**CHC Clinical Training Log**

Record each case on the log for which you assume full responsibility that is being supervised by a CCH certified homeopath. Organize the Clinical Training Log by Case ID. To meet CHC certification clinical requirements, write a case report that includes the initial intake and analysis for a minimum of 10 independent cases (10 hours each) with two follow-ups each (2 hours each). Each case and follow-ups must have been supervised.

**Date**: Record date supervision occurred.

**Case ID:** Use initials or numbering system. Do not use client names.

**Supervisor’s Name**: Print supervisor name and credential.

**Type:** IIA – Initial Intake and Analysis; FU – Follow-up.

**Hours:** Record the number of credited hours.

**Supervisor Signature**: Obtain supervisor’s signature for each entry.

**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Date | Case ID | Supervisor’s Name | Type: IIA or FU | Hours | Supervisor’s Signature |
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**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHC Case Log Continued**

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| Date | Case ID | Supervisor’s Name | Type: II or FU | Hours | Supervisor’s Signature |
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