personal development that includes, but is not limited to:**

- 802 • Listening skills
- 803 • Empathy
- 804 • Trust
- 805 • Intuition
- 806 • Self-awareness
- 807 • Self-confidence
- 808 • Personal belief systems, explicit and implicit bias awareness: e.g. awareness of attitudes
809 towards race, culture, nationality, ethnicity, religion, gender identity and sexuality.

810

811 **Personal health management, that includes but is not limited to:**

812

813 • Skills for practitioners preserving and promoting their own health, development and
814 well-being

815 • Evaluating work / life balance

816 • Stress management

817 • Assertiveness

818 • Boundary setting, e.g. client-practitioner relationship, work hours, communication
819 management: phone, email, text, social media, etc.

820 • Identifying and developing individual and ongoing personal and professional support
821 systems

822

823 **Practice promotion, management and running a business**

824

825 To ensure the necessary skills for building and maintaining a successful practice, the following
826 areas are included in the curriculum:

827

828 1. Information about how homeopaths and other healthcare professionals promote their
829 practices

830

831 2. Creation of referral networks that include other homeopaths, therapists, doctors, healthcare
832 professionals, pharmacies etc.

833

834 3. Development of effective presentation skills in order to deliver introductory talks and
835 courses on homeopathy.

836

837 4. Regulatory issues that include:

838 a. National and local legislation relating to the practice of a healthcare profession and the
839 practice of homeopathy

840 b. In accordance with the Americans with Disabilities Act and other national, state and
841 local laws, human rights provisions, and the CHC Code of Ethics, the professional
842 homeopath provides care in a manner that does not discriminate on the basis of race,
843 ethnicity, sexual preference, religion, age or gender identity

844 c. Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)

845 d. Recording income and expenses, and managing bank accounts

846 e. National and local insurance or liability requirements for a practitioner and health
847 insurance schemes for clients

848 f. Registering with a professional association

849 g. Confidentiality issues and awareness of disclosure legislation; i.e., situations in which
850 client information must be passed on to another party

- 851 h. National requirements for the maintenance, retention, and destruction of client
- 852 records
- 853 i. Awareness of the national requirements for pension contributions and the personal
- 854 implications of planning for retirement provision
- 855 j. Business licenses by jurisdiction
- 856

857 **Practice management and business development issues that include:**

- 858 a. Choosing suitable premises with regard to the physical design of the practice (e.g. with
- 859 regard to accessibility)
- 860 b. Awareness of confidentiality issues
- 861 c. Deciding hours, availability and appropriate coverage during times of unavailability
- 862 d. Managing phone calls, phone messages, email, texting, social media, etc.
- 863 e. Setting fees appropriate to local conditions and making it clear which services are
- 864 covered by the fees
- 865 f. Preparing a business plan (regularly monitored) including the amount of client fees,
- 866 costs, salary expectations, etc.
- 867 g. Demonstrating non-discriminatory, affirming services to people of all races, ethnicities,
- 868 religions, sexual orientations and genders.
- 869 h. Record keeping including case notes, remedies considered and selected, appointments,
- 870 etc.
- 871 i. Creating client referrals and a network for reciprocal referrals: other homeopaths,
- 872 therapists, doctors, healthcare professionals, homeopathic pharmacies
- 873 j. Clinical audits / practice audits to evaluate the effectiveness of their practice.
- 874 k. Advertising, including business cards and targeted advertising, flyers, listings in printed
- 875 or web- based directories, local radio stations and newspapers, personal website, social
- 876 media, and other web-based promotion
- 877

878 **Time management and working hours, including:**

- 879 a. Planning a weekly schedule: planning time for clients and case analysis, setting client
- 880 telephone and email times, sending out remedies, personal supervision, case support,
- 881 etc.
- 882 b. Differentiating clients' demands on time, to give priority where appropriate and to have
- 883 clear professional boundaries.
- 884

885 **Electronic and Data Management, including:**

- 886 a. Data protection legal requirements
- 887 b. Familiarity with Repertory software programs available
- 888 c. Backing up and managing data in line with jurisdiction requirements
- 889

890 **Practitioner and client relationship**

891 Educational programs develop the student’s professionalism by including the following topics:

- 892 a. Booking the appointment
- 893 b. Managing the first contact
- 894 c. Succinctly describing the framework of their practice (i.e., intake and follow up
- 895 appointments, costs, expectations and communication.)
- 896 d. Tailoring case management to individual client needs
- 897 e. Providing clients with information to help them make their own informed decisions on
- 898 wider healthcare and personal welfare issues, while remaining within their scope of practice
- 899 f. Providing confidential tele-medicine services to clients (including technology requirements,
- 900 client connection and assessment, etc.)

901

902 **Speaking Publicly**

903 Education programs include opportunities to hone public speaking skills to fairly, accurately, and

904 succinctly address topics related to the profession.

905 This may include:

- 906 • information about training on advocacy and media relations
- 907 • importance of adhering to classical homeopathy “best practices”
- 908 • refraining from public speaking on topics where one’s personal expertise is limited

909

910

911 *Clinical Training*

912

913 **Educational Standards**

914

915 Clinical training is an essential requirement of homeopathic education and should be included

916 as a main focus of a homeopathic teaching program, while running concurrently with

917 theoretical studies throughout the entire course. In order to gain competence and confidence,

918 the student must take part in the practical experience of clinical case taking, case analysis and

919 case management. The program must provide a clinical education program of sufficient

920 volume, variety, and quality to fulfill its educational purposes.

921

922 Clinical training should provide opportunities for students to observe and take cases across a

923 diverse caseload of clients, including people from different racial, ethnic, social class, sexual

924 preference, religion and gender identity. Students receive training from a variety of clinical

925 faculty members and the number of clinical supervisors is sufficient to ensure effective

926 instruction and safe practice. Clinical training programs include opportunities for students to

927 observe cases-taking and to practice case-taking in a variety of formats, which may include

928 video-cases, in-person cases and telehealth cases.

929

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

935

936 The program and study should address:

937

- 938 1. Standards for ethics, collegiality, client relations
- 939 2. Professional demeanor – conduct oneself in a professional manner while performing
940 duties as a homeopath
- 941 3. Preparation of accurately written case-notes that include details of the client’s initial
942 interview, case analysis, repertorization, remedy differentiation, potency
943 considerations, remedy response and progress notes
- 944 4. Appropriate record keeping of confidential client records (in line with local legal
945 requirements)
- 946 5. Process for contact with client
- 947 6. Process for obtaining informed consent
- 948 7. Definition of roles – student, clinic administrator, supervisor
- 949 8. Relationship between student and supervisor with clear and appropriate
950 expectations and boundaries
- 951 9. Grievance processes (students and clients)
- 952 10. Continuity of care
- 953 11. Use of digital practice management tools
- 954 12. Management of electronic records

955

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

957

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

963

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

969

970 While providing the best learning opportunities for students, it is imperative that course
971 providers carefully consider the responsibility to the clients throughout any and all stages
972 of clinical training. This includes client confidentiality issues, continuity of case
973 management, record keeping and ensuring that high-quality care is given at all times.
974

975 **Objectives**

- 976 1. To acquire the knowledge, practical skills and professional ethics and attitudes essential
977 to clinical practice
- 978 2. To gain experience in the application and integration of all course components
- 979 3. To acquire the knowledge and skills needed in order to consider different approaches
980 and strategies adopted by experienced homeopaths
- 981 4. To establish an individual, flexible framework within which to develop a personal but
982 effective approach to case work
- 983 5. To learn how to record clinical data and participate in clinical research
- 984 6. To devise personal coping strategies in response to unexpected reactions, demands and
985 expectations of clients
- 986 7. To provide a diversity of professional experiences
- 987 8. To learn how to respond in practice to ethical issues, both during and after the clinical
988 intervention.

989 **Clinical settings**

991

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

994

- 995 1. Guided and structured observation and analysis of:
 - 996 a. Experienced practitioners working live in a clinical setting
 - 997 b. Video recordings of experienced practitioners taking live cases
 - 998 c. Video recordings, or use of synchronous distance learning technology of students in
999 supervision taking live cases.

1000

- 1001 2. Case taking and case management under supervision of experienced homeopaths:
 - 1002 a. Individually (preceptorship)
 - 1003 b. In a group with peer supervision
 - 1004 c. Analysis of real and simulated client-practitioner interactions within a group setting

1005

- 1006 3. Appropriate management of clients needing referral to conventional medicine including
1007 those with potentially life-threatening conditions

1008

- 1009 4. Hospital training with in-patient clients (where possible)

1010

1011 5. Community settings serving vulnerable individuals (where possible)

1012
1013 It is essential that students have ample opportunity to *practice* independent case taking in
1014 order to develop their own skills and attitudes. While video cases provide a tool that allows
1015 students to observe the dynamics between practitioner and client, they cannot replace
1016 actual experience with clients.

1017
1018 Students should submit comprehensive case studies (recording details of the client interview,
1019 case analysis, rubrics and repertorization, remedy differentiation, remedy selection and
1020 response) each including several, and at least two, follow-up visits for each individual client.
1021 The program provides sufficient opportunities for the student and supervisor to be in the
1022 same room or use various synchronous distance learning technologies so that the supervisor
1023 can observe the dynamics of case taking by the student and provide guidance as necessary.
1024 Including clinical training throughout the homeopathic teaching program will enable the
1025 student to develop into a proficient, safe, confident, and competent homeopathic practitioner.

1026

1027 PART IV: Delivery of Training

1028

1029 Since the last edition of this document was released in 2013, there has been wide-spread
1030 adoption of distance education and digital learning technologies in post-secondary
1031 education. Effective models for delivery of education to prepare professional homeopaths
1032 now include:

1033

1034 1. Fully in-person programs, with in-person didactic and clinical learning experiences

1035

1036 2. Blended learning programs that integrate virtual and in-person didactic and clinical
1037 learning experiences (synchronous and asynchronous); for example, programs that
1038 offer virtual weekly classes supplemented by an annual in-person program or
1039 quarterly in-person clinic

1040

1041 3. Hybrid programs that are structured in a manner such that didactic and clinical
1042 learning experiences (synchronous and asynchronous) include students who are
1043 participating in-person and students who are participating virtually

1044

1045 4. Fully distance learning programs with all didactic and clinical training (synchronous
1046 and/or asynchronous) completed virtually and all students attending virtually

1047

1048 Given the proliferation of on-line and digital learning tools, platforms and learning
1049 management systems and the growing role that telehealth in playing in expanding access
1050 to homeopathic care, schools dedicated to preparing professional homeopaths may

1051 periodically make efforts to assess the distance education and telehealth landscape and
1052 adopt new technologies and tools that support their specific school philosophy, culture and
1053 community needs.

1054

1055 **Standards**

1056

1057 1. All schools that prepare professional homeopaths should plan, at a minimum, to
1058 expose students to the provision of homeopathic care via telehealth. This can include
1059 either opportunities to observe telehealth sessions conducted by an experienced
1060 practitioner and opportunities to practice use of telehealth modalities in their own
1061 cases, or referring students to other relevant best practice resources on the provision
1062 of telehealth.

1063

1064 2. Schools that incorporate distance education should clearly delineate to prospective
1065 students:

- 1066 a. how distance learning technology will be employed in the program
- 1067 b. all technology requirements needed for full participation in the program
- 1068 c. any additional costs associated with use of technology as part of the
1069 program
- 1070 d. resources provided by the school to promote digital literacy and available
1071 technical support to the school community, including students, faculty and
1072 staff.

1073

1074 3. Use of distance learning technologies should not be employed sporadically solely for
1075 the convenience of students, faculty or staff but should be used as part of an overall
1076 planned curriculum and course of study.

1077 4. Institutions and programs that employ distance learning technologies shall take steps
1078 to ensure that:

- 1079 e. all faculty are proficient in, and comfortable with, all aspects of distance learning
1080 and digital technology used by the program
- 1081 f. all students are proficient in, and comfortable with, all aspects of distance
1082 learning and digital technology used by the program
- 1083 g. Adequate tech support is available to address any issues that may disrupt
1084 educational activities
- 1085 h. students attending via distance learning can notify the instructor immediately of any
1086 malfunction in the technology.

1087

1088 5. Schools that incorporate distance education should have a process in place to
1089 periodically monitor that distance learning technologies are operating as intended
1090 without technical malfunction or interruption.

1091

- 1092 6. Institutions and programs that employ a hybrid model that establishes a learning
1093 environment that includes in-person and distance learning students that are
1094 synchronous should establish policies and procedures to ensure:
- 1095 a. meaningful participation of all students in all classroom activities, including:
1096 opportunities to ask questions, participate in discussion and benefit from the full
1097 range of methods of teaching employed in the classroom.
 - 1098 b. faculty monitor the progress of students, are accessible to respond to student
1099 questions and maintain regular contact with students via phone, email, on-line
1100 or in-person contact
 - 1101 c. there are opportunities for feedback about the impact of the use of such
1102 technologies on campus-based students and the physical classroom
1103 environment.
- 1104
- 1105 7. Institutions and programs employing in-person, blended, and distance learning
1106 technologies should routinely evaluate student achievement and compare levels of
1107 achievement attained through use of distance education with the level of achievement
1108 attained through blended and traditional classroom instruction.
- 1109
- 1110 8. Institutions and programs which employ distance learning technologies should engage
1111 in community building activities to promote a unified school community. All students,
1112 whether they are distance learning or campus-based students, should have ample
1113 opportunities to build meaningful relationships with each other, faculty,
1114 administrators, and student services staff.
- 1115
- 1116 9. Institutions and programs which employ distance education technologies as part of their
1117 program of study must have processes in place through which the institution establishes
1118 that the student who registers in a distance education course or program is the same
1119 student who participates in and completes the course or program and receives the
1120 academic credit.
- 1121 a. The institution or program must have policies and procedures in place to verify the
1122 identity of a student who participates in class or coursework by using methods such
1123 as-- (i) A secure login and pass code; (ii) Proctored examinations; and (iii) use of
1124 new or other technologies and practices that are effective in verifying student
1125 identity
1126
1127
- 1128 10. The institution or program must make clear in writing its practices to protect student
1129 privacy associated with the verification of student identity at the time of registration
1130 or enrollment.
- 1131

1132 **Standard 8 -- Program of Study Criterion**

1133
1134 This diploma level program of study defines a set of outcomes and competencies to be
1135 achieved at the course and programmatic level. Procedures exist that guide the program in
1136 ensuring student success by responding effectively to educational needs and differences,
1137 thereby encouraging program completion. Programmatic supports are offered in terms of:

- 1138
- 1139 • Prompt updates on academic progress
 - 1140 • Efficient and effective opportunities for student queries and coursework submissions
 - 1141 • Structured remediation processes
 - 1142 • An Accommodations Policy that is applied fairly and objectively
 - 1143 • Adequate technology that promotes effective learning practices
- 1144

1145 **Criterion 8.1 – (a) Clock to credit hour conversion**

1146
1147 Semester and quarter hours are equivalent to the commonly accepted and traditionally
1148 defined units of academic measurement. In-class and distance education courses are measured
1149 by the learning outcomes normally achieved through 45 hours of student work for one
1150 semester credit or 30 hours of student work for one quarter credit.

- 1151
- 1152 - One credit/semester hour is 15 hours of academic engagement and 30 hours of
1153 preparation*.
 - 1154 - One quarter hour credit is 10 hours of academic engagement and 20 hours of
1155 preparation.

1156 *Academic engagement = time spent in class or clinic (a/synchronous)
1157 Preparation = individual time spent on course readings, study, casework.

1158
1159 The program’s policies and procedures describe the process that a program uses to assign and
1160 award credit hours for such courses in conformity with commonly accepted practices in higher
1161 education.

1162
1163 **Guideline:** The program is expected to articulate its curriculum for each academic year,
1164 identifying semesters, courses and precise clock or credit hours. A credit hour is the
1165 equivalent of 50 minutes of instruction per week for a specified term or semester.

1166
1167 **Guideline:** One academic year is defined as at least 30 instructional weeks.

1168
1169 **Guideline:** The program describes how it regularly assesses the impact of its academic load on
1170 students. It has a policy that describes how students are made aware of how a full-time or part-
1171 time academic load is determined and implemented.

1172 **Guideline:** If, in rare cases, translation is required for a class taught by an instructor who is
1173 not fluent in English, the program should provide for an adjustment to the class-to-credit-
1174 hour-ratio to allow for the extra time needed for translation.

1175

1176 **Criterion 8.1 – (b) Program length/ Minimum time frame**

1177

1178 Program length in terms of clock or credit hours and the number of courses per semester is
1179 sufficient to enable the student to achieve the program's educational objectives and should
1180 be in accordance with commonly acceptable educational practices.

1181

1182 **Guideline:** The minimum length of the program shall be 1,000 clock hours including a minimum
1183 of 500 didactic and a minimum of 500 hours of clinical training. The latter includes clinical
1184 observation, supervised case-taking, case analysis and case management.

1185

1186 **Guideline:** The minimum length of a full time program is three fifteen-week academic
1187 semesters averaging out to 22.25 clock hours per week of didactic and clinical training.

1188

1189 **Guideline:** The minimum length of a part time program is three academic years (or 6 fifteen-
1190 week academic semesters). The program should keep part-time students actively engaged in
1191 the course of study for at least 9 months of the year with a minimum monthly engagement of
1192 25 hours.

1193

1194 **Criterion 8.2 -- Completion Designation**

1195

1196 To each person successfully completing the professional program, the program awards a
1197 certificate or diploma in adherence to both the general practices of higher education and
1198 the requirements of individual jurisdictions.

1199

1200 **Guideline:** The preferred designation for an individual completing a course of study is a
1201 Professional Homeopathic Practitioner diploma or certificate.

1202

1203 **Criterion 8.3 – Program consistency**

1204

1205 The program must offer a course of study consistent with and clearly related to its
1206 mission statement and educational objectives.

1207

1208 **Guideline:** The program describes how its learning structure and course level outcomes support
1209 the stated mission.

1210

1211

1212 **Criterion 8.4 -- Appropriate Level of Instruction**

1213

1214 The program is appropriate to an institution of higher education offering a post-
1215 secondary professional diploma level homeopathy program. The program is sufficiently
1216 rigorous in breadth and depth and appropriate to the education and training of
1217 homeopathic practitioners.

1218

1219 **Guideline:** The program describes the competencies obtained in relation to the knowledge,
1220 skills and attributes of the practitioner of homeopathy (as defined in the Educational Standards
1221 and Practice Competencies for the Professional Practitioner of Homeopathy in North America
1222 document).

1223

1224 **Guideline:** Allocated credits are consistent with commonly accepted practice at the post-
1225 secondary level of education.

1226

1227 **Guideline:** Program graduation requirements are adequately described and provided to
1228 students prior to enrollment.

1229

1230 **Guideline:** Program length and delivery mechanisms of the program are made clear to students
1231 prior to enrollment.

1232

1233 **Guideline:** The program describes how its content and rigor appropriately culminate in the
1234 achievement of clearly identified student learning outcomes consistent with recognized content
1235 in the homeopathy field of study and the diploma or certificate offered.

1236

1237 **Guideline:** Curricula and instructional materials are sufficiently comprehensive and are
1238 supported
1239 by traditional evidence and contemporary scientific research and practice. The organization and
1240 presentation of the curricula and materials reflect sound principles of learning and are offered
1241 in a prescribed sequence to maximize student learning.

1242

1243 **Guideline:** Programs define and engage in a regular cycle of review of curricula and
1244 instructional materials and modify them in line with new clinical, research or professional
1245 developments and requirements (including those found in the Educational Standards and
1246 Practice Competencies for the Professional Practitioner of Homeopathy in North America
1247 document)

1248

1249 **Guideline:** The program provides the requisite education and training in a manner that allows
1250 the student to master increasingly complex didactic and clinical knowledge as it prepares
1251 professional homeopaths for practice.

1252

1253 **Guideline:** The program describes and evaluates how it establishes a community of learning for
1254 in-class and online learning environments. The program evaluates the quality and effectiveness
1255 of that community.

1256

1257 **Criterion 8.5 -- Off-Campus Training**

1258

1259 If components of the program are conducted at external sites, academic leadership ensures
1260 that all educational components of the program are able to demonstrate the same standards
1261 as those offered at the main campus. Academic leadership is responsible for all manner of
1262 conduct and the maintenance of high standards of educational quality and selection of faculty
1263 at these sites.

1264

1265 **Criterion 8.6 -- Use of Distance Education**

1266

1267 ACHENA accredited programs that employ distance education clearly delineate the type
1268 and features of the distance learning technology being used.

1269

1270 **Note:** Teaching clinics that make use of a camera in one room and observing students in
1271 the next room via video feed or one way mirror are not considered to be utilizing distance
1272 education technology.

1273

1274 **Guideline:** All curricula and instructional materials are appropriately designed and presented
1275 for distance education. Online materials sufficiently support the curriculum and are delivered
1276 using readily available, reliable technology.

1277

1278 **Guideline:** Programs take steps to ensure that the faculty is fully familiar with, proficient in,
1279 and comfortable with the use of the technology for teaching purposes. Schools provide
1280 ongoing digital literacy training for faculty. Faculty oversight ensures that instructors make
1281 appropriate use of the technology available.

1282

1283 **Guideline:** Programs take steps to ensure that students are fully familiar with, proficient in,
1284 and comfortable with, the use of the technology. Schools provide ongoing digital literacy
1285 training and support for students. Regular and documented check-ins provide assurance that
1286 the technology is appropriately utilized.

1287

1288 **Guideline:** Programs ensure that synchronous activities are supported by widely circulated
1289 policies and procedures to allow for meaningful participation by distance students in all
1290 classroom activities. These may include: providing sufficient opportunity to pose questions,
1291 utilizing breakout sessions, allowing for full participation in class discussions, providing for
1292 group work, and otherwise benefiting from the full range of teaching methods generally
1293 employed in a classroom setting.

1294 **Guideline:** Asynchronous teaching should be supported by policies and procedures and
1295 demonstrate how faculty are to effectively encourage student engagement and monitor
1296 student progress, be accessible to effectively respond to student questions and maintain
1297 regular contact with students via phone, email or other media.

1298
1299 **Guideline:** Use of distance learning technologies are formally integrated into the program as
1300 an integral part of overall curriculum planning process and course of study and are not to be
1301 employed on a sporadic basis.

1302
1303 **Guideline:** Programs routinely evaluate online student engagement separately from in-class
1304 engagement results.

1305
1306 **Guideline:** Programs demonstrate students' ability to notify instructors or moderators
1307 immediately upon any technology malfunction. Periodic monitoring of distance learning
1308 technologies ensure proper operation as intended without technical malfunction or
1309 interruption.

1310
1311 **Guideline:** Community building activities to promote a unified online school community
1312 comprise a regular part of the educational experience. Ample opportunity exists for students
1313 to build meaningful relationships with each other, faculty and staff.

1314
1315 **Criterion 8.6 -- (a) Verification of student identity**

1316 Programs are able to demonstrate how the student who registers in a distance education
1317 course or program is the same student who participates in and completes the course or
1318 program and receives the academic credit.

1319
1320 **Guideline:** The program has policies and procedures in place to verify the identity of a student
1321 who participates in class or coursework by using methods such as-- (i) a secure login and pass
1322 code; (ii) proctored examinations; (iii) and use of new or other technologies and practices that
1323 are effective in verifying student identity.

1324
1325 **Criterion 8.6 -- (b) Inform AHCENA of significant increase in student enrollment**

1326 If the inclusion of distance learning into the course of study results in an increase in student
1327 enrollment of greater than 50 percent, the institution or program must report this increase to
1328 ACHENA within 10 days of the increased level of student registration.

1329
1330 **Criterion 8.6 -- (c) Inform students of additional fees for distance education**

1331 Programs employing distance learning technologies inform students during the application
1332 process of any required equipment for participating in distance learning activities, i.e.,
1333 computer, speakers, internet access, etc. Any additional fees should also be explained as part
1334 of the application process and in all cases before student enrollment.

1335 **Criterion 8.7 -- Syllabi**

1336
1337 Syllabi are prepared, distributed and filed in the program's curriculum files. Syllabi must
1338 contain at least the following:

- 1339
- 1340 1. The purpose of the course
 - 1341 2. Course prerequisites
 - 1342 3. Specific course objectives
 - 1343 4. Method(s) of instruction
 - 1344 5. Course requirements including due dates (e.g., papers, projects, examinations)
 - 1345 6. Course assessment and grading system
 - 1346 7. Required and recommended reading lists.

1347
1348 **Guideline:** Syllabi are made widely available so that faculty members and/or academic heads
1349 are familiar with the full program, enabling better integration of individual course material.

1350
1351 Guideline: Instruction methods for online delivery must be specified.

1352
1353 **Criterion 8.8 -- Clinical training**

1354
1355 Clinical training consists of clinical observation and the supervised care of clients which
1356 leads the student through gradually increasing levels of responsibility for client treatment.
1357 These skills should grow sequentially to graduate a functionally independent practitioner.
1358 The program provides a clinical education program of sufficient length, variety and quality
1359 to fulfill its educational purposes. Programs ensure that distance learning students have
1360 sufficient opportunities for live, in-person or synchronous clinical observation of
1361 experienced clinicians or senior students taking, analyzing and managing cases in a teaching
1362 clinic.

1363
1364 **Guideline:** The number of clinical supervisors is sufficient to ensure effective instruction of,
1365 and safe practice by students. Students receive training from a variety of clinical faculty
1366 members.

1367
1368 **Criterion 8.9 -- Clinical observation**

1369
1370 The program assures that each student fulfills at least 250 clock hours observing clinical
1371 practice. This may include a mix of clinical observation via use of:

- 1372
- 1373 1) Asynchronous distance learning technologies or recorded cases of expert practitioners
1374 taking and managing cases. This category of clinical observation cannot comprise more
1375 than 100 hours.

- 1376 2) Synchronous distance learning technology to observe experienced practitioners and senior
1377 students performing case taking and managing cases, and
1378 3) Live, direct in-person observation of experienced clinicians or senior students in the
1379 school's teaching clinic.

1380

1381 **Guideline:** Clock hours involve active participation with clinical instructor or client (not the time
1382 spent on analysis).

1383

1384 **Guideline:** Programs provide ample, meaningful clinical observation opportunities for all
1385 students.

1386

1387 **Criterion 8.10 -- Supervised clinical practice**

1388

1389 The program assures that each student complete a minimum of 250 clock hours in the
1390 supervised care of individual clients. The clinical training progresses in such a manner that
1391 affords students with increasing responsibility for live, in-person or virtual individual case-
1392 taking, case analysis and case management with appropriate supervision.

1393

1394 **Guideline:** Clock hours involve active participation with client or supervisor (not the time spent
1395 on analysis).

1396

1397 **Guideline:** Student assessment practices ~~should~~ ensure that students are prepared for
1398 independent case taking and analysis before the student enters this level of training.

1399

1400 **Criterion 8.11 – Student Participation in Provings**

1401

1402 If programs engage in homeopathic provings, they establish clear policies and
1403 procedures regarding student participation in provings conducted by the program.

1404

1405 **Guideline:** Student participation in school-sponsored provings are voluntary only, due to the
1406 potential for conflict of interest. Student agreement requires appropriate documentation via a
1407 written informed consent process that includes a clear description of the risks and benefits of
1408 participating in the proving.

1409

1410 **Guideline:** A research committee consisting of academic, clinical, and administrative
1411 representatives reviews and approves each proving before it is initiated. Institutional Review
1412 Board (IRB) approval may be considered.

1413

1414 **Guideline:** Student or faculty withdrawal from a proving at any time will have no bearing on
1415 their status within the program.

1416

1417 **Criterion 8.12 -- Professional Competencies**

1418

1419 The program of study must lead to the professional competencies as identified in the
1420 “Educational Standards and Practice Competencies for the Professional Practitioner of
1421 Homeopathy in North America” and are attained through learning experiences included in
1422 the curriculum and/or approved adjunct programs.

1423

1424 **Criterion 8.13 -- Continuing Education**

1425

1426 When continuing education programs and special instructional activities are offered,
1427 provision for such activities include an adequate administrative structure, a sound financial
1428 base, and appropriate facilities. Continuing education courses cannot be converted to usable
1429 hours that will meet the program’s graduation requirements.

1430

1431 **Criterion 8.14 – Council for Homeopathic Certification (CHC) Exam and Rates**

1432

1433 Given that the CCH credential is the standard for professional non-licensed practitioners
1434 in our community, schools are prepared to educate students about the importance of
1435 national certification and sitting for the exam.

1436

1437 If the program's CHC certification exam pass-rate falls below seventy percent (70%),
1438 ACHENA shall review the program to determine if it remains in compliance with the
1439 accreditation criteria.

1440

1441

1442 **Appendix 2: List of Homeopathic Remedies**

1443
 1444 From the over 2000 existing homeopathic remedies, the following list of 155 remedies is
 1445 recommended for initial study as the most used and useful ones. This is the study list that has
 1446 been used by the Council for Homeopathic Certification for many years. The list is not
 1447 exhaustive, restrictive, or imperative and shall be adapted to the specific environment; in
 1448 addition, homeopathic practitioners should, over time, become familiar with additional
 1449 remedies as they prove helpful to the management of a wider variety of cases. This list of
 1450 homeopathic remedies is neither complete nor does it suggest that all the remedies listed must
 1451 be taught. Some schools will teach more remedies, others fewer. *For a perspective on the goals*
 1452 *for studying remedies, see the COMPETENCIES portion of Section D – Homeopathic Materia*
 1453 *Medica.*

1454
 1455 **Study List of Homeopathic Remedies**

1456

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 carb.	Calcarea flour.
Calcarea phos.	Calcarea sulph.	Calendula
Camphora	Cannibus indica	Cantharis
Capsicum	Carbo animalis	Carbo vegetabilis
Carcinosin	Caulophyllum	Causticum
Chamomilla	Chelidonium	China officinalis
Cicuta	Cimicifuga	Cocculus

Coccus cacti	Coffea	Colchicum
Colocyntthis	Conium	Crocus sativus
Crotalus horridus	Cuprum	Cyclamen
Digitalis	Drosera	Dulcamara
Elaps	Equisetum	Eupatorium perf.
Euphrasia	Ferrum met.	Ferrum phos.
Flouricum acid.	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 corr	Mercurius iod flavus
Mercurius iod ruber	Mercurius vivus	Mezereum
Naja	Natrum arsenicum	Natrum carbonicum
Natrum muriaticum	Natrum phos.	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	Sarsparilla
Sepia	Silica	Spigelia
Spongia tosta	Stannum	Staphysagria
Stramonium	Sulphur	Sulphuric acid
Symphytum	Syphilinum	Tabacum
Tarentula hispanica	Tarentula cubensis	Thuja
Tuberculinum	Urtica urens	Veratrum album
Viburnum	Zincum metallicum	

1457

1458

1459 **Appendix 6: Signs and Symptoms Suggesting Referral to Another**
1460 **Medical Provider**

1461
1462 **Introduction**

1463
1464 The following guidelines are provided as a sample template and are not complete.
1465 Homeopathic Practitioners are encouraged to include Medical Providers in the healthcare team
1466 for clients. Practitioners will want to consider the severity, duration and intensity of client's
1467 symptoms and when any symptoms may be of concern, appropriate referral for diagnosis and
1468 treatment is suggested along with homeopathic care.

1469
1470 **Newborns (0-6 weeks)**

1471
1472 **Suggest that client seek medical advice without delay**

- 1473
- 1474 – Fever > 99.5 F
 - 1475 – Unexplained Ecchymosis
 - 1476 – Trouble Breathing
 - 1477 – Blue Skin
 - 1478 – Vomiting > 4 oz
 - 1479 – Diarrhea
 - 1480 – Black Stool
 - 1481 – Blood in Stool
 - 1482 – Lethargy
 - 1483 – Stopped Nursing / Feeding
 - 1484 – Skin Bruising
 - 1485 – Yellow Discoloration of Skin
 - 1486 – Passing Out / Loss of Consciousness
 - 1487 – Suspected Child Abuse or Neglect – Referral to Appropriate Authorities

1488
1489 **Suggest seeking additional medical advice**

- 1490
- 1491 – Eye Discharge
 - 1492 – Umbilical Inflammation / Discharge
 - 1493 – Cough
 - 1494 – Vomiting < 4 oz
 - 1495 – No Bowel Movement > 48 hours
 - 1496 – Difficulty Nursing / Feeding
 - 1497 – Skin Rash
 - 1498 – Failure to Move a Limb

1499 - Unusual or Prolonged Crying

1500

1501 **Infants (6 Weeks – 24 Months)**

1502

1503 Suggest that client seek additional medical advice without delay

1504

1505 - Fever >102

1506 - Neck Stiffness

1507 - Passing Out / Loss of Consciousness

1508 - Redness of Eye or Around Eye

1509 - Ear Discharge

1510 - Nose Bleeding

1511 - Throat or Tongue Swelling

1512 - Cough > 5 seconds episodes

1513 - Trouble Breathing

1514 - Excessive Vomiting > 8 oz in 24 hours

1515 - Excessive Diarrhea > 4 episodes in 24 hours

1516 - Blood or Black in Bowel Movement

1517 - Sudden or Severe Abdominal Pain

1518 - Blood in Urine

1519 - Balance or Coordination Troubles

1520 - Fainting Spells

1521 - Shaking Spells

1522 - Sudden Skin Rash (< 48 hours)

1523 - Suspected Child Abuse or Neglect – Referral to Appropriate Authorities

1524

1525 Suggest that client seek additional medical advice

1526

1527 - Prolonged Fever <102, > 2 days

1528 - Misshaped Head

1529 - Eye Discharge

1530 - Eyes Not Aligned

1531 - Ear Pain or Pulling

1532 - Hearing Loss or Concerns

1533 - Nose Discharge prolonged (>3 days)

1534 - Nose Discharge with Odor, or Color other than White / Clear

1535 - Sore Throat

1536 - Cough > 2 Days

1537 - Recurring Cough

1538 - Recurring Vomiting

1539 - Diarrhea <4 Episodes in 24 hours

- 1540 – Bowel Movements Less Than Once Every Other Day
- 1541 – Foul Smelling Urine
- 1542 – Diminished Urination
- 1543 – Failure to Move a Limb
- 1544 – Lump on Skin, Bone or Other Tissue
- 1545 – Maternal or Practitioner Concerns about Speed of Development
- 1546 – Skin Rash
- 1547 – Slow Growth or Loss of Weight

1548

1549 **Children (2 years to 10 years)**

1550

1551 **Suggest that client seek medical advice without delay**

1552

- 1553 – Fever >102
- 1554 – Neck Stiffness
- 1555 – Sudden or Severe headaches
- 1556 – Redness of Eye or Around Eye
- 1557 – Ear Discharge
- 1558 – Nose Bleeding
- 1559 – Throat or Tongue Swelling
- 1560 – Cough > 10 seconds episodes
- 1561 – Trouble Breathing
- 1562 – Excessive Vomiting > 4x in 24 hours
- 1563 – Excessive Diarrhea > 5 episodes in 24 hours
- 1564 – Blood or Black in Bowel Movement
- 1565 – Sudden or Severe Abdominal Pain
- 1566 – Blood in Urine
- 1567 – Vaginal Discharge or Bleeding
- 1568 – Balance or Coordination Troubles
- 1569 – Fainting Spells
- 1570 – Shaking Spells
- 1571 – Passing Out / Loss of Consciousness
- 1572 – Sudden Skin Rash (< 48 hours)
- 1573 – Suspected Child Abuse or Neglect – Referral to Appropriate Authorities
- 1574 – Suicidal Thoughts or Attempts

1575

1576 **Suggest that client seek additional medical advice**

1577

- 1578 – Prolonged Fever <102, > 2 days
- 1579 – Prolonged or Recurring Headaches
- 1580 – Eye Discharge

- 1581 – Eyes Not Aligned
- 1582 – Ear Pain
- 1583 – Nose Discharge prolonged (>3 days)
- 1584 – Nose Discharge with odor, or color other than white / clear
- 1585 – Sore Throat
- 1586 – Cough > 2 days
- 1587 – Recurring Cough
- 1588 – Recurring Vomiting
- 1589 – Diarrhea <5 episodes in 24 hours
- 1590 – Bowel Movements Less Than Once Every Other Day
- 1591 – Persistent or Recurring Abdominal Pain
- 1592 – Foul smelling Urine
- 1593 – Bed Wetting after 5 years of Age or After Becoming Continent Through the Night
- 1594 – Pain with Urination
- 1595 – Joint or Limb Swelling
- 1596 – Refusal or Failure to Move or Use a Limb
- 1597 – Lump on Skin, Bone or Other Tissue
- 1598 – Swelling of Joint(s)
- 1599 – Maternal or Practitioner Concerns about speed of development
- 1600 – Slow growth or loss of weight
- 1601 – Skin Rash
- 1602 – Tick Bites
- 1603 – Excessive Fears
- 1604 – Prolonged Temper Tantrums or Breath holding

1605

1606 **Adolescent (10 years – 18 years)**

1607

1608 **Suggest that client seek medical advice without delay**

1609

- 1610 – Fever >102
- 1611 – Neck Stiffness
- 1612 – Sudden or Severe headaches
- 1613 – Ear Discharge
- 1614 – Nose Bleeding
- 1615 – Throat or Tongue Swelling
- 1616 – Cough > 10 Seconds Episodes
- 1617 – Trouble Breathing
- 1618 – Excessive Vomiting > 4x in 24 hours
- 1619 – Excessive Diarrhea > 5 episodes in 24 hours
- 1620 – Blood or Black in Bowel Movement
- 1621 – Blood in Urine

- 1622 – Vaginal or Penile Discharge
- 1623 – Prolonged or Excessive Vaginal Bleeding
- 1624 – Balance or Coordination Troubles
- 1625 – Fainting Spells
- 1626 – Shaking Spells
- 1627 – Passing Out / Loss of Consciousness
- 1628 – Unable to Use Extremity properly
- 1629 – Sudden Skin Rash (< 48 hours)
- 1630 – Suspected Child Abuse or Neglect – referral to appropriate authorities
- 1631 – Suicidal Thoughts or Attempts
- 1632 – Suspected Drug Dependency
- 1633 – Suspected Drug or Alcohol intoxication
- 1634
- 1635 Suggest that client seek additional medical advice
- 1636
- 1637 – Prolonged Fever <102, > 2 days
- 1638 – Prolonged or recurring headaches
- 1639 – Eye Discharge
- 1640 – Redness of Eye or Around Eye
- 1641 – Ear Pain
- 1642 – Hearing Loss or Concerns
- 1643 – Nose Discharge prolonged (>3 days)
- 1644 – Nose Discharge with odor, or color other than white / clear
- 1645 – Sore Throat
- 1646 – Chest Pain
- 1647 – Cough > 2 days
- 1648 – Recurring Cough
- 1649 – Recurring Vomiting
- 1650 – Diarrhea <5 Episodes in 24 hours
- 1651 – Bowel Movements Less Than Once Every Other Day
- 1652 – Foul smelling Urine
- 1653 – Pain with Urination
- 1654 – Premenstrual Difficulties
- 1655 – Light-headedness
- 1656 – Lump on Skin, Bone or Other Tissue
- 1657 – Swelling of Joint(s)
- 1658 – Back Pain
- 1659 – Skin Rash
- 1660 – Slow growth or Loss of Weight
- 1661 – Tick Bites
- 1662 – Excessive Fears or Anxiety

- 1663 - Social Isolation
- 1664 - Report or Suspicion of Drug / Alcohol Abuse
- 1665 - Purposeful Vomiting or Laxative Abuse

1666

1667 **Adult (18 – 60 years)**

1668

1669 **Suggest that client seek medical advice without delay**

1670

- 1671 - Fever >102
- 1672 - Neck Stiffness
- 1673 - Sudden or Severe headaches
- 1674 - Passing Out / Loss of Consciousness
- 1675 - Loss of Vision
- 1676 - Ear Discharge
- 1677 - Nose Bleeding
- 1678 - Throat or Tongue Swelling
- 1679 - Chest Pain
- 1680 - Left Arm or Jaw Pain
- 1681 - Rapid Heartbeat or Persisting Palpitation
- 1682 - Trouble Breathing
- 1683 - Excessive Vomiting > 4x in 24 hours
- 1684 - Excessive Diarrhea > 5 episodes in 24 hours
- 1685 - Blood or Black in Bowel Movement
- 1686 - Sudden or Severe Abdominal Pain
- 1687 - Blood in Urine
- 1688 - Prolonged or Excessive Vaginal Bleeding
- 1689 - Red and Swollen Joint
- 1690 - Sudden Skin Rash (< 48 hours)
- 1691 - Balance or Coordination Troubles
- 1692 - Fainting Spells
- 1693 - Shaking Spells
- 1694 - Sudden Weakness or Numbness of Extremity
- 1695 - Suicidal Thoughts or Attempts
- 1696 - Suspected Drug Dependency
- 1697 - Suspected Drug or Alcohol intoxication

1698

1699 **Suggest that client seek additional medical advice**

1700

- 1701 - Prolonged Fever <102, > 2 days
- 1702 - Prolonged or Recurring Headaches
- 1703 - Eye Discharge

- 1704 - Ear Pain
- 1705 - Hearing Loss or Concerns
- 1706 - Nose Discharge prolonged (>3 days)
- 1707 - Nose Discharge with Odor, or Color other than White / Clear
- 1708 - Sore Throat
- 1709 - Palpitations
- 1710 - Cough > 3 days
- 1711 - Recurring cough
- 1712 - Recurring Vomiting
- 1713 - Diarrhea <5 Episodes in 24 hours
- 1714 - Bowel Movements Less Than Once Every Other Day
- 1715 - Persistent Change in Bowel Movements
- 1716 - Persistent or Recurring Abdominal Pain
- 1717 - Foul smelling Urine
- 1718 - Pain with Urination
- 1719 - Lump on Skin, Bone or Other Tissue
- 1720 - Swelling of Joint(s)
- 1721 - Back Pain
- 1722 - Skin Rash
- 1723 - Tick Bites
- 1724 - Light-headedness
- 1725 - Change in Vision or Hearing
- 1726 - Weakness or Numbness in an Extremity (not sudden)
- 1727 - Unexplained Weight Loss
- 1728 - Excessive Fears or Anxiety
- 1729 - Social Isolation
- 1730 - Report or Suspicion of Drug / Alcohol Abuse
- 1731 - Purposeful Vomiting or Laxative Abuse
- 1732 - Persistent Sad Mood
- 1733 - Loss of Energy and Motivation
- 1734 - Sexual Difficulties

1735

1736 **Pregnancy**

1737

1738 **Suggest that client seek medical advice without delay**

1739

- 1740 - Same list as adults, plus the following:
- 1741 - Loss of Weight
- 1742 - Prolonged Vomiting
- 1743 - Decreased Movement of Baby
- 1744 - Fall or Injury to Abdomen

- 1745 - Vaginal Bleeding
- 1746 - Vaginal Discharge
- 1747 - Abdominal Pains
- 1748 - Sudden Onset Leg Swelling Late in Pregnancy

1749

1750 Suggest that client seek additional medical advice

1751

- 1752 - Unable to gain weight
- 1753 - Persistent nausea

1754

1755 **Senior (Over age 60)**

1756

1757 Suggest that client seek medical advice without delay

1758

- 1759 - Fever >102
- 1760 - Neck Stiffness
- 1761 - Sudden or Severe headaches
- 1762 - Passing Out / Loss of Consciousness
- 1763 - Loss of Vision
- 1764 - Ear Discharge
- 1765 - Nose Bleeding
- 1766 - Throat or Tongue Swelling
- 1767 - Chest Pain
- 1768 - Left Arm or Jaw Pain
- 1769 - Rapid heartbeat or Persisting Palpitation
- 1770 - Trouble Breathing
- 1771 - Excessive Vomiting > 4x in 24 hours
- 1772 - Excessive Diarrhea > 5 Episodes in 24 hours
- 1773 - Blood or Black in Bowel Movement
- 1774 - Blood in Urine
- 1775 - Prolonged or Excessive Vaginal Bleeding
- 1776 - Red and Swollen Joint
- 1777 - Sudden Skin Rash (< 48 hours)
- 1778 - Balance or Coordination Troubles
- 1779 - Fainting Spells
- 1780 - Shaking Spells
- 1781 - Sudden Weakness or Numbness of Extremity
- 1782 - Suicidal Thoughts or Attempts
- 1783 - Suspected Drug Dependency
- 1784 - Suspected Drug or Alcohol intoxication
- 1785 - Suspected Elder Abuse – referral to appropriate authorities

- 1786 Suggest that client seek additional medical advice
- 1787
- 1788 – Prolonged Fever <102, > 2 days
- 1789 – Prolonged or Recurring Headaches
- 1790 – Eye Discharge
- 1791 – Ear Pain
- 1792 – Hearing loss or concerns
- 1793 – Nose Discharge prolonged (>3 days)
- 1794 – Nose Discharge with odor, or color other than white / clear
- 1795 – Sore Throat
- 1796 – Palpitations
- 1797 – Cough > 2 days
- 1798 – Recurring Cough
- 1799 – Recurring Vomiting
- 1800 – Diarrhea <5 Episodes in 24 hours
- 1801 – Bowel Movements Less than Once Every Other Day
- 1802 – Persistent Change in Bowel Movements
- 1803 – Foul Smelling Urine
- 1804 – Pain with Urination
- 1805 – Lump on Skin, Bone or Other Tissue
- 1806 – Swelling of Joint(s)
- 1807 – Back Pain
- 1808 – Skin Rash
- 1809 – Tick Bites
- 1810 – Light-headedness
- 1811 – Change in Vision or Hearing
- 1812 – Weakness or Numbness in an Extremity (not sudden)
- 1813 – Unexplained Weight Loss
- 1814 – Excessive Fears or Anxiety
- 1815 – Social Isolation
- 1816 – Report or Suspicion of Drug / Alcohol Abuse
- 1817 – Persistent Sad Mood
- 1818 – Loss of Energy and Motivation
- 1819 – Sexual Difficulties
- 1820
- 1821
- 1822
- 1823
- 1824
- 1825
- 1826