COUNCIL FOR HOMEOPATHIC CERTIFICATION

Item Writers Handbook

The 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).

Last updated Thursday, July 29, 2021

CHC Item Writer's Welcome Letter

Dear Item Writer Volunteers,

Thank you for your interest in the CHC exam development process. We greatly appreciate your help with the important task of writing items (questions) for the CHC Certification Exam. CEUs: 5 approved items = 2 CEUs (max 10 Item Writing CEU/year).

Please read this handbook and bring questions to the Item Writers training teleconference. The training will be recorded in case you cannot attend on the scheduled date. All Item Writers must attend or watch the training before writing items. The CHC Item Writing Handbook contains the following:

- **CHC Exam Development Overview:** Summary about the overall exam development process and where item writing is positioned (page 3)
- **Item Writing 101:** General guidelines and item ideas and tips (page 4)
- **Item Writing Terminology:** List of item writing terms (page 4)
- **Ideas for Items and General Writing Guidelines** (page 5)
- **Common Item Formats** (page 6)
- **Guidelines for Submitting Items related to a Homeopathic Case** (page 10)
- **Repertorization Items** (page 13)
- **Planning Your Items and Access to the Webassessor** (page 14)
- **Entering Your Items into Webassessor** (page 15)
- **CHC Domains and Statements** (page 19)
- **CHC Study References List**: CHC Exam recommended study references - the only references that may be used for writing items. (page 28)
- **List of Remedies for Study**: List of remedies on the CHC Exam. (page 29)
- **CHC Item Writer's Letter of Agreement:** Agreement vital to test security-the signed and scanned document must be sent to chcitemwriters@gmail.com within 24 hours of Webassessor item entry. If no *Agreement* is provided, items are excluded from approval and CEU eligibility. (page 30)
- **SME Security Attestation Letter:** Letter to ensure security (page 31)

Warm regards,

The CHC Team

CHC Exam Development Overview

The CHC certification exam is **valid**, which means the exam content accurately reflects what homeopathic practitioners do on the job.

To ensure validity, CHC conducts a rigorous process required by accreditation authorities:

1. The first phase of exam development focuses on a Job Analysis (JA), an information gathering process that determines exam content. The CHC, along with contracted psychometric firms, conducted its first JA in 2015 and its second in 2020. A volunteer Job Analysis Committee comprised of CCH Subject Matter Experts (SME) work together for about a year to produce a detailed outline of the job performed by an entry-level homeopathic practitioner. This outline is used to create the Job Analysis Survey where homeopathic practitioners are asked to assess the tasks they are performing on-the-job.

2. After survey responses are collected, the psychometric firm analyzes the data. This analysis helps the CHC prepare an accurate description of the knowledge and skills that an entry-level practitioner should possess to competently perform the work of a homeopath. The resulting test blueprint reflects every exam objective, and the *CHC Job Analysis Statements for Item Writing* lists the objectives in the form of Domains and Statements.

3. The next phase of exam development involves Item Writing – when volunteer CCH SMEs write exam items according to specific guidelines. More information about this phase is detailed throughout this handbook.

4. After Item Writers submit items, Item Editors review the items for content, clarity, grammar and more. Approved items are stored in the CHC Item Bank and are piloted on current CHC exams. Later, in the final phase of exam development, items that piloted well are included on future versions of the CHC exam.

Thank you for your contribution to CHC Exam Development!

Item Writing 101

The CHC Item Writing Process involves several actions that ultimately lead to approved exam items ready for the CHC Item Bank. Item Writers play an important role in developing clear, knowledge-based items that differentiate between test takers with high levels of knowledge and those with low levels of knowledge.

The task of the item writer is the most critical in the entire exam development process. Without good items, it is impossible to have a good exam. As CCH's, Item Writers are Subject Matter Experts (SME) because they are familiar with the knowledge and skills included in the exam content.

Item Writing Terminology

The use of a standard terminology promotes clear communication between Item Writers and Item Reviewers/Approvers. The following list includes several commonly-used terms:

Item - This is often referred to as a test question. In many cases it is not a question, and therefore, the more general term 'item' is appropriate.

Stem - This is the first part of the item that is to be responded to. 'Stem' refers to everything other than the options.

Options - For multiple choice or multiple response items, a list of options is presented. These are also called alternatives, choices, answers and distractors.

Distractor - Every multiple choice item needs incorrect options. These are intended to distinguish between test takers that know the material and those that do not. The purpose is to distract lower performing test takers from inadvertently selecting the correct answer.

Key - The key is the option that is the correct answer.

Domains - Subject categories on an exam.

Statements - Tasks, knowledge and skills necessary for an entry-level practitioner to perform the work of a homeopath. Statements are determined during the Job Analysis process.

Ideas for Items

Ideas for items may come from many different sources on the *CHC Study References List.* The Item Writer's own experience in work situations is likely to suggest problems and situations around which items can be written. The exam is administered as part of a procedure to promote the public in terms of safety and quality of service. With this in mind, the item writer can often recall functions, roles, concepts and abilities that comprise essential knowledge for the entry-level practitioner.

In situations involving safety issues, items can be written to determine whether test takers know what should be done. Other sources of inspiration might include situations in which a less-than-competent person could cause harm or where an improper sequence or lack of knowledge could lead to an undesirable outcome.

Approved items rarely measure rote memory. Instead, approved items attempt to evaluate a test taker's ability to apply principles and demonstrate insights and understanding. Note: Sentences directly copied from printed materials do not yield strong test items.

General Item Writing Guidelines

Item Writers follow specific instructions, detailed later in this handbook, for entering items into the Webassessor platform. However, there are a few general item writing guidelines as follows:

- Write at least one item for each confirmed or assigned Statement.
- Write single stem items with four distinct possible answers; do not include "all of the above", "a and b only", "none of the above", etc.
- Write items with only one correct answer and three incorrect distractors.
- Write items with a minimum of one supporting reference from the *CHC Study References* list.
- Identify the Domain letter and Statement number for each Item written.
- Identify the supporting reference by author, short title, and page number(s).
- Enter your name in the Author field

Common Item Formats

There are two common formats for multiple choice items. *The first is to simply ask a question* and list several possible answers; *the second is to formulate the item as a sentence completion* or fill-in-the-blank task. Below is an example of the same item, with the same key(*) and distractors, formatted in two different ways:

Format 1:
What is the capital of Norway?
A. Oslo.*
B. Bergen.
C. Stavanger.
D. Stockholm.

Format 2:
The capital of Norway is
A. Oslo.*
B. Bergen.
C. Stavanger.
D. Stockholm.

Good Stem Characteristics

The following list contrasts poor and better stems.

1. A good item stem presents a problem situation clearly.

Poor: An elevated white blood cell count is
A. a sign of infection*
B. dangerous.
C. normal.
D. any count over 20,000.

Better: An elevated white blood cell count is most often symptomatic of
A. infection*.
B. diabetes.
C. high blood pressure.
D. respiratory insufficiency

In the poor item, the stem does not pose a problem; it fails to provide test takers with a frame of reference for answering the question. In the better item, test takers know that they are looking for something of which an elevated white blood cell count is a symptom. This suggests that the correct option will be in the form of a disease or a pathological state.

2. A good item stem is stated positively rather than negatively.

Poor: Which of the following is NOT a city in California
A. Boise*
B. Sacramento
C. Los Angeles
D. San Francisco

Better: In what state is the city of Boise located?

A. Idaho*
B. Iowa
C. New Jersey
D. California

At times, a negative stem is unavoidable, as in a safety related question where it is important for candidates to know what **NOT** to do in a certain situation. In those cases, the negative term (e.g. **NOT, EXCEPT, LEAST, CONTRAINDICATED,** etc.) should be capitalized, presented in bold face or underlined to call attention to it.

3. A good item stem avoids the use of the pronouns "it", "he", "she", and "you".

In the case of "it", "he", and "she", the candidate may be uncertain about the referent. Questions that ask, "What would you do?" can have no single right answer, since individual candidates could justify their individual responses.

4. A good item stem is presented as simply as possible, including only information that is necessary to understand the problem.

Poor: Mr. Watson is a 73-year-old widower who has suffered from headaches for several years. His wife died four years ago, as the result of a stroke. They had two children, both now grown and living in other parts of the country. Mr. Watson believes that his headaches may be due to high blood pressure, but tests to date have not confirmed his suspicions. In an effort to establish the cause of Mr. Watson's headaches, what is the first procedure that should be initiated?

Better: What should be the first procedure to be initiated to diagnose the probable cause of chronic headaches in an otherwise healthy 73-year-old man?

5. A good item stem includes all words that would have to be repeated in each option.

Poor: Ice forms on water when

A. the temperature falls below 32 degrees F at sea level*
B. the temperature falls below 24 degrees F at sea level.
C. the temperature falls below 12 degrees F at sea level.
D. the temperature falls below 0 degrees F at sea level.

Better: At sea level, ice forms on water when the temperature falls below

A. 32 degrees F.*
B. 24 degrees F.
C. 12 degrees F.
D. 0 degrees F.

6. A good item stem specifies the authority or standard upon which the correct option is based, if the item calls for a judgment.

Poor: The diet of Americans provides vitamins and minerals in amounts that are

A. adequate for normal nutrition*.
B. inadequate for normal nutrition.
C. in excess of normal requirements.
D. variable in relation to individual requirements.

Better: According to the American Medical Association, the diet of the average American provides vitamins and minerals in amounts that are

A. adequate for normal nutrition.*
B. inadequate for normal nutrition.
C. in excess of normal requirements.
D. variable in relation to individual requirements.

7. A good item stem poses a problem to which the correct answer is not likely to change over time.

Poor: Who was the President of the United States last year?

A. Barack Obama*
B. Jimmy Carter
C. Gerald Ford
D. Ronald Reagan

Better: Who was the President of the United States in 1995?

A. Bill Clinton*
B. Jimmy Carter
C. Gerald Ford
D. Ronald Reagan

8. A good item stem focuses on important learning objectives and avoids testing trivia.

Poor: The initials NRA stand for

A. National Recovery Act*.
B. National Rifle Association.
C. Northeast Regional Accreditation.
D. Nebraska Recreational Administration.

Better: What legislation, passed by Congress during the Great Depression, was later found to be unconstitutional?

A. National Recovery Act*
B. Work Projects Administration
C. Civilian Conservation Corps
D. Public Works Administration

The poor item illustrates more than one defect. The item is testing at a trivial level, and any of the four options would be correct. The better item requires candidates to apply more knowledge in selecting the correct option.

Good Option Characteristics

The following characteristics lead to good options:

- Correct options (keys) are unquestionably correct, and incorrect options (distractors) are unquestionably wrong.
- All four options are grammatically related to the stem. If the stem asks a question each of the four options provides a plausible answer to the question. If the stem is an incomplete statement, each option serves to complete the statement.
- All four options are homogeneous in terms of structure as well as content. To achieve this, present a clearly defined question or problem.
- The correct option is similar in length to the distractors. If the item contains distractors that are short and imprecise and a key that is long and fully qualified, test takers will quickly recognize and reject the distractors.
- If the key includes one or more keywords that appear in the stem, the distractors also contain those keywords.
- Absolute terms have been avoided. In poorly constructed test items, options containing “all”, “none”, “always” and “never” are likely to be found in distractors, while less definite terms such as “generally” and “often” are likely to be used in keys. Test takers will quickly recognize the absolute terms in the distractors and reject those distractors.
- Options are mutually exclusive. If two options have the same meaning, and only one answer is to be selected, test takers will realize that both options must be incorrect and recognize them as distractors.
- The intended correct answer includes no incorrect information that might force test taker to choose between ignoring the incorrect information and selecting some other option.
- “None of the above” has not been used as an option.
- “All of the above” has not been used as an option.

Guidelines for Submitting Items related to a Homeopathic Case

A homeopathic case that you have taken can be submitted along with several items. Here are the guidelines for submitting these cases:

- The case must be an actual case that you have taken.
- The case should be an initial case – not followups alone.
- The remedy that was recommended must be on the list of remedies for exam study.
- Items must be written with the understanding that examinees will not have access to software or any other materials to analyze the case.
- The client's symptoms should span a range of physical, mental, emotional, and energetic.
- The case should not present symptoms that would lead to an obvious answer. However, the case and items should not be unreasonably difficult or obscure for an entry-level homeopath.
- Cases that require knowledge about the client's past history – or any information not in the summary – should be avoided.
- Cases must not have been used as a teaching case, published at any time in the past, or planned for public discourse in the future.

Procedure for case/items submission:

- Use a word processing application to write your case summary and items.
- The case summary *should be no more than one page*, single spaced (i.e., up to 600 words).
- In your summary, you must protect the privacy of the client by using a pseudonym.
- If a screenshot of a repertorization is relevant, insert it in the case document. Be certain that any any identifiable information is removed from the repertorization.
- Submit 6-12 related multiple choice items with each case.
- Label each item with a corresponding Domain & Statement code.
- Email your document that contains your case summary and clearly labeled items chcitemeditors@gmail.com

Example of a Case with Several Items

44 yo married woman; music teacher; amateur artist. Observation: Intense, animated, talks with hands.

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.

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.

She has had no menses for 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.

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.

"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!"

"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.

Heart Surgery 11 years ago: Mitral valve prolapse. Valve repair.
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."

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.

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.

Fears: Financial security. Heights. Falling. Death. Fm Hx: Alcoholism-father. Depression-mother.

Important themes to consider when analyzing this case are:

A) Allergies, Asthma, Heart valve prolapse, fear of falling
B) Loss of income, abandonment, feeling criticized, disappointed love
C) Bladder pain, abandonment, need for open air, relationship with children
D) Being an outsider, alcoholic father, fatigue, perspiration

A general symptom in this case is:

A) Fatigue < morning
B) Cystitis

C) Irritability
D) Embarrassment

A common symptom in this case is:
A) Pain with cystitis
B) Inability to empty her bladder
C) Her alcoholic father
D) Feelings of abandonment

A modality affecting herbronchitis is .
A) Time of day
B) Fatigue
C)The seasons
D) Opening a window

The correct order of events in this case is:
A) Panic attacks, husband lost business, cessation of menses, fatigue
B) Teenage love affair, asthma, cessation of menses, husband lost business
C) Asthma, bronchitis, husband lost business, panic attack
D) Mitral valve prolapse, marriage, asthma, bronchitis

Asthma and bronchitis are what type of symptoms?
A) General
B) Mental/Emotional
C) Concomitant
D) Physical

As important aspect of this case is:
A) Financial worries
B) Mitral valve prolapse
C) Embarrassment
D) Need to sleep with an open window

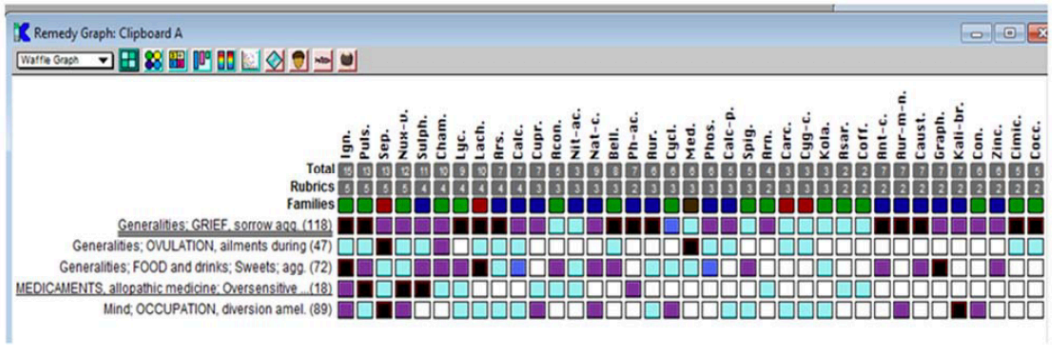
Select the best set of rubrics to include in a repertorization of thiscase from the following:
A) Mind, Forsaken feeling (191 rxs); Mind, Ardent (36 rxs); Mind, Fear, High Places, of (120 rxs); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rxs); Female Genitalia/Sex, Menses, Absent (212 rxs)
B) Mind, Forsaken feeling (191 rxs); Mind, Ardent (36 rxs); Mind, Fear, High Places, of (120 rxs); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rxs); Female Genitalia/Sex, Menses, Absent (212 rxs)
C) Mind, Forsaken feeling (191 rxs); Mind, Ardent (36 rxs); Mind, Fear, High Places, of (120 rxs); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rxs); Female Genitalia/Sex, Menses, Absent (212 rxs)
D. Mind, Fear of Poverty (66 rxs); Mind, Suspicious (148 rxs); Mind, Ailments from love, disappointed (57 rxs); Bladder, Urination, retarded (121 rxs); Chest, Pain, aching (73 rxs)

Repertorization Items

A repertorization chart can be used to write a series of questions about a follow-up or acute repertorization.

Example of Repertorization Items (from the CHC Exam Handbook)

Select the best set of rubrics to include in a repertorization of this case from the following:



24.1	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
24.2	The number 4 in the Sulphur column represents _____.	A)The grade of the remedy 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
24.3	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
24.4	Two remedies of equal probability in this repertorization are ___	A) Arsenicum and Phosphoric acid	B) Lycopodium and Lachesis	C) Chamomilla and Lachesis	D) Natrum carbonicum and Lycopodium
24.5	Not included in this repertorization are _____ .	A) Physical modalities	B) General modalities	C) Mental symptoms	D) Characteristic symptoms

Procedure for repertorization item submission:

- Use a word processing application to write your repertorization items.
- Insert the image from the repertorization into your document. Be sure to remove any client names or identifiers from the image.
- Identify the software application used in the repertorization.
- Email your document that contains your repertorization, along with a signed Case Assurance form to chcitemeditors@gmail.com

Steps for Planning Your Items and Getting Access to the Webassessor

This section offers step-by-step instructions for creating exam items and entering them into Webassessor.

Step 1: Read the Job Analysis Domains and Statements for Exam Content
Read the *CHC Job Analysis Statements for Item Writing* to become familiar with the exam content. Also, consider what is expected of the minimally competent test taker to determine the appropriate level of difficulty for the items.

Step 2: Read the Domains and Statements
Review the *CHC Job Analysis Statements for Item Writing* and select the Domain(s) and Statements for which you wish to write items. However, there are times when the Item Writing Committee needs items for specific Domains. In this case, statements will be assigned to Item Writers by the Item Writer Chairperson to ensure all content is represented in the CHC Item Bank.

Step 3: Confirm Choices with Item Writer Chairperson
Email chosen Domain(s) and Statements to Item Writer Chairperson at chcitemwriters@gmail.com. The Chairperson will confirm your choices or suggest alternative Statements to balance the distribution of Domain and Statement requests.

Please do not begin writing until your domain/statement choices have been confirmed.

Step 4: Write Items and Assemble Info
In a Word document, write one or more items for each confirmed Statement, carefully following the guidelines included in this handbook. This step helps Item Writers edit and check work before copying and pasting Items into the Webassessor program.

Note: If you are submitting case or repertorization items, email the documents containing the case, images, and software names to chcitemeditors@gmail.com.

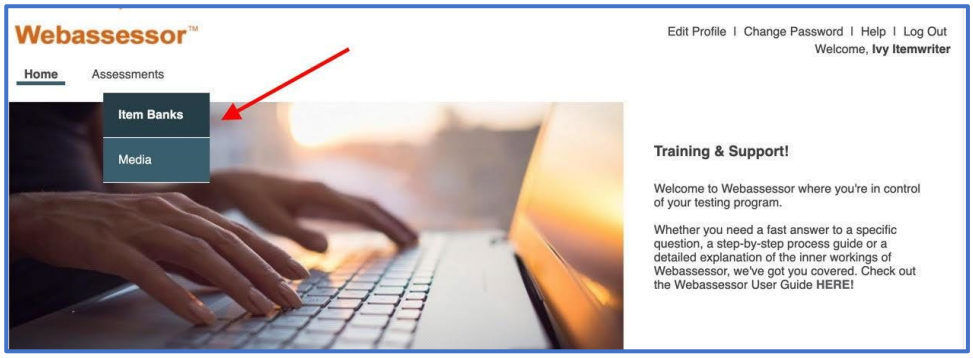
Step 5: Notify Item Writer Chairperson
After writing items and assembling additional information, **Item Writers must email chcitemwriters@gmail.com and request login information for Webassessor.** After login name and password are set, please enter items as directed in Step 6 on the following pages.

Entering Your Items into Webassessor

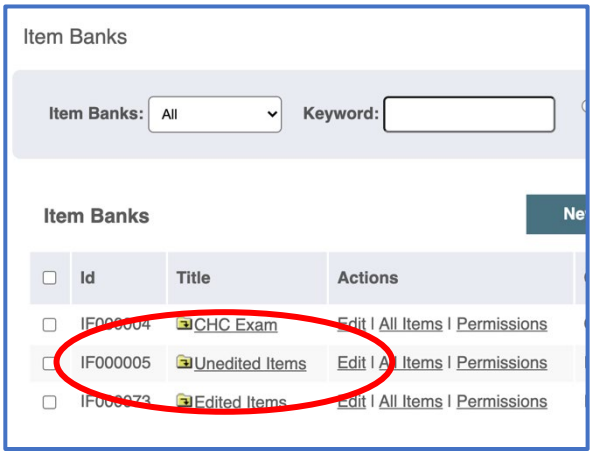
1. Open a web browser and go to https://webassessor.com/chc

2. Land on CHC Login Page, and enter Login Name and Password and click **Log In.**

3. On the **Webassessor Home** page, hover over **Assessments** and click on **Item Banks**.

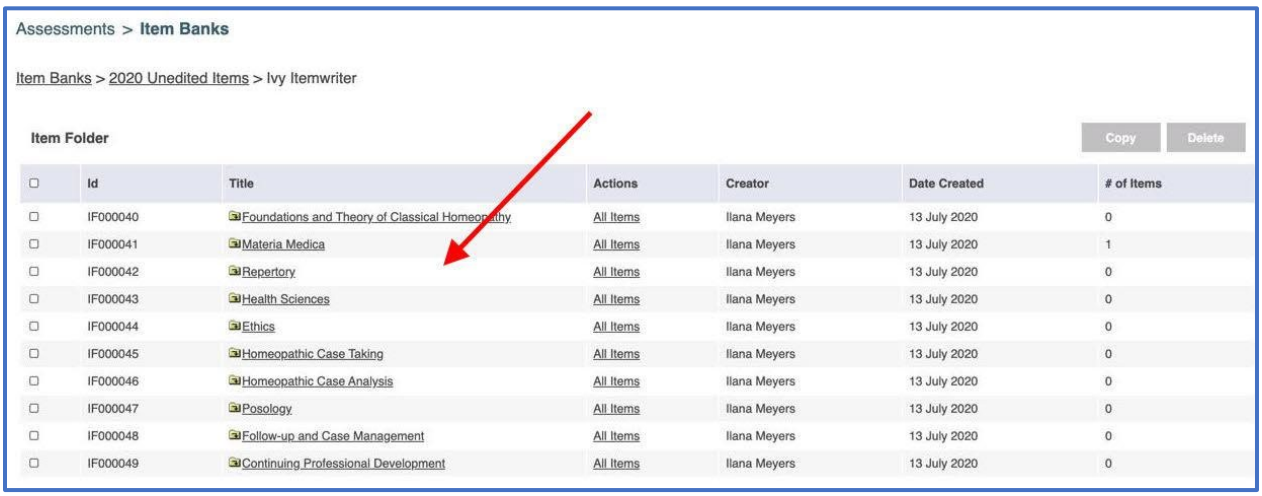


4. On the **Item Banks** page, click on **Unedited Items** folder.

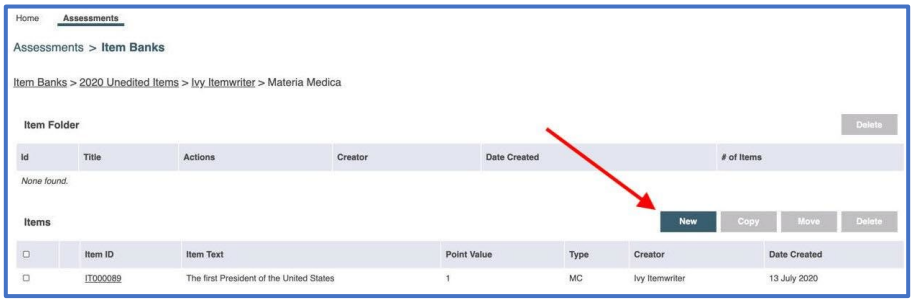


5. Land on **Unedited Items** page and click on the folder that has your name.

6. You will see your Item Writing page and a set of **Domain** folders.



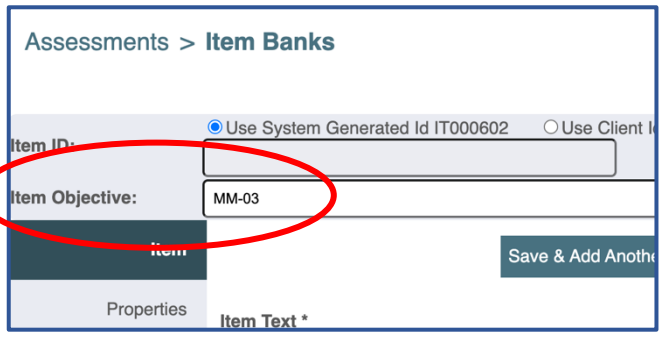
7. Click on the Domain folder corresponding to the Domain for which you have written items. Click on the **New** button.



8. In the **Item Objective** box, enter the code that you see in left column of the Domains and Statements list for the corresponding Domain/Statement.

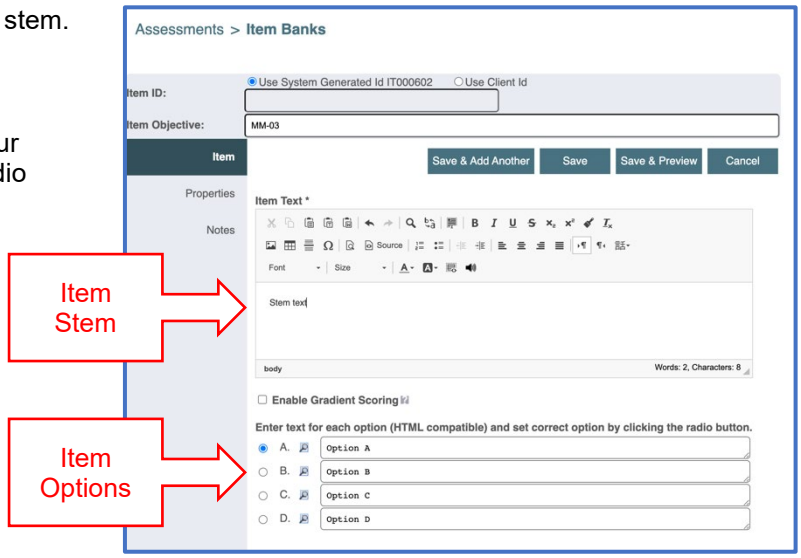
For example, if your item is based upon Materia Medica statement number 3, enter MM-03.

IMPORTANT Be sure to enter the code exactly as you see it in the list – i.e., two characters followed by 2 digits with a dash in between (XX-00).



9. In the **Item Text** box, enter the item stem.

10. Next, enter **Item Options** in the four spaces provided, and choose ONE radio button to identify the key.

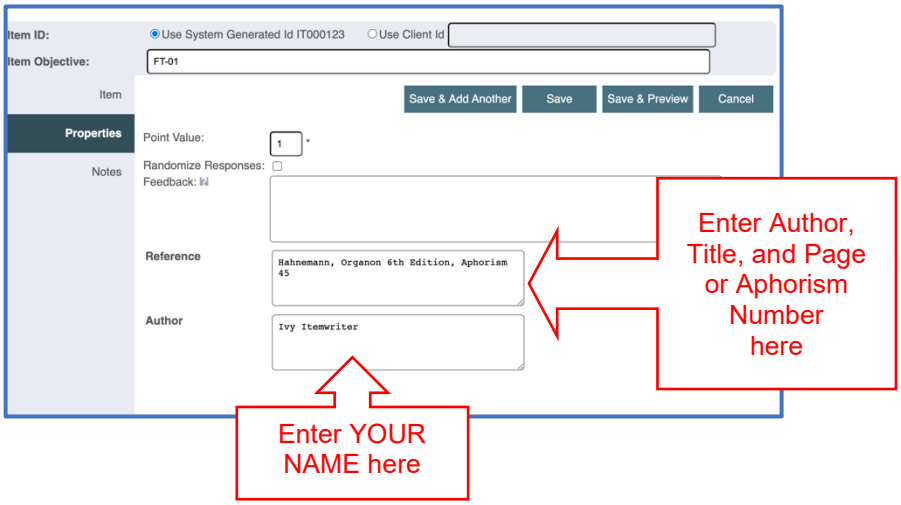


11. Click on the **Properties** tab on the left side.

In the **Reference field,** enter the Author, Title and Page number or Aphorism number of the reference that you used to write the item.

(e.g. Kent: Lectures on Homeopathic Philosophy, p. 10)

In the **Author field,** enter YOUR NAME into the Author box.

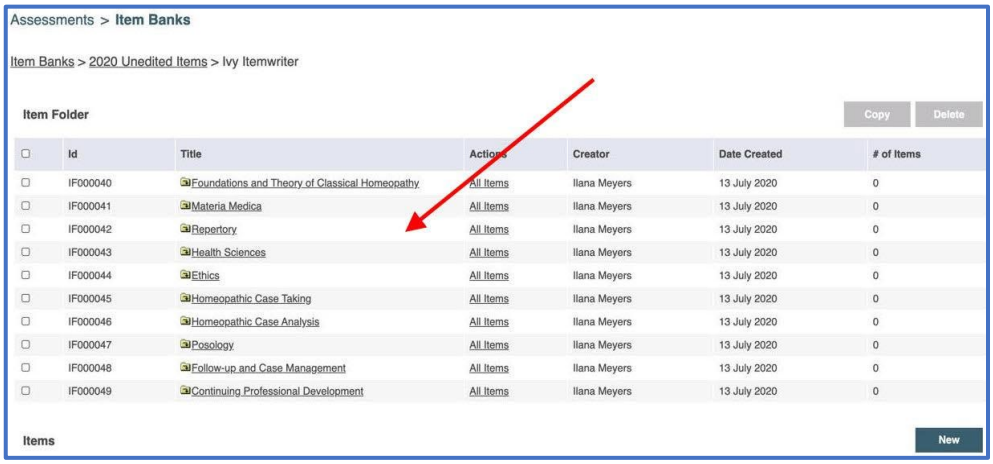


12. Be sure to click on the **Save** button, upper right.

13. When done editing the item, click on the **Done** button and you will automatically return to the **Domain** folder page.

14. If you have other items to enter, click on **your name** to return to the list of Domain folders:

15. Select a Domain folder and repeat the process described above.



16. When you have entered all items into Webassessor, notify chcitemwriters@gmail.com that you have completed submitting your items.

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	Uses a broad set of reference tools to enhance knowledge in all areas related to homeopathic practice: • 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 *Homeopathic Pharmacopoeia Convention of the United States* (HPCUS) or the Canadian *Natural and Nonprescription Directorate* (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 keynotes, primary indicators and affinities for Petroleum, Iodum, Aconitum napellus, Carbo vegetabilis
MM-10	States the keynotes, primary indicators and affinities for Ipecacuanha, Aethusa, Carcinosin, Phosphoricum acidum
MM-11	States the keynotes, primary indicators and affinities for Iris versicolor, Caulophyllum, Phosphorus, Agaricus
MM-12	States the keynotes, primary indicators and affinities for Allium cepa, Phytolacca, Causticum, Kali bichromicum
MM-13	States the keynotes, primary indicators and affinities for Kali bromatum, Aloe socotrina, Platina metallicum, Chamomilla
MM-14	States the keynotes, primary indicators and affinities for Chelidonium, Kali carbonicum, Plumbum metallicum, Alumina
MM-15	States the keynotes, primary indicators and affinities for Podophyllum, Anacardium, China officinalis, Kali phosphoricum
MM-16	States the keynotes, primary indicators and affinities for Cicuta, Antimonium crudum, Psorinum, Kali sulphuricum
MM-17	States the keynotes, primary indicators and affinities for Kreosotum, Pulsatilla nigricans, Antimonium tartaricum, Cimicifuga
MM-18	States the keynotes, primary indicators and affinities for Pyrogenium, Apis, Cocculus, Lac caninum
MM-19	States the keynotes, primary indicators and affinities for Argentum metallicum, Coccus cacti, Ranunculus bulbosa, Lachesis
MM-20	States the keynotes, primary indicators and affinities for Coffea, Latrodectus mactans, Rhus toxicodendron, Argentum nitricum
MM-21	States the keynotes, primary indicators and affinities for Arnica, Colchicum, Rumex crispus, Laurocerasus
MM-22	States the keynotes, 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, Lilium 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, Calcarea carbonica, Fluoricum acidum, Symphytum
MM-38	States the keynotes, primary indicators and affinities for Calcarea fluorica, Natrum arsenicum, Gambogia, Syphilinum
MM-39	States the keynotes, primary indicators and affinities for Tabacum, Calcarea phosphorica, Gelsemium, Natrum carbonicum
MM-40	States the keynotes, primary indicators and affinities for Glonoinum, Calcarea 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 Expectoration 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	Establishes, safeguards and maintains secure, confidential client records (paper/digital) in accordance with HIPPA privacy standards which includes the following: • 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	Provides pre-consultation information to client, including: • 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 Requests the client complete forms providing information or signatures for: • 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	At all appropriate stages in the homeopathic process, provides clear written and verbal explanations to the client for • 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

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 4th, 5th and 6th 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

CHC Study References List

Philosophy

- Hahnemann: *Organon of Medicine*, 5th & 6th Editions; *Chronic Diseases*, Theoretical Part
- Kent: *Lectures on Homeopathic Philosophy*
- Roberts: *The Principles and Art of Cure by Homeopathy*
- Vithoulkas: *The Science of Homeopathy*
- De Schepper: *Hahnemann Revisited*

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*
- Vermeulen, F.: *Prisma: The Arcana of Materia Medica Illuminated, Similars and Parallels Between Substance and Remedy*
- Vermeulen, F.: *Concordant Materia Medica*
- Remedy Relationships chart

Repertory and Language

- · 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

- CHC Code of Professional Ethics and CHC Client/Patient Healthcare Rights
- 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- *These links work best on Chrome browser.*

- 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*
- *CHC Health Sciences Human Pathology Study Guide*
- www.webmd.com
- http://www.mayoclinic.com/health/DiseasesIndex/DiseasesIndex
- http://www.cdc.gov/DiseasesConditions/

Standards and Competencies

- *Standards for Homeopathic Education and Competencies for the Professional HomeopathicPractitioner in North America*, September 2013, available at achena.org

Websites *These links work best on Chrome browser.*

- National Health Freedom: nationalhealthfreedom.org
- Ullman: A Condensed History of Homeopathy
- Grief.com: The Five Stages of Grief

List of Remedies for Study

Aconitum napellus
Aethusa
Agaricus
Allium cepa
Aloe socotrina
Alumina
Anacardium orientale
Antimonium crudum
Antimonium tartaricum
Apis
Argentum metallicum
Argentum nitricum
Arnica
Arsenicum album
Arsenicum iodatum
Asafoetida
Asarum europaeum
Aurum metallicum

Badiaga
Baptisia
Baryta carbonica
Belladonna
Bellis perennis
Berberis
Borax
Bromium
Bryonia

Cactus
Calcarea carbonica
Calcarea fluorica
Calcarea phosphorica
Calcarea sulphurica
Calendula
Camphora
Cannabis indica
Cantharis
Capsicum
Carbo animalis
Carbo vegetabilis
Carcinosin
Caulophyllum
Causticum
Chamomilla
Chelidonium
China officinalis
Cicuta
Cimicifuga
Cocculus
Coccus cacti
Coffea
Colchicum
Colocynthis
Conium
Crocus sativus
Crotalus horridus
Cuprum metallicum
Cyclamen

Digitalis
Drosera
Dulcamara

Elaps
Equisetum
Eupatorium perfoliatum
Euphrasia

Ferrum metallicum
Ferrum phosphoricum
Fluoricum acidum

Gambogia
Gelsemium
Glonoinum
Graphites

Hamamelis
Helleborus
Hepar sulphuris
Hyoscyamus
Hypericum

Ignatia
Iodum
Ipecacuanha
Iris versicolor
Kali bichromicum
Kali bromatum
Kali carbonicum
Kali phosphoricum
Kali sulphuricum
Kreosotum

Lac caninum
Lachesis
Latrodectus mactans
Laurocerasus
Ledum
Lilium tigrinum
Lobelia inflata
Lycopodium
Lyssin

Magnesia carbonica
Magnesia muriatica
Magnesia phosphorica
Mancinella
Medorrhinum
Mercurius solubilis
Mercurius corrosivus
Mercurius iodatus flavus
Mercurius iodatus ruber
Mezereum

Naja
Natrum arsenicum
Natrum carbonicum
Natrum muriaticum
Natrum phosphoricum
Natrum sulphuricum
Nitricum acidum
Nux moschata
Nux vomica

Opium

Palladium metallicum
Petroleum
Phosphoricum acidum
Phosphorus
Phytolacca
Platina metallicum
Plumbum metallicum
Podophyllum
Psorinum
Pulsatilla nigricans
Pyrogenium

Ranunculus bulbosa
Rhus toxicodendron
Rumex crispus
Ruta graveolens

Sabadilla
Sabina
Sambucus nigra
Sanguinaria
Sarsaparilla
Sepia
Silica
Spigelia
Spongia tosta
Stannum metallicum
Staphysagria
Stramonium
Sulphur
Sulphuricum acidum
Symphytum
Syphilinum

Tabacum
Tarentula cubensis
Tarentula hispanica
Thuja
Tuberculinum

Urtica urens

Veratrum album
Viburnum

Zincum metallicum

Item-Writer's Letter of Agreement

To the Council for Homeopathic Certification (CHC) Board:

I,_____(Print name), understand that I have been invited to submit examination items for the *CHC Certification Exam in Homeopathy*. I understand that there will be one multiple-choice exam that addresses the competency statements outlined in the *CHC Job Analysis Statement* document.

I also understand that my signature below indicates my willingness to submit such items and that once submitted they become the property of the *Council for Homeopathic Certification*. Furthermore, I understand that there are to be **absolutely no copies of any items I submit nor any records or documentation of item content maintained in my possession or on my computer after they are submitted to CHC**. I understand that I am to maintain security of all items submitted by promising that I will never discuss, write, talk about or communicate in any other way the content of the items.

In addition, by placing my initials on the line beside each point below, I am assuring the following:

_____ I have carefully read all of the attached documents and understand the criteria for item writing.

_____ CHC and I have agreed upon the knowledge and skill statements from the *CHC Job Analysis Statements* for which I am writing items.

_____ My items were developed for the *CHC Job Analysis Statements* assigned to me.

_____ All item responses have four options, are multiple-choice, and have only one correct answer.

_____ I have identified the correct answer.

_____ I have identified the content source from the *CHC Reference List*.

_____ All copies of these items will be deleted from my device as soon as I receive notification that CHC has received my work. **No paper copies, electronic, digital or other types of copies are retained by myself or anyone to my knowledge.** If I do not hear from CHC within 4 days, I will contact chcitemwriters@gmail.com to ensure my email arrived.

_____ I understand that I am not to disclose anything about these items, and never to use my knowledge acquired by writing items to assist any candidate in preparation for the examination.

I sign this agreement with complete willingness to participate according to the standards and criteria stated above.

First Namel, Last Name _____

Address _____

Email Address _____

Phone Number_____

Signature _____

Date _____

SME Security Attestation Letter

The Council for Homeopathic Certification

SME Security Attestation for the CHC Certification Exam
to the Council for Homeopathic Certification (CHC) Board:

I, _____ (Print name) attest that my signature below confirms that I have completed and will comply with the following:

_____ I will maintain security of all items submitted, reviewed or edited and I will never discuss, write, talk about or communicate in any other way the content of the items.

_____ I have deleted/destroyed all records and documentation related to the development, review or editing of items/questions. **No paper copies, disc copies, hard drive copies, or other types of copies are retained by me or anyone else to my knowledge. Absolutely no copies of any items nor any records or documentation of item content is maintained in my possession or on my computer.**

_____ I understand that I am not to disclose anything about these items, and never to use my knowledge ac- quired by writing items to assist any candidate in preparation for the examination.

_____ Any cases used as basis for items have not been published or presented previously.

_____ In any cases used as the basis for items, I have protected the privacy of clients by removing or disguising any identifying information.

Please initial each statement above and sign and date below.

I sign this agreement having purged all documentation related to item development, review and editing and will comply with all test security requirements.

Signature _____Date _____