

CHC Case Submission Guidelines

for the credential

Certified Classical Homeopath (CCH)

This document contains important information on the requirements and process for the case submission step in the certification process for homeopathic practitioners in the United States and Canada.

Our Mission

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.

Our Vision

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

Ethics Guidelines

The CHC considers its *Code of Professional Ethics* for homeopaths foundational for homeopathic practice, providing a framework for making ethical decisions and fulfilling responsibilities to the public, colleagues and the profession. The CHC's mission of public protection supports a standard for conduct of excellence that all certified homeopaths have a responsibility to read, understand, and adhere to.

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 Patient/Client Rights within the Health Care Setting*. As an applicant for certification and as a fully certified practitioner, you pledge to uphold these ethical standards in your practice and in all interactions with clients.

Benefits of Certification

CHC Certification represents a significant professional achievement. Earning the CCH credential makes an important statement about your proficiency and competence in homeopathic practice to clients, other practitioners and the profession. Earning and maintaining the CCH credential in good standing provides the following benefits and privileges:

- Attests to your proficiency as a classical homeopath to patients and other practitioners using a known standard – the CCH credential
- Encourages practitioners who would refer patients to a homeopath in your area to choose you due to confidence in your demonstrated skill
- Inclusion in a national directory of certified homeopaths, helping you to build your practice
- Qualifies professional homeopaths to apply for registered membership with the North American Society of Homeopaths
- Qualifies you for participation in insurance and provider networks which require the CCH credential
- Strengthens the public view of our profession through acknowledgement of a national standard
- Eligible for consideration for nomination to the Board of Directors of the CHC
- Eligible for consideration for CHC Task Force or Committee

Non-Discrimination Policy

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

Guidelines for Case Submissions

Five cases of the candidate's own work, suitable for publication, are required to be submitted to the CHC. This occurs after successfully completing the objective test phase of the credentialing process and the clinical training and supervision requirements. Clinical training and supervision documentation must be submitted before the five case presentations will be accepted. These five cases demonstrate your ability in clinical and analysis skills as a homeopath. Although the cases are not completed under proctored conditions they are nevertheless part of the exam process and consequently must be completed independently and without assistance from other homeopaths (See *Case Submission Assurance Form*).

The sections that follow provide you with guidelines and requirements for completing and submitting your five independently-conducted, successful cases to the CHC:

- Factors to Consider for Successful Case Preparation
- Content Checklist for Case Submissions
- Case Submission Instructions
- Case Evaluation Process
- Oral Interview
- Case Submission Assurance Form

Factors to Consider for Successful Case Preparation

CASE PREPARATION	DO ACCEPT	DO NOT ACCEPT
CASE TYPE	Human cases only.	Your own case, veterinary (animal) cases, acute cases or cases in which many different remedies were given.
CLASSICAL CASES	Cases that demonstrate the effective use of classical homeopathy, following classical homeopathic principles.	Cases that include non-classical approaches such as the use of combination remedies, the use of multiple remedies given at the same time or remedies chosen without analyses matching symptoms to a known remedy.
CASE ETHICS	Cases that honor all ethical guidelines for client protection and confidentiality.	Cases in which signed client release forms have not been obtained.
CASE AUTHORSHIP	Cases of your own independent work.	Cases completed with assistance from a supervisor, instructor, tutor or as part of education or clinical supervision requirements.
MARKED IMPROVEMENT	Cases in which marked, sustained, undeniable improvement was documented and attributable to successful homeopathic care.	Cases without concrete evidence of improvement (e.g. if the subject says he is feeling better but there is no improvement in physical or general symptoms).
WRITTEN PRESENTATION	Cases written in narrative form only. Cases suitable for publication (i.e. typed, organized and proofread by a lay person for clarity, grammar and spelling). See <i>Case Submission Instructions</i> for specific document formatting style.	Cases that just list symptoms or include unedited case notes. Cases that are hand written or have not been spell checked or contain grammatical errors.

CASE PREPARATION	DO ACCEPT	DO NOT ACCEPT
ORGANIZATION	Cases that contain seven numbered and labeled sections as identified in the <i>Format for CHC Case Submissions</i> .	Cases that do not follow the identified format.
WRITTEN LENGTH	Each case taken in its entirety in 12 pages or less, including the language of the client, family history, review of general and particular symptoms, repertorization chart, case analyses and follow-ups.	Cases with lengthy digressions unrelated to salient case elements.
CASE ANONYMITY	Cases and repertorizations that omit client initials, name or contact information. Cases that alter or omit case details to preserve anonymity as long as important aspects of the case are not altered.	Cases or repertorization charts that reveal any identifiers of the client.
DURATION OF CARE	Cases with <u>a minimum of six months follow-up</u> AFTER a remedy has acted well on all presenting symptoms.	Cases that cover several months of incorrect remedies followed by a successful remedy in month five or six. Cases that conclude without examining all presenting symptoms.
CLIENT DESCRIPTION AND REPORT	Cases reported in a narrative quoting the client's own language. Cases that include full descriptions of symptoms including the level of intensity.	Cases in which client language is changed or interpreted.
INITIAL CASE ANALYSIS	Initial analyses that identify what needs to be cured, the significant symptoms, the relationship among symptoms and factors affecting the outcome of the case. Cases in which the initial evaluation and analysis is clearly explained and reaches a deep understanding of the case.	Case analyses that do not consider factors such as personal/family history, medications, alternative treatments, obstacles to cure and miasms (if applicable). Analyses that approach the case superficially, project, speculate or overly interpret information provided.
REPERTORIZATION	Cases that include a repertorization chart according to the analysis style you use, even if it did not lead to a final remedy choice. Repertorizations that demonstrate a direct link between salient symptoms of the case and the rubrics selected. Charts that have been repertorized by hand or computer and identify the specific repertory used.	Cases that just list rubrics without identifying which specific repertory, section, rubrics or sub-rubrics used. Cases that do not clearly identify rubrics that have been combined. Rubrics identified in the repertorization which are too general or too specific in relation to the symptoms of the case.
MATERIA MEDICA DIFFERENTIAL	Cases that review three to five defensible final remedy choices for the initial case that illustrate by concrete argument the rationale for the selection of one over another and that <u>specify the sources used</u> to differentiate the final choices. Cases that include a thoughtful discussion of the results of the repertorization.	Cases that use opinion statements such as "I felt this remedy was the best choice for the case" without adequate supporting argument or that differentiate an excess of remedy choices covered in a given repertorization. Cases in which remedies are determined by unexplainable intuition or serendipitous coincidence.
REMEDY SELECTION AND POTENCY	Cases in which one or two remedies were given with the last remedy given having a minimum of six months follow-up. Cases in which the potency, form of administration and frequency is identified and justified.	Cases that do not provide the remedy name, posology, method of administration and frequency as well as justification for those decisions.

CASE PREPARATION	DO ACCEPT	DO NOT ACCEPT
FOLLOW UPS AND CASE MANAGEMENT	Cases that identify the dates remedies were taken and review and manage all aspects of the case – including the status of the chief complaint, each of the features that led to the initial remedy selection and any new features in the case. Cases that utilize a scale to rate how much better or worse each symptom is based on the selected remedy.	Cases that do not specify the date(s) remedies were taken and the date of each follow-up or remedy or potency changes, if applicable. Cases that do not address all presenting symptoms in the follow-ups. Cases that do not justify changes in remedy selection or potency. Cases that do not contain additional repertorization charts, if applicable.
CONCLUDING FOLLOW UP	Cases that demonstrate <u>marked, sustainable, undeniable</u> improvement in presenting symptoms and important aspects identified in the case that is attributable to homeopathic care. Cases that conclude with <u>a minimum of six months follow-up and management</u> during which the same remedy was given.	Cases that use general concluding statements such as “the client feels fine now” or “the client is happy and well.”

Content Checklist for Case Submissions

Required Content
<p>1. Description of the client/subject (narrative)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notes practitioner observations <input type="checkbox"/> Identifies basic information regarding the client such as age, gender, height, weight
<p>2. Client/subject report (narrative)</p> <ul style="list-style-type: none"> <input type="checkbox"/> States date of original intake <input type="checkbox"/> Identifies the method(s) of the initial intake (face-to-face, telephone, Skype, questionnaire, etc.) <input type="checkbox"/> Identifies the chief complaint as fully as possible (e.g., location, sensation, duration, intensity, modalities, concomitants, etiology) <input type="checkbox"/> Contains original client language <input type="checkbox"/> Notes the intensity of symptoms <input type="checkbox"/> Identifies any SRP symptoms <input type="checkbox"/> Shows evidence of a review of symptoms <input type="checkbox"/> Notes personal and family histories <input type="checkbox"/> Notes any possible etiology <input type="checkbox"/> Notes any allopathic medicines <input type="checkbox"/> Notes any alternative treatments (acupuncture, herbs, aromatherapy, etc.) <input type="checkbox"/> Notes any known medical diagnoses
<p>3. Initial analysis (narrative)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determines the nature and relationship of the symptoms <input type="checkbox"/> Identifies what needs to be cured <input type="checkbox"/> Identifies important themes <input type="checkbox"/> Identifies significant symptoms <input type="checkbox"/> Considers etiology, personal/family history, medication, intensity of symptoms, SRPS, obstacles to cure, and other treatments the client may be using in the analysis <input type="checkbox"/> Identifies miasms, if applicable

4. Methodology and Repertorization (narrative + repertorization chart)

- Identifies methods, models, techniques or strategies for repertorization and analysis
- Cites repertory(ies) used
- Selects rubrics that correspond to the points emphasized in the analysis
- Lists appropriate rubrics
- Provides appropriate balance of Mental/Emotional(M/E), Physical and General rubrics
- Utilizes a reasonable number of rubrics
- Writes rubrics exactly as listed in the repertory
- Identifies combined rubrics clearly
- Combines rubrics appropriately
- Includes a repertorization chart

5. Materia Medica Differential (narrative)

- Identifies 3-5 remedies
- Selects reasonable remedy choices for the case
- Provides a rationale for remedy choices
- Delineates clear similarities among each remedy's symptoms and the symptoms of the case
- Delineates contrasts among the remedies
- Identifies confirmatory symptoms
- Justifies (makes a logical argument for) the final choice
- Cites sources consulted

6. Remedy Selection (narrative)

- Identifies the recommended remedy
- Identifies the potency
- Identifies the form of administration and frequency
- States rationale for choices

7. Follow-ups

Initial follow-up and Identifies the date of each follow-up(s)

- Identifies the method used to conduct the follow-up (face-to-face, telephone, Skype, questionnaire, etc.)
- Identifies the date(s) the remedy was taken and level of compliance with administration
- Identifies the status of the chief complaint (scale to rate degree of improvement or changes)
- Reviews presenting symptoms
- Notes any changes in symptoms
- Notes new features/symptoms
- Determines whether new symptoms are accessory remedy symptoms or a return of former "old" symptoms
- States clearly the action (or lack of action) of the remedy
- Analyzes the effects of the remedy, potency or form of administration
- Accurately assess and manages all aspects of the case such as homeopathic aggravations, anti-doting, obstacles to cure, return of old symptoms, acute illnesses
- Includes any new repertorizations, if applicable
- Identifies recommended next steps as a result of the analysis
- Justifies (provides a rationale for) changes in remedy, potency, method of administration
- Provides dates for all changes
- Conducts complete follow-ups every 1-2 months

Concluding Follow-up (narrative)

- Identifies the date of the concluding follow-up
- Identifies the method used to conduct the follow-up (face-to-face, telephone, Skype, questionnaire, etc.)
- Identifies the date(s) the remedy was taken and the level of compliance with administration (if changed from original administration)
- Identifies the status of the chief complaint (scale to rate degree of improvement or change)
- Reviews presenting symptoms
- Notes any changes in symptoms
- Notes new features/symptoms
- States clearly the action (or lack of action) of the remedy
- Analyzes the effects of the remedy, potency or form of administration
- Includes any new repertorizations, if applicable
- Identifies recommended next steps as a result of the analysis
- Provides evidence of marked, sustained, undeniable improvement attributable to successful homeopathic care
- Documents a minimum of six months of follow-ups since the client/subject initially took the remedy that worked

Case Submission Instructions

Submitting Cases for Review

- All cases must be typed and submitted electronically as an attachment in Word or rich text format (.rtf).
- Set the margins of your document to 1 inch on all sides.
- Use a legible font (Times New Roman, Arial, Helvetica, or Calibri,); font size 11 pt.
- Create a document header that lists the case number (1-5) and case identifier.
- Create a document footer that numbers all pages in the bottom right hand corner.
- Organize your cases using the numbering and section labels identified below in the *Format for CHC Case Submissions* section.
- Repertorization charts may be imbedded in the case document or attached as a separate file. Be sure to remove your name and client names from the repertorization charts prior to inclusion.
- Completed *Case Submission Assurance Form* must be submitted with cases.
- Completed cases are to be emailed to the CHC office as attachments. You will be notified by email upon receipt by the CHC Office.

Format for CHC Case Submissions

Organize cases submitted for review into the sections identified below. Sections should be numbered and labeled, and font should be bold.

1. Description of the Client/Subject (narrative)
2. Client/Subject Report (narrative)
3. Initial Analysis (narrative)
4. Methodology + Repertorization (narrative + repertorization chart)
5. Materia Medica Differential (narrative)
6. Remedy Selection, Potency and Administration (narrative)
7. Follow-ups
 - Initial and Subsequent Follow-ups (narrative)
 - Concluding Follow-up (narrative)

Case Evaluation Process

Once your 5 submitted cases are received, your name is removed and replaced by a unique file number so that no reviewer knows to whom the cases belong. The cases are then sent to the Case Review Committee. Members of the Case Review Committee are all CHC certificants who have been trained to evaluate classical homeopathic cases.

Each set of cases is reviewed by two reviewers. If the two independent reviewers do not agree on the overall quality of the case, a third reviewer evaluates the case. The decision of two of the three reviewers will then determine whether or not that particular case passes.

Notification of case results are submitted to the CHC office by the Review Committee Chair. Candidates are then notified via email by the CHC Office. The process for reporting results and notifying candidates usually takes 6 to 8 weeks.

Unacceptable cases will be returned to you, along with a brief explanation of the problem(s) with a due date for submitting additions or changes. Depending on the issue a request to provide additional information, improve a section or replace a case may be made.

Cases that are approved require no further action on the part of the candidate. Subsequently, candidates will be notified via email regarding scheduling of the oral interview.

Oral Interview

The final step of the certification process is an interview between a candidate and a CHC representative. After your submitted cases have been approved, you will be contacted by the CHC office through email to schedule a phone consultation of approximately one hour with one of the Case Review Committee members who reviewed your cases. The oral interview is a final opportunity to determine that you meet the requirements for certification.

Please review your submitted cases before this appointment, as you may be asked questions about them. You will also be asked to discuss your practice and views on homeopathy. There may be questions asked about your educational experiences. The interviewer will specifically ask for your commitment to practice classical homeopathy and uphold the ethics as stated in the *CHC Code of Professional Ethics* and the *Patient/Client Rights within the Healthcare Setting*. Be sure to review these documents before the oral interview. You will also discuss continuing education requirements that must be met annually to maintain CHC certification.

The interviewer will notify the office of the results of your interview. A subsequent interview with another member of the Case Review Committee may be required if the initial interviewer deems it necessary. You will be notified of your oral interview results through an email from the CHC office. If it is determined during your interview that you do not meet the certification criteria, you will be provided written notification along with the reasons.

Once you successfully complete the Oral Interview and receive notification from the CHC Office, you will receive your CCH Certificate by mail. Your certificate attests to your competence as a classical homeopath and is valid for one year. To maintain certification you must complete professional development annually and renew your certificate in December of each year. For more information on maintaining your certification visit the CHC Website.



Case Submission Assurance

Name _____ Date of Birth _____

Address _____

City _____ State/Prov _____ Zip _____ Country _____

Phone _____ Email _____

Case Identifier. List the identifying titles of the cases you are submitting. Reminder: All personal client/participant identifying details must be removed.

- 1. _____
2. _____
3. _____
4. _____
5. _____

ASSURANCES REGARDING CASE SUBMISSIONS to the CHC:

- A. The above referenced cases represent my own, original work as a homeopath. I have taken these cases, completed the analyses, recommended remedies and conducted all follow-ups as a result of my own effort, experience and education.
B. These cases have not been completed or edited with the assistance of a tutor, instructor or supervisor.
C. These cases have not been previously submitted for educational or supervision purposes.
D. Release forms indicating permission to submit these cases have been obtained from and signed by all clients/participants. These release forms will be made available to CHC upon request.

By signing below I attest that I understand and have complied with all of the above requirements. I understand that failure to comply with these guidelines, in whole or in part, may result in disqualification from the certification process, or subsequent revocation of certification.

Signature _____ Date _____