



Accreditation Commission for Homeopathic Education in North America

Eligibility and Accreditation Manual

Structure, Scope, Eligibility Requirements
and Accreditation Standards

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Preface

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

The higher education community recognizes the following purposes of accreditation:

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

A Note About the Practice of Homeopathy and the Range of Professional Homeopaths:

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

1.0 The Accreditation Commission for Homeopathic Education in North America

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

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

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

1.1 The Structure of ACHENA

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

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

Meetings of the ACHENA non-profit Board of Directors, take place at least six times per year and the full Commission meets at least twice a year. Meetings to determine policy and to take action on programs are closed. ACHENA reserves the right to invite guests to provide consultation to the Commission as needed. ACHENA has free standing committees as required to conduct the organization's business. The Commission may establish special committees as necessary. ACHENA reserves the right to make changes at any time to its policies, procedures and processes governing the accreditation review process. ACHENA has an established public comment process to provide stakeholders and the general public with

an opportunity for review and input regarding ACHENA's accreditation standards, policies, procedures and processes. Accredited schools and candidates for accreditation will be given a reasonable length of time to comply with any changes in standards. ACHENA publishes an updated listing on its website of all accredited programs.

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

The Commission accredits the Master's Degree in Homeopathy or the Professional Homeopathic Practitioner certificate or diploma program, as well as freestanding institutions and colleges of homeopathy that offer such programs. ACHENA accredits schools that prepare professional homeopathic practitioners via educational programs that are at least 1,000 hours in length. Programs may be delivered in any of the following three formats: 1) in-person, 2) blended learning (i.e. combination of in-person and distance learning), and 3) distance learning.

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

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

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

1.2.2 Institutional Accreditation

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

1.2.3 Programmatic Accreditation

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

1.2.4 Multi-Purpose Institutions

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

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

1.2.5 Abbreviated Programs

An institution offering a professional master's level or professional homeopathic practitioner diploma or certificate program in homeopathy leading to competency as an independent practitioner, may not offer a parallel professional program with lesser requirements that leads to the Master's Degree in Homeopathy or Professional Homeopathic Practitioner certificate or diploma. All programs offered for the purpose of training a professional homeopath for entry level independent practice must be at the professional master's degree level.

1.2.6 Unapproved Programs

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

1.2.7 Degree-Granting Status

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

1.2.8 Correspondence Programs

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

2.0 The Accreditation Process

Accreditation is a voluntary process. In the process, ACHENA assesses the extent to which the institution and its programs achieve their mission, goals, objectives as well as institutional/programmatic and student learning outcomes. The accreditation process provides a structure under which the institution/program can continually assess its effectiveness relative to ACHENA standards. For ACHENA to review a program for accreditation, the program (and the institution in which it resides) must fall within ACHENA's scope of accreditation (See, Section 1.2). The initial accreditation process consists of two distinct, yet related processes: the Eligibility Process, whose objective is Candidacy for Accreditation, and the Self- Study Process, whose objective is Accreditation.

3.0 Distinguishing Eligibility and Accreditation Standards and Criteria

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

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

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

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

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

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

3.1 The Eligibility Process

The process for achieving Candidacy with ACHENA has two steps:

1. Completion of the ACHENA Initial Application for Accreditation; and
2. Submission of the Eligibility Packet documenting that the institution or program

meets all eligibility requirements and is prepared to undertake a comprehensive self-study in relationship to ACHENA's accreditation standards.

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

1. The program is in compliance with the Commission's Eligibility and Initial Curriculum review standards and is working toward complying fully with the Standards and Criteria for Accreditation.
2. The program is capable of undertaking and completing the self-study process required for accreditation within three years of achieving Candidacy status.
3. The program provides documented evidence that it is making progress towards accomplishing its stated objectives and has a plan for assessing its effectiveness and program and student learning outcomes.

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

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

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

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

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

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

3. The course of study provided is congruent with ACHENA's Program of Study as defined in Standard 8 of the ACHENA Accreditation Manual. A syllabus is in place that minimally describes learning objectives, topics to be covered, teaching modalities, resources/ reference material, out of class assignments and assessment methods used to evaluate learning outcomes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rationale: To be successful, distance learning programs must have resources to ensure

faculty and students can effectively use the technology as intended.

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

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

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

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

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

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

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

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

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

establishing eligibility.

Note to Standard # 1:

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

4.1 Review of Initial Applications and Eligibility Packets

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

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

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

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

Upon being granted candidacy, institutions and programs begin an institution wide self-study

with regards to the full accreditation standards outlined below. The intent of the self-study is to demonstrate that:

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

Standard 1 - Mission Statement

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

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

Criterion 1.1 - Description

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

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

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

Criterion 1.2 - Educational Goals and Objectives

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

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

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

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

Criterion 1.3 - Strategic Planning and Review Process

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

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

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

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

Standard 2 - Legal Organization

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

Criterion 2.1 - Off-campus control

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

Criterion 2.2 - Organizational types eligible for accreditation

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

Standard 3 - Governance

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

Criterion 3.1 - Membership

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

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

Guideline: The Governing Board is responsible for selecting a highly qualified Chief Executive Officer, Executive Director, Chief Administrator or President to oversee the day-to-day operations of the institution.

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

Guideline: Governing board members and their qualifications are ~~depicted~~ listed on the institution's website.

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

Criterion 3.2 - Role

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

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

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

financial stability and reviewing and approving the annual budget, approving major program changes and playing a major role in the development of external relations.

Criterion 3.3 - Bylaws, Policies and Procedures

The governing/advisory board presides over a set of bylaws and a clearly defined set of board and operational policies that explain the power, duties, meeting schedule, membership requirements, terms of office, and responsibilities of the governing bodies. These address all facets of the operation of the institution including the minimization of legal, operational and financial risk.

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

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

Standard 4 - Administration

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

Criterion 4.1 - Chief Administrator and the Leadership Team

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

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

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

Guideline: The chief administrator and the senior leadership team provide appropriate direction and control for the development and operation of all institutional and program

functions, ensure the development and implementation of appropriate policies and procedures, of the strategic plan, execute a prudent fiscal management plan and maintain an administrative structure to ensure for accountability and sound communications between the institution and its community.

Guideline: It is advisable that the chief program administrator or someone on the Leadership Team, have a Masters or other advanced degree in Higher Education.

Criterion 4.2 - Organization of staff

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

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

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

Criterion 4.3 - Academic Leadership

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

Standard 5 - Maintaining Record Keeping Systems

The program shall maintain complete record keeping systems.

Criterion 5.1 - Permanent Student Records

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

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

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

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

and ready on-line access.

Guideline: Institutions have a backup electronic disaster recovery plan.

Criterion 5.2 - Clinical Care and Student Records

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

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

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

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

Criterion 5.3 - Data

The program must maintain the following data:

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

Standard 6 - Admissions

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

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

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

The institution is responsible for establishing a reliable and documented applicant/student

verification process and admissions criteria requiring documentation that applicants possess the likelihood to be successful in the program and/or successful in a distance education environment if used as a mode of delivery.

Criterion 6.1 - General Admissions

The entry criteria is successful completion of at least two academic years (60 semester credits/90 quarter credits) or 2 years completed of a Baccalaureate degree. In the absence of being able to verify the completion of the degree/credits, the program must demonstrate an acceptable process for assuring equivalent competence in the assignment of credit(s) and/or work experience for prior or experiential learning. Either or a combination of the following assessment techniques may be used: (1) credit by examination through the use of standardized tests and/or (2) assignment of credit for military and corporate training based on recommendations established by the American Council on Education.

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

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

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

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

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

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

Criterion 6.2 - Advanced Standing

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

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

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

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

Criterion 6.3 - Policy Publication

The program's admissions policy, including policies for evaluating transfer credit and prior learning, must be clearly stated in institutional publications including, but not limited to website, catalog and handbooks. Published transfer policies must include a statement established by the institution regarding transfer of credit earned at another institution of higher education.

Criterion 6.4 - Course Prerequisites

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

Criterion 6.5 - Recruitment

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

Criterion 6.6 - English language competency

1. The institution's admissions criteria disclose procedures for verifying appropriate

- language proficiencies. English language competency is required of all students seeking admission to any program. For English language programs, a recommended minimum score of 500 on the Test of English as a Foreign Language (TOEFL) (or equivalent score in IELTS) and a minimum of the currently reported mean score on the Test of Spoken English (TSE);
2. For non-English programs, a recommended TOEFL score of at least 450 must be obtained and a minimum mean score on the TSE, or the student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate level education in an institution accredited by an agency recognized by the U.S. Secretary of Education or from an equivalent English language institution in another country. Applicants who do not satisfy this requirement may be considered for admission with English as a second language, but the English proficiency requirement must be satisfied prior to commencing the clinical training phase.

Criterion 6.7 - Enrollment

Non-matriculated students must meet all entry requirements and course prerequisite requirements for participation in particular courses with the exception of courses which may be open to the general public. Programs must have clearly defined policies with respect to allowing non-matriculated students to take courses and must ensure that their participation does not adversely affect the quality of instruction.

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

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

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

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

Criterion 6.8 - Retention and Graduation Rates

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

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

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

Goals and Objectives

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

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

Outcomes

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

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

Criterion 7.1 - Measurement of Student Achievement

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

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

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

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

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

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

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

The program selects and justifies outcomes obtained.

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

Guideline: Faculty receive regular training on optimal assessment practices and forms a part of the new faculty orientation process.

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

Criterion 7.2 - Measurement of Student Satisfaction

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

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

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

Criterion 7.3 - Assessment of Graduates' Success

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

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

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

Criterion 7.4 - Standard Measurement

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

Criterion 7.5 - Programmatic Review Process

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

Guideline: The institution collects and analyzes information on student retention,

persistence and completion of programs to make improvements as warranted by the data.

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

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

Criterion 7.6 - Assessment Practices for Distance Learning Students

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

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

Guideline: Institutions and programs that employ distance learning must have a process for direct observation and assessment of the clinical skills of distance learning students. This should include strategies such as use of real-time synchronous distance learning technologies that allow for direct supervisor's observation and assessment of the student's clinical skills; or, supervisor's review of videotaped sessions in which one camera is focused on the student and another camera is focused on the client; or similar arrangement.

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

Standard 8: Course of Study

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

History, Development and Current Affairs of Homeopathy

Educational Standards

Educations 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 1st through 6th 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:
 - a. Naturopathy;
 - b. Traditional Chinese Medicine (TCM);
 - c. Ayurveda;
 - d. Herbology.
11. National healthcare landscape (CAM):
 - a. Integrative medicine;
 - b. Homeopathy's place in integrative healthcare.

Homeopathic Philosophy, Principles and Methodology

Educational Standards

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

Fundamental Concepts

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

Symptoms and Signs

1. Characteristic symptoms (constant, striking, found throughout);
2. Strange, rare and peculiar symptoms;
3. Common and uncommon symptoms;
4. Hierarchy of symptoms;
5. Classification of symptoms;
6. Suppression of symptoms.

Classification of Diseases

1. Miasms;
2. Natural and artificial diseases;
3. Acute and chronic;
4. Etiologies;
5. Suppressed disease;

6. One-sided disease;
7. Stages of disease process;
8. Epidemics and genus epidemicus;
9. Mental and emotional diseases;
10. Intermittent diseases.

Theory of Case Management

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

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

Materia Medica

Educational Standards

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

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

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

1. Sources for homeopathic remedies using biology, botany, chemistry, physics, doctrine of signatures, mythology, folklore, culture, applications and use in other forms of healing:
 - a. The history, culture and behavior of the substance in the natural world;

- b. Toxicology;
 - c. Pathogenesis;
 - d. Pharmacology;
 - e. Nomenclature;
 - f. Homeopathic proving – authors and methodology;
 - g. Clinically confirmed symptoms;
 - h. Repertory rubrics;
 - i. Etiology.
2. Different approaches to symptomatology:
 - a. Totality of symptoms;
 - b. Individualizing symptoms (“strange, rare & peculiar”);
 - c. Mental/emotional (including delusions, fears and dreams);
 - d. Concomitant symptoms;
 - e. Symptoms suggestive of miasmatic influence;
 - f. Organ affinities;
 - g. Pathognomonic symptoms;
 - h. Modalities;
 - i. Sensation and function;
 - j. Acute and first aid uses;
 - k. Remedy relationships (family groupings);
 - l. Mineral groupings and relationships, animal and botanical groupings;
 - m. Chemistry/biology of the substance;
 - n. Antidotes, affinities, inimicals, complementaries, remedies that follow well;
 - o. Polychrests, so-called “small remedies,” nosodes, sarcodes, isopathics, bacteria, fungi and “imponderables;”
 - p. Tautopathics, gemmotherapeutics, tissue salts and flower essences.
 3. How materia medica applies to other approaches or aspects of remedy study:
 - a. Constitutional types;
 - b. Essences;
 - c. Core elements;
 - d. Central delusion;
 - e. Central disturbance;
 - f. Developmental stages in remedies from the picture of health through deep pathology;
 - g. Remedy indications for different stages of human development/stages of life;
 - h. Miasmatic influences and new methods.
 4. Clinical application:
 - a. Remedy relationships;
 - b. Comparative materia medica;
 - c. Differential materia medica.
 5. Awareness of how materia medica is constantly evolving.

Homeopathic Proving

Educational Standards

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

Fundamental knowledge of homeopathic proving methods:

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

Programs will impart information covering:

1. Guidelines and protocols for provings:
 - a. The substance;
 - b. Natural history of a substance;
 - c. Preparation of the substance to be proven.
2. The structure of a proving group, including the importance of diversity among provers.
3. Posology
4. Record keeping:
 - a. Supervisor or prover contact and frequency;
 - b. Basics of data management for provings;
 - c. Extraction of data, including primary and secondary distinctions;
 - d. Collation of data;
 - e. Statistical evaluation of data;
 - f. Converting data into old and new repertory language and materia medica.
5. Publishing the results;
6. Ethical and legal issues related to provings, including use of Institutional review boards;
7. Informed consent and blind studies;
8. Knowledge of use of placebos in provings.

Research

Educational Standards

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

1. Philosophy;
2. Methodology;
3. Historical research;
4. Current research:
 - a. Clinical trials;
 - b. Basic science research documenting the action of high dilutions;
 - c. Basic science research on the mechanism of the action of remedies;

- d. Provings;
- e. Surveys of practice patterns;
- f. Critical evaluation regarding the degree of completeness of the repertory compared to proving information and clinical experience;
- g. Outcome studies;
- h. Case reports and case series;
- i. Research evaluating demographics, cost and efficacy of homeopathic practice through the use of surveys and other tools.

Repertory

Educational Standards

General areas of study

1. Introduction to repertory:
 - a. Purpose, history, additions and organization of repertories;
 - b. Boenninghausen's repertory (the first repertory);
 - c. Kent through modern repertories, including computerized repertories.
2. The general layout of repertories and limitations of various repertories:
 - a. Grading of symptoms/rubrics in each;
 - b. Organization – Kent's through newer repertories;
 - c. Strengths and limitations of older repertories, especially Kent's;
 - d. Structure of various repertories;
 - e. Use the repertory in homeopathic case analysis;
 - f. Basic organization of each section of the repertory;
 - g. Structure of computerized repertories including their strengths and limitations.
3. Purpose of rubrics and sub-rubrics and how they are developed and organized:
 - a. Common and confusing rubrics;
 - b. Cross referencing important rubrics;
 - c. How to choose the best rubrics for a case;
 - d. Combining rubrics;
 - e. Errors in rubric indenting.
4. Terminology and abbreviations used in the repertories, including contemporary and anachronistic medical terms;
5. Ways to translate contemporary language and meaning into the language of a repertory (or the materia medica) and ways to interpret the language of a repertory (or the materia medica) in its historical and social context, into contemporary language and meaning;
6. Various tabulation tools – their strengths, limitations and uses:
 - a. Paper graphs, computers and other techniques;
 - b. Their use in modern practice.
7. Different roles of repertorization in selecting a remedy:
 - a. How to use the repertory effectively;
 - b. Different types of repertory analysis.

8. Inform students that, repertories, by definition, lag behind current practice and are limited in their inclusivity. Current examples include, but are not limited to women's health, transgender and gender non-conforming individuals, as well as omissions related to characteristics and symptoms unique to different skin tones and social, racial and ethnic backgrounds, as well as other social classifications and injustices, etc.
9. Awareness of methods other than repertorization to review and study materia medica
10. Specific areas of repertory study
 - a. Structure (schema of Kent's Repertory, using the final general edition);
 - b. Rubrics, sub-rubrics, grading of symptoms;
 - c. Construction of symptom arrangement:
 - d. Timings
 - e. Sides
 - f. Sensation
 - g. Location
 - h. Modalities
 - i. Extensions
 - j. Content of the main sections;
 - k. e. Examination of specific repertory sections with pathological terms in historical context:
 - l. Generalities
 - m. Chill
 - n. Fever
 - o. Perspiration
 - p. Others
11. Content and modern use of the Mind section;
12. Rubric definition and groupings; differentiating between similar rubrics.
13. Additions to the repertory.
14. Different approaches and techniques of repertorization:
 - a. Combination and elimination;
 - b. Use of a repertory grid;
 - c. Other.
15. Computer repertorization:
 - a. Possibilities and limitations, strategies for effective use;
 - b. Examples of computer programs – Complete Dynamics, HomeoQuest, Miccant, Synergy, Zeus, Zomeo, etc.

Posology

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

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

2. Scales of dilution beginning with the mother tincture;
3. Models of potentization through succussion;
4. The application of the above foundational concepts in the choice of homeopathic remedy, potency and dosage, as it pertains to the sensitivity of the individual, acute versus chronic cases, client's level of vitality, age and onset/duration of symptoms;
5. The methods of administration of a remedy, including dry dose, liquid dose, split dose, cupping, plussing, LM in water, Fibonacci, ointment, solution, topical, inhalation, suppository;
6. The application of sound principles regarding frequency of dosing;
7. The identification of the appropriate circumstances for use of higher potencies. For example, exact match in chronic cases, young otherwise healthy persons with acute symptoms.

Pharmacy in Homeopathy

Educational Standards

Educational programs prepare students to have a working knowledge of:

1. The role of the Homeopathic Pharmacopoeia Convention of the United States (HPCUS) in publishing the Homeopathic Pharmacopoeia of the United States (HPUS) which sets standards for the manufacture of homeopathic remedies.
2. The manufacture of remedies:
 - a. Difference between a manufacturing and a dispensing pharmacy;
 - b. Sources of all remedies;
 - c. Process by which remedies are made into mother tinctures according to the different directives in The Organon and in Chronic Diseases;
 - d. Changes in pharmacy as a consequence of different editions of The Organon;
 - e. Traditions of Homeopathy versus the modern commercial realities of remedy manufacture (photo chromatography).
3. The dispensing of remedies:
 - a. Methods of administering remedies to clients;
 - b. Scales of dynamization beginning with the mother tincture;
 - c. Different scales used – decimal, centesimal, 50 millesimal, etc;
 - d. Different methods of preparation – multiple vial Hahnemann; single vial Korsakoff;
 - e. Model of potentization through succussion;
 - f. Application of the concepts of dilution and succussion in the choice of homeopathic remedy potency and dosage as it pertains to the sensitivity of the individual and to his or her vital force.

Homeopathic Case Taking

Educational Standards

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

1. The student is familiar with case taking guidance from a diverse range of respected homeopathic authors and teachers.
2. The student learns various analytical approaches that require the gathering of different kinds of information.
3. The student has sufficient opportunity to observe several faculty and other experienced certified homeopaths with three or more years of experience taking live cases, telehealth cases, as well as video cases (always subject to the permission of the client). During this aspect of the student's education, the mentoring homeopath will elucidate the strengths and weaknesses of how each case was taken, the ways in which case taking methods were adapted to the situation of the individual client, etc.
4. The student, alone and in a group, has sufficient opportunity to take cases in a setting mentored by an experienced homeopath who provides direct feedback on the art and techniques, enabling the honing of case taking skills. The client, supervisor and case taker shall be together in person or virtually for these cases.
5. Under the supervision of a school faculty person or school-affiliated clinical supervisor, each student shall have primary responsibility for managing a minimum of ten chronic cases, including responsibility for conducting the initial and a clinically appropriate number of follow-up appointments within the limits of the academic year and program. This shall include documenting case taking, completing repertorization, case analysis, remedy differential considerations, assessing clinical progress and fully preparing the case record".
6. The student identifies and develops awareness of how conscious and unconscious prejudice may negatively influence case taking.
7. The student, through self-reflective learning materials and repeated case taking practice with feedback, acquires a thorough understanding of the way in which case taking over a series of visits forms a professional relationship by which the success of the course of homeopathic care can be managed. The course of care is adjusted as necessary.
8. The student is prepared to include medical information that is provided by the client in the case record, although the types of records kept may vary depending on the practice style or licensing requirements for each homeopath. Records are to be [HIPAA](#) compliant and/or [Canadian Personal Health Information Protection Act](#) (PHIPA) compliant as appropriate.
9. Through reading and observing, the student acquires understanding of the nature, individualization, sensitivity, confidentiality and accurate recording of information that forms the setting in which cases should be taken.
10. The student is apprised of a range of current print and digital homeopathic journals and professional literature.

11. The student will observe a wide range of cases that exemplify varying pathologies, etiologies, severity and stages of illness (acute versus chronic) in children and adults.
12. As much as possible and consistent with the school's mission, community and outreach efforts, the student is exposed to diverse clientele, for example, social groups, ethnic and cultural backgrounds, religious affiliations, sexual and gender identifications. Such diversity of exposure will allow opportunities to practice unprejudiced observation, to identify and examine their own biases, to create a therapeutic and respectful relationship with a diverse clientele.
13. The student is made aware of how power differentials in the clinic may be expressed, and how to create therapeutic relationships based on equity and mutual respect.
14. The student will develop the ability to explore Social Determinants of Health (SDOH) and their relationship to etiology, maintaining cause and obstacles to cure, including:
 - a. Healthy, affordable food from a conveniently located grocery store;
 - b. Safe and healthy housing and neighborhood;
 - c. Safe and healthy employment/work environment with adequate income;
 - d. Accurate health information and health literacy;
 - e. Transportation to facilitate meeting day to day needs;
 - f. Social support;
 - g. Freedom from all forms of oppression and the ability to express oneself to their highest purpose.
15. The student will be prepared to employ the principles of trauma-informed care to create a safe, therapeutic relationship with clients. This includes education about how to integrate the following principles into interactions with clients:
 - a. Ensuring safety;
 - b. Demonstrating trustworthiness;
 - c. Working in a collaborative manner;
 - d. Focusing on client empowerment
 - e. Moving past cultural stereotypes and biases, while recognizing and addressing historical trauma;
 - f. Not insisting that any particular event, emotion, or response to a potential past trauma be divulged in any given therapeutic session;
 - g. Avoiding having clients repeatedly tell their experience of a traumatic event(s);
 - h. Assisting clients in accessing social support services, where applicable.

Case Analysis

Educational Standards

Educational programs provide progressive opportunities for students to learn and apply homeopathic principles from *The Organon* and other writings in the context of individual case analysis. Programs will provide multiple opportunities in both didactic and clinical training to examine how the professional homeopath uses the information from case taking to perform a

thoughtful case analysis and case documentation, including effective repertorization, remedy differentiation, reading of materia medica, all leading to selection of a remedy and case management. The program imparts the ability to:

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

Case Management

Educational Standards

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

1. Management of the practitioner-client relationship;
2. Homeopathic management of the evolution of the case;
3. Homeopathic management of the dynamics of the case;
4. Case write-up, documentation and management of case records.

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

practitioners. However, the practitioner-client relationship and case record management will be influenced by the license or regulations, if any, under which each individual practices. Specific class time must be devoted to understanding how traditional case management strategies predominantly focus on Hahnemann's 4th, 5th and/or 6th edition Organon, and how those case management directives are different. At the end of the program, students will be competent and confident in understanding the reasons for the differences in clinical case management directives.

The curriculum includes the following:

1. The student is apprised of examples of community-accepted standards of case management. These examples may come from current print and digital homeopathic journals or other sources and shall demonstrate accuracy, specificity and comprehensiveness.
2. During clinical training, the student receives mentoring to develop and refine skills in case management and documentation. This must include client interactions, keeping appropriate case records, managing the progress of cases, and ways of finding necessary information or assistance to achieve the best possible outcome for the client.
3. The student is exposed to guidance on case management from respected, experienced classical homeopathic authors and teachers, including but not limited to:
 - a. Remedy and potency selection;
 - b. Administration of remedies (low and/or high potencies, frequency);
 - i. First aid
 - ii. Acute diseases
 - iii. Chronic diseases
 - c. Follow-up evaluation;
 - i. Reaction to the remedy
 - ii. Aggravation
 - iii. Disruption
 - iv. Suppression
 - v. Palliation
 - vi. Antidoting
 - vii. No effect, etc;
 - d. Identifying changes in the vital force;
 - e. Identifying "direction of cure;"
 - f. Identifying "obstacles to cure;"
 - g. Remedy selection, dose and repetition
 - h. Documentation of case-taking, case analysis and case management.
4. The student has sufficient opportunities to examine various analysis and case management approaches illustrating how varying strategies can require the gathering of different kinds of information.
5. The student has sufficient opportunity to observe several experienced homeopaths managing cases, ideally in person, as well as video cases (subject to the permission

- of the client). In this aspect of the student's education, the mentoring homeopath must elucidate the strengths and weaknesses of the way in which each case was managed, the ways in which the case management methods were adapted to the situation of the client, etc.
6. Through reading and experience, the student acquires a thorough understanding of the way in which attending to a case over a series of visits forms a basis for continued homeopathic care.
 7. Although the types of records to be kept will vary depending on the practice setting or professional requirements for each practitioner, the student must understand how to document appropriate references to medical information provided or mentioned by the client.

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

1. Practicing effective, attentive, open-minded listening skills;
2. Practicing observation skills using all senses;
3. Using intuition to identify open-ended questions to facilitate a more complete understanding the client experience;
4. Maintaining unconditional positive regard;
5. Employing appropriate, effective and sensitive communication;
6. Managing the understandable concerns of a client who is not experiencing the level of result they had hoped for;
7. Maintaining appropriate aspects of the client confidentiality relationship in situations where consideration must be given to contacting outside parties, e.g., child protective services;
8. Managing situational issues, such as forgetting to follow through on a task for which a commitment had been made to a client;
9. Collaborating with others including, health care professionals, clients and families;
10. Displaying professional demeanor in dealing with clients who are unable or unwilling to pay, as well as meeting the requirement of the US "No Surprises Act," including providing quarterly good faith estimates for services.

Basic Health Sciences

Educational Standards

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

Please Note: These two, 3-credit courses or their equivalents, do not count toward the required

1,000 hours of coursework in Homeopathy. However, discussion of anatomy & physiology and pathophysiology in the context of case taking, case analysis and the study of material medica should be considered part of the 1,000 hours of study.

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

1. Basic sciences relevant to the practice of Homeopathy;
2. Human anatomy & physiology, and pathophysiology;
3. The nature of the conventional medical model which emphasizes history taking, diagnosis, treatment and follow-up;
4. Purpose and significance of commonly administered diagnostic tests;
5. Major categories of pharmaceutical medications, including their major effects and side effects;
6. The potential for pharmaceutical, herbal and nutritional supplement reactions, interactions, contraindications and side effects and how to access this information;
7. The basis and need for referral and/or consultation;
8. The range of biomedical referral resources and the modalities they employ;
9. The stages of mental, emotional and physical development throughout life;
10. Functional disorders and pathological processes related to body systems:
 - a. Integumentary (skin and connective tissues)
 - b. Musculoskeletal
 - c. Gastrointestinal
 - d. Respiratory
 - e. Cardiovascular and hematological
 - f. Immunological
 - g. Reproductive (including obstetrics)
 - h. Urinary
 - i. Endocrine
 - j. Neurological
 - k. Special senses
 - l. Mental and emotional
11. Pathognomonic and individualizing symptoms;
12. Basic first aid techniques for effective emergency intervention;
13. Disorders due to physical agents:
 - a. Sunburn
 - b. Heat stroke
 - c. Electric shock
 - d. Radiation
 - e. High altitude
 - f. Environmental pollution
 - g. Poisoning, influence of crude medicinal substances and comparable therapeutic interventions
 - h. Drug abuse, nutrition, lifestyle diseases

Consumer Education in Homeopathy

Educational Standards

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

1. Recognize the scope of practice of the four community-recognized credentials:
 - CCH – Certified Classical Homeopath
 - DABHM – Diplomate, American Board of Homeopathic Medicine
 - DHANP – Diplomate, Homeopathic Academy of Naturopathic Physicians
 - RSHom(NA) – Registered, Society of Homeopaths North America
2. Recognize different levels of expertise/training:
 - a. Basic level – formal or informal, first-aid, courses for consumers or home use, self-care, and family care.
 - b. Integrative Health Care Training for Licensed Medical Provider Level – limited certificate programs for licensed medical providers to integrate Homeopathy into the practice of medicine within a defined scope of practice.
 - c. Professional, Board-certified, Practitioner Level – formal and sequential educational programs, which include didactic education, clinical observation, clinical practice and supervision as articulated in the standards and competencies for professional practice outlined in this document.
 - d. Advanced Level – typically integrated within formal and sequential education programs. Includes advanced clinical training and supervision for professionals-in-training and/or matriculated experienced professionals, as articulated in the standards and competencies for professional public practice outlined in this document.
3. Understand the appropriate scope of consumer education to include:
 - a. Instruction on addressing minor, first aid and self-limiting conditions;
 - b. Distinction between homeopathic and non-homeopathic products;
 - c. Warnings advising consumers not to attempt to use complex homeopathic treatment protocols that may be available online or in books to treat complex chronic conditions for themselves or others without consulting with a professional practitioner;
 - d. Warnings advising consumers to avoid treating themselves or others with nosodes, sarcodes or any remedies in high potencies;
 - e. Advising consumers to seek care from a professional practitioner or licensed health care provider for chronic conditions, and whenever a seemingly minor health condition is not improving in response to home treatment;
 - f. Education about symptoms for which they should seek immediate medical care;
 - g. Information about more advanced pathways of study that lead to earning a professional credential.

Ethics and Legality

Educational Standards

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

1. Become familiar with reliable sources of information on the legality of homeopathic practice to inform a clear and objective understanding of the national, state and local laws, as well as regulations affecting the scope of practice of a professional homeopath. The Homeopathy Practice and the Law: A Guide for Homeopathy Practitioners in the United States and Canada available on the NASH website is one resource:
https://mcusercontent.com/99dba9b88562e2305f8d0516b/files/aab52fc5-5374-3fb6-a90f-4530b6847dee/Legal_Guide_for_Practitioners_DRAFT_11_2_.01.pdf
2. Operate within the political and legal regulations/guidelines appropriate for their level of education, certification, licensure and jurisdiction of practice;
3. Identify and understand each element of the CHC Code of Ethics and/or the code of ethics which guides their profession;
4. Establish their own personal code of ethics, compatible with the code of ethics of the homeopathic profession and that of health care professions in general;
5. Understand how their personal values can limit or support the successful practice of Homeopathy;
6. Be able to set appropriate boundaries with clients that establish standards of behavior for the practitioner and for the client including, but not limited to, avoiding any form of sexual misconduct;
7. Establish appropriate ways to react to the awareness that a colleague may be impaired by alcohol, by substance abuse, or by inappropriate self-treatment, including proper ways to report such concerns to authorities;
8. Establish appropriate ways to react to the apparent incompetence of a colleague or situations where a colleague may be practicing outside the scope of his or her legitimate scope of practice, including proper ways to report such concerns;
9. Establish an understanding of how to distinguish between the legal and ethical aspects of a situation, when necessary;
10. Safeguard client information in all situations, particularly when using individual client cases for teaching purposes;
11. Set fees; determine refund and cancellation policies;
12. Appreciate and cultivate professional and collegial relationships, including the boundaries implicit in these;
13. Understand conflict of interest in terms of financial gain, including appropriate disclosure to clients, students, conference organizers and peers.

Personal and Professional Development

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

Important areas to be covered:

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

A. Personal and Professional Development

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

1. Reflective skills, including but not limited to:
 - a. Critical analysis;
 - b. Assessment;
 - c. Observation, awareness and perception;
 - d. Research and problem solving;
 - e. Organizational skills;
 - f. Self-awareness and self-management;
 - g. Time management;
 - h. Decision making;
 - i. Awareness of personal belief systems, explicit and implicit bias awareness, e.g., awareness of attitudes toward race, culture, nationality, ethnicity, religion, gender identity and sexuality.
2. Interpersonal and communication skills, including but not limited to:
 - a. Self-awareness;
 - b. Listening skills;
 - c. Demonstrating empathy and capacity for attunement;
 - d. Awareness of non-verbal communication, body language, facial expression, etc.
 - e. Demonstrating trustworthiness;
 - f. Ability to interact respectfully and non-judgmentally with clients of all backgrounds, genders and orientations;
 - g. Appropriate use of intuition in the context of homeopathic practice;
 - h. Self-confidence;
 - i. Ability to communicate with a client's family members, healthcare professionals, colleagues and the media.

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

B. Practice Promotion, Management and Running a Business

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

1. Information about how homeopaths and other healthcare professionals promote their practices;
2. Creation of referral networks that include other homeopaths, therapists, doctors, healthcare professionals, pharmacies, etc;
3. Development of effective presentation skills in order to deliver introductory talks and courses on Homeopathy;
4. Regulatory issues that include:
 - a. National and local legislation relating to the healthcare profession and the practice of Homeopathy;
 - b. In accordance with the Americans with Disabilities Act, and other national, state and local laws, human rights provisions and the CHC Code of Ethics, the professional homeopath provides care in a manner that does not discriminate on the basis of race, ethnicity, sexual preference, religion, age or gender identity;
 - c. Income tax, other taxes and VAT (Value Added Tax);
 - d. Income and expense records;
 - e. Managing bank accounts;
 - f. National and local insurance or liability requirements for a practitioner; health insurance schemes for clients;
 - g. Registering with a professional association;
 - h. Confidentiality issues and awareness of disclosure legislation, i.e., situations in which client information must be passed on to another party;
 - i. National requirements for the maintenance, retention and destruction of client records;
 - j. National requirements for pension contributions and the personal implications of planning for retirement provisions;
 - k. Business licenses by jurisdiction.

C. Practice management and business development:

1. Choosing suitable workplace with regard to the physical design of the practice and client accessibility;

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

D. Time management and working hours:

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

E. Electronic and data management:

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

C. Practitioner/client relationship:

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

D. Speaking Publicly:

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

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

Clinical Training

Educational Standards

Clinical training is an essential requirement of homeopathic education and should be included as a main focus of the teaching program, running concurrently with theoretical studies throughout the entire course. In order to gain competence and confidence, the student must take part in the practical experience of clinical case taking, case analysis and case management under the guidance of faculty, mentors or supervisors who meet the qualifications outlined in Standard 9 - Faculty Qualifications. The program must provide a clinical education program of sufficient volume, variety and quality to fulfill its educational purposes.

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

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

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

The program and study should address:

1. Standards for ethics, collegiality, client relations;
2. Professional demeanor;
3. Preparation of accurately written case notes that include details of the client's initial interview, case analysis, repertorization, remedy differentiation, potency consideration, remedy response and progress notes;
4. Keeping confidential client records following local legal requirements;
5. Process for contact with client;
6. Process for obtaining informed consent;
7. Definition of roles – student, clinic administrator, supervisor;
8. Relationship between student and supervisor with clear and appropriate expectations and boundaries;
9. Grievance processes for both students and clients;
10. Continuity of care;
11. Assessing the preparation of case records and documentation;
12. Use of digital practice management tools;
13. Management of electronic records.

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

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

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

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

Objectives

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

Clinical settings

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

1. Guided and structured observation and analysis of:
 - a. Faculty or experienced certified practitioners working live in a clinical setting;
 - b. Video recordings of experienced faculty or certified practitioners taking live cases;
 - c. Video recordings, or use of synchronous distance learning technology, of students in supervision taking live cases.
2. Case taking and case management under supervision of experienced, certified homeopaths who meet faculty qualifications outlined in Standard 9:
 - a. Individually (preceptorship);
 - b. In a group with peer supervision;
 - c. Analysis of real and simulated client-practitioner interactions within a group setting.
3. Appropriate management of clients needing referral to conventional medicine including those with potentially life-threatening conditions.
4. Hospital training with in-patient clients (where possible).
5. Community settings serving vulnerable individuals (where possible).

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

Students should submit comprehensive case studies recording details of the client interview, case analysis, rubrics and repertorization, remedy differentiation, remedy selection and response. Each case study should include at least two follow-up visits for each individual

client.

The program provides sufficient opportunities for the student and supervisor to be in the same room or use various synchronous distance learning technologies so that the supervisor can observe the dynamics of case taking by the student and provide guidance as necessary. Including clinical training throughout the program will enable the student to develop into a proficient, safe, confident and competent homeopathic practitioner.

PART IV: Delivery of Training

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

1. Fully in-person programs, with in-person didactic and clinical learning experiences;
2. Blended learning programs that integrate virtual and in-person didactic and clinical learning experiences (synchronous and asynchronous); for example, programs that offer virtual weekly classes supplemented by an annual in-person program or quarterly in-person clinic;
3. Hybrid programs that are structured in a manner such that didactic and clinical learning experiences (synchronous and asynchronous) include students who are participating in-person and students who are participating virtually;
4. Fully distance learning programs with all didactic and clinical training (synchronous and asynchronous) completed virtually and all students attending virtually.

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

Standards

1. All schools that prepare professional homeopaths should plan, at a minimum, to expose students to the provision of homeopathic care via telehealth. This might include opportunities to observe telehealth sessions conducted by an experienced practitioner. It also might include opportunities to practice use of telehealth modalities in their own cases, or referring students to relevant best-practice resources on the provision of telehealth.
2. Schools that incorporate distance education should clearly delineate to prospective students:
 - a. How distance learning technology will be employed in the program;

- b. All technology requirements needed for full participation in the program;
 - c. Any additional costs associated with use of technology as part of the program;
 - d. Resources provided by the school to promote digital literacy, available technical support to the school community, including students, faculty and staff.
3. Use of distance learning technologies should not be employed sporadically, solely for the convenience of students, faculty or staff, but should be used as part of an overall planned curriculum and course of study.
 4. Institutions and programs that employ distance learning technologies shall take steps to ensure that:
 - a. All faculty are proficient in and comfortable with all aspects of distance learning and digital technology used by the program;
 - b. All students are proficient in and comfortable with all aspects of distance learning and digital technology used by the program;
 - c. Adequate tech support is available to address any issues that may disrupt educational activities;
 - d. Students attending via distance learning can notify the instructor immediately of any malfunction in the technology.
 5. Schools that incorporate distance education should have a process in place to periodically assess whether distance learning technologies are operating as intended without technical malfunction or interruption.
 6. Institutions and programs that employ a hybrid model that includes both in-person and distance learning students should establish policies and procedures to ensure:
 - a. Meaningful participation by all students, including opportunities to ask questions, participate in discussion and benefit from the full range of teaching methods employed in the classroom;
 - b. Faculty monitoring of student progress and their accessibility for students questions;
 - c. Opportunities for feedback on the use of such technologies.
 7. Institutions and programs employing in-person, blended and distance learning technologies should routinely evaluate student achievement;
 8. Institutions and programs employing distance learning technologies should engage in community building activities to promote a unified school community. All students, whether distance learning or in-person, should have ample opportunities to build meaningful relationships with each other, faculty, administrators and student services staff.
 9. Institutions and programs employing distance education technologies must have processes in place to ensure that both distance-learning and in-person students receive the same academic credit. Policies and procedures must be in place to verify the identity of a student using methods such as a secure login with pass code, proctored examinations.
 10. The institution or program must make clear in writing its practices to protect student privacy associated with the verification of student identity at the time of registration or enrollment.

Standard 8 – Program of Study Criterion

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

Programmatic supports are offered in terms of:

1. Prompt updates on academic progress;
2. Efficient and effective opportunities for student queries and coursework submissions;
3. Structured remediation processes;
4. An Accommodations Policy that is applied fairly and objectively;
5. Adequate technology that promotes effective learning practices.

Criterion 8.1(a) - Clock to Credit Hour Conversion

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

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

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

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

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

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

Guideline: The program describes how it regularly assesses the impact of its academic load on students. It describes how students are made aware of how a full-time or part-

time academic load is determined and implemented.

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

Criterion 8.1(b) - Program Length/Minimum Time Frame

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

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

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

Criterion 8.2 - Completion Designation

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

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

Criterion 8.3 - Program Consistency

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

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

Criterion 8.4 - Appropriate Level of Instruction

The program is appropriate to an institution of higher education offering a post-secondary professional diploma level homeopathy program. The program is sufficiently rigorous in

breadth and depth, as well as appropriate to the education and training of homeopathic practitioners for independent practice upon graduation.

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

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

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

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

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

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

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

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

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

Criterion 8.5 - Off-Campus Training

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

Criterion 8.6 - Use of Distance Education

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

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

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

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

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

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

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

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

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

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

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

Criterion 8.6(a) - Verification of Student Identity

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

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

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

Criterion 8.6(b) - Informing ACHENA of significant increase in student enrollment

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

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

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

Criterion 8.7 - Syllabus

The syllabus is prepared, distributed and filed in the program's curriculum files and must contain at least the following:

1. The purpose of the course;
2. Course prerequisites;
3. Specific course objectives;
4. Method(s) of instruction;
5. Course requirements including due dates, e.g., papers, projects, examinations;

6. Course assessment and grading system;
7. Required and recommended reading lists.

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

Guideline: Instruction methods for online delivery must be specified.

Criterion 8.8 - Clinical Training

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

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

Criterion 8.9 - Clinical Observation

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

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

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

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

Criterion 8.10 - Supervised Clinical Practice

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

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

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

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

Criterion 8.11 - Student Participation in Provings

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

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

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

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

Criterion 8.12 - Professional Competencies

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

Criterion 8.13 - Continuing Education

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

Criterion 8.14 - Council for Homeopathic Certification (CHC) Exam and Rates

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

<https://www.homeopathicdirectory.com/examresources>. If the program's CHC certification exam pass-rate falls below seventy percent (70%), ACHENA shall review the program to determine if it remains in compliance with the accreditation criteria.

Course of Study - Appendix 1: List of Homeopathic Remedies

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

Study List of Homeopathic Remedies

Aconitum napellus	Aethusa	Agaricus
Allium cepa	Aloe	Alumina
Anacardium	Antimonium crudum	Antimonium tart.
Apis	Argentum metallicum	Argentum nitricum
Arnica	Arsenicum album	Arsenicum iodatum
Asafoetida	Asarum	Aurum
Badiaga	Baptisia	Baryta carbonica
Belladonna	Bellis perennis	Berberis
Borax	Bromium	Bryonia
Cactus	Calcarea 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	

Course of Study - Appendix 2: Signs and Symptoms Suggesting Referral to Another Medical Provider

Introduction

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

Newborns (0 – 6 weeks)

Suggest that client seek medical advice without delay

- Fever > 99.5 F (37.5 C)
- Unexplained ecchymosis
- Trouble breathing
- Blue skin
- Vomiting > 4 oz
- Diarrhea
- Black stool
- Blood in stool
- Lethargy
- Stopped nursing/feeding
- Skin bruising
- Yellow discoloration of skin
- Passing out/loss of consciousness
- Suspected child abuse or neglect – *refer to appropriate authorities*

Suggest seeking additional medical advice

- Eye discharge
- Umbilical inflammation/discharge
- Cough
- Vomiting < 4 oz
- No bowel movement > 48 hours
- Difficulty nursing/feeding
- Skin rash
- Failure to move a limb
- Unusual or prolonged crying

Infants (6 Weeks – 24 Months)

Suggest that client seek additional medical advice without delay

- Fever > 102 F (38.8 C)
- Neck stiffness
- Passing out/loss of consciousness
- Redness of eye or around eye
- Ear discharge
- Nose bleeding
- Throat or tongue swelling
- Cough > 5 seconds episodes
- Trouble breathing
- Excessive vomiting > 8 oz in 24 hours
- Excessive diarrhea > 4x in 24 hours
- Blood or black in bowel movement
- Sudden or severe abdominal pain
- Blood in urine
- Balance or coordination issues
- Fainting spells
- Shaking spells
- Sudden skin rash (< 48 hours)
- Suspected child abuse or neglect – *refer to appropriate authorities*

Suggest that client seek additional medical advice

- Prolonged fever < 102 F (38.8 C), > 2 days
- Misshaped head
- Eye discharge
- Eyes not aligned
- Ear pain or pulling
- Hearing loss or concerns
- Nose discharge prolonged (> 3 days)
- Nose discharge with odor or color, other than white/clear
- Sore throat
- Cough > 2 Days
- Recurring cough
- Recurring vomiting
- Diarrhea < 4x in 24 hours

- Bowel movements less than once every other day
- Foul smelling urine
- Diminished urination
- Failure to move a limb
- Lump on skin, bone or other tissue
- Maternal or practitioner concerns about speed of development
- Skin rash
- Slow growth or loss of weight

Children (2 – 10 years)

Suggest that client seek medical advice without delay

- Fever > 102 F (38.8 C)
- Neck stiffness
- Sudden or severe headaches
- Redness of eye or around eye
- Ear discharge
- Nose bleeding
- Throat or tongue swelling
- Cough > 10 seconds episodes
- Trouble breathing
- Excessive vomiting > 4x in 24 hours
- Excessive diarrhea > 5x in 24 hours
- Blood or black in bowel movement
- Sudden or severe abdominal pain
- Blood in urine
- Vaginal discharge or bleeding
- Balance or coordination issues
- Fainting spells
- Shaking spells
- Passing out/loss of consciousness
- Sudden skin rash (< 48 hours)
- Suspected child abuse or neglect – *refer to appropriate authorities*
- Suicidal thoughts or attempts

Suggest that client seek additional medical advice

- Prolonged fever < 102 F (38.8 C), > 2 days
- Prolonged or recurring headaches

- Eye discharge
- Eyes not aligned
- Ear pain
- Nose discharge prolonged (> 3 days)
- Nose discharge with odor or color, other than white/clear
- Sore throat
- Cough > 2 days
- Recurring cough
- Recurring vomiting
- Diarrhea < 5x in 24 hours
- Bowel movements less than once every other day
- Persistent or recurring abdominal pain
- Foul smelling urine
- Bed wetting after 5 years of age or after becoming continent through the night
- Pain with urination
- Joint or limb swelling
- Refusal or failure to move or use a limb
- Lump on skin, bone or other tissue
- Swelling of joint(s)
- Maternal or practitioner concern about speed of development
- Slow growth or loss of weight
- Skin rash
- Tick bites
- Excessive fears
- Prolonged temper tantrums or breath holding

Adolescent (10 to 18 years)

Suggest that client seek medical advice without delay

- Fever > 102 F (38.8 C)
- Neck stiffness
- Sudden or severe headaches
- Ear discharge
- Nose bleeding
- Throat or tongue swelling
- Cough > 10 seconds episodes
- Trouble breathing
- Excessive vomiting > 4x in 24 hours
- Excessive diarrhea > 5x in 24 hours

- Blood or black in bowel movement
- Blood in urine
- Vaginal or penile discharge
- Prolonged or excessive vaginal bleeding
- Balance or coordination troubles
- Fainting spells
- Shaking spells
- Passing out/loss of consciousness
- Unable to use extremity properly
- Sudden skin rash (< 48 hours)
- Suspected child abuse or neglect – *refer to appropriate authorities*
- Suicidal thoughts or attempts
- Suspected drug dependency
- Suspected drug or alcohol intoxication

Suggest that client seek additional medical advice

- Prolonged fever < 102 F (38.8 C), > 2 days
- Prolonged or recurring headaches
- Eye discharge
- Redness of eye or around eye
- Ear pain
- Hearing loss or concerns
- Nose discharge prolonged (> 3 days)
- Nose discharge with odor or color, other than white/clear
- Sore throat
- Chest pain
- Cough > 2 days
- Recurring cough
- Recurring vomiting
- Diarrhea < 5x in 24 hours
- Bowel movements less than once every other day
- Foul smelling urine
- Pain with urination
- Premenstrual difficulties
- Light-headedness
- Lump on skin, bone or other tissue
- Swelling of joint(s)
- Back pain

- Skin rash
- Slow growth or loss of weight
- Tick bites
- Excessive fears or anxiety
- Social isolation
- Report or suspicion of drug/alcohol abuse
- Purposeful vomiting or laxative abuse

Adult (18 – 60 years)

Suggest that client seek medical advice without delay

- Fever > 102 F (38.8 C)
- Neck stiffness
- Sudden or severe headaches
- Passing out/loss of consciousness
- Loss of vision
- Ear discharge
- Nose bleeding
- Throat or tongue swelling
- Chest pain
- Left arm or jaw pain
- Rapid heartbeat or persisting palpitation
- Trouble breathing
- Excessive vomiting > 4x in 24 hours
- Excessive diarrhea > 5x in 24 hours
- Blood or black in bowel movement
- Sudden or severe abdominal pain
- Blood in urine
- Prolonged or excessive vaginal bleeding
- Red and swollen joint
- Sudden skin rash (< 48 hours)
- Balance or coordination issues
- Fainting spells
- Shaking spells
- Sudden weakness or numbness of extremity
- Suicidal thoughts or attempts
- Suspected drug dependency
- Suspected drug or alcohol intoxication

Suggest that client seek additional medical advice

- Prolonged fever < 102 F (38.8 C), > 2 days
- Prolonged or recurring headaches
- Eye discharge
- Ear pain
- Hearing loss or concerns
- Nose discharge prolonged (> 3 days)
- Nose discharge with odor or color, other than white/clear
- Sore throat
- Palpitations
- Cough > 3 days
- Recurring cough
- Recurring vomiting
- Diarrhea < 5x in 24 hours
- Bowel movements less than once every other day
- Persistent change in bowel movements
- Persistent or recurring abdominal pain
- Foul smelling urine
- Pain with urination
- Lump on skin, bone or other tissue
- Swelling of joint(s)
- Back pain
- Skin rash
- Tick bites
- Light-headedness
- Change in vision or hearing
- Weakness or numbness in an extremity (not sudden)
- Unexplained weight loss
- Excessive fears or anxiety
- Social isolation
- Report or suspicion of drug/alcohol abuse
- Purposeful vomiting or laxative abuse
- Persistent sad mood
- Loss of energy and motivation
- Sexual difficulties

Pregnancy

Suggest that client seek medical advice without delay

Same list as adults, plus the following:

- Loss of weight
- Prolonged vomiting
- Decreased movement of baby
- Fall or injury to abdomen
- Vaginal bleeding
- Vaginal discharge
- Abdominal pains
- Sudden onset of leg swelling late in pregnancy

Suggest that client seek additional medical advice

- Unable to gain weight
- Persistent nausea

Senior (Over age 60)

Suggest that client seek medical advice without delay

- Fever > 102 F (38.8 C)
- Neck stiffness
- Sudden or severe headaches
- Passing out/loss of consciousness
- Loss of vision
- Ear discharge
- Nose bleeding
- Throat or tongue swelling
- Chest pain
- Left arm or jaw pain
- Rapid heartbeat or persisting palpitation
- Trouble breathing
- Excessive vomiting > 4x in 24 hours
- Excessive diarrhea > 5x in 24 hours
- Blood or black in bowel movement
- Blood in urine
- Prolonged or excessive vaginal bleeding
- Red and swollen joint
- Sudden skin rash (< 48 hours)
- Balance or coordination issues
- Fainting spells
- Shaking spells

- Sudden weakness or numbness of extremity
- Suicidal thoughts or attempts
- Suspected drug dependency
- Suspected drug or alcohol intoxication
- Suspected elder abuse – *refer to appropriate authorities*

Suggest that client seek additional medical advice

- Prolonged fever < 102 F (38.8 C), > 2 days
- Prolonged or recurring headaches
- Eye discharge
- Ear pain
- Hearing loss or concerns
- Nose discharge prolonged (> 3 days)
- Nose discharge with odor or color, other than white/clear
- Sore throat
- Palpitations
- Cough > 2 days
- Recurring cough
- Recurring vomiting
- Diarrhea < 5x in 24 hours
- Bowel movements less than once every other day
- Persistent change in bowel movements
- Foul smelling urine
- Pain with urination
- Lump on skin, bone or other tissue
- Swelling of joint(s)
- Back pain
- Skin rash
- Tick bites
- Light-headedness
- Change in vision or hearing
- Weakness or numbness in an extremity (not sudden)
- Unexplained weight loss
- Excessive fears or anxiety
- Social Isolation
- Report or suspicion of drug/alcohol abuse
- Persistent sad mood
- Loss of energy and motivation
- Sexual difficulties

Standard 9 - Faculty Qualifications

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

Criterion 9.1 - Faculty Size

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

Criterion 9.2 - Faculty Qualifications

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

Guideline: Qualifications for core faculty include the following:

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

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

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

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

Criterion 9.3 - Professional Conditions of Service

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

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

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

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

Criterion 9.4 - Faculty Training

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

Criterion 9.5 - Communication

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

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

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

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

Standard 10 - Student Services

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

Criterion 10.1 - Fulfillment of objectives

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

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

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

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

Criterion 10.2 - Published student policies

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

Guideline: There is a fair and formal process for the faculty or administration to follow

when taking any disciplinary action that affects the enrollment status of a student.

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

Criterion 10.3 - Inclusion of Student Voice

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

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

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

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

Criterion 10.4 - Grievances

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

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

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

Standard 11 - Infrastructure

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

Criterion 11.1 - Virtual and Physical Facilities and Equipment for Students

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

Criterion 11.2 - Compliance with Safety Standards

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

Criterion 11.3 - Upkeep and Capital Improvement Plans

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

Criterion 11.4 - Staff and faculty space and equipment

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

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

Criterion 11.5 - Clinic space and equipment

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

Standard 12 - Financial Resources

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

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

Criterion 12.1 - Resources

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

Guideline: The program has the financial capacity and contingency planning to respond to financial emergencies or unforeseen occurrences. If an accumulated deficit has been recorded, a realistic plan with reasonable and attainable benchmarks to eliminate the deficit must be clearly presented, understood, and approved by the governing entity. If a program has an operating loss as measured by financial documents submitted in Annual Reports for three consecutive years, it will be required to submit a financial recovery plan.

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

Criterion 12.2 - Control

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

Criterion 12.3 - Expenditure

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

Criterion 12.4 - Budgetary Process

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

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

Criterion 12.5 - Management

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

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

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

Criterion 12.6 - Evaluation of the School's Finances

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

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

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

Criterion 12.7 - Indebtedness

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

Criterion 12.8 - Financial aid operations

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

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

Criterion 12.9 - Student Loan Default rate

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

Criterion 12.10 - Refund Policy

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

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

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

Standard 13 - Publication and Advertising

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

Criterion 13.1 - Completeness and Accuracy

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

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

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

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

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

Criterion 13.2 - Accurate disclosure

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

Criterion 13.3 - Representation of opportunities

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

Criterion 13.4 - Status with ACHENA

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

Standard 14 - Library and Learning Resources

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

Criterion 14.1 - Appropriate Resources

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

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

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

Criterion 14.2 - Access

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

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

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