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**CERTIFICATION
HANDBOOK**
for the
Certified Classical Homeopath (CCH) Credential



The Council for Homeopathic Certification (CHC) is a member of the Institute for Credentialing Excellence (ICE) and the CHC Certification Program is accredited by the National Commission for Certifying Agencies (NCCA)



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Section 1 | About the CHC

The Purpose of Homeopathic Certification

To certify and recertify individuals who meet and maintain a recognized standard of professional and ethical competence in classical homeopathy.

The CHC Certification Exam

The CHC Certification Exam is a valid and reliable measure of the knowledge and skill in classical homeopathy required by an entry-level certified practitioner of homeopathy. The CHC is accredited by the National Commission for Certifying Agencies (NCCA) and is the only accredited certification organization in homeopathy. Individuals who have met the CHC educational requirements are eligible to take the exam.

About the Council for Homeopathic Certification

The Council for Homeopathic Certification (CHC) was formed in 1991 and incorporated in 1992 as a non-profit 501(c)(6) organization with the vision of a healthcare system that includes certified classical homeopathic practitioners and makes homeopathy accessible to all. Acting with an autonomous governing Board of Directors, the CHC maintains oversight and responsibility for all certification and recertification policy decisions, including governance, eligibility standards, appeals and disciplinary actions, and the development, administration, scoring, and reporting of the results of assessment instruments.

In July 2017, the CHC was accredited by NCCA, designating it as the only accredited homeopathic certification organization in the field of homeopathy. Reaccreditation takes place every five years, and the CHC was reaccredited in 2022. NCCA standards require that certifying exams meet psychometric content validity, reliability, and scoring standards, and that certification processes adhere to best practices to help ensure the health, welfare, and safety of the public.

The CHC is also an organizational member of the Institute for Credentialing Excellence (ICE). ICE is a private and voluntary membership organization that provides educational, networking, and other resources for organizations like the CHC awarding credentials.

CHC's Mission & Vision

The CHC's mission is to advance the homeopathic profession by certifying individuals who meet and maintain a recognized standard of professional and ethical competence in classical homeopathy and to assist the general public in choosing appropriately qualified homeopaths.

We envision a healthcare system that encompasses certified classical homeopathic practitioners accessible to all.

Non-Discrimination & Confidentiality Policies

The CHC does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, disability, marital status, national origin, or ancestry.

Confidential information (non-public information including, but not limited to: name, address, social security number, bank or credit account numbers, financial or medical information, certification numbers, etc.) is protected by federal and state statutes. To protect privacy, CHC's database of personal information



is accessible only by designated staff and contractors operating under a nondisclosure agreement. This database may also be used in aggregate (such as pass rates, number of certificants, score trends) for the purpose of research reports and published data.

All information related to certification remains confidential, with the exclusion of whether a certificant is current and in good standing. Unless required by law, written authorization by an applicant or candidate is needed to release information. Test score or pass/fail status will not be provided by phone.

The Value of CHC Certification

- The CHC credential provides legal and public recognition of homeopathy.
- Certification promotes homeopathy as a recognized practice equating homeopathy with other certified healthcare professions.
- The CHC credential increases confidence in professional expertise.
- The work of the CHC depends on certified homeopaths to volunteer. By becoming certified, you can support the profession while serving on a CHC committee. Committee members gain knowledge of homeopathy, network with diverse members of the profession and build organizational skills; they may also become eligible for nomination to the CHC Board of Directors after a year of service.
- CHC recertification ensures that certified homeopaths continually expand professional knowledge and competence. For more information about recertification, please see the section titled [Maintaining Certification](#).

The Benefits of CHC Certification

CHC certified practitioners in good standing qualify for the following benefits:

- Promotion of your practice within the CHC website directory titled [Find a Certified Homeopath](#).
- Eligibility to purchase professional liability insurance through the [Westminster Group](#).
- Eligibility to apply for membership in the [North American Society of Homeopaths \(NASH\)](#) which grants the RSHom (NA) designation.
- A 50% discount on a [Professional Membership](#) from the National Center for Homeopathy (Valid for one year only. Only those with no previous NCH membership are eligible. Contact info@homeopathycenter.org for details).
- A complimentary two-month membership to [Trinity Health Hub](#) (applies to new certificants only).
- Practitioner discounts on products from many homeopathic pharmacies.
- Opportunities to be in the spotlight on the CHC's social media channels.

The Find A Certified Homeopath Directory

The [Find a Certified Homeopath](#) directory of CHC certified homeopaths is featured in the navigation on the CHC website. This directory is designed to assist the public in searching for certified homeopaths by location, keyword, specialty, telehealth options and more.

Certified homeopaths will be responsible for updating and maintaining their profiles for this directory. If a certificant would prefer to not be listed in the directory, they have the option to opt out by clicking on the checkbox found in their **MyCHC** account profile.



Section 2 | The CHC Certification Process

CHC Certification Process Overview

CHC certification requirements are based on the [Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner, 2013 \(S&C\)](#) as developed by key United States and Canadian homeopathy stakeholders. S&C represents a consensus on the standards and competencies required for the professional practice of homeopathy in the United States and Canada.

Several recent changes and clarifications in the CHC certification process are explained in detail in this handbook:

- **You may open an account and begin your application to take the CHC Certification Exam at any time during the year via the MyCHC platform.**
- **Your application must be verified** before you can register to take the CHC Certification Exam.
- **To allow time for application verification**, you should complete and submit your application at least 4 weeks in advance of your preferred testing cycle.
- **After your application is verified**, you may register to take the CHC exam and schedule your date for April or October.
- **There are two pathways to become eligible to take the CHC Certification Exam**
 - Pathway 1:** For graduates from schools/programs accredited by or that have earned candidate status from the Accreditation Commission for Homeopathic Education in North America (ACHENA)¹, or an equivalent U.S.-based accrediting agency.
 - Pathway 2:** For graduates from professional homeopathy programs outside of the United States who fulfill one of these three requirements:
 - A. Hold a license in homeopathy. (BHMS, CHO or equivalent)
 - B. Graduated from a homeopathy school that is approved by a foreign government’s Ministry of Education, Ministry of Health, or equivalent agency
 - C. Graduated from a school/program that is approved by a private accreditation agency recognized by the respective government entity that maintains standards comparable to those of ACHENA.
- **We offer two modes for taking the CHC Certification Exam**
 - At an Authorized Testing Center:** Authorized Testing Centers are available throughout the U.S. and Canada.
 - Via Live Remote Proctoring:** Live Remote Proctoring enables test-takers to take the CHC Certification Exam from their homes. *(Note: at the time of all online live proctored exams, the test taker must be taking the exam at a location in the U.S. or Canada.)*
- **The Late Rescheduling and Cancellation Fees have changed.**
- **If you need assistance, you may open a support ticket via the MyCHC platform.**

¹ *The Accreditation Commission for Homeopathic Education in North America (ACHENA), founded in 1982 as the Council on Homeopathic Education (CHE), is an independent non-profit accreditation agency that assesses the educational standards of homeopathic schools and programs.*



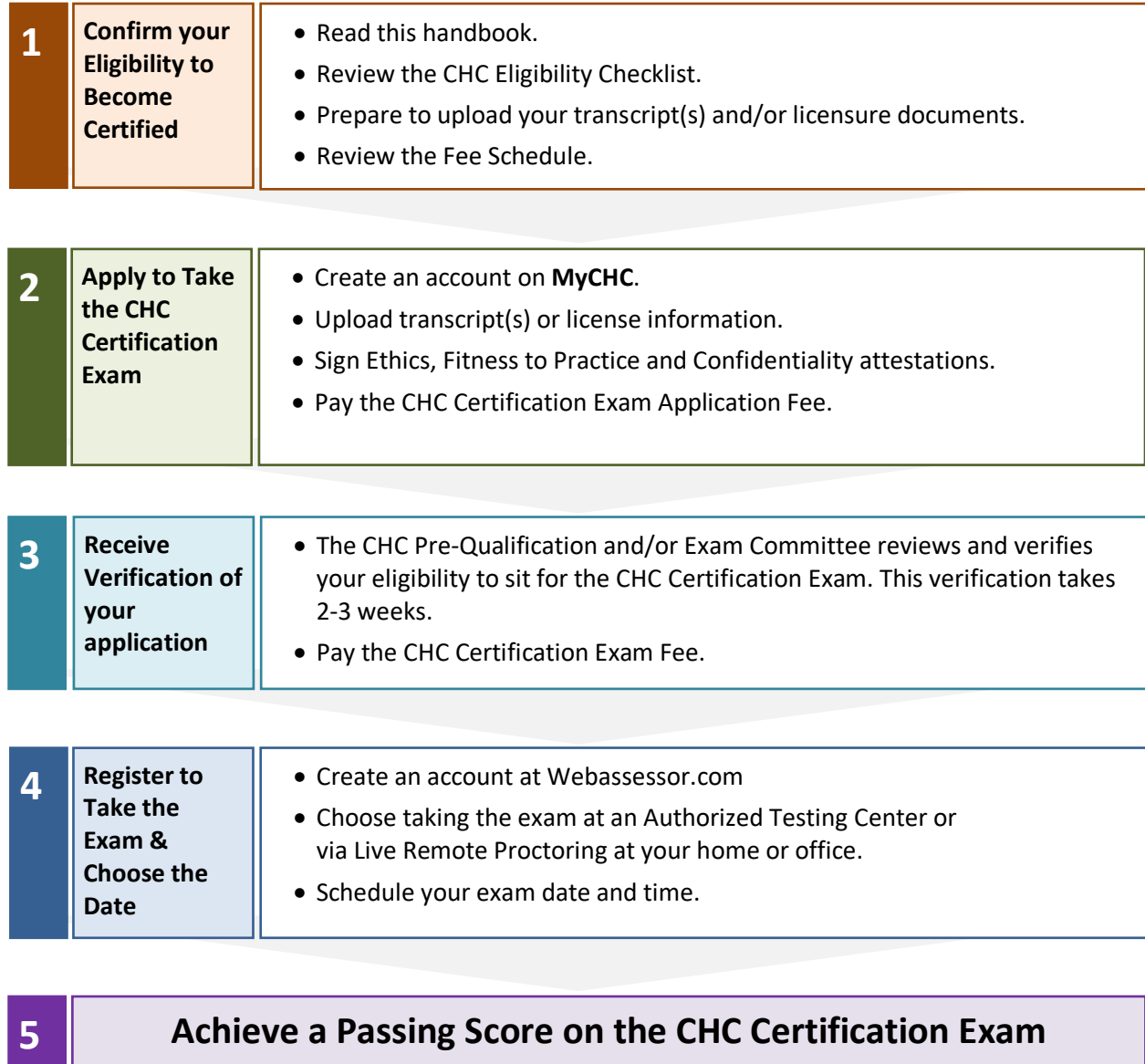
Reasonable Accommodations for Testing Applicants

An applicant may make a request for reasonable accommodations for disabilities covered by applicable laws. They must submit requests BEFORE applying for the exam. The applicant should not proceed with the application process for the exam without first hearing from the CHC regarding the accommodation.

If you need reasonable accommodations, please complete and send the [Request for Reasonable Accommodations for Testing Form](#) (also included in the [Appendices](#)) to chcsupport@homeopathcertification.org or PO Box 75, Chartley, MA 02712 at least two weeks before the opening of an exam cycle.

The Roadmap to Certification

This diagram gives a brief overview of the process to become a certified classical homeopath (CCH). Each step is described in more detail in the pages that follow.





Step 1: Confirm Your Eligibility to Become Certified

CHC Eligibility Checklist

1. **Both oral and written English proficiency is required.**

We do not offer accommodations for limited English proficiency. An English language proficiency test is not mandatory.

2. **You must take the exam from a location in the United States or Canada.**

To ensure exam security, the CHC requires that all test takers be physically present at a location in the United States or Canada on the day of their exam. This policy is applicable whether you are taking the exam at an approved Authorized Testing Center or via Online Remote Proctoring.

3. You must submit transcripts to prove fulfillment of the educational requirements per your pathway as follows:

PATHWAY 1 – For graduates from schools/programs accredited by or that have earned candidate status from the Accreditation Commission for Homeopathic Education in North America (ACHENA) or an equivalent U.S.-based accrediting agency.

REQUIREMENTS

- Completion of a minimum of 500 hours of theory and foundations of homeopathy from an ACHENA accredited program.
- Completion of 500 hours of clinical training from an ACHENA accredited program – including at least 10 independently managed chronic cases with two follow-ups each, supervised by a CCH, DHANP, or DHT Certified Supervisor.
- Successful completion of college-level courses in Anatomy and Physiology and Human Pathology.
- Compliance with and signatures on required attestations regarding [Fitness to Practice; CHC’s Code of Professional Ethics; and Confidentiality of Exam Questions](#). (also included in the [Appendices](#))

Note: If a student is enrolled in a school accredited by ACHENA, and the school loses accreditation after their enrollment, the CHC will consider the student a candidate for PATHWAY 1. In other words, if the school was accredited at the time that the student first enrolled in the school’s program, the student qualifies for PATHWAY 1.

PATHWAY 2 – For graduates from professional homeopathy programs outside of the United States who fulfill one of these three requirements: (A) Hold a license in homeopathy, such as BHMS, CHO or equivalent (B) Graduated from a homeopathy school that is approved by a foreign government’s Ministry of Education, Ministry of Health, or equivalent agency or (C) Graduated from a school/program that is Approved by a private accreditation agency recognized by the respective government entity that maintains standards comparable to those of ACHENA.

REQUIREMENTS

- Graduates from international homeopathy schools must be verified by the CHC Pre-Qualification Evaluation Committee (PQE) for eligibility before their application is forwarded to the exam committee for verification.
- Transcripts, homeopathic licenses, and supplemental documents must demonstrate:
 - 500 hours of classical homeopathic foundations.
 - 500 hours of clinical work.
 - Successful completion of college-level courses in Anatomy and Physiology and Human Pathology.
- The homeopathy school must be approved by a foreign government’s Ministry of Education, Ministry of Health, or equivalent agency.
–OR–
Approved by a private accreditation agency recognized by the respective government entity that maintains standards comparable to those of ACHENA.
- Applicants may be asked to verify their education through evaluation services like AACRAO, ECE, or WES.
- Compliance and signature on required attestations regarding [Fitness to Practice; CHC’s Code of Professional Ethics; and Confidentiality of Exam Questions](#). (also included in the [Appendices](#))

For Either Pathway...

- All applicants must submit documentation of their training, sign attestations, and pay the CHC Exam Application Fee.
- Once the exam committee verifies an application, the applicant is encouraged to register for the exam.
- A verified application is valid for one year after verification.

Work/Study Visas

The CHC does not provide referrals, information, or assistance regarding work or study visas. Please do not contact the CHC with inquiries about these topics.



Step 2: Apply to Take the CHC Certification Exam

Apply to take the CHC Certification Exam via the **MyCHC** credential management system.

1. Create your **MyCHC** account at <https://mychc.homeopathcertification.org/>
2. Complete all fields with an asterisk (*).

*Important: When setting up your **MyCHC** account, enter your NAME that matches your official identification documents. You will need use the same name – and same email address – when scheduling your exam on the Webassessor platform after your application is verified.*

3. Choose your PATHWAY. Refer to the requirements for each Pathway described in detail above.
4. Choose your SCHOOL from the drop-down list, or, if you attended an international school not listed, type in the name of the school.
5. Create a password.
6. Click on CREATE ACCOUNT. An account verification email will be sent to the email address you used to create the account.
7. Upon receipt of the verification email, click the VERIFY link and log in to your account to complete the mandatory sections of your profile: Address, Education, Demographics.

Important note: Applicants requesting reasonable accommodations for disabilities covered by applicable laws in the United States must complete and submit the [Request for Reasonable Accommodations for Testing Form](#) (the same form is included in the [Appendices](#)).

8. Upload transcript(s) providing proof of your foundational, clinical, and health sciences training.
If you are eligible for PATHWAY 1:
 - Upload a SINGLE TRANSCRIPT as evidence of your foundational, clinical, and health sciences training.If you are eligible for PATHWAY 2:
 - If your program meets the eligibility requirements, upload ALL PERTINENT TRANSCRIPTS as evidence of your foundational, clinical, and health sciences training.
 - If you hold a homeopathy license, upload a LICENSE CERTIFICATE that shows a verifiable license number and validity date. You may be asked for further documentation such as graduating transcripts, marksheets, degrees, certificates, etc. to support the eligibility requirements.
9. Read the attestations and provide your electronic signature within your **MyCHC** account.
To prepare, you will need to review the following documents:
 - [CHC Ethics](#) (also included in the [Appendices](#))
 - [Client Rights](#) (also included in the [Appendices](#))
 - Compliance and signature on required attestations regarding [Fitness to Practice; CHC's Code of Professional Ethics; and Confidentiality of Exam Questions](#). (also included in the [Appendices](#))
10. Pay the CHC Certification Exam Application Fee.

Please note: If your application is incomplete, after one year it is considered abandoned, and will expire.

Step 3: Receive Verification of Your Application

In this step, the PQE and/or Exam Committee will review your application for eligibility and verify your submissions. Please note that this verification may take 2-3 weeks. Once approved, your application is valid for one year.

If the PQE and/or Exam Committee approves your application...

- You will receive an email notification with instructions to pay the CHC Certification Exam Fee. You must do so via your **MyCHC** account.
- After your CHC Certification Exam Fee payment is confirmed, you will receive an CHC Certification Exam voucher code within the **MyCHC** platform. That voucher code will be essential for scheduling your exam.
- You will also receive a scheduling email with instructions regarding how/when to schedule your CHC Certification exam on CHC's Webassessor.com platform.

If the PQE and/or Exam Committee does not approve your application...

- You will receive an email notification to log in to **MyCHC** to view any relevant posts containing details and next steps. For example, the committee may post a request for additional supporting documents and/or ask questions regarding your education. You must respond to those posts to re-submit your application for taking the CHC Certification.

Step 4: Schedule Your CHC Certification Exam Date

The CHC uses Kryterion's testing platform, Webassessor – to deliver the exam at designated test sites or via Live Remote Proctoring.

Once your application has been verified and you have received the scheduling email, it's time to create an account at [Webassessor.com](https://www.webassessor.com/chc) (<https://www.webassessor.com/chc>).

The account creation link is in the upper right, in the top-level navigation. If you have questions or need assistance at any point in this process, please log in to your **MyCHC** account and open a support ticket.

*Important: When setting up your Webassessor account, be sure to enter your name as it appears on your official identification documents, and your email address – exactly as you did for your **MyCHC** account. If these fields are inconsistent, there will be a delay in receiving your results.*

After you have created your Webassessor account, you will be prompted to

- Enter your exam voucher code.
- Choose between Live Remote Proctoring or an Authorized Testing Center.
- Choose your exam date and time.

Upon completion of these scheduling steps, you will receive an email confirming your choices.

Step 5: Achieve a Passing Score on the CHC Certification Exam

The following overview is provided to clarify frequently asked questions about the exam. However, it is essential that you review [Section 3 | Exam Content](#), [Section 4 | CHC Certification Exam Day](#) and [Section 5 | After the Exam](#) in this handbook.

CHC Certification Exam Overview

- The CHC Certification Exam is comprised of 200-220 multiple choice items, and you must choose only **one** best answer for each item
- You will have four hours (240 minutes) to complete the exam
- To ensure exam security, the CHC requires that all test takers be physically present at a location in the United States or Canada on the day of their exam. This rule applies even if you are taking the exam via Online Live Remote Proctoring.
- For complete details, see [Section 3 | Exam Content](#)

CHC Certification Exam Content

- Foundations and Theory of Classical Homeopathy
- Materia Medica
- Repertory
- Health Sciences
- Ethics and Professional Practice
- Homeopathic Case Taking
- Homeopathic Case Analysis
- Posology
- Follow-up and Case Management
- Case Studies
- Repertory Graphs and Charts
- For complete details, see [Section 3 | Exam Content](#)

CHC Certification Exam Scoring

- The possible range for the exam score is between 100 and 300.
- The score required for passing the exam is 255.
- Your provisional score will be shown onscreen immediately upon completion of the exam, except during a beta exam cycle.
- However, the provisional score is not your final score. Your final score is scaled or standardized, using a method that is similar to those used when scoring college entry exams such as the Scholastic Assessment Test (SAT). This method of scoring provides consistency in passing standards by accounting for the difficulty level of the examination.
- You will be notified via email when your final score has been verified and is available on your **MyCHC** account. This will occur approximately 2-3 weeks after the close of the exam cycle. (However, during beta exam cycles, scores are provided within 6-8 weeks after the end of the exam)



cycle, or after the psychometric evaluation process has been completed.)

- For complete details, see [Section 5 | After the Exam](#)

CHC Certification Exam Day Policies

- No outside materials or references are allowed inside the exam room.
- No electronic devices (phones, computers, etc.) are allowed inside the exam room.
- No eating or drinking is permitted during the exam.
- No test misconduct will be tolerated during the exam.
- For complete details, see [Section 4 | Taking the CHC Certification Exam](#).

Breaks During Your Exam

- If you are taking the exam at an Authorized Testing Center you may take a short break during the exam. Please note, however, the exam time clock will NOT stop during your break.
- If you are taking the exam via Live Remote Proctoring, no breaks are permitted. Hence, if you feel that you must have a break, we suggest you schedule your exam at an Authorized Testing Center.
- For complete list of Exam Day Policies, please see [Section 4 | Taking the CHC Certification Exam](#).

CHC's Annual Recertification Requirement

- After certification, annual recertification is mandatory to maintain your credential.

However, new certificants do not need to recertify in the year that they take and pass the exam. For example, if you have passed the exam in April or October of 2023, you will need to recertify by the end 2024.

Please refer to the [CHC Recertification Handbook](#) on the CHC website for recertification guidelines and procedures.



The CHC Certification Exam/Recertification Calendar

<p>January, February</p>	<ul style="list-style-type: none"> We encourage you to study for the CHC Certification Exam at least 3 months before your preferred exam cycle. PATHWAY 2 applicants should apply for pre-qualification at least 6 weeks in advance of each exam cycle. If you have a recognized disability and require reasonable accommodations to take the exam in April, you must request reasonable accommodations by the end of February by submitting the Request for Reasonable Accommodations for Testing Form (also included in the Appendices)
<p>March</p>	<ul style="list-style-type: none"> PATHWAY 1 applicants should submit their applications to take the CHC Certification Exam at least 2-3 weeks before each exam cycle begins.
<p>April</p>	<p>Spring CHC Certification Exam Cycle runs from April 1st to April 30th</p>
<p>May</p>	<p>Spring CHC Certification Exam Cycle scores will be posted to your MyCHC account. If you do not pass the exam and need to schedule a retake:</p> <ul style="list-style-type: none"> Your first retake may be taken in the next available cycle For a second retake, you must skip at least one cycle
<p>June, July, August, September</p>	<ul style="list-style-type: none"> We encourage you to study for the CHC Certification Exam at least 3 months before your preferred exam cycle. PATHWAY 2 applicants should apply for pre-qualification at least 6 weeks in advance of each exam cycle. If you have a recognized disability and require reasonable accommodations to take the exam in April, you must request reasonable accommodations by the end of February by submitting the Request for Reasonable Accommodations for Testing Form (also included in the Appendices)
<p>October</p>	<p>Fall CHC Certification Exam Cycle runs from October 1st to October 31st</p>
<p>November</p>	<p>Fall CHC Certification Exam Cycle scores will be posted to your MyCHC account. If you do not pass the exam and need to schedule a retake:</p> <ul style="list-style-type: none"> Your first retake may be taken in the next available cycle For a second retake, you must skip at least one cycle
<p>December</p>	<p>The recertification deadline is December 31. However, new certificants do not need to recertify in the year that they take and pass the exam. For example, if you have passed the exam in April or October of 2023, you will need to recertify by the end 2024.</p> <p>Please refer to the CHC Recertification Handbook for details including qualifying Continuing Education activities.</p>



CHC Fee Schedule

PATHWAY 1 (all amounts are in US Dollars)	
CHC Certification Exam Application Fee	\$35.00 (non-refundable)
Initial CHC Certification Exam Fee	\$500.00
CHC Certification Exam Retake Fee	\$325.00

PATHWAY 2 (all amounts are in US Dollars)	
Pre-Qualification Evaluation Review Fee (\$75) + CHC Certification Exam Application Fee (\$35)	\$110.00 (partially refundable)
Initial CHC Certification Exam Fee	\$500.00
CHC Certification Exam Retake Fee	\$325.00

PATHWAY 1 or 2 (all amounts are in US Dollars)	
Late Rescheduling or Cancellation Fee	\$125.00 (Authorized Testing Center) \$70.00 (Live Remote Proctoring)
No Show Fee	\$125.00 (Authorized Testing Center) \$70.00 (Live Remote Proctoring)

Refunds

- For Pathway 1 applicants, the CHC does not offer refunds of the CHC Certification Exam Application Fee.
- For Pathway 2 applicants, the CHC does not offer refunds of the Pre-Qualification Evaluation Review Fee.
- For Pathway 2 applicants, if eligibility is denied by the PQE committee, the \$35 CHC Certification Exam Fee is refundable.
- For Authorized Testing Center appointments, if you cancel your exam AT LEAST 72 HOURS BEFORE THE SCHEDULED TIME, 100% of the CHC Certification Exam Fee is refundable.
- For Live Remote Proctoring appointments, if you cancel your exam AT LEAST 24 HOURS BEFORE THE SCHEDULED TIME, 100% of the CHC Certification Exam Fee is refundable.

For more information regarding rescheduling/cancellation please see [Exam Rescheduling & Cancellations](#).



Exam Rescheduling & Cancellations

You may reschedule or cancel your CHC Certification Exam according to the following policies and conditions:

- Applicants who cancel their scheduled exam may choose to defer (postpone) taking the exam until the next exam cycle. For example, an applicant who schedules an exam (initial or retake) in April may defer the exam to the following October.
- Your initial exam verification and voucher is valid for 1 year – which is typically two exam cycles. If you do not reschedule your exam within one year, you will be asked to re-apply.
- Penalty fees for late rescheduling, late cancelation and no-shows may apply.
- Any unauthorized use of CHC Certification Exam vouchers will result in immediate and permanent dismissal of the candidate by the CHC.
- If you decide to switch modes from Authorized Testing Center to Live Remote Proctoring, or vice versa, the voucher that was issued when your Exam Application was approved must be re-entered for the switch.

If you are scheduled to take the CHC certification exam at an authorized testing center, you may reschedule/cancel up to 72 hours from your scheduled exam time without penalty.

Follow these steps:

1. Log in to your test-taker account in [Webassessor](#).
2. Go to My Assessments.
3. Scroll down to your scheduled exam and click on the link to Reschedule/Cancel.
4. Click on the Reschedule button. (Or click on the Cancel button if you are not rescheduling.)
5. If rescheduling, choose your testing location, and then choose a new exam date and/or time on the Date and Time Selection screen.

Please note: If you try to reschedule/cancel your exam at an Authorized Testing Center within 72 hours of your scheduled exam time, you will be required to pay an Exam Rescheduling/Cancellation Fee of \$125 via the payment screen on Webassessor.

If you are scheduled to take the CHC Certification Exam via live remote proctoring, you may reschedule/cancel up to 24 hours from your scheduled exam time without penalty.

Follow these steps:

6. Log in to your test-taker account in [Webassessor](#).
7. Go to My Assessments.
8. Scroll down to your scheduled exam and click on the link to Reschedule/Cancel.
9. Click on the Reschedule button. (Or click on the Cancel button if you are not rescheduling.)
10. If rescheduling, choose Reschedule and then choose a new exam date and/or time on the Date and Time Selection screen.



*Please Note: If you try to reschedule/cancel your Live Remote Proctoring exam within **24 hours** of your scheduled exam time, you will be required to pay an Exam Rescheduling/Cancellation Fee of **\$70** via the payment screen on Webassessor.*

If you want to change the test taking mode from an authorized testing center to live remote proctoring

Log in to your [Webassessor](#) account and cancel your exam, then re-register to take the exam via Live Remote Proctoring.

To avoid penalty fees, you must make any mode change more than 72 hours in advance of your scheduled exam.

If you want to change the test taking mode from live remote proctoring to an authorized testing center

Log in to your [Webassessor](#) account and cancel your exam, then re-register to take the exam at an Authorized Testing Center.

To avoid penalty fees, you must make any mode change more than 24 hours in advance of your scheduled exam.

No Show Policy

If you do not show up for your scheduled exam, and you were scheduled to take the exam at an Authorized Testing Center, the CHC reserves the right to retain \$125 from your CHC Exam Registration Fee. The penalty is \$70 if you were scheduled to take the exam online via Live Remote Proctoring.



Retaking the CHC Certification Exam

If you do not achieve a passing score the first time you take the CHC Certification Exam, you may apply to retake the exam again. There are no limits on the number of retakes you may schedule. However, there are timing restrictions, and you may be required to complete additional study as follows:

- You may not retake the exam in the same cycle as your first exam. For example: If your first exam attempt was in the April 2024 exam cycle, you may schedule your retake for the October 2024 or April 2025 exam cycles.
 - If you do not achieve a passing score on the first retake, you must *skip* an exam cycle before a second retake. For example: If your first exam attempt was in the April 2024 exam cycle, you may schedule your retake for the October 2024 cycle. If you'd like to take the exam a third time, you will need to wait until the October 2025 exam cycle for your retake.
- We strongly encourage additional study before any retaking of the exam. However, if you do not achieve a passing score on your third attempt, the CHC requires documentation of additional study in accordance with these guidelines:
 - You must take a refresher course at a homeopathy school or enroll in a CHC Certification Exam bootcamp that includes a minimum of 40 hours of training.
 - The training must reflect the fundamental knowledge outlined in the CHC Job Analysis [Domains and Statements](#) (also included in the [Appendices](#)).
- If you decide to retake the exam again, and you do not achieve a passing score again, the CHC requires documentation of an additional 40 hours of refresher training as described above.
- All documents proving additional education must be uploaded to your retake application through your **MyCHC** account.



Section 3 | CHC Certification Exam Content

How the CHC Certification Exam is Developed

CHC Job Analysis

To ensure the CHC certification exam is valid and reliable, it is necessary to conduct surveys of practitioners to assess the knowledge and skills necessary for successful performance as a homeopath. This is called a Job Analysis (JA). The primary purpose of a JA is to ensure exam content reflects expectations of an entry-level practitioner in the profession of homeopathy. Since the field of homeopathy as practiced in the U.S. and Canada is evolving, it is extremely important to continually review and update the content of the CHC Certification Exam accordingly. Sound psychometric practice requires that a JA be performed every five to seven years. The CHC conducted its second JA in May 2019. Approximately 200 practicing homeopaths completed the survey and [a summary of the report from this survey is available on the CHC website](#).

Exam Content Outline

As a result of the statistical analyses performed on the JA survey responses, an exam content outline – a basic set of [domains and statements](#) that included knowledge, skills, and abilities statements – was verified by the homeopathic community. The average rating for each statement evaluated by survey respondents indicated that each of the statements was “very important” or “critical” for entry-level practitioners to know and be able to perform. Exam questions (also referred to as “items”) are based on the statements listed in each domain.

Exam Score

The exam is designed to measure the entry-level competence required to practice classical homeopathy. As part of the exam development process, determining the score needed to pass is undertaken by a panel of CHC-certified practitioners under the direction of Kryterion, an internationally recognized psychometric and testing consulting firm. The study sets a benchmark on 182 scored test items. Additionally, up to 40 unscored pilot items are included on each test. A modified Angoff methodology is used by the CHC panel under the guidance of a Kryterion psychometrician to determine the passing score on a scaled score of 100-300. The panel’s recommendation is then sent to the CHC Board of Directors. The passing score is set once the CHC Board of Directors ratifies the panel’s recommendation. All subsequent versions of the test are statistically equated.

CHC Certification Exam Format

The exam is computerized and may be taken at designated test sites or through online live remote proctoring in the US and Canada. The four-hour (240 minute) exam consists of 200-220 items that are:

- Multiple choice, with only one best answer
- Case studies
- Repertory graphs and charts

Exams are scored according to the following:

- Standardized score (similar to SAT scoring)
- Standard score range: 100-300
- Passing score: 255



- A provisional score is given immediately, onscreen upon completion of the exam.
- A final score will be available in your **MyCHC** account 2-3 weeks after the close of the exam cycle.

CHC Certification Exam Content

The [CHC Certification Exam Content Outline](#), frequently referred to as Domains & Statements, (also included in the [Appendices](#)).and all references required for exam preparation are listed in the [CHC Certification Exam Study References List](#), below. We encourage you to use this study references list to study for the exam.

We encourage all applicants to pay particular attention to the [CHC Certification Exam Content Outline](#) as it identifies the knowledge, skills and tasks that are covered in the test. Use the Content Outline as a tool for assessing your readiness to pass the exam.

In addition, you are encouraged to review the [Sample Items](#) (also included in the [Appendices](#)).that are provided to give you examples of items for each Domain. There is only one best answer for each item.

CHC Certification Exam Study References List

Publications on the CHC Website

(Items marked with * are also found in the [Appendices](#))

- *CHC Certification Exam Handbook (i.e., this document)*
- [CHC Exam Content Outline: Domains and Statements](#)*
- [CHC Exam: List of Homeopathic Remedies for Study](#)*
- [CHC Exam: Sample Items](#)*
- [CHC Exam: Health Sciences Human Pathology Study Guide](#)*
- [CHC Code of Professional Ethics](#)*
- [CHC Client Healthcare Rights](#)*
- [CHC Recertification Handbook](#)
- [Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America, \(S&C\) 2013](#)

History & Philosophy

- Hahnemann: *Organon of Medicine (5th & 6th Editions)*
- Hahnemann: *Chronic Diseases (Theoretical Part)*
- Kent: *Lectures on Homeopathic Philosophy*
- Roberts: *The Principles and Art of Cure by Homeopathy*
- Vithoukias: *The Science of Homeopathy*
- De Schepper: *Hahnemann Revisited*
- Ullman: [A Condensed History of Homeopathy](#)

Materia Medica

- Boericke: *Materia Medica with Repertory*
- Clarke, J.H.: *Dictionary of Practical Materia Medica*
- Cummings & Ullman: *Everybody's Guide to Homeopathic Medicine*
- Gibson, D.: *First Aid Homeopathy in Accidents & Injuries*
- Kent: *Lectures on Homeopathic Materia Medica*
- Kruzel: *The Homeopathic Emergency Guide*
- Morrison, R.: *Desktop Guide to Keynotes and Confirmatory Symptoms*
- Vermeulen, F.: *Prisma: The Arcana of Materia Medica Illuminated, Similars and Parallels Between Substance and Remedy*
- Vermeulen, F.: *Concordant Materia Medica*

Repertory & Terminology

- Allen, K.: *A Tutorial Workbook for the Homeopathic Repertory*
- Kent: *Repertory*
- Pasma, A.: *Practice Makes Perfect*



- Schroyens: *Synthesis Repertory*
- van Zandvoort: *Complete Repertory*
- Yasgur: *Dictionary of Homeopathic Medical Terminology*

Ethics & Professional Practice

- Corey, Gerald: *Issues and Ethics in the Helping Professions*
- Robinson, Theodore, W.: *How to Open or Improve a Successful Alternative Health Care Practice*
- Wilson, Lawrence: *Legal Guidelines for Unlicensed Practitioners*

Health Sciences

- Seller, R.: *Differential Diagnosis of Common Complaints*
- *The Merck Manual of Medical Information, Home Edition*
- Thibodeau/Patton: *The Human Body in Health & Disease*
- American Red Cross: *Standard First Aid & Personal Safety*
- Taber: *Cyclopedic Medical Dictionary*
- www.webmd.com
- www.mayoclinic.com/health/DiseasesIndex/DiseasesIndex
- www.cdc.gov/DiseasesConditions/
- [*The Five Stages of Grief*](#) (on Grief.com website)

Other Essential References

- [*National Health Freedom Coalition*](#)
- [*Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)*](#)



Section 4 | Taking the CHC Certification Exam

The CHC Offers Two Modes for Taking the CHC Certification Exam

- **In Person, at an Authorized Testing Center:** Testing centers are available throughout the U.S. and Canada.
- **Live Remote Proctoring:** Live Remote Proctoring enables test-takers to take the CHC Certification Exam from their homes. *(Please note that during all online live proctored exams, the test taker must be taking the exam at a location in the U.S. or Canada.)*
- The CHC Certification Exam content and structure is the same for both Testing Centers and Live Remote Proctoring; the exam duration is 240 minutes or four hours.

For more exam details, please refer to [Section 3 | CHC Certification Exam Content](#)

Exam Day at an Authorized Testing Center

You must arrive at the testing center at least fifteen (15) minutes before your scheduled exam start time. When you arrive, please identify yourself to the staff as a Kryterion test taker.

You Will Need to Bring the Following Items to Check in for Your Exam:

- Two forms of acceptable identification
- Your Test Taker Authorization Code

Acceptable Forms of Identification

A VALID & CURRENT government-issued photo identification, such as:
<input type="checkbox"/> Government-issued driver’s license or identification card (local, state, province, or country)
<input type="checkbox"/> Passport
<input type="checkbox"/> Military identification
<input type="checkbox"/> National identification card
AND... a second form of a VALID & CURRENT identification, such as:
<input type="checkbox"/> One of the options listed above that has not been used as the primary identification
<input type="checkbox"/> Student identification from an accredited school
<input type="checkbox"/> Credit card
<input type="checkbox"/> Check-cashing card
<input type="checkbox"/> Bank debit card
<input type="checkbox"/> Employee identification card

Please note: The name on your two forms of identification must match your name in your Webassessor Test Taker profile exactly. A Social Security card cannot be used as a valid ID.



Your Test Taker Authorization Code

You must present your Test Taker Authorization Code to the Proctor before you can take the exam. We urge you to print a copy of it and bring it the Authorized Testing Center.

How to find the Test Taker Authorization Code:

The **Test Taker Authorization Code** is a unique code, and it is a different code from the exam voucher that you used during exam scheduling. When you scheduled your exam, you were sent a **Test Taker Authorization Code** in your Assessment Purchase Confirmation email.

To start your exam at an Authorized Testing Center, you must bring a printed copy or have memorized or otherwise retained your Test Taker Authorization Code. You will not be able to start the exam without this code. The Testing Center proctor will assist you in entering the code to begin taking the exam.

Authorized Testing Center Policies

- The CHC Exam is only administered by trained proctors at Authorized Testing Centers registered with our test delivery vendor, Kryterion.
- The exam must be completed within a single, continuous 4-hour session. Applicants may **NOT** stop the exam and return later.
- If needed, ask the proctor for assistance with screen brightness or font size PRIOR to the start of the exam.
- If you will require a short water/snack/restroom break during the exam, please let the proctor know PRIOR to the start of the exam. Please note, however, the exam time clock will NOT stop during your break.
- The proctor is authorized to stop the exam if he/she suspects anyone of misconduct during the exam.
- The proctor will not answer any questions about exam content.
- For each exam question, there will be a small on-screen box to check if you would like to return to the question later to review your answer.
- No outside materials or references are allowed in the exam room. This includes cell phones, computers, pagers, radios, watches, translators, dictionaries, or any other electronic devices or paper material.
- No eating or drinking will be allowed in the exam room unless deemed necessary due to a documented medical condition and approved prior to the exam date.
- No test misconduct is tolerated. Examples of possible misconduct include, but are not limited to, accessing textbooks or notes, discussing exam items with others, and talking to other applicants during the exam.

Note: If any irregular or adverse event occurs during your exam, you must notify the proctor immediately and notify the CHC by phone at 866-242-3399 or by email to chcsupport@homeopathcertification.org within 24 hours of taking the examination.

Taking the CHC Certification Exam Via Live Remote Proctoring

Live Remote Proctoring (also referred to as an Online Proctored Exam, or OLP) means that you, the test taker, will take the exam at home or office on your personal computer while being observed by a live proctor who monitors your test taking.

Kryterion, the CHC’s contracted third-party test administrator, facilitates Live Remote Proctoring. There are several technical steps to prepare your computer, webcam and testing environment.

We recommend you watch this overview video to learn more about Live Remote/Online Proctoring: [Your First Test-What to Expect with Online Proctoring External Webcam.](#)

Live Remote Proctoring Exam Day Policies

- The exam must be completed within a single, continuous 4-hour session, and test takers will be recorded during the entire exam experience. Applicants may **NOT** stop the exam and return later. There are no bathroom breaks allowed during the OLP exam.
- During the exam, all items on the test taker’s head, neck and wrist, such as jewelry, lanyards/name badges, hats and watches, must be removed and left outside of the exam room.
- No outside materials or references allowed in exam room. This includes cell phones, computers, pagers, radios, watches, translators, dictionaries, or any other electronic devices or paper material.
- No eating or drinking in the exam room.
- No online test misconduct tolerated. The proctor is authorized to stop the exam if he/she suspects misconduct during the exam. Examples of possible misconduct include the following:
 - leaving the testing area
 - moving the camera or camera goes out of focus
 - leaning out of the camera’s view
 - turning off the audio or video
 - non-test-related talking (please advise family members or housemates not to enter the exam room unless there is an emergency)
 - reading the test out loud
 - talking about the exam out loud
 - discussing exam items with others or talking to other applicants during the exam. The proctor is authorized to stop the exam if he/she suspects misconduct during the exam.
- The proctor will not answer any questions about exam content.
- For each exam question, there will be a small on-screen box to check if you would like to return to the question later to review your answer.

If you decide you want to change your mode of taking the exam – you’ll need to cancel your exam at the testing center and re-register to take the exam online via Remote Proctoring. To avoid penalty fees, you must request this change at least 72 hours in advance of your scheduled exam.

Steps to Prepare for Live Remote Proctoring

The CHC strongly encourages you to become familiar with these steps well in advance of your scheduled exam date and time.

PREPARATION STEP	WHAT/HOW	WHEN
STEP 1 Check the hardware/software requirements	Confirm that your computer meets the Online Proctoring Hardware/Software Requirements according to the instructions provided by Kryterion. The link to the requirements is provided below.	At least 48 hours before your exam day
STEP 2 Install and configure the required software for Live Remote Proctoring	Install the designated secure browser, set up your web camera, configure the biometric software for keystroke and facial recognition according to the instructions provided by Kryterion. Links are provided below.	At least 48 hours before your exam day
STEP 3 Prepare your test taking environment for Live Remote Proctoring	Set up the environment according to the guidelines provided below.	At least 24 hours before your exam day
STEP 4 Launch the Exam	Begin your exam. Use the instructions outlined below.	10 minutes before your scheduled exam time

If you decide you want to change your mode of taking the exam – you’ll need to cancel your Live Remote exam date and re-register to take the exam at an Authorized Testing Center. To avoid penalty fees, you must make this change at least 24 hours in advance of your scheduled exam.

STEP 1: Check the Hardware/Software Requirements

We strongly recommend that you refer to this article provided by Kryterion that outlines system and internet requirements BEFORE testing day: [Online Testing Requirements: What You Need to Know](#) to ensure that your computer and internet connection meets the system requirements.

Before going on to the next step and downloading the secure browser, Kryterion urges that you test your equipment at: <https://www.kryterion.com/systemcheck/>

If your computer does not conform to the requirements, or you do not have an adequate internet connection, or you do not have a webcam, you will need to cancel your OLP and reschedule to take the exam at an Authorized Testing Center. To avoid penalty fees, you must make this change at least 24 hours in advance of your scheduled exam.

STEP 2: Install and Configure the Required Software for Live Remote Proctoring

Install the designated secure browser, set up your web camera, and configure the biometric software for keystroke and facial recognition according to the instructions provided by Kryterion in the links that are provided below.

- A. Install the designated secure browser according to these instructions
 - [Accessibility and How to Install the Respondus Secure Browser](#)
- B. Configure your microphone and webcam according to these instructions
 - [What Cameras and Camera Settings are Required for an Online Proctored \(OLP\) Exam?](#)
 - [Additional details for Mac Users – How to Test your Mac Camera and Microphone Settings for the Secure Browser](#)
- C. Configure and enroll in the required biometric software
 - Biometrics are distinctive and measurable identifiers used to confirm that people are who they say they are. Examples can include fingerprint, facial recognition, DNA, palm print, hand geometry, iris recognition etc. In other words, these are an individual's unique identifiers. The CHC requires facial and keystroke identifiers for OLP test takers.
 - During this step, you will create a biometric profile that will include keystroke analytics and facial recognition. Please ensure your web camera is not streaming video in any other webpage or application prior to attempting to create your biometric profile.
 - Follow these instructions to complete this step: [Create A Biometric Profile/Enroll in Biometrics](#)

STEP 3: Prepare Your Test Taking Environment for Live Remote Proctoring

At testing centers, exam conditions are prepared in advance of scheduled exam times to create positive test taking experiences. Remote test takers can do the same for themselves by making a few preparations ahead of time as follows:

- Choose a quiet space with a door that can be closed such as a bedroom or home office.
- Ensure the exam room has adequate lighting so the proctor can clearly see the test taker at any time of the day. Be sure to turn on artificial lighting to offset room darkening during afternoon or evening exam sessions.
- Set the exam computer on a completely cleared desk or table, adding only the mouse, keyboard and external web camera as needed. No additional items are allowed.
- Remove all paper and electronic study materials and all electronic devices such as dual monitors, tablets, additional computers, cell phones, pagers, radios, translators, dictionaries, games, watches, calculators, etc. from the exam room.
- Test takers will be asked by the proctor to pan the room with the external web camera or the internal computer camera prior to starting the exam.
- You are not allowed to bring food or drink into the test taking environment.



STEP 4: Launch the Exam

On the scheduled day and time, you will launch the CHC Certification Exam by logging in to your Webassessor account.

Launching the secure browser application without logging into your Webassessor account will not work!

Follow the instructions here: [How to Launch an Online Proctored \(OLP\) Exam](#)

The CHC requires a few simple exam security checks before starting your online proctored exam. The pre-check involves an ID confirmation and a 360-degree test environment room pan.

For the room pan, Kryterion offers a webcam room check video that will help you: [Kryterion Online Proctoring: Webcam Room Check](#)

We wish you the best of luck on your exam!



Section 5 | After the Exam

Your Exam Results

- The possible range for the exam score is between 100 and 300.
- The score required for passing the exam is 255.
- Your provisional score is shown onscreen immediately upon completion of the exam, except during a beta exam cycle. However, it is not your final score; the final score is statistically verified.
- Your final score is scaled or standardized, using a method that is similar to college entry exams such as the Scholastic Assessment Test (SAT) scoring. This method of scoring provides consistency in passing standards by accounting for the difficulty level of the examination.

You will be notified via email when your final score has been verified. Your final score will be available on your **MyCHC** account. This will occur approximately 2-3 weeks after the close of the exam cycle. (However, during beta exam cycles, scores are provided within 6-8 weeks after the end of the exam cycle, or after the psychometric evaluation process has been completed.)

If You Did Not Pass the CHC Certification Exam...

If you did not pass the exam, you may request to retake the exam during the next exam cycle. Please see **Retaking the Exam** in **Section 2** for details.

If You Passed the Exam, Congratulations!

You Have Earned the Title of Certified Classical Homeopath (CCH)

The CCH credential provides legal and public recognition of homeopathy. Certification promotes homeopathy as a recognized practice equating homeopathy with other certified healthcare professions, and the credential increases confidence in professional expertise.

- Your final score and score report will be available in your **MyCHC** account.
- In the “Next Steps” section on your **MyCHC** dashboard you will be able to view the welcome letter from the President.
- We highly value your input on your CHC exam experience for ongoing enhancement. Kindly complete the exam feedback form available in the “Next Steps” section in your **MyCHC** dashboard.
- You will be directed to complete your volunteering and directory information in the profile section. Your certificate and badge will be available only after completing these sections.

We often congratulate all newly certified CCH members by featuring them on our social media accounts. If you are featured, the post will include your headshot, name, certification month and year, the school you graduated from, location, and website. This information will be extracted from your profile details, so we encourage you to keep your profile current. If you prefer not to be featured on social media, kindly notify us at chcsupport@homeopathcertification.org

Using the CHC Credential/Logo

After you receive a passing final grade on your exam, you are certified and may use the CCH credential immediately, and your digital badge and certificate will be available for you to download from your **MyCHC** account.



For recertification requirements and other details, refer to the [CHC Recertification Handbook](#). After you complete the recertification process each year, a new certificate and badge is issued and available for download.

Using an expired CCH credential, certificate and/or digital badge is in violation of the CHC policies.

Join the CHC Community – Become a Volunteer!

The work of the CHC depends on certified homeopaths to volunteer. After becoming certified, we hope you'll support the profession while serving on a CHC committee. Committee members gain knowledge of homeopathy, network with diverse members of the profession and build organizational skills. After a year of service, volunteer committee members may become eligible for nomination to the CHC Board of Directors.

The “Find A Certified Homeopath” Directory

The names of all certified homeopaths in good standing will be displayed in the online [Find A Certified Homeopath](#) directory, provided they have not chosen to opt out.

The information in the directory is pulled from your **MyCHC** profile and you are solely responsible for managing that information. To make edits or updates, you may log in to your **MyCHC** account using your secure password at any time. If you prefer to opt out of being listed in the directory, click on the “opt out” checkbox in the directory information section of your profile.



Section 6 | Maintaining Certification

The Purpose of Recertification

The purpose of recertification is to maintain and enhance skills and knowledge beyond the minimum competence achieved through initial certification. Through Continuing Professional Development (CPD), practitioners safeguard quality services for the general public and reinforce professional accountability to homeopathic and other healthcare communities.

Continuing Professional Development Includes:

- Appropriate options for continuing education, professional development, and personal growth.
- A standardized process for submission and evaluation of recertification requirements.

Recertification Requirements

Beginning the year after certification is earned, annual recertification is required to maintain the good standing of the Certified Classical Homeopath (CCH) credential. Please refer to the [CHC Recertification Handbook](#) for detailed requirements.

However, recertification is not required in the year that the CCH credential is first awarded. For example, someone who was awarded the CCH credential in April or October 2024 need not submit recertification requirements for the December 31, 2024 deadline; instead, the December 31, 2025 deadline applies.

Recertification Includes the following steps:

1. Logging into your **MyCHC** account with your secure password and updating your profile data so that it is current.
2. Uploading supporting documentation for your continuing professional development activities. These are often referred to as Continuing Education Units (CEUs).
3. Signing the [attestations for the CHC Code of Ethics; Client Healthcare Rights, and Fitness to Practice](#). (Full text is included in the [Appendices](#).)
4. Paying the Recertification Fee.

Certificants may recertify in the months from July to December. A certificant who completes recertification requirements on or before the annual deadline shall be considered In Good Standing.

Upon recertification, an updated digital CCH certificate and a digital badge, valid through the upcoming year, are automatically uploaded into **MyCredentials** on the **MyCHC** platform – except for those certificants who are under audit. Those under audit will receive an updated digital CCH certificate and badge after the audit is completed.

Recertification and the “Find A Homeopath Directory”

The names of all certificants in good standing will be displayed in the directory. The information in the directory is pulled from certificants’ profile details. We request that all certificants manage the information in their profile by logging in to their **MyCHC** account using a secure password. Certificants may opt out of being listed in the directory by clicking on the checkbox in the directory information section of their profile.

Ongoing Use of the CHC Credential/Logo

The CCH credential, digital badge and certificate may only be displayed for the time period during which the credential is valid. Use of an expired CCH credential, certificate and/or digital badge is in violation of the CHC policies.



Section 7 | Ethics Guidelines & Policy for Certified Classical Homeopaths

Ethical Standards

Ethical standards and behavior for the profession of homeopathy are considered the bedrock of homeopathic care. Each CHC certificant represents the homeopathic profession in the eyes of the public and is expected to uphold the highest standards of professional conduct as described in the [CHC Code of Professional Ethics](#) and [Client Healthcare Rights](#). (these are also found in the [Appendices](#)).

Applicants for certification and fully certified practitioners pledge to uphold these standards in practice and in all interactions with clients by signing [attestations for the CHC Code of Ethics; Client Healthcare Rights, and Fitness to Practice](#) (the full text is found in the [Appendices](#)).

Ethics Complaints – Consumer or Professional

Anyone who believes he or she has a valid complaint regarding a CHC certified homeopath must complete a [Professional Ethics Complaint](#) and submit it via email chcsupport@homeopathcertification.org or mail to the CHC office at the address below.

Following receipt of the complaint, a member of the Standards and Ethics Committee informs the complainant in writing (through postal or email correspondence) within 10 days that the complaint has been received and requests an interview to discuss the nature and veracity of the complaint. The Standards and Ethics Committee notifies all parties concerned, conducts interviews and thoroughly investigates each complaint received.

Mailing Address

Council for Homeopathic Certification
chcsupport@homeopathcertification.org
ATTN: Standards and Ethics Committee
P.O. Box 75
Chartley, MA 02712



Section 8 | CHC Policies & Procedures

Reconsideration Requests

A written request regarding denied eligibility to take the CHC exam, ADA accommodations, exam scoring, or other perceived exam inconsistencies must include all relevant details including applicant's name, address, test date, test code from the confirmation email, location of test site (testing center or home), and a description of the specific issue or concern(s).

Note: If an irregularity or adverse event or situation occurs during the exam, the applicant must notify the proctor immediately and notify the CHC by phone (866-242- 3399) or by email to chcsupport@homeopathcertification.org within 24 hours of taking the examination.

Reconsideration Policies & Procedure

- Failing an examination is not, in and of itself, sufficient grounds to submit a complaint.
- No information regarding specific questions will be discussed with applicants.
- The CHC never releases copies of examinations or examination questions.
- It is a breach of test security and CHC policy to discuss the content of any portion of the examination with anyone other than CHC personnel.

Applicants may submit a reconsideration request regarding denied exam eligibility, denied accommodations, exam scoring, or other inconsistencies related to the exam by creating a ticket through **MyCHC** platform within 5 business days of receipt of the decision.

To Create a Support Ticket on MyCHC

- Log in to your **MyCHC** account.
- Navigate to the "My Tickets" section in the menu bar.
- Click on "Open a Ticket."
- Select "Exam" from the request type drop-down menu.
- Choose "Reconsideration Request" from the topic drop-down menu.
- Provide a brief summary of your request in the "Summary" section.
- In the "Description" field, provide a detailed outline of your reconsideration request. Be sure to include applicant's name, address, test date, test code from the confirmation email, location of test site (testing center or home),
- If necessary or appropriate, attach a file that supports your request.
- Submit the ticket to complete the reconsideration request.

Applicant concerns will be forwarded to the CHC Exam Committee for a determination. The applicant will be notified in writing within 30 business days of any action resulting from the inquiry.

To Appeal a Denial of Reconsideration

- Upon denial of reconsideration by the CHC Exam Committee, an applicant may submit an appeal.
- Appeals must be made within 5 business days of notification of the CHC Exam Committee's original decision.



- The appeal must be made in writing and include all identifying information and supporting documentation relevant to the appeal.
- To submit an appeal, create a support ticket using the support ticket system (described above). Your appeal will be routed to the CHC Appeals Committee.
- The CHC Appeals Committee will review your case for any potential inaccuracies and/or miscalculations in determining ineligibility, exam results, or recertification status.
- Decisions by the CHC Appeals Committee are final. The applicant will be notified, in writing, within 30 business days of the CHC Appeals Committee decision.

Contact Information Changes

It is the responsibility of CHC certificants to maintain current personal contact information in their **MyCHC** profile.

Work-Study Visas

The CHC is unable to provide referrals, information, or assistance for questions about work or study visas. Please do not contact the CHC with inquiries about these topics.

Mailing Address

The Council for Homeopathic Certification
chcsupport@homeopathcertification.org

P.O. Box 75
Chartley, MA 02712



Appendices

Appendix A – CHC Exam Content Outline: Domains and Statements

Appendix B – CHC Exam: List of Homeopathic Remedies for Study

Appendix C – CHC Exam: Sample Items

Appendix D – CHC Exam: Health Sciences Human Pathology Study Guide

Appendix E – CHC Exam: Request for Reasonable Accommodations

Appendix F – CHC Code of Professional Ethics

Appendix G – CHC Client Healthcare Rights

Appendix H – Required Attestations: Ethics, Fitness to Practice, Confidentiality of Test Questions

CHC Job Analysis

A job analysis study is a systematic process for collecting information regarding a profession, occupation, or job role to identify the essential job duties and associated knowledge and/or skills required for competent performance. Once the knowledge and skills are established by a committee of Subject Matter Experts (SMEs), the statements are converted to a survey. The survey is then distributed to the homeopathic community and each statement is rated for its importance to professional competence in homeopathy. The results of the survey are then statistically analyzed and used as the basis for exam development activities. All knowledge and skills measured on the exam must be linked to the results from the Job Analysis Survey.

The Job Analysis study utilized the expertise of Kryterion psychometricians, CHC staff members and volunteers, subject matter experts (SMEs) who hold the CCH credential, and a sample of certificants (including some from outside the United States) who are performing or thoroughly familiar with the job tasks of a classical homeopath.

The following steps were performed as part of the job analysis study:

- SME meeting to develop a list of essential content (knowledge and skills) required for an individual entering the profession of homeopathy
- Job analysis survey (pilot test)
- Job analysis survey administration and data collection (196 completed surveys)
- Job analysis data analysis
- SME meeting with psychometrician to review job analysis data results

CHC Domains and Statements

FOUNDATIONS AND THEORY OF CLASSICAL HOMEOPATHY	
FT-01	Cites the development of classical homeopathy and the social forces that have influenced its practice over its history
FT-02	Identifies the contributions of authors and philosophers who have had major influences on classical homeopathy (e.g., Hahnemann, Kent, Hering, Vithoulkas, Roberts)
FT-03	Recognizes homeopathy's role in the current spectrum of healthcare practices
FT-04	Describes the roles of the Vital Force and the Law of Similars in homeopathic practice
FT-05	Explains the roles of the Totality of Symptoms, Direction of Cure (Hering's Law) and Individualization as they relate to homeopathic practice
FT-06	Explains how Minimum Dose, Potentization and Single Remedies apply to homeopathic practice
FT-07	Explains how Provings relate to the development of materia medica and homeopathic practice
FT-08	States the Theory of Miasms from the perspective of classical homeopathic theory and identifies the characteristics of the psoric, sycotic, syphilitic, tubercular and cancer miasms
FT-09	Lists the characteristics of a sound protocol for organizing and conducting a proving
FT-10	Describes the dynamic nature of health, disease, and cure from a classical homeopathic perspective
FT-11	Describes the nature of susceptibility and causative factors of disease including: environmental, physical, mental, emotional and spiritual mistunement as well as intra- and interpersonal relationships
FT-12	Compares the practice of classical homeopathy with allopathic practices past and present
FT-13	Explains how Vithoulkas' hierarchy of symptoms and the intensity of symptoms relates to the possibility of homeopathic cure
FT-14	Identifies the potential pitfalls of keynote prescribing
FT-15	Recognizes the importance of recommending remedies and potencies based upon the totality of symptoms as opposed to specific diagnoses of diseases and pathologies
FT-16	Provides examples of primary and secondary actions of remedies
FT-17	Employs open-ended questioning techniques suitable for case taking and follow-up
FT-18	Identifies how projection, transference and counter-transference can impact homeopathic practice
FT-19	<p>Uses a broad set of reference tools to enhance knowledge in all areas related to homeopathic practice:</p> <ul style="list-style-type: none"> • homeopathic remedies, materia medica • homeopathic provings, clinical studies, research • alternative/integrative methodologies • diseases, pathologies, symptoms and typical prognoses • medical tests, reports • allopathic medications and procedures and their possible side effects

MATERIA MEDICA	
MM-01	Identifies the original source from which remedies are developed
MM-02	Explains the manufacturing process of remedies from processing of source material to mother tincture or trituration through potentization
MM-03	Defines nosodes and sarcodes and provides example remedies for each
MM-04	Defines isopathy and tautopathy and provides example remedies for each
MM-05	Identifies the 12 tissue salts and provides examples for their uses
MM-06	Identifies the roles of agencies such as the US Food and Drug Administration (FDA), the <i>Homeopathic Pharmacopoeia Convention of the United States</i> (HPCUS) or the Canadian <i>Natural and Nonprescription Directorate</i> (NNHPD) in homeopathic remedy regulation
MM-07	Defines polychrest and lists remedies commonly considered polychrests
MM-08	Lists commonly used remedies for first aid and acute cases
MM-09	States the keynote, primary indicators and affinities for Petroleum, Iodum, Aconitum napellus, Carbo vegetabilis
MM-10	States the keynote, primary indicators and affinities for Ipecacuanha, Aethusa, Carcinosis, Phosphoricum acidum
MM-11	States the keynote, primary indicators and affinities for Iris versicolor, Caulophyllum, Phosphorus, Agaricus
MM-12	States the keynote, primary indicators and affinities for Allium cepa, Phytolacca, Causticum, Kali bichromicum
MM-13	States the keynote, primary indicators and affinities for Kali bromatum, Aloe socotrina, Platina metallicum, Chamomilla
MM-14	States the keynote, primary indicators and affinities for Chelidonium, Kali carbonicum, Plumbum metallicum, Alumina
MM-15	States the keynote, primary indicators and affinities for Podophyllum, Anacardium, China officinalis, Kali phosphoricum
MM-16	States the keynote, primary indicators and affinities for Cicuta, Antimonium crudum, Psorinum, Kali sulphuricum
MM-17	States the keynote, primary indicators and affinities for Kreosotum, Pulsatilla nigricans, Antimonium tartaricum, Cimicifuga
MM-18	States the keynote, primary indicators and affinities for Pyrogenium, Apis, Cocculus, Lac caninum
MM-19	States the keynote, primary indicators and affinities for Argentum metallicum, Coccus cacti, Ranunculus bulbosa, Lachesis
MM-20	States the keynote, primary indicators and affinities for Coffea, Latrodectus mactans, Rhus toxicodendron, Argentum nitricum
MM-21	States the keynote, primary indicators and affinities for Arnica, Colchicum, Rumex crispus, Laurocerasus
MM-22	States the keynote, primary indicators and affinities for Ledum, Arsenicum album, Ruta graveolens, Colocynthis

MM-23	States the keynotes, primary indicators and affinities for Conium, Sabadilla, Arsenicum iodatum, Liliium tigrinum
MM-24	States the keynotes, primary indicators and affinities for Asafoetida, Crocus sativus, Sabina, Lobelia inflata
MM-25	States the keynotes, primary indicators and affinities for Sambucus nigra, Crotalus horridus, Asarum europaeum, Lycopodium
MM-26	States the keynotes, primary indicators and affinities for Aurum metallicum, Lyssin, Cuprum metallicum, Sanguinaria
MM-27	States the keynotes, primary indicators and affinities for Cyclamen, Badiaga, Magnesia carbonica, Sarsaparilla
MM-28	States the keynotes, primary indicators and affinities for Sepia, Baptisia, Digitalis, Magnesia muriatica
MM-29	States the keynotes, primary indicators and affinities for Baryta carbonica, Magnesia phosphorica, Silica, Drosera
MM-30	States the keynotes, primary indicators and affinities for Dulcamara, Belladonna, Mancinella, Spigelia
MM-31	States the keynotes, primary indicators and affinities for Elaps, Bellis perennis, Medorrhinum, Spongia tosta
MM-32	States the keynotes, primary indicators and affinities for Mercurius solubilis, Berberis, Equisetum, Stannum metallicum
MM-33	States the keynotes, primary indicators and affinities for Staphysagria, Borax, Eupatorium perfoliatum, Mercurius corrosivus
MM-34	States the keynotes, primary indicators and affinities for Euphrasia, Bromium, Mercurius iodatus flavus, Stramonium
MM-35	States the keynotes, primary indicators and affinities for Bryonia, Ferrum metallicum, Sulphur, Mercurius iodatus ruber
MM-36	States the keynotes, primary indicators and affinities for Cactus, Ferrum phosphoricum, Mezereum, Sulphuricum acidum
MM-37	States the keynotes, primary indicators and affinities for Naja, Calcareo carbonica, Fluoricum acidum, Symphytum
MM-38	States the keynotes, primary indicators and affinities for Calcareo fluorica, Natrum arsenicum, Gambogia, Syphilinum
MM-39	States the keynotes, primary indicators and affinities for Tabacum, Calcareo phosphorica, Gelsemium, Natrum carbonicum
MM-40	States the keynotes, primary indicators and affinities for Glonoinum, Calcareo sulphurica, Tarentula cubensis, Natrum muriaticum
MM-41	States the keynotes, primary indicators and affinities for Calendula, Graphites, Natrum phosphoricum, Tarentula hispanica
MM-42	States the keynotes, primary indicators and affinities for Hamamelis, Camphora, Natrum sulphuricum, Thuja
MM-43	States the keynotes, primary indicators and affinities for Cannabis indica, Tuberculinum, Helleborus, Nitricum acidum

MM-44	States the keynotes, primary indicators and affinities for Nux moschata, Cantharis, Urtica urens, Hepar sulphuris
MM-45	States the keynotes, primary indicators and affinities for Capsicum, Nux vomica, Hyoscyamus, Veratrum album
MM-46	States the keynotes, primary indicators and affinities for Hypericum, Opium, Carbo animalis, Viburnum
MM-47	States the keynotes, primary indicators and affinities for Zincum metallicum, Ignatia, Palladium metallicum
MM-48	Identifies remedies that follow well from acute to chronic or chronic to acute prescribing
MM-49	Defines and gives examples of sensation, modality, SRP (Strange, Rare, or Peculiar), concomitant and general symptoms as they relate to remedies
MM-50	Recognizes remedies that may have a similar action but are developed from substances originating from different sources
MM-51	Identifies conditions/substances that may antidote remedies
MM-52	Defines complementary remedy relationships and cites common examples from the materia medica
MM-53	Identifies remedies that often follow well in a series
MM-54	Identifies remedies that are inimical to each other
MM-55	Identifies remedies that are commonly associated with the five major miasms
MM-56	Classifies the pace and depth of action of remedies

REPERTORY	
RP-01	States the necessity of a repertory and explains the source of its content and historical development
RP-02	Identifies and distinguishes the organizational structures, strengths and limitations in commonly used repertories
RP-03	Defines medical and homeopathic terminology used in repertories such as abbreviations and archaic terminology
RP-04	Explains symbols, references and remedy grades used in repertories
RP-05	Explains how the number of rubrics selected for repertorization in a particular case and the number of rubrics selected to describe one symptom can affect the results of the repertorization process
RP-06	Recognizes the potential bias inherent in the greater representation of well-proven versus less-well proven remedies in the repertory
RP-07	Recognizes the effects of the grade (weight) of the remedies identified within a rubric and the intensity assigned to a rubric on the outcome of a repertorization
RP-08	Reads and interprets repertorizations prepared both manually and from a variety of software programs
RP-09	Identifies the advantages and limitations of using homeopathic software versus traditional printed repertories
RP-10	Selects appropriate rubrics for Mind symptoms

RP-11	Selects appropriate rubrics for General symptoms
RP-12	Selects appropriate rubrics for Vertigo and Head symptoms
RP-13	Selects appropriate rubrics for Face, Teeth and Mouth symptoms
RP-14	Selects appropriate rubrics for Eye, Ear and Nose symptoms
RP-15	Selects appropriate rubrics for Vision and Hearing symptoms
RP-16	Selects appropriate rubrics for Neck, External Throat and Throat symptoms
RP-17	Selects appropriate rubrics for Back, Chest and Larynx/Trachea symptoms
RP-18	Selects appropriate rubrics for Bladder, Urethra and Urine symptoms
RP-19	Selects appropriate rubrics for Urinary Organs, Kidneys and Prostate symptoms
RP-20	Selects appropriate rubrics for Male Genital/Sex, Female Genital/Sex and Male and Female Genital /Sex symptoms
RP-21	Selects appropriate rubrics for Respiration, Cough and Expectorations symptoms
RP-22	Selects appropriate rubrics for Chill, Fever and Perspiration symptoms
RP-23	Selects appropriate rubrics for Sleep and Dream symptoms
RP-24	Selects appropriate rubrics for Abdomen and Stomach symptoms
RP-25	Selects appropriate rubrics for Rectum and Stool symptoms
RP-26	Selects appropriate rubrics for Extremities and Skin symptoms

HEALTH SCIENCES

HS-01	Names the organ systems of the body and their major functions.
HS-02	Uses proper anatomical terminology to describe body components, body directions, surfaces and planes
HS-03	Uses common medical terminology appropriately
HS-04	Identifies the range of normal physical, mental and emotional development at various ages
HS-05	Recognizes the signs and symptoms of a client needing urgent or emergency medical care and formulates a plan of action with the client based on that determination
HS-06	Identifies the normal signs and symptoms of common pathologies and progression of disease for infectious conditions
HS-07	Identifies the normal signs and symptoms and progression of common pathologies for malignant conditions
HS-08	Identifies the normal signs and symptoms and progression of common pathologies for immunological conditions
HS-09	Identifies the normal signs and symptoms and progression of common pathologies for skin conditions
HS-10	Identifies the normal signs and symptoms and progression of common pathologies for gastrointestinal and mouth and nutritional /metabolic disorders
HS-11	Identifies the normal signs and symptoms and progression of common pathologies for cardiovascular/hematological conditions

HS-12	Identifies the normal signs and symptoms and progression of common pathologies for endocrinological conditions
HS-13	Identifies the normal signs and symptoms and progression of common pathologies for musculoskeletal conditions
HS-14	Identifies the normal signs and symptoms and progression of common pathologies for ophthalmological conditions
HS-15	Identifies the normal signs and symptoms and progression of common pathologies for Ear, nose, throat and respiratory conditions
HS-16	Identifies the normal signs and symptoms and progression of common pathologies for neurological conditions
HS-17	Identifies the normal signs and symptoms and progression of common pathologies for psychiatric conditions
HS-18	Identifies the normal signs and symptoms and progression of common pathologies for genitourinary and reproductive conditions
HS-19	Identifies the normal signs and symptoms and progression of common pathologies for pediatric conditions
HS-20	Does not make medical diagnoses, change or recommend changes to medically prescribed medications or treatments unless licensed to do so
HS-21	Recognizes the potential consequences of withdrawal from prescribed and self-administered drugs or other substances, as well as the importance of referrals to support systems
HS-22	Identifies significant components to request in health histories such as childhood illnesses, traumatic events, surgeries, accidents, pregnancies, allergies, medications, medical diagnoses

ETHICS AND PROFESSIONAL PRACTICE

ET-01	Conducts all interactions with clients and other health care professionals ethically and with integrity
ET-02	Safeguards clients' rights to impartial access to homeopathic care, to actively participate in one's health care decisions, and to have another person present during consultations
ET-03	Maintains client confidentiality, privacy and professional boundaries in all personal and professional communication, including casual conversations
ET-04	Provides accurate information to clients and the public regarding the homeopath's education, training, and certification status
ET-05	Examines one's personal values, culture, beliefs and education in regard to race, age, gender, sexual orientation, cultural, national or ethnic origin, political or religious belief, and/or disability to prevent bias and prejudice thereby respecting client/practitioner and professional relationships
ET-06	Contributes to the homeopathic profession through activities such as presenting at conferences, conducting research, writing articles, teaching, supervising, leading a study group, conducting a proving, advocating for homeopathy in the public sector, volunteering for homeopathy organizations and committees as well as by conveying case studies and research accurately, honestly and without distortion while protecting the confidentiality and privacy of the client

ET-07	<p>Establishes, safeguards and maintains secure, confidential client records (paper/digital) in accordance with HIPPA privacy standards which includes the following:</p> <ul style="list-style-type: none"> • contact information • demographics • signed consent/release/agreement forms • chief complaint • notes in client's own words • practitioner notes • health histories • medical tests/records (if available) • remedies recommended with potency and form • directions for remedy administration • dates administered • follow-up notes • client's general reaction to the remedy • observed changes in client's appearance, demeanor, body language and physical characteristics • review of presenting symptoms and identification of changes • new or previously unreported symptoms • decisions regarding "new" symptoms (accessory remedy symptoms or a return of former "old" symptoms) • mental/emotional states • head-to-toe physical symptoms assessment and plan
ET-08	Identifies the requirements for setting up a homeopathic practice and the development of a business plan
ET-09	Collects and evaluates data from one's practice, such as remedy response, the proportion of returning clients, referrals, and/or client satisfaction as well as reviews and maintains an environment (physical or virtual) and office practices/procedures that ensure accessibility, confidentiality, privacy and safety for clients.
ET-10	Uses self-reflections and identifies strategies for continual growth in one's professional skills and abilities (e.g., conferences, seminars, study groups, advanced study, networking with colleagues for case review, supervisory support/feedback)
ET-11	Identifies the benefits and requirements for obtaining and maintaining professional certification through the CHC

HOMEOPATHIC CASE TAKING

CT-01	<p>Provides pre-consultation information to client, including:</p> <ul style="list-style-type: none"> • a description of the framework of the practice • health benefits of homeopathy • safety of homeopathic remedies • nature of disease from a homeopathic perspective • the homeopathic process • methods for communication between visits • time and scheduling of follow-ups • full disclosure of the homeopath's training and credentials • fee schedules and methods of payment • client rights <p>Requests the client complete forms providing information or signatures for:</p> <ul style="list-style-type: none"> • health histories (including family health histories) • emergency contacts • consent for audio or videotaping (if applicable) • releases for consultation or supervision (if applicable) • parental consent for minors (if applicable) • general consent/acknowledgement for all clients
CT-02	Establishes a secure, professional and confidential environment for consultations that is quiet, accessible and distraction-free

CT-03	Maintains an atmosphere conducive to mutual respect and open communication between client and homeopath.
CT-04	Meets with the client to determine health concerns, symptoms, family/health history and etiology
CT-05	Observes client's appearance, demeanor, non-verbal expressions or body language as well as observable physical characteristics such as condition of skin, pallor, odor, signs of inflammation, injury or shock
CT-06	Asks open-ended questions that do not judge or lead the client
CT-07	Identifies interviewing techniques applicable to individualized homeopathic case taking and follow-up (e.g., observing, active listening, questioning skills, clarifying, wait time, tone, pace)
CT-08	Identifies and applies case taking techniques to accommodate differences in age, stages of life, culture, lifestyle, ethnicity and education
CT-09	Identifies and applies interviewing techniques for loquacious/rambling clients and encourages discourse from "closed" or frightened clients or those who have difficulty expressing themselves
CT-10	Clarifies unfamiliar vocabulary, expressions, slang, colloquialisms used by the client in his/her description of symptoms
CT-11	Takes clear, coherent notes that incorporate the client's own words and the homeopath's observations.
CT-12	Elicits and reviews "head to toe" symptoms; seeks clarification and additional details regarding each symptom
CT-13	Records timeline, from birth to present, of client's and family significant life events (physical, mental, emotional, social and environmental)
CT-14	Observes and records client behavior, disposition, mental and emotional symptoms
CT-15	Explores possible initiating cause of complaints such as suppression, over-the-counter medications, prescriptions, immunizations, medical procedures, alternative healing, trauma, exposure or infections
CT-16	Elicits general symptoms such as sleep patterns, weather preferences, menstrual history, environmental and occupational stressors, perspiration, thirst, and food preferences
CT-17	Explores location, sensation, modalities, concomitants, times, and etiology of physical symptoms
CT-18	Clarifies information from the medical history and/or medical reports
CT-19	Explores client's use of and reactions to substances such as coffee, tea, herbs, spices, supplements, over-the counter medications, prescription medications, other healing therapies, alcohol and recreational drugs
CT-20	Explores any obstacles to cure that may influence the case
CT-21	Obtains observations from family members or caregivers of the client's health condition, if appropriate

CT-22	<p>At all appropriate stages in the homeopathic process, provides clear written and verbal explanations to the client for</p> <ul style="list-style-type: none"> • obtaining remedies • taking remedies (form, frequency and succussion) • possible reactions to remedies • methods for reporting reactions • processes for asking questions • processes and time expectations for responding to questions and concerns • timing and scheduling of follow-ups • next steps in the homeopathic process
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HOMEOPATHIC CASE ANALYSIS	
CA-01	Applies well-accepted models of case analysis appropriately, such as totality of symptoms, essence, miasms (Hahnemann, Kent); center of gravity, hierarchy of symptoms (Vithoulkas)
CA-02	Repertorizes symptoms to assist in determining an appropriate remedy
CA-03	Makes reasonable prognoses based on all factors related to the case
CA-04	Identifies the main complaint in the case
CA-05	Differentiates whether a case is acute or chronic
CA-06	Distinguishes what needs to be cured in the case
CA-07	Studies timeline information to identify conditions/events that mark the onset of symptoms and correlate to the etiology of symptoms
CA-08	Applies information from the client's medical history (including medical tests, allopathic diagnoses, pharmaceuticals, and alternative modalities) to the case analysis
CA-09	Recognizes the various mental and emotional states in response to stressful life events, such as death and dying, physical, mental, emotional trauma, separation from loved ones, divorce, or unemployment
CA-10	Considers the potential impact of the miasmatic aspects of the family and client's history when performing case analysis and remedy selection
CA-11	Ascertains the most characteristic symptoms of the case and ranks symptoms from most to least vital
CA-12	Identifies Strange, Rare and Peculiar (SRP) symptoms
CA-13	Identifies location, sensation, modalities, times of aggravation or amelioration, onset, or concomitants that modify or affect important symptoms
CA-14	Identifies any common symptoms of reported diseases
CA-15	Ascertains the intensity of symptoms
CA-16	Ascertains the strength of the vital force by considering factors such as age, severity of symptoms, energy level, current medications, known pathologies and sensitivities
CA-17	Examines any possible obstacles to cure and/or maintaining causes
CA-18	Selects a set of rubrics that accurately fits the characteristic symptoms of the case
CA-19	Combines rubrics appropriately to describe single symptoms

CA-20	Repertorizes either manually or with a software program to identify a set of remedies that potentially match the symptom picture of the case
CA-21	Selects the best-fit remedies based on the repertorization and the totality of symptoms
CA-22	Studies and compares the 4-5 best-fit remedies to identify the single best-fit remedy for the case
CA-23	Differentiates among remedies that have similar symptom pictures but may not have appeared within the repertorization
CA-24	Considers factors such as miasm, kingdom, provings, and sources when making a remedy choice
CA-25	Matches the remedy's affinities (organ/mind) and pace of action (slow vs. fast acting) with the case
CA-26	Uses confirmatory symptoms from the case to identify the best-fit remedy

POSOLOGY

PS-01	Identifies and compares the various forms by which homeopathic remedies are manufactured and administered (e.g., globules, liquid, powder, olfactory, topical, or aqueous dilution) and the use of each
PS-02	Identifies the various potencies in which homeopathic remedies are manufactured (i.e., C, X, M, Q, LM) and the use of each
PS-03	Articulates the circumstances (e.g., age, sensitivity, condition, nature of the remedy) in which different potencies are suitable or recommended by various authors
PS-04	Identifies precautions when recommending potencies in the context of particular diseases and pathologies
PS-05	Selects an individualized remedy potency based on factors such as client's strength of vital force, age, gender, type and severity of symptoms, individual sensitivities and susceptibilities, current lifestyle, medications or other treatments
PS-06	Identifies and compares directions for administering and/or succussing various potencies and forms
PS-07	Determines the frequency of repetition, if applicable
PS-08	Identifies the possible outcomes of administering a correct remedy but in a potency too high or too low
PS-09	Identifies possible outcomes of administering a remedy too frequently or too infrequently
PS-10	Is familiar with the differences among the 4 th , 5 th and 6 th editions of the Organon as it pertains to dosing

FOLLOW-UP AND CASE MANAGEMENT

FM-01	Evaluates and monitors client's progress on the recommended remedy
FM-02	Applies all aspects of effective case taking and case analysis to follow-up and case management processes
FM-03	Accurately assesses and manages potentially challenging aspects of cases such as homeopathic aggravations, anti-doting, obstacles to cure, suppression, return of old symptoms, and/or accessory symptoms
FM-04	Identifies the use of and explores the possible impact of any non-recommended single or combination remedies on the effectiveness of a recommended remedy
FM-05	Re-evaluates and adjusts course of action and prognoses, as needed
FM-06	Reviews client's records from the original and previous consultations
FM-07	Observes changes in the client related to vitality, appearance, demeanor, body language as well as in physical characteristics such as color of orifices, complexion, odors or signs of inflammation or injury
FM-08	Ascertains when (or if) the client began taking the remedy and the frequency taken
FM-09	Ascertains the client's general reaction to the remedy (e.g., sense of well-being, energy, sleep patterns)
FM-10	Inquires about the status of the presenting (main/chief) complaint and identifies any changes in the original symptom picture
FM-11	Determines if there is a change in symptom frequency or intensity (using a measurement tool such as a scale of 1-10)
FM-12	Reviews mental/emotional states and "head to toe" physical symptoms
FM-13	Requests and reviews allopathic summaries, test results, if appropriate
FM-14	Inquires about any symptoms that appear to be "new" or previously unreported
FM-15	Determines whether "new" symptoms are accessory remedy symptoms, a return of former "old" symptoms or brand-new symptoms
FM-16	Determines whether or not the remedy acted
FM-17	Determines whether the case is moving in the direction of cure (Hering's Law)
FM-18	Determines whether to wait, repeat the remedy, repeat the remedy in a different potency, change the form or frequency of administration, change the remedy or retake the case
FM-19	Manages client's urgent conditions and acute illnesses while treating the chronic case
FM-20	Explores how changes in remedy effectiveness may be caused by factors such as alterations in medications, lifestyle, relationships or one's work or home environments
FM-21	Recognizes the need for and makes referrals and/or recommendations as necessary

List of Remedies for Study

Aconitum napellus	Digitalis	Natrum muriaticum
Aethusa	Drosera	Natrum phosphoricum
Agaricus	Dulcamara	Natrum sulphuricum
Allium cepa		Nitricum acidum
Aloe socotrina	Elaps	Nux moschata
Alumina	Equisetum	Nux vomica
Anacardium orientale	Eupatorium perfoliatum	
Antimonium crudum	Euphrasia	Opium
Antimonium tartaricum		
Apis	Ferrum metallicum	Palladium metallicum
Argentum metallicum	Ferrum phosphoricum	Petroleum
Argentum nitricum	Fluoricum acidum	Phosphoricum acidum
Arnica		Phosphorus
Arsenicum album	Gambogia	Phytolacca
Arsenicum iodatum	Gelsemium	Platina metallicum
Asafoetida	Glonoinum	Plumbum metallicum
Asarum europaeum	Graphites	Podophyllum
Aurum metallicum		Psorinum
	Hamamelis	Pulsatilla nigricans
Badiaga	Helleborus	Pyrogenium
Baptisia	Hepar sulphuris	
Baryta carbonica	Hyoscyamus	Ranunculus bulbosa
Belladonna	Hypericum	Rhus toxicodendron
Bellis perennis		Rumex crispus
Berberis	Ignatia	Ruta graveolens
Borax	Iodum	
Bromium	Ipecacuanha	Sabadilla
Bryonia	Iris versicolor	Sabina
	Kali bichromicum	Sambucus nigra
Cactus	Kali bromatum	Sanguinaria
Calcarea carbonica	Kali carbonicum	Sarsaparilla
Calcarea fluorica	Kali phosphoricum	Sepia
Calcarea phosphorica	Kali sulphuricum	Silica
Calcarea sulphurica	Kreosotum	Spigelia
Calendula		Spongia tosta
Camphora	Lac caninum	Stannum metallicum
Cannabis indica	Lachesis	Staphysagria
Cantharis	Latrodectus mactans	Stramonium
Capsicum	Laurocerasus	Sulphur
Carbo animalis	Ledum	Sulphuricum acidum
Carbo vegetabilis	Lilium tigrinum	Symphytum
Carcinosin	Lobelia inflata	Syphilinum
Caulophyllum	Lycopodium	
Causticum	Lyssin	Tabacum
Chamomilla		Tarentula cubensis
Chelidonium	Magnesia carbonica	Tarentula hispanica
China officinalis	Magnesia muriatica	Thuja
Cicuta	Magnesia phosphorica	Tuberculinum
Cimicifuga	Mancinella	
Cocculus	Medorrhinum	Urtica urens
Coccus cacti	Mercurius solubilis	
Coffea	Mercurius corrosivus	Veratrum album
Colchicum	Mercurius iodatus flavus	Viburnum
Colocynthis	Mercurius iodatus ruber	
Conium	Mezereum	Zincum metallicum
Crocus sativus		
Crotalus horridus	Naja	
Cuprum metallicum	Natrum arsenicum	
Cyclamen	Natrum carbonicum	

CHC Certification Exam – Sample Items

Choose the best answer from the options given. See the answer key following the questions.

FOUNDATIONS AND THEORY OF CLASSICAL HOMEOPATHY					
1	Which of these four symptoms would Vithoulkas consider to be deepest in a case?	A) Apathy	B) Headache brought on by stool	C) Cardiomyopathy	D) Asthma
2	What occurs when two dissimilar diseases meet in the same person?	A) They both nullify each other leaving a cured state	B) The acute disease suspends the chronic	C) The stronger disease suspends the weaker	D) The older disease is always suspended by the newer one
MATERIA MEDICA					
3	A child of four is late learning to walk and talk. He tends to be clumsy and has frequent little twitches in his face and eyelids. He often behaves with an odd combination of nervousness and excitement.	A) Cicuta	B) Calcarea carbonica	C) Baryta carbonica	D) Agaricus
4	A nosode is a potentized remedy made from ____.	A) Diseased tissue	B) Healthy organ tissue	C) Client's body fluids	D) Human excretions
REPERTORY					
5	Typically, sections or chapters in a repertory are organized ____.	A) By organ and physiological system	B) Alphabetically	C) From above downward in the body and from general to specific	D) Mental and physical pathologies
6	The best rubric for someone who sounds as if they are "talking through a piece of cloth".	A) Larynx and Trachea, Voice, hoarseness	B) Throat, Voice, Husky	C) Larynx and Trachea, Voice, Guttural	D) Larynx and Trachea, Voice, Muffled
HEALTH SCIENCES					
7	A condition commonly referred to as shortness of breath is ____.	A) Dyslexia	B) Dyspnea	C) Dysphagia	D) Dyspraxia
8	Which of the following constitutes a medical emergency?	A) Cardiac palpitations, with no other symptoms	B) Airway obstruction relieved by the Heimlich maneuver	C) Fever of 104.5°F.	D) Heat stroke
ETHICS AND PROFESSIONAL PRACTICE					
9	In a small office, client records kept in a file cabinet in the waiting room. Client records ____.	A) Are confidential because only staff are allowed access	B) Are confidential if the cabinets are locked at the end of the day	C) Infringes on a client's right to confidentiality	D) Are confidential because a clearly written sign says "Staff Access Only"
10	As long as the parties are single consenting adults, it is within ethical boundaries to embark on a romantic relationship with a client.	A) Always	B) Sometimes	C) Maybe	D) Never
HOMEOPATHIC CASE TAKING					
11	Noting the non-verbal expressions of a client ____.	A) Are important because they are strange, rare and peculiar symptoms	B) Rarely lead to the correct remedy	C) Are important only if they are unusual for the client	D) Are important symptoms of a case

HOMEOPATHIC CASE TAKING

12	Obtaining information from family members or friends is _____.	A) Useful, when appropriate, to help gather a complete case	B) Not necessary as the client can explain what family and friends will say	C) Not advisable because embarrassing situations may be revealed	D) Not important for understanding the essence of the case
13	An adult female client has anxiety in social situations dating back to childhood that is often accompanied by difficult breathing. According to Vitthoulkas, which of the following family histories would potentially have a negative impact on the outcome of the case?	A) All her grandparents lived into their 80's except one who had prostate cancer	B) A parent has schizophrenia and a grandparent died of sudden cardiac arrest at 55	C) Her mother is 75 and has developed some osteoarthritis in her left hip	D) Her father and grandmother were obese and took medication for hypertension
14	A 42-year-old woman in the midst of a divorce consults the homeopath for the onset of digestive symptoms. She also says she is often either in tears or enraged. The homeopath can best understand these changes through which of the following statements?	A) Sensitivity to something that was eaten	B) A change of diet as a result of the divorce	C) The ability of emotions to disrupt health	D) Her relationship to her ex-husband

POSOLOGY

15	A low-potency repeated-dose is especially useful when treating ___ _	A) Children	B) Chronic organic disease with low vitality	C) Acute ailments with high vitality	D) Pregnant women
16	Remedies labeled as "M" potencies such as 1M, 10M, 50M are part of what homeopathic series?	A) The X series, diluted on a scale of 1 part substance to 9 parts dilutant	B) The C series diluted on a scale of 1 part substance to 99 parts dilutant	C) The LM series, diluted on a scale of 1 part substance to 50,000 parts dilutant	D) The Q series, diluted on a scale of 2-part substance to 50,000 parts dilutant

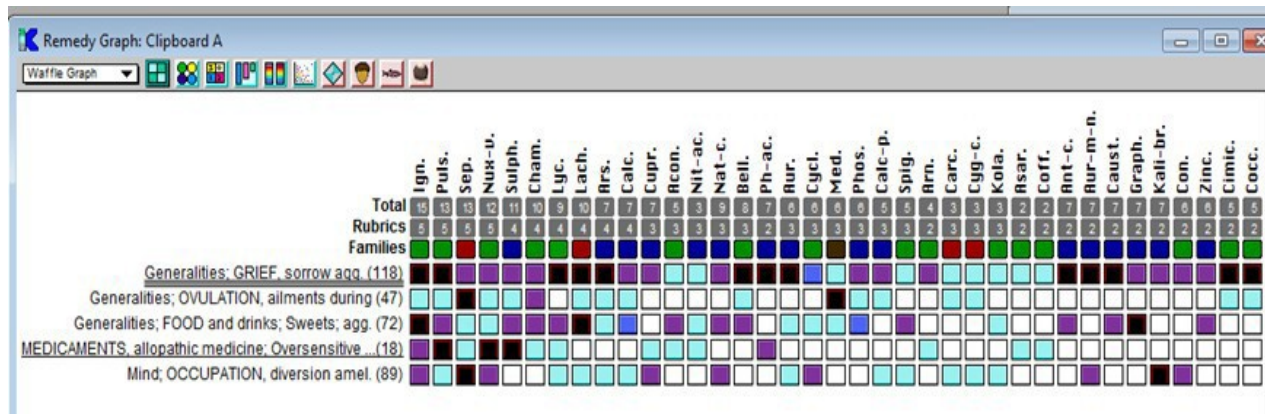
FOLLOW-UP AND CASE MANAGEMENT

17	If, in the treatment of an acute disease, new symptoms appear and cause discomfort, what is the best course of action?	A) Immediately repeat the same remedy	B) Wait until the new symptoms disappear	C) Re-evaluate the case and prescribe a different remedy	D) Give the same remedy in a higher potency
18	A client complains of physical symptoms with no obvious mental or emotional issues. A single dose 1M is prescribed. The client returns after two months and reports no aggravation, and the physical symptoms are somewhat improved. However, now he is experiencing depression.	A) Retake the case and change the remedy	B) Wait	C) Antidote	D) Repeat remedy in a higher potency

SAMPLE CASE

<p>19</p>	<p>44 yo married woman; music teacher; amateur artist Observation: Intense, animated, talks with hands.</p> <p>She reports the following symptoms all of which have worsened since her husband lost his business about five months ago. She is very uncomfortable, restless and anxious about her health. She indicates the doctors haven't helped her and she doesn't trust them.</p> <p>She is experiencing tremendous fatigue after several rounds of bronchitis during the previous winter/spring. The fatigue is getting worse. "I can barely drag myself through the day " < Waking/Morning.</p> <p>She has had no menses for the last four months. Typically, she is very irritable before menses. (Generally, PMS symptoms > once flow begins.) She says her interest in sex is "zero". She has hot flashes, every 15 minutes. Dripping perspiration with flushing.</p> <p>It is difficult for her to empty her bladder completely; the flow is slow to start, and it hurts (9 out of 10). It feels like when she has had cystitis in the past.</p> <p>"I'm trapped in this marriage! My husband doesn't do anything for us I want him to be part of the family. When he comes home, he's always in a bad mood and criticizes me. I wish he would go to work and never come home. I don't think I get the truth from him. Something's up with him."</p> <p>"I've been having panic attacks that wake me in the middle of the night. I'm afraid I will not be able to support the kids and myself. I sleep better with the window open and wearing a loose-fitting nightgown."</p> <p>Heart Surgery 11 years ago: Mitral valve prolapse. Valve repair.</p> <p>After my heart surgery, I had to take care of the house and kids myself, while my husband went skiing. Friends helped, but it was very embarrassing. I told my friends he was on a business trip. He abandoned us. My heart was broken in more ways than one. "I'm having pain in my chest again." Squeezing Aching. (6 out of 10) "I think it's a broken heart."</p> <p>Childhood: I had some asthma as a child, it would be worse when my allergies flared in the winter and spring. My nose and eyes run. I was always an "outsider." I was a tomboy. Our town had a school for boys who were interested in industrial arts and engineering. I begged my parents to let me go. When I graduated, I wanted to go to music school, but my parents wouldn't let me. I went to school for applied mathematics instead. My parents never understood me. My father drank. They abandoned me. I didn't fit in. I didn't want to follow their rules or live up to their expectations.</p> <p>I was in love with a boy in high school. The relationship had to end because he developed mental illness. I really loved him. I still do. I'm so sad. I miss him.</p> <p>Fears: Financial security. Heights. Falling. Death.Fm Hx: Alcoholism-father. Depression-mother.</p>				
<p>19.1</p>	<p>Important themes to consider when analyzing this case are --</p>	<p>A.) Allergies, Asthma, Heart valve prolapse, fear of falling</p>	<p>B) Loss of income, abandonment, feeling criticized, disappointed love</p>	<p>C) Bladder pain, abandonment, need for open air, relationship with children</p>	<p>D) Being an outsider, alcoholic father, fatigue, perspiration</p>
<p>19.2</p>	<p>A general symptom in this case is --</p>	<p>A) Fatigue < morning</p>	<p>B) Cystitis</p>	<p>C) Irritability</p>	<p>D) Embarrassment</p>
<p>19.3</p>	<p>A common symptom in this case is --</p>	<p>A) Pain with cystitis</p>	<p>B) Inability to empty her bladder</p>	<p>C) Her alcoholic father</p>	<p>D) Feelings of abandonment</p>
<p>19.4</p>	<p>A modality affecting her bronchitis is --</p>	<p>A) Time of day</p>	<p>B) Fatigue</p>	<p>C)The seasons</p>	<p>D) Opening a window</p>
<p>19.5</p>	<p>The correct order of events in this case is ---</p>	<p>A) Panic attacks, husband lost business, cessation of menses fatigue</p>	<p>B) Teenage love affair, asthma, cessation of menses, husband lost business</p>	<p>C) Asthma, bronchitis, husband lost business, panic attack</p>	<p>D) Mitral valve prolapse, marriage, asthma, bronchitis</p>
<p>19.6</p>	<p>Select the best set of rubrics to include in a repertorization of this case from the following:</p>	<p>A) Mind, Forsaken feeling (191 rx); Mind, Ardent (36 rx); Mind, Fear, High Places, of (120 rx); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rx); Female Genitalia/Sex, Menses, Absent (212 rx)</p>	<p>B) Mind, Forsaken feeling (191 rx); Mind, Ardent (36 rx); Mind, Fear, High Places, of (120 rx); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rx); Female Genitalia/Sex Menses, Absent (212 rx)</p>	<p>C) Mind, Forsaken feeling (191 rx); Mind, Ardent (36 rx); Mind, Fear, High Places, of (120 rx); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rx); Female Genitalia/Sex, Menses. Absent (212 rx)</p>	<p>D). Mind, Fear of Poverty (66 rx); Mind, Suspicious (148 rx); Mind, ,Ailments from love, disappointed (57 rx); Bladder, Urination, retarded (121 rx); Chest, Pain, aching (73 rx)</p>
<p>19.7</p>	<p>The most likely differential required for this case is between --</p>	<p>A) Sepia and Pulsatilla nigricans</p>	<p>B) Phosphoricum acidum and Natrum muriaticum</p>	<p>C) Bryonia and Arsenicum album</p>	<p>D) Kali carbonica. and Silica</p>

REPORTITIZATION



20.1	The numbers 118, 47, 72, 18 and 89 represent_____.	A.) The total weight (degree) of the remedies shown in the chart	B) The number of remedies identified for each rubric	C) The page on which the remedy is found in the repertory	D) The importance of the rubric in the repertorization
20.2	The number 4 in the Sulphur column represents_____.	A) The grade of theremedy within the rubric	B) The total number of rubrics that contain Sulphur	C) The total weight (degree) of Sulphur in the repertorized rubrics	D) The probability that Sulphur is the correct remedy
20.3	The rubric, "Generalities, Grief, sorrow, agg." is underlined to indicate_____.	A) Small rubrics have been combined	B) The high intensity of the symptom	C) It is a strange, rare and peculiar symptom	D) It is the only rubric in a particular family
20.4	Two remedies of equal probability in this repertorization are ____	A) Arsenicum album and Phosphoricum acidum	B) Lycopodium and Lachesis	C) Chamomilla and Lachesis	D) Natrum carbonicum and Lycopodium

Sample Exam QuestionAnswer Key		
Question #	Answer	Domain & Statement
1	A	FT-13
2	C	FT-04
3	D	MM-11
4	A	MM-03
5	C	RP-02
6	D	RP-17
7	B	HS-03
8	D	HS-05
9	C	ET-07
10	D	ET-01
11	D	CT-05
12	A	CT-21
13	B	CA-10
14	C	CA-09
15	B	PS-04
16	B	PS-02
17	C	FM-18
18	A	FM-01

Sample Case QuestionAnswer Key		
Question #	Answer	Domain & Statement
19.1	B	CA-09
19.2	A	CA-13
19.3	A	CA-14
19.4	C	CA-13
19.5	C	CA-07
19.6	D	CA-20
19.7	A	CA-23

Sample Repertorization Question Answer Key

Question #	Answer	Domain & Statement
20.1	B	RP-04
20.2	B	RP-04
20.3	B	RP-05
20.4	C	RP-07



Health Sciences/Human Pathology Study Guide

Entry-level homeopathic practitioners should have basic familiarity with human disease conditions to avoid errors in practice or potentially serious medico-legal consequences. In addition, a working knowledge of pathology allows the homeopath to work more confidently with clients, health care practitioners, and the integrative health community. Sufficient knowledge of medical terminology, clinical pathophysiology, and therapeutics allows the practitioner to interface with clients and other practitioners about diagnosed conditions. With this knowledge, the homeopath is better able to learn more about medical conditions from the medical literature.

Pathology study recommendations are provided to ensure that applicants are prepared to perform well on the health sciences portion of the CHC exam. CHC ethical guidelines require practitioners to work within their own levels of capability and training. By providing this list of pathologies for students to study, the CHC does not assert, in any way, that candidates who become certified are prepared to work with all of these disease conditions. Each practitioner should seek appropriate mentoring and guidance when working with any disease condition new to his/her experience to ensure that the transition from factual knowledge to clinical application is appropriate for the client.

Referrals

All practitioners, licensed or unlicensed, must be able to recognize the signs and symptoms of potentially serious or life-threatening illness. When homeopaths with knowledge of human disease encounter an undiagnosed condition, they are more capable of knowing when to refer immediately, to refer on non-emergency basis, or to treat homeopathically without referring, which may lead to "malpractice" challenges.

Symptoms

Practitioners must understand the normal symptoms of common pathologies in order to identify individualizing and characteristic symptoms in the client that are so important to effective homeopathic remedy selection.

Progression

In order to effectively manage client cases, an understanding of the normal progression of the pathology is necessary to determine if, and in what ways, the client is improving. It is important to know conditions that tend to resolve on their own, as well as those that tend to change from one state to another, regardless of homeopathic intervention.

Therapeutics

Practitioners must be able to assess the appropriateness of homeopathy and other therapeutics, as well as his/her own limitations of competence, for the safety and benefit of the client. Each practitioner needs to be aware of the kinds of complaints that typically do or do not respond well to homeopathy and counsel his/her clients appropriately.

Study Recommendations

CHC exam applicants should have knowledge of the pathologies listed in Table 2, as recommended in *The Standards for Homeopathic Education and Competencies for Homeopathic Practice* (S&C). Although no specific version of the exam will include all of the listed pathologies, the applicant should review all areas of study to build a more robust knowledge base for practice.

Table 2 provides an overview of typical presentations of urgent/acute complaints and routine/chronic complaints categorized by body system. While overlap exists between the body system involved and the nature of the complaint, (e.g. acute exacerbations of chronic complaints can appear as urgent), complaints are listed in the body system where they most likely appear.

This table arrangement minimizes duplications, provides order and coherency, and offers suggestion for study organization. Applicants should focus on the following areas of study:

- Typical signs and symptoms
- Typical predisposing conditions
- Progression of disease
- Use of typical diagnostic tests and therapeutics by condition

Study information is available in the [Certification Handbook](#) and also on many reliable websites:

- www.merckmanuals.com
- www.webmd.com
- <http://www.mayoclinic.com/health/DiseasesIndex/DiseasesIndex>
- <http://www.cdc.gov/DiseasesConditions/>

Pathologies: Typical Presentations by Body System

BODY SYSTEM	URGENT/ACUTE	ROUTINE/CHRONIC
Infectious (conditions not already listed in other categories)	HIV, sepsis, meningitis, encephalitis, mycoplasma infections (walking or atypical pneumonia), malaria, smallpox, anthrax	Influenza, common cold, mononucleosis, scarlet fever, pertussis, Fifth's disease, chlamydia, systemic candidiasis, monilliasis, trichomoniasis, amebiasis, giardiasis, hookworm, malaria (chronic)
Malignancy	Fever in immunosuppressed client, bleeding in thrombocytopenic client, acute spinal cord compression, intestinal obstruction, appropriate criteria for referral for any client suspected of having cancer	Recognition of signs and symptoms of common forms of cancer
Immunology	AIDS, anaphylaxis	Chronic fatigue immunodeficiency syndrome, environmental illness, systemic allergy, acquired and congenital immunodeficiency syndromes
Skin	Melanoma, third degree burn, second degree burn over large surface area, drug rash, erythema multiforme, gangrene, abscess, cellulitis, syphilis, petechiae	Eczema, psoriasis, seborrhea, nevi, boils, impetigo, monilial dermatitis, tinea (...capitis, corporis, cruris, pedis, versicolor), vitiligo, syphilis, varicella, herpes (...zoster, simplex), molluscum, rubella, rubeola, warts, scabies, lice, first and second degree burns over small areas, urticaria, contact dermatitis (Rhus dermatitis), acne, rosacea, alopecia, aphthous stomatitis, lipoma, keloid, dermatofibroma, hemangioma, insect bites, basal cell carcinoma, squamous cell carcinoma, seborrheic keratosis, solar keratosis
Gastrointestinal and Mouth and Nutritional / Metabolic	Acute appendicitis, volvulus, intussusception, incarcerated hernia, acute abdomen and other surgical emergencies, upper and lower GI bleeding, acute hepatitis, acute pancreatitis, pyloric stenosis, acute cholecystitis, acute diarrhea, acute diverticulosis, acute parotitis, failure to thrive	Gall stones, flatulence, encopresis, constipation, chronic diarrhea, malabsorption syndromes, celiac disease, lactose intolerance, parasite infestation, hernia, peptic and duodenal ulcer, esophageal motility disorders, gastro-esophageal reflux, cirrhosis, acute gastroenteritis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, hemorrhoids, chronic hepatitis B, hepatitis C, chronic pancreatitis, diverticulosis, periodontal disease, dental abscess, caries, obesity, anorexia, B-12 deficiency, phenylketonuria
Cardiovascular and Hematology	Acute myocardial infarction, cardiac and aortic aneurysm, hypertensive crisis, endocarditis, unstable angina, pericarditis, pericardial tamponade, congestive heart failure, acute arrhythmia, acute deep vein thrombosis, cerebral aneurysm, disseminated intravascular coagulation (DIC), immune thrombocytopenic purpura (ITP), thrombotic thrombocytopenic purpura (TTP)	Hypertension, stable angina, chronic arrhythmia, coronary artery disease, valvular heart disease, congenital heart disease, cardiomyopathy, chronic congestive heart failure, peripheral vascular disease, superficial thrombophlebitis, carotid artery stenosis, cerebral aneurysm, Reynaud's syndrome, anemia (nutritional, hereditary, associated with systemic disease), polycythemia, thrombocytopenia, leukopenia
Musculo-skeletal	Fractures, acute rheumatic fever, septic arthritis (gonococcal, Lyme, etc), temporal arteritis, acute gouty arthritis	Strains, sprains, osteoarthritis, osteoporosis, rheumatoid arthritis, gout, costochondritis, Reiter's syndrome, scleroderma, systemic lupus erythematosus (SLE), polymyalgia rheumatica, polyarteritis nodosa, dermatomyositis/polymyositis, Sjogren's syndrome, ankylosing spondylitis, fibromyalgia, chronic Lyme disease, carpal tunnel syndrome, shin splints, back pain and other repetitive stress syndromes
Endocrine	Diabetic coma and ketosis, hyperthyroid crisis, acute hypoglycemia, thyroid nodule	Hyperthyroidism, hypothyroidism, diabetes mellitus, diabetes insipidus, Cushing's syndrome, Addison's disease, chronic hypoglycemia, thyroid enlargement, acromegaly
Ophthalmology	Retinal detachment, iritis, uveitis, corneal abrasion, papilledema, acute red eye, foreign body	Conjunctivitis, stye, blepharitis, Meibomian cyst, lachrymal duct obstruction, subconjunctival hemorrhage, glaucoma, diabetic retinopathy, myopia, hyperopia, astigmatism, strabismus, cataract, ocular tumors, ocular migraine

BODY SYSTEM	URGENT/ACUTE	ROUTINE/CHRONIC
Respiratory and Ear/Nose/Throat	Peritonsillar abscess, epiglottitis, foreign bodies (eye, ear, nose, throat), streptococcal pharyngitis, mastoiditis, acute asthma, status asthmaticus, pneumonia, pulmonary embolus, pneumothorax, tuberculosis	Otitis (media, externa), mastoiditis, hearing disorders, epistaxis, adenoid and tonsillar hypertrophic pharyngitis, sinusitis, allergic rhinitis, croup, laryngitis, bronchitis, chronic asthma, chronic obstructive pulmonary disease (COPD), pleurisy, tuberculosis, sarcoidosis, bronchiectasis, Meniere's disease, obstructive sleep apnea, occupational lung diseases (asbestosis, etc), carbon monoxide poisoning
Neurological	Stroke, subarachnoid hemorrhage, subdural hematoma, space occupying lesion / pathology, meningitis, encephalitis, cerebral abscess, skull fracture, vertebral fracture, Bell's palsy, trigeminal neuralgia	Headaches, post-concussive syndrome, vertigo, epilepsy, traumatic brain injury, multiple sclerosis, amyotrophic lateral sclerosis, myasthenia gravis, muscular dystrophy, peripheral neuropathy, sciatica, polio, vertebral disc disease, spinal stenosis, dementia, Parkinson's disease, cranial synostosis, Tourette's syndrome
Psychiatric	Suicidal or homicidal ideation, acute mania, acute psychosis, child abuse, spousal abuse, elder abuse, delirium	Post-traumatic stress syndrome, dissociative disorder, alcoholism, drug addiction, other substance abuse, bipolar disorders, psychosis, depression, grief reaction, obsessive-compulsive disorder, anxiety disorders, personality disorders, eating disorders, autism, Asperger's syndrome, verbal and non-verbal learning disorders, mental retardation, attention deficit disorder, dementia, somatization disorder, communication disorder (stutter, dyslexia, dysgraphia, etc), conduct disorder, tic disorders, sleep disorders, impulse control disorders, adjustment disorders
Reproductive and Genitourinary	Ectopic pregnancy, uterine hemorrhage, pelvic inflammatory disease, acute STD (gonorrhea, syphilis, chlamydia, etc), toxemia of pregnancy, miscarriage, puerperal fever, pyelonephritis, kidney stones, testicular torsion, ovarian torsion, testicular cancer, acute renal failure, acute prostatitis, epididymitis	Pregnancy, nausea of pregnancy, hyperemesis gravidarum, bacterial vaginosis, vaginitis, HPV, cervical dysplasia, herpes simplex, vaginal atrophy, premenstrual syndrome, metrorrhagia, menopause, endometriosis, ovarian cyst, polycystic ovarian syndrome, amenorrhea, infertility, uterine prolapse, fibroids, infertility, breast lump, mastitis, sexual dysfunction (anorgasmia, impotence), enuresis, urinary tract infection, incontinence, inguinal hernia, femoral hernia, chronic renal failure, chronic prostatitis
Pediatric (conditions not already listed in other categories)	Congenital heart disorders, congenital gastrointestinal disease, newborn hyperbilirubinemia, fetal alcohol syndrome or drug withdrawal, child abuse	Lachrymal duct obstruction, herpangina, accident prevention, immunization, pica, lead poisoning, worms, cerebral palsy, atopic disease, developmental delay, anticipatory guidance, congenital hip dislocation, club foot



Request for Reasonable Accommodations for Testing

Applicants requesting reasonable accommodations for disabilities covered by applicable laws must complete the following steps and submit requests **BEFORE** applying for the exam:

- Provide documentation of an evaluation and/or diagnosis by a healthcare professional.
 - The documentation must have been completed within the last three (3) years.
 - The evaluation/diagnosis must be within the professional's scope of practice.
 - If testing was performed on the applicant, the results of those tests must be provided.
 - The documentation must be signed by the healthcare professional on official letterhead. The professional must be clearly identified by name and profession.
 - The documentation must clearly state the evaluation/diagnosis and specify the accommodations the candidate requires to experience fair administration of the exam. The accommodations must be presented as a requirement given the nature of the disability, not as a suggestion.
 - Documentation from a school psychologist is only acceptable if the applicant is still a student in that school system. IEPs and 504 Plans from an applicant's secondary education or earlier are not acceptable because they are not the evaluations of licensed professionals, and they are not assessments of the applicant as an adult.
- Provide a letter from his/her professional program attesting to the nature of the accommodations that were provided for testing throughout the course of study, **if the applicant has received accommodations from a school or course of study within the last three (3) years.**

Reasonable Accommodation Process

During the open exam registration cycle, the request form, letters from treating practitioners, and other supplemental supporting documentation must be submitted to chcinfo@homeopathicdirectory.com or PO Box 75, Chartley, MA 02712. **The applicant should not proceed with the registration process for the exam without first hearing from the CHC regarding the accommodation.**

Within 2 weeks of receiving the request, the Examination Committee will determine whether the accommodation is valid under the ADA and whether accommodations requested can be met. If the CHC can accommodate the applicant, the applicant may apply for the exam.

The Reasonable Accommodation Request form is available through Certifior, on the CHC website, by email: chcinfo@homeopathicdirectory.com, or by phone: 866-242-3399.



Request for Reasonable Accommodations for Testing Form

Name _____ Date of Birth _____

Address: _____

City _____ State/Prov. _____ Zip: _____ Country: _____

Phone _____ Email _____

Is this your initial application for certification or a retake? Initial Retake

If this is a retake, have you received accommodations on previous CHC exams? Yes No

Description of disability: _____

When was this disability first diagnosed? _____

What measures are used to mitigate its impact? _____

What accommodations have you received for past standardized testing or in your formal homeopathic education?

Accommodation(s) being requested:

Additional testing time: Time and a half Double time Other (explain) _____

Reader

Other accommodation (explain): _____

How will the accommodations requested reduce the impact of the disability?

I attest to the fact that the above information is accurate. I understand that the CHC reserves the right to withhold or cancel my scores if it is subsequently determined that, in the CHC's judgment, any information presented on this form, or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

Signature: _____ Date: _____



CHC Code of Professional Ethics

The Council for Homeopathic Certification (CHC) considers the following principles to be guides to the ethical practice of homeopathy and to be morally binding on all homeopaths. Homeopathic practitioners are hereinafter referred to as practitioners.

All practitioners who are certified by the CHC are expected to observe the highest standards of ethics and integrity and be morally bound by this code of professional ethics.

Ideals

The homeopath's high and only calling is to restore the sick to health—to heal, as it is termed—as defined by Samuel Hahnemann in the *Organon*.

The practitioner shall be educated and trained to provide competent homeopathic care in partnership with the client. The practitioner shall limit his or her practice to those areas in which the practitioner has acquired competence within the scope of practice of the practitioner's certification.

Interactions with Clients

Conduct the homeopathic practice with vigilance, integrity, and freedom from prejudice, and treat all clients with respect and dignity.

Make every appropriate effort to be available and accessible to ill clients requiring assistance. Never guarantee a cure, by spoken word or in writing.

Assist clients in weighing the possible benefits and risks of other (non-homeopathic) therapeutic options, helping them to consider conventional diagnostic procedures, routine screening tests and therapies—acknowledging the usefulness of such procedures at appropriate times, even for those who may wish to avoid conventional treatment. A non-licensed homeopathic practitioner shall not make a recommendation to discontinue current medications or treatments prescribed by a licensed health care practitioner. While the practitioner may freely educate his/her client concerning how homeopathic and pharmaceutical and other approaches diverge and even conflict, he/she must also leave no doubt that any and all responsibility for modification of the client's medication regime rests entirely with the client in consultation with the prescribing health care practitioner. The homeopath should ensure that any substantive discussions regarding prescribed medications and treatments are appropriately documented in the client's chart notes.

Render assistance to clients in emergency situations, to the greatest extent permitted by training and circumstances.



Practice within areas of competence. Consult with colleagues, or refer clients to other practitioners, in any situation involving conflict, inadequate training, or personal limitation—such as, but not limited to, any of the following:

- When any aspect of the client's case requires greater experience, training or skill than the practitioner can offer.
- When there is a need for diagnostic tests or procedures beyond the capacity of the practitioner.
- When the practitioner's care is not providing reasonable and timely resolution of the client's health problems.
- When circumstances arise that create a conflict between the practitioner's personal and professional relationship with the client.
- If a practitioner's competence or judgment is impaired by physical or mental incapacity or chemical dependency.
- Practitioners seeking second opinions or another Practitioner's advice remain responsible for services and recommendations provided to the client.

Keep full and accurate records of all contacts with clients, including individual data such as name, address, phone number, date of birth and case data, such as medical history, dates and details of consultations, and summary of recommendations made.

Exercise appropriate discretion in the wording of any advertisements; practitioners who are not medically licensed with authority to diagnose and treat in the state/province where they practice should carefully avoid any reference to medical diagnoses or diagnostic tests and focus on establishment of health rather than resolution of disease.

Unless you possess a healthcare license, use a disclosure/informed consent form which clearly and accurately identifies your training, credentials, skills and nature of your work; ensure that each client signs this form which becomes a part of the client documentation.

The practitioner's staff shall be trained and educated in their duties regarding client confidentiality.

The practitioner may have in attendance in the consultation room a person who is not on the practitioner's staff, e.g., an intern, a visiting consultant or a student observer only with the consent of the client after the client has been fully informed of who the person is.



The practitioner shall also ensure that the visitor is fully informed of the duty of confidentiality concerning the identity of the client and any recommendations made during the course of the consultation.

Before entering into a relationship with a new client, the practitioner shall fully explain to the client, in writing, the fees expected for service and any payment policies, including when payment is expected, interest, if any, that will be charged for delayed payment and credit card possibilities. If the practitioner's fees change during the course of consultation, the practitioner or his or her office staff shall advise the client of that fact before rendering service under the new fee schedule.

In the course of consultation, the practitioner should make every effort within reason to respond to a client's attempts to contact the practitioner whether by calls or emails. If the practitioner decides to end the relationship with the client, he/she should notify the client as soon as possible.

The practitioner shall not discriminate in hiring staff or in accepting clients on the basis of race, religion, national origin, gender or sexual orientation and should always strive to provide the highest quality of care for each client. This rule does not prevent the practitioner from refusing to accept a client with whom the practitioner cannot communicate because of language differences. Also, practitioners may restrict their practice to specific age, gender groups or to specific conditions as long as this is consistent and not arbitrarily applied.

The practitioner shall not enter into romantic or sexual relations, of any type, with a client or a client's family member or "significant other" while the practitioner-client relationship continues. This rule applies for six months after the client-practitioner relationship has ended.

The practitioner shall engage a lifestyle of self-care that optimizes his or her ability to care for his or her clients. The practitioner will not practice under the influence of prescription medication, over-the-counter medication, alcohol, drugs or any other substances that can have the potential to impair his or her functioning.

Should the practitioner become impaired, physically or mentally, so as to threaten the safety of his or her clients, he or she shall terminate practice and notify the CHC within 30 days.

Interactions in Telehealth

Telehealth occurs when practitioners provide homeopathy services remotely by means of telecommunications technology.

Practitioners should obtain agreement or consent from their clients before providing telehealth services. Informed Consent requires that practitioners should fully explain to clients the distinctive features of telehealth consultations including, but not limited to, the following:



- How telehealth works
 - How to schedule appointments
 - How the practitioner and client will identify each other
 - Privacy concerns
 - Possible technological failures and potential confidentiality breaches
 - Protocols during virtual visits
-
- Practitioners should ensure necessary measures to accomplish the following:
 - Processing sensitive data in a secure manner
 - Maintaining data security and confidentiality
 - Maintaining privacy
 - Responding to security threats or breaches

Practitioners should follow all applicable federal and state laws, rules and regulations in regard to telehealth practice.

Practitioners should exercise professional autonomy in determining whether telehealth, instead of face-to-face consultation, is appropriate.

Interactions within the Profession

Honor the homeopathic profession, its history and traditions. Each practitioner's words and actions reflect upon the profession as a whole. Speak respectfully, whether in public or with clients, about fellow practitioners, both homeopathic and in other fields, acknowledging differences in styles of practice and training in a constructive way.

Continue personal and professional development by undertaking further study, conferring with colleagues seeking greater understanding of homeopathic theory and practice and supporting other practitioners in that goal. Promote the art and science of homeopathy through appropriate research.

The practitioner, within the limitations of his or her ability and interest, should strive to aid in the compilation of clinical data in a meaningful manner and in the dissemination of that data.

If conducting homeopathic research, give substances used in provings only to those individuals who have an understanding of the nature of the proving process and who have volunteered, with written consent, to participate. Consider any person involved in experimental provings or other studies to be the researcher's client; be guided by the welfare of each person and the moral imperative that the homeopath's only calling is to help make sick people well. Report research findings and clinical experience methodically, honestly and without distortion. Identify any speculative theories clearly as such.

Carefully honor the confidentiality of all clients whose cases are used in published articles, case conference presentations or training lectures.

When requested by a relevant disciplinary authority concerning another practitioner or by another practitioner under investigation or charge, the practitioner shall cooperate honestly and to the best of his or her ability.



Interactions during Emergency Situations

An emergency situation includes any of the following experiences in the location of the practitioner's practice that disrupts normal manner of practice: epidemics, pandemics, natural disasters, martial law or other *force majeure* circumstances.

Responsible Awareness Specific to Emergency Situations

Each practitioner will make every reasonable effort to seek out and be fully informed of all public health directives issued by federal, state/province, county and municipal authorities during an emergency situation. Practitioners will make every reasonable effort to educate his/her clients about all applicable public health directives.

Appropriate Communication

Each practitioner will carefully ensure that he/she communicates accurately and responsibly to clients, the public and the homeopathic community. All applicable federal, state/province, county and municipal guidelines regarding statements about prevention or treatment of any condition using homeopathy will be carefully followed in all written, electronic or verbal communication to clients, public and colleagues.

Medicolegal Prudence

Each practitioner acknowledges that under emergency situations, clients may present unfamiliar or unknown pathology. Each practitioner will cooperate with and educate clients about mandatory disease reporting requirements during any epidemic or pandemic including how to report to the designated authorities.

Needful Selfcare

The specific nature of the emergency situation will require appropriate selfcare. Each practitioner will make every reasonable effort to seek out, be fully informed and implement the following:

- Recommended public health guidelines for cleaning, disinfection and disposal protocols appropriate for his/her specific office environment (if providing onsite homeopathic care for clients who might have been exposed to or contracted a communicable disease).
- Use of appropriate personal protective precautions commensurate with the assessed level of risk for his/her specific office environment in order to minimize personal risk of exposure to infection and further transmission of a disease.



CHC Client Healthcare Rights

The Council for Homeopathic Certification (CHC) considers the following to be rights of the client in a health care setting, to be respected at all times in homeopathic practice:

Access

Each individual has a right to impartial access to homeopathic care, regardless of any personal belief, circumstance, or condition unless there is a valid legal reason that would prevent such access.

Confidentiality

The client has a right to confidentiality. The homeopath must not communicate in any form the contents of case records or personal information obtained within the practitioner/client relationship, as outlined in any governmental regulations for Canadian and US health care providers, except with the written permission of the client, in the case of emergency, or in response to a valid demand by government authorities. Appropriate safeguards should be taken with client records to prevent any unauthorized access to them. Case records or summaries should be provided promptly when properly requested in writing by a client.

Boundaries

The client has a right to expect the homeopath to keep appropriate professional boundaries in the client/practitioner relationship. The inherent nature of this type of relationship tends to place the practitioner in a position of influence, and the client in a position which may be, to some extent, dependent. The homeopath must therefore scrupulously avoid any exploitation of this relationship through inappropriate personal, sexual, or financial interaction always keeping in mind that the purpose of the relationship is to help improve the client's health.

Privacy

The client has a right to be interviewed and examined in surroundings that afford reasonable visual and auditory privacy. Individuals who are not directly involved with the client's care shall not be present without the client's permission, and shall not observe through remote audio/video access, or through video recordings without the client's express consent.

Advocacy

The client has a right to have another person present during any interviews or examinations. Physical examinations should only be performed by appropriate practitioners, and the client should remain disrobed only as long as is required for the examination. If the client is a minor, a parent or guardian has a right to be present during the examination and interview.

Self-Responsibility

The client has a right to actively participate in any and all decisions regarding his or her health care. This includes the right to refuse any recommendations (of homeopathic care or other kinds of health care) or referrals to other practitioners, to the extent permissible by law even after being informed of possible adverse consequences. If a client or a client's legally-authorized representative declines to follow recommendations in such a way that this prevents the homeopath from providing care in accord with professional standards, the homeopath may terminate the professional relationship with the patient/client upon reasonable notice, and in a professional manner.

Adjunct Therapies

The homeopath may offer, in addition to homeopathic care, any health-care skills that he or she is trained & competent to use, as long as such techniques or approaches are appropriate to the client's condition, and legal for the individual practitioner to practice. The homeopath must carefully explain such adjunct therapies, and make it possible for the clients to decline them if they wish. The homeopath shall make available documentation of his or her credentials and training for the practice of any type of therapy offered to the client, and must always allow the patient/client the freedom to accept or decline any type of therapy.



Compliance Attestations

Compliance with professional ethics, client rights, and Fitness to Practice reporting is paramount to obtaining and retaining the CCH credential. Truthful answers to compliance questions are required during CHC application, candidate and recertification processes.

The CHC exam application process contains questions about an applicant's fitness to practice. Applicants must truthfully and fully respond to all health and legal questions and provide additional information if necessary. Applicants, candidates, and certificants must notify the CHC in writing **within thirty days** about any changes related to Fitness to Practice information. Failure to report changes could result in disciplinary action including denial of application.

Legal or health issues do not necessarily disqualify candidates from obtaining CHC certification, if the circumstances do not appear to compromise the individual's ability to practice and if proper supporting documentation is provided. The CHC Exam Committee (EC) conducts the eligibility review process, and the CHC Standards and Ethics Committee (SEC) conducts further review if necessary. Individual applicants are notified if their application is under review by the SEC and about the SEC's decision. All responses to the compliance attestations maintained by the CHC are confidential and will only be released by written request or as required by law.

Ethics

Each CHC certificant represents the homeopathic profession in the eyes of the public and is expected to uphold the highest standards of professional conduct as described in the [CHC Code of Professional Ethics](#) and [CHC Client Healthcare Rights](#). Applicants for certification and fully- certified practitioners pledge to uphold these standards in practice and in all interactions with clients.

Ethics Attestations:

- I have reviewed the CHC Code of Professional Ethics and continue to practice in a manner consistent with the criteria set forth by the CHC.
- I have reviewed the CHC Client Healthcare Rights and continue to practice in a manner consistent with the criteria set forth by the CHC.

- I acknowledge that I am prohibited from transmitting information about CHC examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible examination irregularities by myself or others, may result in my scores being cancelled or my certification being revoked in accordance with CHC policies and procedures and/or legal action, up to and including criminal prosecution.

Fitness to Practice

[Fitness to Practice](#) requires the necessary physical, mental, and legal capacity to practice competently and ethically, with a primary duty to the client to ensure safety.

Fitness to Practice Attestations:

I will report to the CHC any health-related impairments and/or disciplinary or criminal matters of any kind that I may be involved in within thirty days of onset. I will release to the CHC all pertinent information related to such reporting throughout the application and candidacy process and, if applicable, for as long as I hold the CCH credential. I understand that failure to meet Fitness to



Practice reporting requirements could result in disciplinary action including denial/revocation of application or certification.

Health Status Questions	
Has your physical or psychological health status interfered with your ability to practice a health-related profession or otherwise interrupted your professional or academic activities for more than three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been, or are you currently, impaired because of substance abuse, including alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer “yes” to any Health Status question, you must submit a personal written statement addressing the history and current status of any physical, psychological, or substance abuse-related impairments, written documentation from a healthcare professional who has treated you addressing the impairment and your fitness to practice, and attestations that:

- You are no longer impaired (or are currently under treatment for the impairment).
- The impairment and/or treatment for such does not interfere with your ability to practice.

Legal Status Questions	
Have you been a defendant in litigation related to the practice of a health-related profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a judgment been entered against you or have you been a party to a settlement in any legal proceeding related to the practice of a healthcare profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any type of felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any other crime or are you on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No



<p>Have you had any disciplinary or administrative actions taken against you by any licensing board or health-related professional association or school?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you been denied or voluntarily surrendered a license to practice in any health-related profession?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If you answer “yes” to any of the Legal Status questions, you must submit official copies of legal documents related to the charges or claims that supports a personal written statement(s) that include:

- An explanation of the charges or claims
- A statement that the case is still pending in any legal jurisdiction and/or with any state/provincial agency, healthcare professional board, association, or with the CHC **OR** an explanation of how the charges or claims were resolved

□ Acknowledgement of Understanding

I attest that I understand all of the statements and questions above, have answered each truthfully and accurately to the best of my knowledge, and agree to be fully bound thereby. By adding my name and date below, I attest that I am the person whose name is on this application.

Confidentiality of Test Questions

Each test taker must agree and electronically sign this attestation during registration and prior to taking the exam.

- I acknowledge that I will leave all bags, books, printed materials, electronic devices- including cell phones, computers other than the exam computer, tablets or other materials outside the examination room during the exam.
- I acknowledge that the CHC exam and exam questions are the valuable, copyrighted property of the CHC and as a condition of testing:
 - I agree to maintain the confidentiality of all test questions and cases.
 - I agree not to discuss the exam, specific exam questions and cases with anyone other than the CHC office. I will not duplicated, retain or keep any part of the exam materials in whole or in part, paper or digital, or in any other form.

Violation of this agreement, in whole or in part, may result in receiving a failing grade and/or subsequent disqualification from the certification process. If there are any irregularities or adverse events during the exam administration, please report by telephone, 866-242-3399, and email, chcsupport@homeopathcertification.org, within 24 hours.