

Council for Homeopathic Certification

CHC Mentorship/Apprenticeship Log

Name of Mentee/Apprentice _____

Email _____

Topic: Briefly identify the focus of the mentoring/apprenticeship session.

Date met	From	To	Topic	Eligibility Hours earned	Mentor's/ Supervisor's Signature (CCH)
07/01/26	10 a.m.	12 p.m.	Case records	2	

TOTAL HOURS _____