

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

## *History, Development and Current Affairs of Homeopathy*

### **Educational Standards**

Educational programs will familiarize students with the history and development of Homeopathy, as well as the social, economic and political forces that have influenced its practice over the past two and a half centuries, up to and including, present day. The programs must also introduce and place in context the philosophers, authors and activists that have had major influences on the homeopathic discipline and profession. Programs will address Homeopathy's current place in both the national and state/provincial healthcare landscape in terms of trends of practice in the discipline, as well as the current legal and political climate. Students must be taught the importance of promotion of the profession, and the practicalities of doing so. Programs must require student engagement within the community, so the importance of promoting both the practice and the profession is understood and, if desired, contribute as a leader in 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. *The Organon* 1<sup>st</sup> through 6<sup>th</sup> editions;
  - c. Familiarity with early generations of homeopathic authors;
4. World history of Homeopathy and its proponents;
5. History of Homeopathy in North America;
6. Familiarity with philosophers, authors and activists, as well as social, political and economic forces that have had major influences on the homeopathic discipline and profession;
7. 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 influencing the homeopathic profession today;
8. Current legal & political affairs in the US:
  - a. Affordable Health Care Act;
  - b. Legality of practice;
  - c. Categories of practice.
9. Current legal & political affairs in Canada:
  - a. National regulations;
  - b. Provincial regulations.
10. Awareness of other forms of holistic medicine;

- 42 a. Naturopathy;
- 43 b. Traditional Chinese Medicine (TCM);
- 44 c. Ayurveda;
- 45 d. Herbology.
- 46 11. National healthcare landscape (CAM):
- 47 a. Integrative medicine;
- 48 b. Homeopathy's place in integrative healthcare.

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## 50 *Homeopathic Philosophy, Principles and Methodology*

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### 52 **Educational Standards**

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54 Educational programs impart a thorough understanding of the theories, principles and  
55 mechanisms of homeopathy that guide its clinical practice. Homeopathic educational programs  
56 familiarize students with a variety of approaches to attain the competencies stated elsewhere in  
57 this document, spanning a spectrum from the writings of Hahnemann to the writings and  
58 teachings of contemporary respected homeopaths. Each educational organization shall select a  
59 manner in which to accomplish this, consistent with the school's overall philosophy and culture,  
60 as well as consistent with classical Homeopathy. All students of Homeopathy will be able to  
61 weigh the benefits and limitations of many different approaches to understanding homeopathic  
62 philosophy, principles and methodology.

63

### 64 Fundamental Concepts

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- 66 1. Concept of health, disease and healing;
- 67 2. Differences between Homeopathy, isopathy, allopathy and antipathy;
- 68 3. Requirements of the homeopathic practitioner, as stated in Aphorism 3 (§3) of *The Organon*
- 69 4. Concept of susceptibility and causative factors;
- 70 5. Concept of the Vital Force;
- 71 6. Case management according to the Law of Similars, i.e., selected remedy matches the
- 72 patient's presentation;
- 73 7. Principles of Homeopathy;
- 74 8. Definition of basic homeopathic terms;
- 75 9. Concept of the core dose;
- 76 10. The single remedy;
- 77 11. Potency scales – including X, C, D, K, LM, Q and Fibonacci.

78

### 79 Symptoms and Signs

- 80 1. Characteristic symptoms (constant, striking, found throughout);
- 81 2. Strange, rare and peculiar symptoms;

- 82 3. Common and uncommon symptoms;  
83 4. Hierarchy of symptoms;  
84 5. Classification of symptoms;  
85 6. Suppression of symptoms.

86

#### 87 Classification of Diseases

- 88 1. Miasms;  
89 2. Natural and artificial diseases;  
90 3. Acute and chronic;  
91 4. Etiologies;  
92 5. Suppressed disease;  
93 6. One-sided disease;  
94 7. Stages of disease process;  
95 8. Epidemics and genus epidemicus;  
96 9. Mental and emotional diseases;  
97 10. Intermittent diseases.

98

#### 99 Theory of Case Management

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

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

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### 111 ***Materia Medica***

112

#### 113 **Educational Standards**

114

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

117

- 118 1. Knowledge of the major writers and books from Hahnemann to the present day;  
119  
120 2. How to compare and contrast information about remedies to appreciate what is similar and  
121 what is different about them;

- 122 a. Using categories such as “families” (remedies grouped according to plant or mineral  
123 constituents) to bring into consideration a less used or less familiar remedy by  
124 referencing its similarities to another remedy;  
125 b. Performing a “differential” by identifying aspects of the materia medica that are  
126 different among several remedies that may otherwise seem to match the symptoms of  
127 an individual.

128

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

131

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

134

- 135 1. Sources for homeopathic remedies using biology, botany, chemistry, physics, doctrine of  
136 signatures, mythology, folklore, culture, applications and use in other forms of healing:  
137 a. The history, culture and behavior of the substance in the natural world;  
138 b. Toxicology;  
139 c. Pathogenesis;  
140 d. Pharmacology;  
141 e. Nomenclature;  
142 f. Homeopathic proving – authors and methodology;  
143 g. Clinically confirmed symptoms;  
144 h. Repertory rubrics;  
145 i. Etiology.

146

- 147 2. Different approaches to symptomatology:

- 148 a. Totality of symptoms;  
149 b. Individualizing symptoms (“strange, rare & peculiar”);  
150 c. Mental/emotional (including delusions, fears and dreams);  
151 d. Concomitant symptoms;  
152 e. Symptoms suggestive of miasmatic influence;  
153 f. Organ affinities;  
154 g. Pathognomonic symptoms;  
155 h. Modalities;  
156 i. Sensation and function;  
157 j. Acute and first aid uses;  
158 k. Remedy relationships (family groupings);  
159 l. Mineral groupings and relationships, animal and botanical groupings;  
160 m. Chemistry/biology of the substance;  
161 n. Antidotes, affinities, inimicals, complementaries, remedies that follow well;

- 162 o. Polychrests, so-called “small remedies,” nosodes, sarcodes, isopathics, bacteria, fungi  
163 and “imponderables;”  
164 p. Tautopathics, gemmotherapeutics, tissue salts and flower essences.  
165
- 166 3. How materia medica applies to other approaches or aspects of remedy study:  
167 a. Constitutional types;  
168 b. Essences;  
169 c. Core elements;  
170 d. Central delusion;  
171 e. Central disturbance;  
172 f. Developmental stages in remedies from the picture of health through deep  
173 pathology;  
174 g. Remedy indications for different stages of human development/stages of life;  
175 h. Miasmatic influences and new methods.  
176
- 177 4. Clinical application:  
178 a. Remedy relationships;  
179 b. Comparative materia medica;  
180 c. Differential materia medica.  
181
- 182 5. Awareness of how materia medica is constantly evolving.  
183  
184

## 185 *Homeopathic Proving*s

### 186 **Educational Standards**

187 Homeopathic educational programs provide students with a basic understanding of the  
188 principles of and purposes for homeopathic provings.  
189

190 Fundamental knowledge of homeopathic proving methods:  
191

- 192 1. The purpose of provings;  
193 2. The history of provings – Hahnemann through modern methodologies;  
194 3. Types of provings – informal/partial through Hahnemannian;  
195 4. Provings in relation to allopathic drug trials.  
196

197 Programs will impart information covering:  
198

- 199 1. Guidelines and protocols for provings:  
200 a. The substance;  
201 b. Natural history of a substance;  
202 c. Preparation of the substance to be proven.

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

## 220 *Research*

### 221 **Educational Standards**

222 Educational programs provide students with a basic understanding of the principles of how to  
223 conduct and interpret both homeopathic and conventional medical research, including:

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

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246 **Educational Standards**

247

248 General areas of study

249 1. Introduction to repertory:

250 a. Purpose, history, additions and organization of repertories;

251 b. Boenninghausen’s repertory (the first repertory);

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

253

254 2. The general layout of repertories and limitations of various repertories:

255 a. Grading of symptoms/rubrics in each;

256 b. Organization – Kent’s through newer repertories;

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

258 d. Structure of various repertories;

259 e. Use the repertory in homeopathic case analysis;

260 f. Basic organization of each section of the repertory;

261 g. Structure of computerized repertories including their strengths and limitations.

262

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

264 a. Common and confusing rubrics;

265 b. Cross referencing important rubrics;

266 c. How to choose the best rubrics for a case;

267 d. Combining rubrics;

268 e. Errors in rubric indenting.

269

270 4. Terminology and abbreviations used in the repertories, including contemporary and  
271 anachronistic medical terms;

272

273 5. Ways to translate contemporary language and meaning into the language of a repertory  
274 (or the materia medica) and ways to interpret the language of a repertory (or the materia  
275 medica) in its historical and social context, into contemporary language and meaning;

276

277 6. Various tabulation tools – their strengths, limitations and uses:

278 a. Paper graphs, computers and other techniques;

279 b. Their use in modern practice.

280

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

282 a. How to use the repertory effectively;

283 b. Different types of repertory analysis.

284

- 285 8. Inform students that, repertories, by definition, lag behind current practice and are limited  
286 in their inclusivity. Current examples include, but are not limited to women’s health,  
287 transgender and gender non-conforming individuals, as well as omissions related to  
288 characteristics and symptoms unique to different skin tones and social, racial and ethnic  
289 backgrounds, as well as other social classifications and injustices, etc.  
290
- 291 9. Awareness of methods other than repertorization to review and study materia medica  
292
- 293 10. Specific areas of repertory study  
294 a. Structure (schema of Kent’s Repertory, using the final general edition;  
295 b. Rubrics, sub-rubrics, grading of symptoms;  
296 c. Construction of symptom arrangement:  
297 Timings  
298 Sides  
299 Sensation  
300 Location  
301 Modalities  
302 Extensions  
303 d. Content of the main sections;  
304 e. Examination of specific repertory sections with pathological terms in historical context:  
305 Generalities  
306 Chill  
307 Fever  
308 Perspiration  
309 Others  
310
- 311 11. Content and modern use of the Mind section;  
312
- 313 12. Rubric definition and groupings; differentiating between similar rubrics.  
314
- 315 13. Additions to the repertory.  
316
- 317 14. Different approaches and techniques of repertorization:  
318 a. Combination and elimination;  
319 b. Use of a repertory grid;  
320 c. Other.  
321
- 322 15. Computer repertorization:  
323 a. Possibilities and limitations, strategies for effective use;  
324 b. Examples of computer programs – Complete Dynamics, HomeoQuest, Miccant, Synergy,  
325 Zeus, Zomeo, etc.  
326  
327



328 **Posology**

329

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

332

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

335

336 2. Scales of dilution beginning with the mother tincture;

337

338 3. Models of potentization through succussion;

339

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

343

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

347

348 6. The application of sound principles regarding frequency of dosing;

349

350 7. The identification of the appropriate circumstances for use of higher potencies. For example,  
351 exact match in chronic cases, young otherwise healthy persons with acute symptoms.

352

353

354 **Pharmacy in Homeopathy**

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356 **Educational Standards**

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

359

360 1. The role of the Homeopathic Pharmacopoeia Convention of the United States (HPCUS) in  
361 publishing the *Homeopathic Pharmacopoeia of the United States* (HPUS) which sets  
362 standards for the manufacture of homeopathic remedies.

363

364 2. The manufacture of remedies:

365 a. Difference between a manufacturing and a dispensing pharmacy;

366 b. Sources of all remedies;

- 367 c. Process by which remedies are made into mother tinctures according to the different  
368 directives in *The Organon* and in *Chronic Diseases*;
- 369 d. Changes in pharmacy as a consequence of different editions of *The Organon*;
- 370 e. Traditions of Homeopathy versus the modern commercial realities of remedy  
371 manufacture (photo chromatography).
- 372
- 373 3. The dispensing of remedies:
- 374 a. Methods of administering remedies to clients;
- 375 b. Scales of dynamization beginning with the mother tincture;
- 376 c. Different scales used – decimal, centesimal, 50 millesimal, etc;
- 377 d. Different methods of preparation – multiple vial Hahnemann; single vial Korsakoff;
- 378 e. Model of potentization through succussion;
- 379 f. Application of the concepts of dilution and succussion in the choice of homeopathic  
380 remedy potency and dosage as it pertains to the sensitivity of the individual and to his  
381 or her vital force.
- 382
- 383

## 384 *Homeopathic Case Taking*

### 385 **Educational Standards**

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387

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

391

- 392 1. The student is familiar with case taking guidance from a diverse range of respected  
393 homeopathic authors and teachers.
- 394
- 395 2. The student learns various analytical approaches that require the gathering of different  
396 kinds of information.
- 397
- 398 3. The student has sufficient opportunity to observe several faculty and other experienced  
399 certified homeopaths with three or more years of experience taking live cases,  
400 telehealth cases, as well as video cases (always subject to the permission of the client).  
401 During this aspect of the student's education, the mentoring homeopath will elucidate  
402 the strengths and weaknesses of how each case was taken, the ways in which case  
403 taking methods were adapted to the situation of the individual client, etc.
- 404
- 405 4. The student, alone and in a group, has sufficient opportunity to take cases in a setting  
406 mentored by an experienced homeopath who provides direct feedback on the art and

- 407 techniques, enabling the honing of case taking skills. The client, supervisor and case  
408 taker shall be together in person or virtually for these cases.
- 409 5. Under the supervision of a school faculty person or school-affiliated clinical  
410 supervisor, each student shall have primary responsibility for managing a minimum of  
411 ten chronic cases, including responsibility for conducting the initial and a clinically  
412 appropriate number of follow-up appointments within the limits of the academic year  
413 and program. This shall include documenting case taking, completing repertorization,  
414 case analysis, remedy differential considerations, assessing clinical progress and fully  
415 preparing the case record”.
- 416
- 417 6. The student identifies and develops awareness of how conscious and unconscious  
418 prejudice may negatively influence case taking.
- 419
- 420 7. The student, through self-reflective learning materials and repeated case taking practice  
421 with feedback, acquires a thorough understanding of the way in which case taking over  
422 a series of visits forms a professional relationship by which the success of the course of  
423 homeopathic care can be managed. The course of care is adjusted as necessary.
- 424
- 425 8. The student is prepared to include medical information that is provided by the client in  
426 the case record, although the types of records kept may vary depending on the practice  
427 style or licensing requirements for each homeopath. Records are to be HIPAA compliant  
428 and/or Canadian Personal Health Information Protection Act (PHIPA) compliant as  
429 appropriate.
- 430
- 431 9. Through reading and observing, the student acquires understanding of the nature,  
432 individualization, sensitivity, confidentiality and accurate recording of information that  
433 forms the setting in which cases should be taken.
- 434
- 435 10. The student is apprised of a range of current print and digital homeopathic journals  
436 and professional literature.
- 437
- 438 11. The student will observe a wide range of cases that exemplify varying pathologies,  
439 etiologies, severity and stages of illness (acute versus chronic) in children and adults.
- 440
- 441 12. As much as possible and consistent with the school’s mission, community and outreach  
442 efforts, the student is exposed to diverse clientele, for example, social groups, ethnic  
443 and cultural backgrounds, religious affiliations, sexual and gender identifications. Such  
444 diversity of exposure will allow opportunities to practice unprejudiced observation, to  
445 identify and examine their own biases, to create a therapeutic and respectful  
446 relationship with a diverse clientele.
- 447

- 448 13. The student is made aware of how power differentials in the clinic may be expressed,  
449 and how to create therapeutic relationships based on equity and mutual respect.  
450
- 451 14. The student will develop the ability to explore Social Determinants of Health (SDOH)  
452 and their relationship to etiology, maintaining cause and obstacles to cure, including:  
453 a. Healthy, affordable food from a conveniently located grocery store;  
454 b. Safe and healthy housing and neighborhood;  
455 c. Safe and healthy employment/work environment with adequate income;  
456 d. Accurate health information and health literacy;  
457 e. Transportation to facilitate meeting day to day needs;  
458 f. Social support;  
459 g. Freedom from all forms of oppression and the ability to express oneself to their  
460 highest purpose.  
461
- 462 14. The student will be prepared to employ the principles of trauma-informed care to create a  
463 safe, therapeutic relationship with clients. This includes education about how to integrate  
464 the following principles into interactions with clients:  
465 a. Ensuring safety;  
466 b. Demonstrating trustworthiness;  
467 c. Working in a collaborative manner;  
468 d. Focusing on client empowerment  
469 e. Moving past cultural stereotypes and biases, while recognizing and addressing  
470 historical trauma;  
471 f. Not insisting that any particular event, emotion, or response to a potential past  
472 trauma be divulged in any given therapeutic session;  
473 g. Avoiding having clients repeatedly tell their experience of a traumatic event(s);  
474 h. Assisting clients in accessing social support services, where applicable.  
475  
476

## 477 **Case Analysis**

### 479 **Educational Standards**

481 Educational programs provide progressive opportunities for students to learn and apply  
482 homeopathic principles from *The Organon* and other writings in the context of individual case  
483 analysis. Programs will provide multiple opportunities in both didactic and clinical training to  
484 examine how the professional homeopath uses the information from case taking to perform a  
485 thoughtful case analysis and case documentation, including effective repertorization, remedy  
486 differentiation, reading of materia medica, all leading to selection of a remedy and case  
487 management. The program imparts the ability to:  
488

- 489 1. Assess the strength of the client’s vital force, center of the case and susceptibility;  
490  
491 2. Evaluate the onset, duration and intensity/severity of symptoms;  
492 3. Distinguish characteristic from common symptoms; recall the importance of strange, rare,  
493 and peculiar symptoms; identify complete symptoms (location, sensation, modality, and  
494 concomitant);  
495  
496 4. Perceive the totality of symptoms required for effective remedy selection;  
497  
498 5. Determine the nature of the illness in terms of acute or chronic, and analyze accordingly;  
499  
500 6. Assess previous and current therapeutic history/treatment;  
501  
502 7. Demonstrate diversity of case analysis strategies, including the ability to distinguish and  
503 articulate various management and analysis strategies, and apply them as appropriate;  
504  
505 8. Translate the client’s symptoms into repertory language;  
506  
507 9. Evaluate and apply research from materia medica, provings, journals, databases, and  
508 the Internet;  
509  
510 10. Examine the effects of different potencies and their relevance to cases, as well as the  
511 selection of appropriate remedy frequency and method of administration (posology);  
512  
513 11. Identify various types of computer analysis techniques and differentiate their strengths  
514 and weaknesses;  
515  
516 12. Illustrate the value, limitations and use of medical reports in homeopathic case analysis;  
517  
518 13. Evaluate the resources available to clients, helping them assess whether they are able  
519 to make important changes in their lives that may be beneficial;  
520  
521 14. Consider the impact of SDOH, trauma and multi-generational trauma when conducting  
522 case analysis.  
523  
524 15. Fully document all aspects of the case taking, case analysis and case management  
525 process in a manner that is consistent with community-accepted standards.  
526  
527

## 528 *Case Management*

529

530 **Educational Standards**

- 531
- 532 Programs elucidate and expand upon the multi-faceted nature of case management, including:
- 533 A. Management of the practitioner-client relationship;
- 534 B. Homeopathic management of the evolution of the case;
- 535 C. Homeopathic management of the dynamics of the case;
- 536 D. Case write-up, documentation and management of case records.

537

538 The above management competencies, need to be used effectively by all homeopathic

539 practitioners. However, the practitioner-client relationship and case record management

540 will be influenced by the license or regulations, if any, under which each individual

541 practices. Specific class time must be devoted to understanding how traditional case

542 management strategies predominantly focus on Hahnemann's 4<sup>th</sup>, 5<sup>th</sup> and/or 6<sup>th</sup> edition

543 Organon, and how those case management directives are different. At the end of the

544 program, students will be competent and confident in understanding the reasons for the

545 differences in clinical case management directives.

546

547 The curriculum includes the following:

- 548
- 549 1. The student is apprised of examples of community-accepted standards of case
- 550 management. These examples may come from current print and digital homeopathic
- 551 journals or other sources and shall demonstrate accuracy, specificity and
- 552 comprehensiveness.
- 553
- 554 2. During clinical training, the student receives mentoring to develop and refine skills in case
- 555 management and documentation. This must include client interactions, keeping
- 556 appropriate case records, managing the progress of cases, and ways of finding necessary
- 557 information or assistance to achieve the best possible outcome for the client.
- 558
- 559 3. The student is exposed to guidance on case management from respected, experienced
- 560 classical homeopathic authors and teachers, including but not limited to:
- 561
- 562 a. Remedy and potency selection;
- 563
- 564 b. Administration of remedies (low and/or high potencies, frequency);
- 565 First aid
- 566 Acute diseases
- 567 Chronic diseases
- 568
- 569 c. Follow-up evaluation;
- 570 Reaction to the remedy

571 Aggravation  
572 Disruption  
573 Suppression  
574 Palliation  
575 Antidoting  
576 No effect, etc;

577

578 d. Identifying changes in the vital force;

579

580 e. Identifying “direction of cure;”

581

582 f. Identifying “obstacles to cure;”

583

584 g. Remedy selection, dose and repetition

585

586 h. Documentation of case-taking, case analysis and case management.

587

588 4. The student has sufficient opportunities to examine various analysis and case  
589 management approaches illustrating how varying strategies can require the gathering  
590 of different kinds of information.

591

592 5. The student has sufficient opportunity to observe several experienced homeopaths  
593 managing cases, ideally in person, as well as video cases (subject to the permission of the  
594 client). In this aspect of the student’s education, the mentoring homeopath must elucidate  
595 the strengths and weaknesses of the way in which each case was managed, the ways in  
596 which the case management methods were adapted to the situation of the client, etc.

597

598 6. Through reading and experience, the student acquires a thorough understanding of the  
599 way in which attending to a case over a series of visits forms a basis for continued  
600 homeopathic care.

601

602 7. Although the types of records to be kept will vary depending on the practice setting or  
603 professional requirements for each practitioner, the student must understand how to  
604 document appropriate references to medical information provided or mentioned by the  
605 client.

606

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

608

609 1. Practicing effective, attentive, open-minded listening skills;

610 2. Practicing observation skills using all senses;

- 611 3. Using intuition to identify open-ended questions to facilitate a more complete  
612 understanding the client experience;
- 613 4. Maintaining unconditional positive regard;
- 614 5. Employing appropriate, effective and sensitive communication;
- 615 6. Managing the understandable concerns of a client who is not experiencing the level of  
616 result they had hoped for;
- 617 7. Maintaining appropriate aspects of the client confidentiality relationship in situations  
618 where consideration must be given to contacting outside parties, e.g., child protective  
619 services;
- 620 8. Managing situational issues, such as forgetting to follow through on a task for which a  
621 commitment had been made to a client;
- 622 9. Collaborating with others including, health care professionals, clients and families;
- 623 10. Displaying professional demeanor in dealing with clients who are unable or unwilling to  
624 pay, as well as meeting the requirement of the US “No Surprises Act,” including providing  
625 quarterly good faith estimates for services.

626

627

## 628 **Basic Health Sciences**

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### 630 **Educational Standards**

631

632 Accredited institutions and programs must ensure that, prior to graduation, all students have  
633 completed coursework in anatomy & physiology, as well as pathophysiology. Both courses  
634 should be equivalent to 3-credit college courses. The homeopathic institution or program may  
635 provide the coursework directly, or offer students a list of resources where the coursework may  
636 be completed. Completion of both required courses shall be documented on the student  
637 transcript.

638

639 *Please Note: These two, 3-credit courses or their equivalents, do not count toward the required*  
640 *1,000 hours of coursework in Homeopathy. However, discussion of anatomy & physiology and*  
641 *pathophysiology in the context of case taking, case analysis and the study of material medica*  
642 *should be considered part of the 1,000 hours of study.*

643

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

646

- 647 1. Basic sciences relevant to the practice of Homeopathy;
- 648
- 649 2. Human anatomy & physiology, and pathophysiology;
- 650
- 651 3. The nature of the conventional medical model which emphasizes history taking, diagnosis,  
652 treatment and follow-up;



- 653 4. Purpose and significance of commonly administered diagnostic tests;  
654
- 655 5. Major categories of pharmaceutical medications, including their major effects and side  
656 effects;  
657
- 658 6. The potential for pharmaceutical, herbal and nutritional supplement reactions, interactions,  
659 contraindications and side effects and how to access this information;  
660
- 661 7. The basis and need for referral and/or consultation;  
662
- 663 8. The range of biomedical referral resources and the modalities they employ;  
664
- 665 9. The stages of mental, emotional and physical development throughout life;  
666
- 667 10. Functional disorders and pathological processes related to body systems:  
668 Integumentary (skin and connective tissues)  
669 Musculoskeletal  
670 Gastrointestinal  
671 Respiratory  
672 Cardiovascular and hematological  
673 Immunological  
674 Reproductive (including obstetrics)  
675 Urinary  
676 Endocrine  
677 Neurological  
678 Special senses  
679 Mental and emotional  
680
- 681 11. Pathognomonic and individualizing symptoms;  
682
- 683 12. Basic first aid techniques for effective emergency intervention;  
684
- 685 13. Disorders due to physical agents:  
686 Sunburn  
687 Heat stroke  
688 Electric shock  
689 Radiation  
690 High altitude  
691 Environmental pollution  
692 Poisoning, influence of crude medicinal substances and comparable therapeutic  
693 interventions  
694 Drug abuse, nutrition, lifestyle diseases  
695

696 **Consumer Education in Homeopathy**

697

698 Educational Standards

699

700 The educational program prepares students who choose to offer consumer self-care education  
701 classes to understand and appropriately educate consumers to:

702

703 1. Recognize the scope of practice of the four community-recognized credentials:

704 CCH – Certified Classical Homeopath

705 DABHM – Diplomate, American Board of Homeopathic Medicine

706 DHANP – Diplomate, Homeopathic Academy of Naturopathic Physicians

707 RSHom(NA) – Registered, Society of Homeopaths North America

708

709 a. Basic level – formal or informal, first-aid, courses for consumers or home use, self-care,  
710 and family care.

711

712 b. Integrative Health Care Training for Licensed Medical Provider Level – limited certificate  
713 programs for licensed medical providers to integrate Homeopathy into the practice of  
714 medicine within a defined scope of practice.

715

716 c. Professional, Board-certified, Practitioner Level – formal and sequential educational  
717 programs, which include didactic education, clinical observation, clinical practice and  
718 supervision as articulated in the standards and competencies for professional practice  
719 outlined in this document.

720

721 d. Advanced Level – typically integrated within formal and sequential education programs.  
722 Includes advanced clinical training and supervision for professionals-in-training and/or  
723 matriculated experienced professionals, as articulated in the standards and  
724 competencies for professional public practice outlined in this document.

725

726 2. Understand the appropriate scope of consumer education to include:

727 a. Instruction on addressing minor, first aid and self-limiting conditions;

728

729 b. Distinction between homeopathic and non-homeopathic products;

730

731 c. Warnings advising consumers not to attempt to use complex homeopathic treatment  
732 protocols that may be available online or in books to treat complex chronic conditions  
733 for themselves or others without consulting with a professional practitioner;

734

735 d. Warnings advising consumers to avoid treating themselves or others with nosodes,  
736 sarcodes or any remedies in high potencies;

- 737 e. Advising consumers to seek care from a professional practitioner or licensed health care  
738 provider for chronic conditions, and whenever a seemingly minor health condition is not  
739 improving in response to home treatment;  
740
- 741 f. Education about symptoms for which they should seek immediate medical care;  
742
- 743 g. Information about more advanced pathways of study that lead to earning a professional  
744 credential.  
745  
746

## 747 *Ethics and Legality*

748

### 749 **Educational Standards**

750 The educational program integrates opportunities to explore ethical and professional  
751 considerations during didactic and clinical training. Students are provided resources, practical  
752 scenarios and opportunities for personal reflection on these topics. The educational program  
753 prepares students to:

- 754
- 755 1. Become familiar with reliable sources of information on the legality of homeopathic practice  
756 to inform a clear and objective understanding of the national, state and local laws, as well as  
757 regulations affecting the scope of practice of a professional homeopath. The *Homeopathy*  
758 *Practice and the Law: A Guide for Homeopathy Practitioners in the United States and*  
759 *Canada* available on the NASH website is one resource:  
760 [https://mcusercontent.com/99dba9b88562e2305f8d0516b/files/aab52fc5-5374-3fb6-a90f-  
761 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)
  - 762 2. Operate within the political and legal regulations/guidelines appropriate for their level of  
763 education, certification, licensure and jurisdiction of practice;
  - 764 3. Identify and understand each element of the CHC Code of Ethics and/or the code of ethics  
765 which guides their profession;
  - 766 4. Establish their own personal code of ethics, compatible with the code of ethics of the  
767 homeopathic profession and that of health care professions in general;
  - 768 5. Understand how their personal values can limit or support the successful practice of  
769 Homeopathy;
  - 770 6. Be able to set appropriate boundaries with clients that establish standards of behavior for  
771 the practitioner and for the client including, but not limited to, avoiding any form of  
772 sexual misconduct;
  - 773 7. Establish appropriate ways to react to the awareness that a colleague may be impaired  
774 by alcohol, by substance abuse, or by inappropriate self-treatment, including proper  
775 ways to report such concerns to authorities;

- 776 8. Establish appropriate ways to react to the apparent incompetence of a colleague or  
777 situations where a colleague may be practicing outside the scope of his or her legitimate  
778 scope of practice, including proper ways to report such concerns;  
779 9. Establish an understanding of how to distinguish between the legal and ethical aspects of  
780 a situation, when necessary;  
781 10. Safeguard client information in all situations, particularly when using individual client cases  
782 for teaching purposes;  
783 11. Set fees; determine refund and cancellation policies;  
784 12. Appreciate and cultivate professional and collegial relationships, including the  
785 boundaries implicit in these;  
786 13. Understand conflict of interest in terms of financial gain, including appropriate  
787 disclosure to clients, students, conference organizers and peers.  
788  
789

## 790 *Personal and Professional Development*

791

792 Educational programs provide early instruction about a professional homeopath's public role,  
793 including the importance of working collaboratively to advance the profession as a whole, as  
794 well as their individual career. Foundational training encourages the expectation to seek out  
795 lifelong personal and professional development opportunities, especially through professional  
796 organizations.

797

798 Important areas to be covered:

- 799 A. Personal and professional development;  
800 B. Practice promotion, practice management and running a business;  
801 C. Practitioner and client relationship;  
802 D. Speaking publicly.

803

### 804 **A. Personal and Professional Development**

805

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

808

- 809 1. Reflective skills, including but not limited to:  
810 a. Critical analysis;  
811 b. Assessment;  
812 c. Observation, awareness and perception;  
813 d. Research and problem solving;  
814 e. Organizational skills;  
815 f. Self-awareness and self-management;  
816 g. Time management;

- 817 h. Decision making;  
818 i. Awareness of personal belief systems, explicit and implicit bias awareness, e.g.,  
819 awareness of attitudes toward race, culture, nationality, ethnicity, religion,  
820 gender identity and sexuality.  
821
- 822 2. Interpersonal and communication skills, including but not limited to:  
823 a. Self-awareness;  
824 b. Listening skills;  
825 c. Demonstrating empathy and capacity for attunement;  
826 d. Awareness of non-verbal communication, body language, facial expression, etc.  
827 e. Demonstrating trustworthiness;  
828 f. Ability to interact respectfully and non-judgmentally with clients of all  
829 backgrounds, genders and orientations;  
830 g. Appropriate use of intuition in the context of homeopathic practice;  
831 h. Self-confidence;  
832 i. Ability to communicate with a client's family members, healthcare  
833 professionals, colleagues and the media.  
834

- 835 3. Personal health management, including but not limited to:  
836 a. Skills for practitioners preserving their own health, development and well-being;  
837 b. Evaluation of work and life balance;  
838 c. Stress management;  
839 d. Assertiveness;  
840 e. Boundary setting, e.g., client-practitioner relationship, work hours, and  
841 communication management (phone, email, text, social media, etc.);  
842 f. Identifying and developing personal and professional support systems.  
843

## 844 **B. Practice Promotion, Management and Running a Business**

845

846 To ensure the necessary skills for building and maintaining a successful practice, the following  
847 areas are included in the curriculum:  
848

- 849 1. Information about how homeopaths and other healthcare professionals promote their  
850 practices;  
851
- 852 2. Creation of referral networks that include other homeopaths, therapists, doctors,  
853 healthcare professionals, pharmacies, etc;  
854
- 855 3. Development of effective presentation skills in order to deliver introductory talks and  
856 courses on Homeopathy;  
857
- 858 4. Regulatory issues that include:

- 859 a. National and local legislation relating to the healthcare profession and the practice  
860 of Homeopathy;
- 861 b. In accordance with the Americans with Disabilities Act, and other national, state and  
862 local laws, human rights provisions and the CHC Code of Ethics, the professional  
863 homeopath provides care in a manner that does not discriminate on the basis of  
864 race, ethnicity, sexual preference, religion, age or gender identity;
- 865 c. Income tax, other taxes and VAT (Value Added Tax);
- 866 d. Income and expense records;
- 867 e. Managing bank accounts;
- 868 f. National and local insurance or liability requirements for a practitioner; health  
869 insurance schemes for clients;
- 870 g. Registering with a professional association;
- 871 h. Confidentiality issues and awareness of disclosure legislation, i.e., situations in which  
872 client information must be passed on to another party;
- 873 i. National requirements for the maintenance, retention and destruction of client  
874 records;
- 875 j. National requirements for pension contributions and the personal implications of  
876 planning for retirement provisions;
- 877 k. Business licenses by jurisdiction.
- 878

879 **C. Practice management and business development:**

- 880 1. Choosing suitable workplace with regard to the physical design of the practice and client  
881 accessibility;
- 882 2. Maintaining client confidentiality in accordance with professional standards and the law;
- 883 3. Deciding hours, availability and appropriate coverage during times of unavailability;
- 884 4. Managing phone calls, phone messages, email, texting, social media, etc;
- 885 5. Setting fees appropriate to local conditions, and making clear which services are covered  
886 by the fees;
- 887 6. Preparing a regularly monitored business plan, including client fees, costs, salary  
888 expectations, etc;
- 889 7. Demonstrating non-discriminatory, affirming services to people of all races, ethnicities,  
890 religions, sexual orientations and genders;
- 891 8. Record keeping, including appointments, case notes, remedies considered and selected,  
892 etc;
- 893 9. Creating client referrals and a network for reciprocal referrals (other homeopaths,  
894 therapists, doctors, healthcare professionals, homeopathic pharmacies;
- 895 10. Clinical and practice audits to evaluate effectiveness;
- 896 11. Advertising, including business cards, targeted ads, flyers, listings in printed or web- based  
897 directories, local radio stations, newspapers, personal website, social media, etc.
- 898

899 **D. Time management and working hours:**

- 900 1. Planning a weekly schedule including time for client visits, case analysis, client phone  
901 calls and emails, sending out remedies, accessing supervision as needed, case support,  
902 etc.  
903 2. Differentiating clients' demands on time, in order to give priority when appropriate, as  
904 well as set clear professional boundaries.  
905

906 **E. Electronic and data management:**

- 907 1. Data protection legal requirements;  
908 2. Familiarity with repertory software programs;  
909 3. Data back-up and management within jurisdiction requirements.  
910

911 **C. Practitioner/client relationship:**

- 912 1. Booking appointments;  
913 2. Managing the first contact with a client;  
914 3. Succinctly describing the practice framework, i.e., intake and follow-up appointments,  
915 costs, expectations, communication);  
916 4. Tailoring case management to individual client needs;  
917 5. Providing clients with information to help them make their own informed decisions on  
918 wider healthcare and personal welfare issues, while remaining within their scope of  
919 practice.  
920 6. Providing confidential tele-medicine services to clients (including technology  
921 requirements, client connection, assessment, etc.).  
922

923 **D. Speaking Publicly**

924  
925 Education programs include opportunities to hone public speaking skills to fairly, accurately and  
926 succinctly address topics related to the profession, including:  
927

- 928 1. Information on advocacy training and media relations;  
929 2. The importance of adhering to classical Homeopathy best practices;  
930 3. Refraining from public speaking on topics where one's personal expertise is limited.  
931

932  
933 ***Clinical Training***

934  
935 **Educational Standards**

936  
937 Clinical training is an essential requirement of homeopathic education and should be included  
938 as a main focus of the teaching program, running concurrently with theoretical studies  
939 throughout the entire course. In order to gain competence and confidence, the student must  
940 take part in the practical experience of clinical case taking, case analysis and case

941 management under the guidance of faculty, mentors or supervisors who meet the  
942 qualifications outlined in Standard 9 - Faculty Qualifications. The program must provide a  
943 clinical education program of sufficient volume, variety and quality to fulfill its educational  
944 purposes.

945  
946 Reflective of the school's mission, community and outreach efforts, clinical training needs to  
947 provide opportunities for students to observe and take cases across a diverse caseload of  
948 clients, including various races, ethnicities, religions, social classes, sexual preferences and  
949 gender identities. Students should receive training from a variety of faculty members and  
950 clinical supervisors who meet Standard 9 qualifications. The number of faculty and clinical  
951 supervisors should be sufficient to ensure both effective instruction and safe practice.  
952 Programs need to include opportunities for students to observe and practice case-taking in a  
953 variety of formats, which may include video cases, in-person cases and telehealth cases.

954  
955 The skills and attitudes needed in order to be a proficient homeopath are acquired by  
956 practicing them rigorously over time. Students should move through stages from **observation**,  
957 through **group work**, to **independent work**. Progression along the continuum of clinical  
958 training should be closely tied to and dependent upon student assessment practices and  
959 documentation of increasing competence.

960  
961 Under the supervision of a school faculty person or school-affiliated clinical supervisor,  
962 each student shall have primary responsibility for managing a minimum of ten chronic  
963 cases, including responsibility for conducting the initial and a clinically appropriate number  
964 of follow-up appointments within the limits of the academic year and program. This shall  
965 include documenting case taking, completing repertorization, case analysis, remedy  
966 differential considerations, assessing clinical progress and fully preparing the case record.

967  
968 The program and study should address:

- 969
- 970 1. Standards for ethics, collegiality, client relations;
  - 971 2. Professional demeanor;
  - 972 3. Preparation of accurately written case-notes that include details of the client's initial  
973 interview, case analysis, repertorization, remedy differentiation, potency consideration,  
974 remedy response and progress notes;
  - 975 4. Keeping confidential client records following local legal requirements;
  - 976 5. Process for contact with client;
  - 977 6. Process for obtaining informed consent;
  - 978 7. Definition of roles – student, clinic administrator, supervisor;
  - 979 8. Relationship between student and supervisor with clear and appropriate  
980 expectations and boundaries;
  - 981 9. Grievance processes for both students and clients;



- 982 10. Continuity of care;  
983 11. Assessing the preparation of case records and documentation;  
984 12. Use of digital practice management tools;  
985 13. Management of electronic records.

986  
987 A training course shall offer three primary strands that conform to the approaches below:

- 988 1. Clinical training in-class, giving students opportunities to observe faculty, experienced  
989 clinicians, and/or senior students carrying out consultations with clients, including  
990 opportunities to discuss the client's primary complaint and other issues that arise;  
991 2. Clinical training in small groups with a clinical training supervisor, where students  
992 increasingly assume the clinician role. Students should have significant opportunities  
993 to take cases independently under the guidance of a clinical supervisor;  
994 3. Clinical training/externships/independent practicum, one-on-one with a clinical  
995 training supervisor, where the student is in the clinician role. Students should have  
996 significant opportunities to receive direct observation, feedback and guidance from  
997 the clinical supervisor.

998  
999 Many courses include video cases and/or live cases from the beginning of the education.  
1000 Students are required to practice various aspects of case taking, analysis and management  
1001 on a regular basis with increasing levels of complexity and increasing degrees of autonomy.  
1002 Reflective processes and regular supervision with appropriate feedback are important  
1003 tools to ensure continuous honing of these skills.

1004  
1005 While providing the best learning opportunities for students, it is imperative that  
1006 educational course providers carefully consider their responsibility to the clients  
1007 throughout all stages of clinical training. This includes client confidentiality, continuity of  
1008 case management and accurate record keeping, ensuring that high-quality care is given  
1009 at all times.

1010  
1011 **Objectives**

- 1012 1. To acquire the knowledge, practical skills, and professional ethics and attitudes essential  
1013 to clinical practice;  
1014 2. To gain experience in the application and integration of all course components;  
1015 3. To acquire the knowledge and skills needed in order to consider different approaches  
1016 and strategies used by experienced homeopaths;  
1017 4. To establish an individual, flexible framework within which to develop a personal but  
1018 effective approach to case work;  
1019 5. To learn how to record clinical data and participate in clinical research;  
1020 6. To devise personal coping strategies in response to unexpected reactions, demands and  
1021 expectations of clients;  
1022 7. To provide a diversity of professional experiences;

1023 8. To learn how to respond to ethical issues, both during and after the clinical  
1024 intervention.

1025

1026 **Clinical settings**

1027

1028 Clinical education will be most effective if it can be delivered in a variety of settings  
1029 and cover a wide range of issues. For example:

1030

1031 1. Guided and structured observation and analysis of:

1032 a. Faculty or experienced certified practitioners working live in a clinical setting;

1033 b. Video recordings of experienced faculty or certified practitioners taking live cases;

1034 c. Video recordings, or use of synchronous distance learning technology, of students in  
1035 supervision taking live cases.

1036

1037 2. Case taking and case management under supervision of experienced, certified homeopaths  
1038 who meet faculty qualifications outlined in Standard 9:

1039 a. Individually (preceptorship);

1040 b. In a group with peer supervision;

1041 c. Analysis of real and simulated client-practitioner interactions within a group setting.

1042

1043 3. Appropriate management of clients needing referral to conventional medicine including  
1044 those with potentially life-threatening conditions.

1045

1046 4. Hospital training with in-patient clients (where possible).

1047

1048 5. Community settings serving vulnerable individuals (where possible).

1049

1050 In order to develop and refine their own skills and approach, students have opportunities to  
1051 practice case taking with increasing levels of independence, based on supervisor/mentor  
1052 assessment. While video cases provide a tool that allows students to observe the dynamics  
1053 between practitioner and client, they cannot replace actual experience with clients.

1054

1055 Students should submit comprehensive case studies recording details of the client interview,  
1056 case analysis, rubrics and repertorization, remedy differentiation, remedy selection and  
1057 response. Each case study should include at least two follow-up visits for each individual client.  
1058 The program provides sufficient opportunities for the student and supervisor to be in the  
1059 same room or use various synchronous distance learning technologies so that the supervisor  
1060 can observe the dynamics of case taking by the student and provide guidance as necessary.  
1061 Including clinical training throughout the program will enable the student to develop into a  
1062 proficient, safe, confident and competent homeopathic practitioner.

1063 **PART IV: Delivery of Training**

1064

1065 Since the last edition of this document was released in 2013, there has been wide-spread  
1066 adoption of distance education and digital learning technologies in post-secondary  
1067 education. Effective models for delivery of education to prepare professional homeopaths  
1068 now include:

1069

1070 1. Fully in-person programs, with in-person didactic and clinical learning experiences;

1071

1072 2. Blended learning programs that integrate virtual and in-person didactic and clinical  
1073 learning experiences (synchronous and asynchronous); for example, programs that  
1074 offer virtual weekly classes supplemented by an annual in-person program or  
1075 quarterly in-person clinic;

1076

1077 3. Hybrid programs that are structured in a manner such that didactic and clinical  
1078 learning experiences (synchronous and asynchronous) include students who are  
1079 participating in-person and students who are participating virtually;

1080

1081 4. Fully distance learning programs with all didactic and clinical training (synchronous  
1082 and asynchronous) completed virtually and all students attending virtually.

1083

1084 Given the proliferation of online and digital learning tools, platforms and learning  
1085 management systems, as well as the growing role that telehealth plays in expanding access  
1086 to homeopathic care, schools dedicated to preparing professional homeopaths may  
1087 periodically make efforts to assess the distance education and telehealth landscape and  
1088 adopt new technologies and tools that support their specific school philosophy, culture and  
1089 community needs.

1090

1091 **Standards**

1092

1093 1. All schools that prepare professional homeopaths should plan, at a minimum, to  
1094 expose students to the provision of homeopathic care via telehealth. This might  
1095 include opportunities to observe telehealth sessions conducted by an experienced  
1096 practitioner. It also might include opportunities to practice use of telehealth  
1097 modalities in their own cases, or referring students to relevant best-practice  
1098 resources on the provision of telehealth.

1099

1100 2. Schools that incorporate distance education should clearly delineate to prospective  
1101 students:

1102 a. How distance learning technology will be employed in the program;

- 1103           b. All technology requirements needed for full participation in the program;  
1104           c. Any additional costs associated with use of technology as part of the program;  
1105           d. Resources provided by the school to promote digital literacy, available technical  
1106           support to the school community, including students, faculty and staff.  
1107
- 1108           3. Use of distance learning technologies should not be employed sporadically, solely for  
1109           the convenience of students, faculty or staff, but should be used as part of an overall  
1110           planned curriculum and course of study.  
1111
- 1112           4. Institutions and programs that employ distance learning technologies shall take steps  
1113           to ensure that:  
1114           a. All faculty are proficient in and comfortable with all aspects of distance learning  
1115           and digital technology used by the program;  
1116           b. All students are proficient in and comfortable with all aspects of distance learning  
1117           and digital technology used by the program;  
1118           c. Adequate tech support is available to address any issues that may disrupt  
1119           educational activities;  
1120           d. Students attending via distance learning can notify the instructor immediately of any  
1121           malfunction in the technology.  
1122
- 1123           5. Schools that incorporate distance education should have a process in place to  
1124           periodically assess whether distance learning technologies are operating as intended  
1125           without technical malfunction or interruption.  
1126
- 1127           6. Institutions and programs that employ a hybrid model that includes both in-person  
1128           and distance learning students should establish policies and procedures to ensure:  
1129           a. Meaningful participation by all students, including opportunities to ask questions,  
1130           participate in discussion and benefit from the full range of teaching methods  
1131           employed in the classroom;  
1132           b. Faculty monitoring of student progress and their accessibility for students  
1133           questions;  
1134           c. Opportunities for feedback on the use of such technologies.  
1135
- 1136           7. Institutions and programs employing in-person, blended and distance learning  
1137           technologies should routinely evaluate student achievement;  
1138
- 1139           8. Institutions and programs employing distance learning technologies should engage in  
1140           community building activities to promote a unified school community. All students,  
1141           whether distance learning or in-person, should have ample opportunities to build  
1142           meaningful relationships with each other, faculty, administrators and student services  
1143           staff.

1144 9. Institutions and programs employing distance education technologies must have  
1145 processes in place to ensure that both distance-learning and in-person students  
1146 receive the same academic credit. Policies and procedures must be in place to verify  
1147 the identity of a student using methods such as a secure login with pass code,  
1148 proctored examinations.

1149  
1150 10. The institution or program must make clear in writing its practices to protect student  
1151 privacy associated with the verification of student identity at the time of registration  
1152 or enrollment.

1153

### 1154 **Standard 8 – Program of Study Criterion**

1155

1156 The program of study defines a set of outcomes and competencies to be achieved at the  
1157 course and programmatic level, consistent with the overarching goal of preparing students  
1158 for independent practice upon graduation. Procedures exist that guide the program in  
1159 ensuring student success by responding effectively to educational needs and differences,  
1160 thereby encouraging program completion.

1161

1162 Programmatic supports are offered in terms of:

- 1163 • Prompt updates on academic progress;
- 1164 • Efficient and effective opportunities for student queries and coursework submissions;
- 1165 • Structured remediation processes;
- 1166 • An Accommodations Policy that is applied fairly and objectively;
- 1167 • Adequate technology that promotes effective learning practices.

1168

#### 1169 **Criterion 8.1(a) – Clock to Credit Hour Conversion**

1170

1171 Semester hours (i.e., two semesters per year) and quarter hours (i.e., four quarters per year)  
1172 shall be equivalent to the commonly accepted and traditionally defined units of academic  
1173 measurement. In-class and distance education courses are measured by the learning outcomes  
1174 normally achieved through 45 hours of student work for one semester credit or 30 hours of  
1175 student work for one quarter credit.

1176

- 1177 • One full semester credit hour per week for a 15-week semester is 15 hours of academic  
1178 engagement and 30 hours of preparation.\*
- 1179 • One quarter semester credit hour per week for a 10-week semester is 10 hours of  
1180 academic engagement and 20 hours of preparation.\*

1181

1182 *\*Academic engagement = time spent in class or clinic (a/synchronous)*

1183 *Preparation = individual time spent on course readings, study, casework.*

1184 The program’s policies and procedures describe the process that is used to assign and award  
1185 credit hours for courses in conformity with commonly accepted practices in higher education.  
1186

1187 **Guideline:** The program is expected to articulate its curriculum for each academic year,  
1188 identifying semesters, courses and precise clock or credit hours. A credit hour is the  
1189 equivalent of 50 minutes of instruction per week for a specified term or semester.  
1190

1191 **Guideline:** One academic year is defined as at least 30 instructional weeks.  
1192

1193 **Guideline:** The program describes how it regularly assesses the impact of its academic load on  
1194 students. It describes how students are made aware of how a full-time or part-time academic  
1195 load is determined and implemented.  
1196

1197 **Guideline:** If, in rare cases, translation is required for a class taught by an instructor who is  
1198 not fluent in English, the program should provide for an adjustment to the class-to-credit-  
1199 hour ratio to allow for the extra time needed for translation.  
1200

#### 1201 **Criterion 8.1(b) – Program Length/Minimum Time Frame** 1202

1203 Program length in terms of credit hours and the number of courses per semester or quarter  
1204 is sufficient to enable the student to achieve the program's educational objectives and  
1205 should be in accordance with commonly accepted educational practices.  
1206

1207 **Guideline:** The minimum length of the program shall be 1,000 clock hours including a minimum  
1208 of 500 hours of didactic learning and a minimum of 500 hours of clinical training. The latter  
1209 includes clinical observation, case analysis, case management and significant opportunities for  
1210 independent case taking, case write up and documentation, and case management, including  
1211 an appropriate number of follow-up appointments, under the guidance of faculty or a clinical  
1212 supervisor who meets the requirements outlined in Standard 9.  
1213

1214 **Guideline:** The school is responsible for clearly documenting that its program aligns with  
1215 the above minimum requirements for full-time and part-time students.  
1216

#### 1217 **Criterion 8.2 – Completion Designation** 1218

1219 The program awards to each person successfully completing the professional program, a  
1220 certificate or diploma in accordance with both the general practices of higher education  
1221 and the requirements of individual jurisdictions.  
1222

1223 **Guideline:** The preferred designation for an individual completing a course of study is a  
1224 ***Professional Homeopathic Practitioner*** diploma or certificate.

1225 **Criterion 8.3 – Program Consistency**

1226

1227 The program must offer a course of study consistent with, and clearly related to, its  
1228 mission statement and educational objectives.

1229

1230 **Guideline:** The program describes how its learning structure and course level outcomes support  
1231 its stated mission related to the preparation of professional homeopaths for independent  
1232 practice.

1233

1234 **Criterion 8.4 – Appropriate Level of Instruction**

1235 The program is appropriate to an institution of higher education offering a post-secondary  
1236 professional diploma level homeopathy program. The program is sufficiently rigorous in  
1237 breadth and depth, as well as appropriate to the education and training of homeopathic  
1238 practitioners for independent practice upon graduation.

1239

1240 **Guideline:** The program describes the competencies obtained in relation to the knowledge,  
1241 skills and attributes of the practitioner of Homeopathy (as defined in the *Educational*  
1242 *Standards and Practice Competencies for the Professional Practitioner of Homeopathy in*  
1243 *North America* document).

1244

1245 **Guideline:** Allocated credits are consistent with commonly accepted practice at the post-  
1246 secondary level of education.

1247

1248 **Guideline:** Program graduation requirements are adequately described and provided to  
1249 students prior to enrollment.

1250

1251 **Guideline:** Program length and delivery mechanisms are made clear to students prior to  
1252 enrollment.

1253

1254 **Guideline:** The program describes how its content and rigor appropriately culminate in the  
1255 achievement of clearly identified student learning outcomes, including capacity for  
1256 independent practice upon graduation, and the diploma or certificate offered.

1257

1258 **Guideline:** The curriculum and instructional materials are comprehensive and supported by  
1259 traditional evidence, as well as contemporary scientific research and practice. Their  
1260 organization and presentation reflect sound principles of learning and are offered in a  
1261 prescribed sequence to maximize student learning.

1262

1263 **Guideline:** Programs define and engage in a regular cycle of review of the curriculum and  
1264 instructional materials and modify them in line with new clinical, research or professional  
1265 developments and requirements, including those found in the *Educational Standards and*

1266 ***Practice Competencies for the Professional Practitioner of Homeopathy in North America***  
1267 document.

1268  
1269 **Guideline:** The program provides the requisite education and training in a manner that allows  
1270 the student to master increasingly complex didactic and clinical knowledge, provides significant  
1271 opportunities for independent case taking, requires students to fully write up and document at  
1272 least ten independently taken cases, and includes observation and assessment of these cases  
1273 by qualified faculty or clinical supervisor, as defined in Standard 8.

1274  
1275 **Guideline:** The program describes and evaluates how it establishes a community of learning for  
1276 in-class and online learning environments. The program evaluates the quality and effectiveness  
1277 of that community.

1278  
1279 **Criterion 8.5 – Off-Campus Training**

1280  
1281 If components of the program are conducted at external sites, academic leadership ensures  
1282 that all educational components of the program are able to demonstrate the same standards  
1283 as those offered at the main campus. Academic leadership is responsible for the maintenance  
1284 of high standards of both educational quality and the faculty at these sites.

1285  
1286 **Criterion 8.6 – Use of Distance Education**

1287  
1288 ACHENA accredited programs that employ distance education clearly delineate the type  
1289 and features of the distance learning technology being used.

1290  
1291 **Note:** Teaching clinics that make use of a camera in one room and observing students in  
1292 the next room via video feed or one way mirror are not considered to be using distance  
1293 education technology.

1294  
1295 **Guideline:** All curriculum and instructional materials are appropriately designed and presented  
1296 for distance education. Online materials sufficiently support the curriculum and are delivered  
1297 using readily available, reliable technology.

1298  
1299 **Guideline:** Programs take steps to ensure that the faculty is fully familiar with, proficient in,  
1300 and comfortable with the use of the technology for teaching purposes. Schools provide  
1301 ongoing digital literacy training for faculty. Faculty oversight ensures that instructors make  
1302 appropriate use of the technology available.

1303  
1304 **Guideline:** Programs take steps to ensure that students are fully familiar with, proficient in,  
1305 and comfortable with, the use of the technology. Schools provide ongoing digital literacy  
1306 training and support for students. Regular and documented check-ins provide assurance that



1307 the technology is appropriately used.

1308

1309 **Guideline:** Programs ensure that synchronous activities are supported by widely circulated  
1310 policies and procedures to allow for meaningful participation by distance students in all  
1311 classroom activities. These may include: providing sufficient opportunity to pose questions,  
1312 using breakout sessions, allowing for full participation in class discussions, providing for group  
1313 work, and otherwise benefiting from the full range of teaching methods generally employed in  
1314 a classroom setting.

1315

1316 **Guideline:** Asynchronous teaching should be supported by policies and procedures. Faculty  
1317 should encourage these students' engagement and monitor their progress, be accessible to  
1318 effectively respond to student questions and maintain regular contact with students via phone,  
1319 email or other media.

1320

1321 **Guideline:** Use of distance learning technologies are formally integrated into the program as  
1322 an integral part of the overall curriculum planning process, as well as the course of study.

1323

1324 **Guideline:** Programs will evaluate online student engagement separate from in-class  
1325 engagement in cases where both types of participation are available.

1326

1327 **Guideline:** Programs demonstrate students' ability to notify instructors or moderators  
1328 immediately upon any technology malfunction. Periodic monitoring of distance learning  
1329 technologies ensures proper operation as intended without technical malfunction or  
1330 interruption.

1331

1332 **Guideline:** Community building activities to promote a unified online school community  
1333 comprise a regular part of the educational experience. Ample opportunity exists for students  
1334 to build meaningful relationships with each other, faculty and staff.

1335

### 1336 **Criterion 8.6(a) – Verification of Student Identity**

1337

1338 Programs are able to demonstrate how the student who registers in a distance education  
1339 course or program is the same as a student who participates in and completes the course or  
1340 program and receives the academic credit.

1341

1342 **Guideline:** The program has policies and procedures in place to verify the identity of a student  
1343 who participates in coursework by using methods such as:

- 1344 • a secure login and pass code;
- 1345 • proctored examinations;
- 1346 • other technologies for verifying student identity.

1347

1348 **Criterion 8.6(b) – Informing ACHENA of significant increase in student enrollment**  
1349 If the inclusion of distance learning into the course of study results in an increase in student  
1350 enrollment of greater than 50 percent (50%), the institution or program must report this  
1351 increase to ACHENA within 10 days of the increased level of student registration.

1352  
1353 **Criterion 8.6(c) – Informing students of additional fees for distance education**  
1354 Programs employing distance learning technologies inform students during the application  
1355 process of any required equipment for participating in distance learning, i.e., computer,  
1356 speakers, internet access, etc. Any additional fees should also be explained as part of the  
1357 application process before student enrollment.

1358  
1359 **Criterion 8.7 – Syllabus**

1360  
1361 The syllabus is prepared, distributed and filed in the program's curriculum files and must  
1362 contain at least the following:  
1363 1. The purpose of the course;  
1364 2. Course prerequisites;  
1365 3. Specific course objectives;  
1366 4. Method(s) of instruction;  
1367 5. Course requirements including due dates, e.g., papers, projects, examinations;  
1368 6. Course assessment and grading system;  
1369 7. Required and recommended reading lists.

1370  
1371 **Guideline:** The syllabus is made widely available so that faculty members and/or academic  
1372 heads are familiar with the full program, enabling better integration of individual course  
1373 material.

1374  
1375 **Guideline:** Instruction methods for online delivery must be specified.

1376  
1377 **Criterion 8.8 – Clinical Training**

1378  
1379 Clinical training consists of clinical observation and the supervised care of clients which  
1380 leads the student through gradually increasing levels of responsibility and independence in  
1381 case taking and case management. These skills should grow sequentially to graduate a  
1382 functionally independent practitioner. The program provides a clinical education program of  
1383 sufficient length, variety and quality to fulfill its educational purposes. Programs ensure that  
1384 distance learning students have sufficient opportunities for live, synchronous clinical  
1385 observation of experienced clinicians or senior students taking, analyzing and managing  
1386 cases in a teaching clinic.

1387  
1388 **Guideline:** The number of clinical supervisors is sufficient to ensure effective instruction of,

1389 and safe practice by students. Students receive training from a variety of clinical faculty  
1390 members.

1391

1392 **Criterion 8.9 – Clinical Observation**

1393

1394 The program assures that each student fulfills at least 250 clock hours observing clinical  
1395 practice. This may include a mix of clinical observation via use of:

1396

- 1397 1) Asynchronous distance learning technologies or recorded cases of expert practitioners  
1398 taking and managing cases. This category of clinical observation cannot comprise more  
1399 than 100 hours;
- 1400 2) Synchronous distance learning technology to observe experienced practitioners and senior  
1401 students performing case taking and managing cases;
- 1402 3) Live, direct observation of experienced clinicians or senior students in the school’s teaching  
1403 clinic.

1404

1405 **Guideline:** Clock hours involve active participation with a clinical instructor or client—not the  
1406 time spent on analysis. Calculation of hours and credits is done in a manner consistent with  
1407 current practices in post-secondary clinical training programs.

1408

1409 **Guideline:** Programs provide ample, meaningful clinical observation opportunities for all  
1410 students.

1411

1412 **Criterion 8.10 – Supervised Clinical Practice**

1413

1414 The program ensures that each student completes a minimum of 250 clock hours of direct  
1415 clinical practice. The clinical training progresses in such a manner that affords students with  
1416 increasing responsibility for live, independent, in-person or virtual individual case-taking, case  
1417 analysis and case management with appropriate levels of supervision.

1418

1419 **Guideline:** Calculation of hours and credits is done in a manner consistent with post-secondary  
1420 clinical training programs.

1421

1422 **Guideline:** Under the supervision of a school faculty person or school-affiliated clinical  
1423 supervisor, each student shall have primary responsibility for managing a minimum of ten  
1424 chronic cases, including responsibility for conducting the initial and a clinically appropriate  
1425 number of follow-up appointments within the limits of the academic year and program.  
1426 This shall include documenting case taking, completing repertorization, case analysis,  
1427 remedy differential considerations, assessing clinical progress and fully preparing the case  
1428 record.

1429

1430 **Guideline:** Student assessment practices ensure that students are prepared for independent  
1431 case taking and analysis before the student enters this level of training.

1432

### 1433 **Criterion 8.11 – Student Participation in Provings**

1434

1435 If programs engage in homeopathic provings, they establish clear policies and procedures  
1436 regarding student participation in provings conducted by the program.

1437

1438 **Guideline:** Student participation in school-sponsored provings is voluntary only, due to the  
1439 potential for conflict of interest. Student agreement requires appropriate documentation via a  
1440 written informed consent process that includes a clear description of the risks and benefits of  
1441 participating in the proving.

1442

1443 **Guideline:** A research committee consisting of academic, clinical and administrative  
1444 representatives, reviews and approves each proving before it is initiated. Institutional Review  
1445 Board (IRB) approval may be considered.

1446

1447 **Guideline:** Student or faculty withdrawal from a proving at any time will have no bearing on  
1448 their status within the overall program of study.

1449

### 1450 **Criterion 8.12 – Professional Competencies**

1451

1452 The program of study must lead to the professional competencies as identified in the  
1453 *Educational Standards and Practice Competencies for the Professional Practitioner of*  
1454 *Homeopathy in North America* and are attained through learning experiences included in the  
1455 curriculum and/or approved adjunct programs.

1456

### 1457 **Criterion 8.13 – Continuing Education**

1458

1459 When continuing education programs and special instructional activities are offered,  
1460 provision for such activities includes an adequate administrative structure, a sound financial  
1461 base and appropriate facilities. Continuing education courses cannot be converted to usable  
1462 hours that will meet the program's graduation requirements.

1463

### 1464 **Criterion 8.14 – Council for Homeopathic Certification (CHC) Exam and Rates**

1465

1466 Given that the Certified Classical Homeopath (CCH) credential is the standard for  
1467 professional practitioners in our community, schools are prepared to educate students  
1468 about the importance of national certification and sitting for the exam. Resources related  
1469 to the certification exam are found on the CHC website at:

1470 <https://www.homeopathicdirectory.com/examresources>. If the program's CHC

1471 certification exam pass-rate falls below seventy percent (70%), ACHENA shall review the  
1472 program to determine if it remains in compliance with the accreditation criteria.

1473 **Appendix 2: List of Homeopathic Remedies**

1474  
1475 From the more than 2,000 existing homeopathic remedies, the following list of 155 remedies is  
1476 recommended for initial study as the most used and useful ones. This is the study list that has  
1477 been used by the Council for Homeopathic Certification for many years. The list is not  
1478 exhaustive, restrictive or imperative and may be adapted to the specific environment. In  
1479 addition, homeopathic practitioners should, over time, become familiar with additional  
1480 remedies as they prove helpful to the management of a wider variety of cases. This list of  
1481 homeopathic remedies is neither complete nor does it suggest that all the remedies listed must  
1482 be taught. Some schools will teach more remedies, others fewer. *For a perspective on the goals*  
1483 *for studying remedies, see the COMPETENCIES portion of Section D – Homeopathic Materia*  
1484 *Medica.*

1485  
1486 **Study List of Homeopathic Remedies**

1487

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 fluor.
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 Cruda	Colchicum
Colocynthis	Conium	Crocus sativus
Crotalus horridus	Cuprum metallicum	Cyclamen
Digitalis	Drosera	Dulcamara
Elaps	Equisetum	Eupatorium perf.
Euphrasia	Ferrum met.	Ferrum phos.
Fluoric 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 metallicum	Plumbum metallicum	Podophyllum
Psorinum	Pulsatilla	Pyrogenium

Ranunculus bulbosa	Rhus toxicodendron	Rumex crispus
Ruta graveolens	Sabadilla	Sabina
Sambucus nigra	Sanguinaria	Sarsaparilla
Sepia	Silicea	Spigelia
Spongia tosta	Stannum metallicum	Staphysagria
Stramonium	Sulphur	Sulphuric acid
Symphytum	Syphilinum	Tabacum
Tarentula cubensis	Tarentula hispania	Thuja
Tuberculinum	Urtica urens	Veratrum album
Viburnum	Zincum metallicum	

1488



1489 **Appendix 6: Signs and Symptoms Suggesting Referral to Another**  
1490 **Medical Provider**

1491  
1492 **Introduction**

1493  
1494 The following guidelines are provided as a sample template and are not complete.  
1495 Homeopathic practitioners are encouraged to include medical providers in the healthcare team  
1496 for clients. Practitioners will want to consider the severity, duration and intensity of the client's  
1497 symptoms. When any symptom is of concern, appropriate referral for diagnosis and treatment is  
1498 suggested along with homeopathic care.

1499  
1500 **Newborns (0 – 6 weeks)**

1501  
1502 **Suggest that client seek medical advice without delay**

- 1503
- 1504 • Fever > 99.5 F (37.5 C)
  - 1505 • Unexplained ecchymosis
  - 1506 • Trouble breathing
  - 1507 • Blue skin
  - 1508 • Vomiting > 4 oz
  - 1509 • Diarrhea
  - 1510 • Black stool
  - 1511 • Blood in stool
  - 1512 • Lethargy
  - 1513 • Stopped nursing/feeding
  - 1514 • Skin bruising
  - 1515 • Yellow discoloration of skin
  - 1516 • Passing out/loss of consciousness
  - 1517 • Suspected child abuse or neglect – *refer to appropriate authorities*

1518  
1519 **Suggest seeking additional medical advice**

- 1520
- 1521 • Eye discharge
  - 1522 • Umbilical inflammation/discharge
  - 1523 • Cough
  - 1524 • Vomiting < 4 oz
  - 1525 • No bowel movement > 48 hours
  - 1526 • Difficulty nursing/feeding
  - 1527 • Skin rash

- 1528 • Failure to move a limb
- 1529 • Unusual or prolonged crying

1530

1531 **Infants (6 Weeks – 24 Months)**

1532

1533 Suggest that client seek additional medical advice without delay

1534

- 1535 • Fever > 102 F (38.8 C)
- 1536 • Neck stiffness
- 1537 • Passing out/loss of consciousness
- 1538 • Redness of eye or around eye
- 1539 • Ear discharge
- 1540 • Nose bleeding
- 1541 • Throat or tongue swelling
- 1542 • Cough > 5 seconds episodes
- 1543 • Trouble breathing
- 1544 • Excessive vomiting > 8 oz in 24 hours
- 1545 • Excessive diarrhea > 4x in 24 hours
- 1546 • Blood or black in bowel movement
- 1547 • Sudden or severe abdominal pain
- 1548 • Blood in urine
- 1549 • Balance or coordination issues
- 1550 • Fainting spells
- 1551 • Shaking spells
- 1552 • Sudden skin rash (< 48 hours)
- 1553 • Suspected child abuse or neglect – *refer to appropriate authorities*

1554

1555 Suggest that client seek additional medical advice

1556

- 1557 • Prolonged fever < 102 F (38.8 C), > 2 days
- 1558 • Misshaped head
- 1559 • Eye discharge
- 1560 • Eyes not aligned
- 1561 • Ear pain or pulling
- 1562 • Hearing loss or concerns
- 1563 • Nose discharge prolonged (> 3 days)
- 1564 • Nose discharge with odor or color, other than white/clear
- 1565 • Sore throat
- 1566 • Cough > 2 Days

- 1567 • Recurring cough
- 1568 • Recurring vomiting
- 1569 • Diarrhea < 4x in 24 hours
- 1570 • Bowel movements less than once every other day
- 1571 • Foul smelling urine
- 1572 • Diminished urination
- 1573 • Failure to move a limb
- 1574 • Lump on skin, bone or other tissue
- 1575 • Maternal or practitioner concerns about speed of development
- 1576 • Skin rash
- 1577 • Slow growth or loss of weight

1578

1579 **Children (2 – 10 years)**

1580

1581 **Suggest that client seek medical advice without delay**

1582

- 1583 • Fever > 102 F (38.8 C)
- 1584 • Neck stiffness
- 1585 • Sudden or severe headaches
- 1586 • Redness of eye or around eye
- 1587 • Ear discharge
- 1588 • Nose bleeding
- 1589 • Throat or tongue swelling
- 1590 • Cough > 10 seconds episodes
- 1591 • Trouble breathing
- 1592 • Excessive vomiting > 4x in 24 hours
- 1593 • Excessive diarrhea > 5x in 24 hours
- 1594 • Blood or black in bowel movement
- 1595 • Sudden or severe abdominal pain
- 1596 • Blood in urine
- 1597 • Vaginal discharge or bleeding
- 1598 • Balance or coordination issues
- 1599 • Fainting spells
- 1600 • Shaking spells
- 1601 • Passing out/loss of consciousness
- 1602 • Sudden skin rash (< 48 hours)
- 1603 • Suspected child abuse or neglect – *refer to appropriate authorities*
- 1604 • Suicidal thoughts or attempts

1605

1606 Suggest that client seek additional medical advice

1607

- 1608 • Prolonged fever < 102 F (38.8 C), > 2 days
- 1609 • Prolonged or recurring headaches
- 1610 • Eye discharge
- 1611 • Eyes not aligned
- 1612 • Ear pain
- 1613 • Nose discharge prolonged (> 3 days)
- 1614 • Nose discharge with odor or color, other than white/clear
- 1615 • Sore throat
- 1616 • Cough > 2 days
- 1617 • Recurring cough
- 1618 • Recurring vomiting
- 1619 • Diarrhea < 5x in 24 hours
- 1620 • Bowel movements less than once every other day
- 1621 • Persistent or recurring abdominal pain
- 1622 • Foul smelling urine
- 1623 • Bed wetting after 5 years of age or after becoming continent through the night
- 1624 • Pain with urination
- 1625 • Joint or limb swelling
- 1626 • Refusal or failure to move or use a limb
- 1627 • Lump on skin, bone or other tissue
- 1628 • Swelling of joint(s)
- 1629 • Maternal or practitioner concern about speed of development
- 1630 • Slow growth or loss of weight
- 1631 • Skin rash
- 1632 • Tick bites
- 1633 • Excessive fears
- 1634 • Prolonged temper tantrums or breath holding

1635

1636 **Adolescent (10 to 18 years)**

1637

1638 Suggest that client seek medical advice without delay

1639

- 1640 • Fever > 102 F (38.8 C)
- 1641 • Neck stiffness
- 1642 • Sudden or severe headaches
- 1643 • Ear discharge
- 1644 • Nose bleeding

- 1645 • Throat or tongue swelling
- 1646 • Cough > 10 seconds episodes
- 1647 • Trouble breathing
- 1648 • Excessive vomiting > 4x in 24 hours
- 1649 • Excessive diarrhea > 5x in 24 hours
- 1650 • Blood or black in bowel movement
- 1651 • Blood in urine
- 1652 • Vaginal or penile discharge
- 1653 • Prolonged or excessive vaginal bleeding
- 1654 • Balance or coordination troubles
- 1655 • Fainting spells
- 1656 • Shaking spells
- 1657 • Passing out/loss of consciousness
- 1658 • Unable to use extremity properly
- 1659 • Sudden skin rash (< 48 hours)
- 1660 • Suspected child abuse or neglect – *refer to appropriate authorities*
- 1661 • Suicidal thoughts or attempts
- 1662 • Suspected drug dependency
- 1663 • Suspected drug or alcohol intoxication

1664

1665 Suggest that client seek additional medical advice

1666

- 1667 • Prolonged fever < 102 F (38.8 C), > 2 days
- 1668 • Prolonged or recurring headaches
- 1669 • Eye discharge
- 1670 • Redness of eye or around eye
- 1671 • Ear pain
- 1672 • Hearing loss or concerns
- 1673 • Nose discharge prolonged (> 3 days)
- 1674 • Nose discharge with odor or color, other than white/clear
- 1675 • Sore throat
- 1676 • Chest pain
- 1677 • Cough > 2 days
- 1678 • Recurring cough
- 1679 • Recurring vomiting
- 1680 • Diarrhea < 5x in 24 hours
- 1681 • Bowel movements less than once every other day
- 1682 • Foul smelling urine
- 1683 • Pain with urination

- 1684 • Premenstrual difficulties
- 1685 • Light-headedness
- 1686 • Lump on skin, bone or other tissue
- 1687 • Swelling of joint(s)
- 1688 • Back pain
- 1689 • Skin rash
- 1690 • Slow growth or loss of weight
- 1691 • Tick bites
- 1692 • Excessive fears or anxiety
- 1693 • Social isolation
- 1694 • Report or suspicion of drug/alcohol abuse
- 1695 • Purposeful vomiting or laxative abuse

1696

1697 **Adult (18 – 60 years)**

1698

1699 Suggest that client seek medical advice without delay

1700

- 1701 • Fever > 102 F (38.8 C)
- 1702 • Neck stiffness
- 1703 • Sudden or severe headaches
- 1704 • Passing out/loss of consciousness
- 1705 • Loss of vision
- 1706 • Ear discharge
- 1707 • Nose bleeding
- 1708 • Throat or tongue swelling
- 1709 • Chest pain
- 1710 • Left arm or jaw pain
- 1711 • Rapid heartbeat or persisting palpitation
- 1712 • Trouble breathing
- 1713 • Excessive vomiting > 4x in 24 hours
- 1714 • Excessive diarrhea > 5x in 24 hours
- 1715 • Blood or black in bowel movement
- 1716 • Sudden or severe abdominal pain
- 1717 • Blood in urine
- 1718 • Prolonged or excessive vaginal bleeding
- 1719 • Red and swollen joint
- 1720 • Sudden skin rash (< 48 hours)
- 1721 • Balance or coordination issues
- 1722 • Fainting spells

- 1723 • Shaking spells
- 1724 • Sudden weakness or numbness of extremity
- 1725 • Suicidal thoughts or attempts
- 1726 • Suspected drug dependency
- 1727 • Suspected drug or alcohol intoxication
- 1728
- 1729 Suggest that client seek additional medical advice
- 1730
- 1731 • Prolonged fever < 102 F (38.8 C), > 2 days
- 1732 • Prolonged or recurring headaches
- 1733 • Eye discharge
- 1734 • Ear pain
- 1735 • Hearing loss or concerns
- 1736 • Nose discharge prolonged (> 3 days)
- 1737 • Nose discharge with odor or color, other than white/clear
- 1738 • Sore throat
- 1739 • Palpitations
- 1740 • Cough > 3 days
- 1741 • Recurring cough
- 1742 • Recurring vomiting
- 1743 • Diarrhea < 5x in 24 hours
- 1744 • Bowel movements less than once every other day
- 1745 • Persistent change in bowel movements
- 1746 • Persistent or recurring abdominal pain
- 1747 • Foul smelling urine
- 1748 • Pain with urination
- 1749 • Lump on skin, bone or other tissue
- 1750 • Swelling of joint(s)
- 1751 • Back pain
- 1752 • Skin rash
- 1753 • Tick bites
- 1754 • Light-headedness
- 1755 • Change in vision or hearing
- 1756 • Weakness or numbness in an extremity (not sudden)
- 1757 • Unexplained weight loss
- 1758 • Excessive fears or anxiety
- 1759 • Social isolation
- 1760 • Report or suspicion of drug/alcohol abuse
- 1761 • Purposeful vomiting or laxative abuse

- 1762 • Persistent sad mood
- 1763 • Loss of energy and motivation
- 1764 • Sexual difficulties

1765

1766 **Pregnancy**

1767

1768 **Suggest that client seek medical advice without delay**

1769

1770 Same list as adults, plus the following:

- 1771 • Loss of weight
- 1772 • Prolonged vomiting
- 1773 • Decreased movement of baby
- 1774 • Fall or injury to abdomen
- 1775 • Vaginal bleeding
- 1776 • Vaginal discharge
- 1777 • Abdominal pains
- 1778 • Sudden onset of leg swelling late in pregnancy

1779

1780 **Suggest that client seek additional medical advice**

1781

- 1782 • Unable to gain weight
- 1783 • Persistent nausea

1784

1785 **Senior (Over age 60)**

1786

1787 **Suggest that client seek medical advice without delay**

1788

- 1789 • Fever > 102 F (38.8 C)
- 1790 • Neck stiffness
- 1791 • Sudden or severe headaches
- 1792 • Passing out/loss of consciousness
- 1793 • Loss of vision
- 1794 • Ear discharge
- 1795 • Nose bleeding
- 1796 • Throat or tongue swelling
- 1797 • Chest pain
- 1798 • Left arm or jaw pain
- 1799 • Rapid heartbeat or persisting palpitation
- 1800 • Trouble breathing
- 1801 • Excessive vomiting > 4x in 24 hours
- 1802 • Excessive diarrhea > 5x in 24 hours



- 1803 • Blood or black in bowel movement
- 1804 • Blood in urine
- 1805 • Prolonged or excessive vaginal bleeding
- 1806 • Red and swollen joint
- 1807 • Sudden skin rash (< 48 hours)
- 1808 • Balance or coordination issues
- 1809 • Fainting spells
- 1810 • Shaking spells
- 1811 • Sudden weakness or numbness of extremity
- 1812 • Suicidal thoughts or attempts
- 1813 • Suspected drug dependency
- 1814 • Suspected drug or alcohol intoxication
- 1815 • Suspected elder abuse – *refer to appropriate authorities*

1816

1817 Suggest that client seek additional medical advice

1818

- 1819 • Prolonged fever < 102 F (38.8 C), > 2 days
- 1820 • Prolonged or recurring headaches
- 1821 • Eye discharge
- 1822 • Ear pain
- 1823 • Hearing loss or concerns
- 1824 • Nose discharge prolonged (> 3 days)
- 1825 • Nose discharge with odor or color, other than white/clear
- 1826 • Sore throat
- 1827 • Palpitations
- 1828 • Cough > 2 days
- 1829 • Recurring cough
- 1830 • Recurring vomiting
- 1831 • Diarrhea < 5x in 24 hours
- 1832 • Bowel movements less than once every other day
- 1833 • Persistent change in bowel movements
- 1834 • Foul smelling urine
- 1835 • Pain with urination
- 1836 • Lump on skin, bone or other tissue
- 1837 • Swelling of joint(s)
- 1838 • Back pain
- 1839 • Skin rash
- 1840 • Tick bites
- 1841 • Light-headedness
- 1842 • Change in vision or hearing
- 1843 • Weakness or numbness in an extremity (not sudden)
- 1844 • Unexplained weight loss

- 1845 • Excessive fears or anxiety
- 1846 • Social Isolation
- 1847 • Report or suspicion of drug/alcohol abuse
- 1848 • Persistent sad mood
- 1849 • Loss of energy and motivation
- 1850 • Sexual difficulties