

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).

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 Terminology: List of item writing terms (page 4)
- **Item Writing 101:** General guidelines and item ideas and tips (page 5)
- Item Writing and Entry Instructions: Item entry instructions (page 10)
- CHC Job Analysis Statements for Item Writing: Domains and Statements important for entry-level CCHs to perform their job. (page 14)
- **CHC Study References List**: CHC Exam recommended study references <u>the only</u> references that may be used for writing items. (page 23)
- List of Remedies for Study: List of remedies on the CHC Exam. (page 24)
- 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 25)
- SME Security Attestation Letter: Letter to ensure security (page 26)
- Item Writing Case Submission Assurance Form: For case submissions (page 27)

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 determine this, 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.

After survey responses are collected, the psychometric firm analyzes the data. The 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.

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.

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 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.

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.

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 the 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 supporting reference by author, short title, and page number(s).
- Identify the Domain letter and Statement number for each Item written.

Item Formatting

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

- 1. a sign of infection*
- 2. dangerous.
- 3. normal.
- 4. any count over 20,000.

Better: An elevated white blood cell count is most often symptomatic of

- 1. infection*.
- 2. diabetes.
- 3. high blood pressure.
- 4. 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

- 1. Boise*
- 2. Sacramento
- 3. Los Angeles
- 4. San Francisco

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

- 1. Idaho*
- 2. lowa

- 3. New Jersey
- 4. 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

- 1. the temperature falls below 32 degrees F at sealevel*
- 2. the temperature falls below 24 degrees F at sealevel.
- 3. the temperature falls below 12 degrees F at sealevel.
- 4. the temperature falls below 0 degrees F at sea level.

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

- 1. 32 degrees F.*
- 2. 24 degrees F.
- 3. 12 degrees F.
- 4. 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

1. adequate for normal nutrition*.

- 2. inadequate for normal nutrition.
- 3. in excess of normal requirements.
- 4. 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

- 1. adequate for normal nutrition.*
- 2. inadequate for normal nutrition.
- 3. in excess of normal requirements.
- 4. 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?

- 1. Barack Obama*
- 2. Jimmy Carter
- 3. Gerald Ford
- 4. Ronald Reagan

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

- 1. Bill Clinton*
- 2. Jimmy Carter
- 3. Gerald Ford
- 4. Ronald Reagan

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

Poor: The initials NRA stand for

- 1. National Recovery Act*.
- 2. National Rifle Association.
- 3. Northeast Regional Accreditation.
- 4. Nebraska Recreational Administration.

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

- National Recovery Act*
- 2. Work Projects Administration
- 3. Civilian Conservation Corps
- 4. 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.

Case Items

A homeopathic case can be used to write a series of items that fulfill multiple Domains and/or Statements. Case items may include initial or follow-up constitutional or acute cases. Case items should be one page or less in length, be identified by an anonymous case name and be accompanied by a Case Assurance Form.

Repertorization Items

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

repertorization. Repertorization items must be accompanied by the repertory chart image, the name of the software program used and a Case Assurance Form.

Item Writing and Entry Instructions

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

Step 1: Read 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: Select 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. In the event that one or more Domains are not selected by Item Writers, 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 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. If case or repertorization items are written, email images, software names and Case Assurance Forms to chcitemwriters@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.

Step 6: Enter Items into Webassessor

1. Navigate to https://webassessor.com/chc

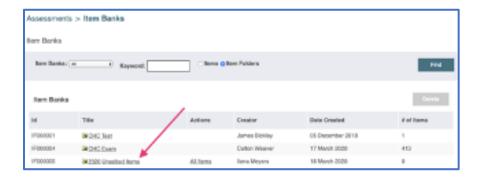
2. Land on CHC Login Page, and enter Login Name and Password and tap Log In:



3. Land on Webassessor Home page, hover over Assessments and tap Item Banks:



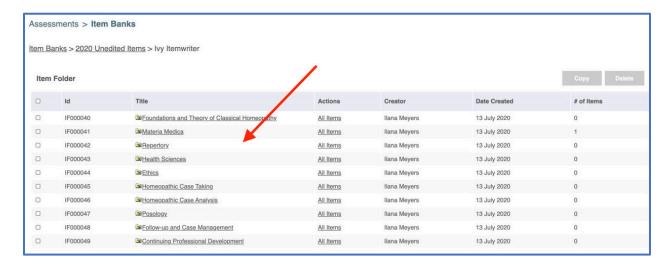
4. Land on Item Banks page and tap '2020 Unedited Items' folder:



5. Land on 2020 Unedited Items page and tap your name:



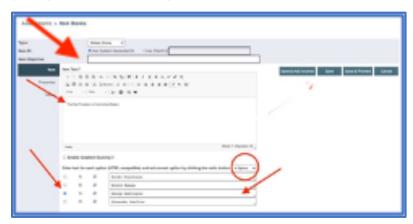
6. Land on your Item Writing page and select a Domain folder:



7. Land on the selected Domain folder page (Materia Medica in this example) and tap the green New button:



- **8.** In the Item Objective box, enter the entire statement for which you are writing the item and include the Domain letter and Statement number (e.g. A4 for the fourth statement in Domain A).
- **9.** In the Item Text box, enter the item stem.
- **10.** Next enter item options in the four spaces provided, use radio button to identify the key (Always select 4 options).



11. Tap Properties on left side of text box. Next, in the Reference box, enter author, title and page number of reference used to write the item. (e.g. Kent: *Lectures on Homeopathic Philosophy* p. 10) then tap one of the green Save buttons.



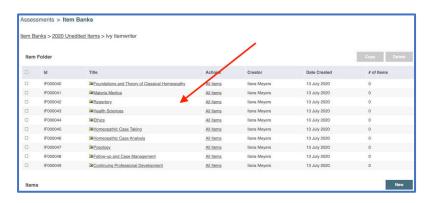
12. Tap the green Done button to return to the Domain folder page:



13. Tap your name to return to the list of Domain folders:



14. Select another Domain folder and repeat the process:



15. When all items are entered into Webassessor, print, sign, scan and email Item Writers Letter of Agreement and SME Security Attestation Letter to chcitemwriters@gmail.com.

CHC Job Analysis Statements for Item Writing

#	A. HISTORICAL AND THEORETICAL ASPECTS OF CLASSICAL HOMEOPATHY	
1	Applies knowledge of homeopathic history and theory to all aspects of classical homeopathic practice	
2	Cites the development of classical homeopathy and the social forces that have influenced its practice over its 200 year history	
3	Lists the philosophers and authors, and their contributions, who have had major influences on classical homeopathic thought (e.g., Hahnemann, Kent, Hering, Vithoulkas, Roberts)	
4	Recognizes homeopathy's emerging role in the current spectrum of healthcare practices	
5	Identifies and explains the principles of Hahnemannian homeopathy including Vital Force, Law of Similars, Totality of Symptoms, Provings, Minimum Dose, Single Remedy, and Potentization	
6	Explains the role provings play in the development of homeopathic remedies and cure	
7	Lists the characteristics of a sound model for organizing and conducting a proving	
8	Describes the principles and the dynamic nature of health, disease, and cure from a classical homeopathic perspective	
9	Describes the nature of susceptibility and causative factors of disease	
10	Identifies and defines factors, both historical and current, that differentiate homeopathy and allopathy	
11	Explains how homeopathic remedies and their administration differs from allopathic medicines and their administration	
12	Explains how Vithoulkas' hierarchy of symptoms and the intensity of symptoms relates to the possibility of homeopathic cure	
13	Identifies the potential pitfalls of keynote prescribing	
14	Identifies precautions for prescribing remedies for particular diseases and pathologies	
15	States the theory of miasms from the perspective of classical homeopathic theory	
16	Identifies the characteristics of the five major miasms (psoric, sycotic, syphilitic, tubercular, cancer)	
17	Explains how miasmatic theory relates to remedy selection	
18	Provides examples of primary and secondary actions of remedies	
19	Relates how mental and emotional functioning affect health and well-being	
20	Recognizes how the dynamics of interpersonal relationships can impact mental and physical health	
21	Recognizes the normal stages of response to stressful life events (i.e., death and dying, trauma, separation from loved ones, divorce, unemployment)	

22	Employs open ended questioning techniques suitable for case taking and follow-up	
23	Relates how interviewing techniques are applicable to homeopathic case taking and follow-up	
24	Identifies how projection can influence the client/practitioner relationship	
25	Identifies the components required for establishing secure, confidential client records	
26	Identifies and develops note taking skills suitable to homeopathic practice	
27	States the fundamental components of homeopathic case taking (e.g., safe and secure environments, privacy, confidentiality, freedom from bias, non-interruption, fidelity in note-taking, observation skills, attentive listening, open-ended questioning, observations from family members) as identified by Hahnemann, Kent, Vithoukas and Roberts	
28	States the fundamental components of homeopathic case analysis (e.g., models of analysis, main complaint, what needs to be cured, health histories, miasms, characteristic systems, SRPs, modalities, symptom intensity, obstacles to cure, repertorization, remedy differentials, confirmatory symptoms) as identified by Hahnemann, Kent, Vithoukas and Roberts	
29	States the fundamental components of homeopathic case management (e.g., reviewing case records, ascertaining when, if, and how the remedy was taken, ascertaining the client's general reaction to the remedy, observing physical characteristics and demeanor, ascertaining the status of the main complaint, reviewing the presenting symptoms, inquiring about new symptoms, conducting a "head to toe" review and noting significant life events) as identified by Hahnemann, Kent, Vithoukas and Roberts	

#	B. MATERIA MEDICA	
1	Utilizes knowledge and understanding of materia medica to accurately and appropriately recommend homeopathic treatment	
2	Identifies the original source from which remedies are developed	
3	Explains the manufacturing of mother tincture and triturations	
4	Outlines the basic steps followed in producing remedies	
5	Defines nosode, sarcode, isopathy, tautopathy, tissue salt and provides example remedies for each	
6	Explains the roles of the FDA and the Homeopathic Pharmacopoeia of the United States in homeopathic remedy production	
7	Defines polychrest and lists remedies commonly considered polychrests	
8	Lists commonly used remedies for first aid and acute cases	
9	States the keynotes, primary indicators and affinities for the 155 remedies identified for study	XXX
10	Identifies remedy relationships that follow well from acute to chronic or chronic to acute prescribing	
11	Defines and gives examples of sensation, modality, SRP (Strange, Rare, or Peculiar), concomitant and general symptoms as they relate to remedies	
12	Recognizes remedies that may have a similar action but are developed from substances originating from different kingdoms	

13	Identifies conditions/substances that may antidote remedies	
14	Defines complementary remedy relationships and cites common examples from the materia medica	
15	Identifies remedies that often follow well in a series	
16	Identifies remedies that are inimical to each other	
17	Identifies remedies that are commonly associated with the five major miasms	
18	Classifies the pace and depth of action of remedies	

#	C. REPERTORY	
1	Utilizes a variety of repertories to assist in determining an appropriate remedy	
2	States the necessity of a repertory and explains the source of its content and historical development	
3	Identifies organizational structure, hierarchical arrangement, strengths, and limitations in commonly used repertories	
4	Distinguishes among the major repertory authors	
5	Defines medical and homeopathic terminology used in repertories	
6	Explains symbols, references and remedy grades used in repertories	
7	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	
8	Recognizes the potential bias inherent in the greater representation of well-proven versus less-well proven remedies in the repertory	
9	Selects appropriate rubrics for identified symptoms	

#	D. HEALTH SCIENCES	
1	Recognizes the signs and symptoms of the need for urgent or emergency care and formulates a plan of action with the client based on that determination	XXX
2	Identifies the range of normal physical, mental and emotional development for various ages	
3	Names the organ systems of the body and their major functions	
4	Uses proper anatomical terminology to describe body components, body directions, surfaces and planes	
5	Uses common medical terminology appropriately	
6	Recognizes the common symptoms of conventional medically diagnosed diseases	
7	Is familiar with commonly used medical tests and reports	

8	Recognizes commonly prescribed medications and their uses	
9	Identifies the restrictions/boundaries associated with altering regimens of medically prescribed medications	
10	Recognizes the potential consequences associated with drug and substance withdrawal (both prescribed and self-administered)	
11	Explains the role health histories play in homeopathic care	
12	Identifies significant components to include in health histories	

#	E. ETHICS
1	Abides by the professional code of ethics of the homeopathic profession and that of healthcare professions in general (CHC Code of Professional Ethics and Patient/ Client Rights within the Healthcare Setting)
2	Maintains professional and personal integrity in all client, peer, and public relationships
3	Does not engage in any inappropriate personal, sexual or financial interactions with the client
4	Refrains from making medical diagnoses, unless licensed to do so
5	Refrains from making misleading statements or false advertising, including "guaranteeing a cure"
6	Provides accurate information to clients and the public regarding the homeopath's education, training, and certification status
7	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 in the client/practitioner and professional relationships.
8	Avoids treating clients if unable to safely and effectively treat due to one's own substance abuse or psychological or physical impairment
9	Recognizes when there may be a personal or professional conflict of interest and makes referrals to other appropriate practitioners
10	Recognizes when one's experience or training is limited and makes referrals to other appropriate practitioners
11	Acknowledges, respects and affirms the client as the authority on his/her own health and wellbeing, including that the client has the right to actively participate in any and all decisions regarding his/her health care as well as to refuse any recommendations made by the homeopath
12	Safeguards private client information in all areas of homeopathic practice (CHC Code of Professional Ethics and Patient/Client Rights within the Healthcare Setting)
13	Reports case studies accurately, honestly and without distortion while protecting the confidentiality and privacy of the client.
14	Demonstrates respect for colleagues and other healthcare practitioners

#	F. HOMEOPATHIC CASE TAKING	
1	Provides pre-consultation information and forms to the client that include 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 full disclosure of the homeopath's training and credentials fee schedules methods of payment consent for audio or videotaping (if applicable) releases for consultation or supervision (if applicable) parental consent for minors (if applicable) emergency contacts client rights health histories	
2	Meets with the client to determine health concerns, symptoms and characteristics	
3	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	
4	Identifies and applies case taking techniques to accommodate differences in age (children, young adults, adults and seniors) and culture or ethnicity	
5	Identifies and applies interviewing techniques for loquacious/rambling clients and encourages discourse from "closed" or frightened clients or those who have difficulty expressing themselves	
6	Clarifies unfamiliar vocabulary, expressions, slang, colloquialisms used by the client in his/ her description of symptoms	
7	Elicits and reviews "head to toe" symptoms	
8	Records timeline, from birth to present, of client's and family significant life events (physical, mental, emotional, social and environmental)	
9	Observes and records mental and/or emotional symptoms pertaining to the client's personality and behavior	
10	Explores possible initiating causes of complaints such as suppression, prescriptions, emotions, injuries, exposure, surgeries and/or infections	
11	Elicits general symptoms such as sleep patterns, weather preferences, menstrual history, environmental and occupational stressors, thirst, and food preferences	
12	Exploration, location, sensation, modalities, concomitants, times, and etiology of physical symptoms	
13	Clarifies information from the medical history and/or medical reports	
14	Explores client's use of coffee, tea, herbs, alcohol and/or recreational drugs	
15	Ascertains client's reaction(s) to past and current medications and/or other healing therapies, herbs, over-the-counter medications, skin care products and/or supplements	
16	Discusses any environmental and/or occupational health stressors	

17	Explores any obstacles to cure that may influence the case	
18	Obtains observations from family members or caregivers of the client's health condition, if appropriate	

#	G. INITIAL HOMEOPATHIC CASE ANALYSIS
1	Applies well-accepted models of case analysis appropriately (e.g., essence, hierarchy of symptoms, identification of themes)
2	Repertorizes symptoms to assist in determining an appropriate remedy
3	Selects the best-fit remedy based on the totality of the symptom picture
4	Makes reasonable prognoses based on all factors related to the case
5	Identifies the main complaint in the case
6	Differentiates whether a case is acute or chronic
7	Distinguishes what needs to be cured in the case
8	Studies timeline information to identify conditions/events that mark the onset of symptoms and correlate to the etiology of symptoms
9	Applies information from medical histories, medical tests, and allopathic diagnoses to understanding the case
10	Considers the potential impact of the miasmatic aspects of the family and client's history on the case
11	Ascertains the most characteristic symptoms of the case and ranks symptoms from most to least vital
12	Identifies Strange, Rare and Peculiar (SRP) symptoms
13	Identifies modifying characteristics of important symptoms such as location, sensation, modalities, times of aggravation or amelioration, onset, and concomitants
14	Identifies any common symptoms of reported diseases
15	Ascertains the intensity of symptoms
16	Ascertains the strength of the vital force by considering factors such as age, severity of symptoms, current medications, known pathologies and sensitivities
17	Examines any possible obstacles to cure and/or maintaining causes
18	Groups related symptoms
19	Selects a set of rubrics that accurately fits the characteristic symptoms of the case
20	Combines rubrics appropriately to describe single symptoms
21	Calculates (manually or with a software program) the probability that a particular remedy will match the case symptom picture by taking into consideration the number of symptoms matched as well as the grade (weight) of the remedies within a particular set of rubrics
22	Selects 4-5 best-fit remedies from the repertorization of the symptom totality

23	Studies and compares the 4-5 best-fit remedies to identify the single best-fit remedy for the case	
24	Differentiates among remedies with similar symptom pictures	
25	Matches the seat of action (i.e. organ affinities and/or pathologies) and the pace of action (i.e., slow vs. fast acting) of the remedy to the client	
26	Considers factors such as miasm, kingdom, source and synthetic remedies for tie-breaking when there are multiple good options	
27	Uses confirmatory symptoms from the case to identify the best-fit remedy	

#	H. POSOLOGY	
1	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 medications or other treatments	
2	Determines the most appropriate form of administration such as globules, powder, liquid, olfactory, topical	
3	Determines the frequency of repetition, if applicable	
4	Identifies the various potencies in which homeopathic remedies are manufactured (i.e., C, X, M, Q, LM) and the use of each)	
5	Articulates the circumstances (e.g., age, sensitivity, condition, nature of the remedy) in which different potencies are suitable or recommended by various authors	
6	Identifies precautions when prescribing potencies for particular diseases and pathologies	
7	Identifies and compares the various forms by which homeopathic remedies can be administered (e.g., globules, liquid, powder, olfactory, topical, or aqueous dilution)	
8	Identifies the possible outcomes of administering a correct remedy but in a potency too high or too low	
9	Identifies possible outcomes of administering a remedy too frequently or too infrequently	
10	Identifies and compares directions for administering and/or succussing various potencies	

#	J. FOLLOW-UP AND CASE MANAGEMENT	
1	Evaluates and monitors client's progress on the recommended remedy	
2	Applies all aspects of effective case taking and case analysis to follow-up and case management processes	
3	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	
4	Re-evaluates and adjusts treatment plans and prognoses, as needed	
5	Reviews client's records from the original and previous consultations	

6	Observes changes in the client related to appearance, demeanor, body language as well as in physical characteristics such as color of orifices, complexion, odors or signs of inflammation or injury	
7	Ascertains when (or if) the client began taking the remedy and the frequency taken	
8	Ascertains the client's general reaction to the remedy (e.g., sense of well-being, energy, sleep patterns)	
9	Inquires about the status of the presenting (main/chief) complaint	
10	Reviews the presenting symptoms with the client to identify any changes	
11	Reviews mental/emotional states and "head to toe" physical symptoms	
12	Requests allopathic summaries, test results, if appropriate	
13	Inquires about any symptoms that appear to be "new" or previously unreported	
14	Determines whether "new" symptoms are accessory remedy symptoms or a return of former "old" symptoms	
15	Determines whether or not the remedy acted	
16	Manages client's urgent conditions and acute illnesses while treating the chronic case	
17	Determines whether the case is moving in the direction of cure (Hering's Law)	
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	

#	I. CONTINUING PROFESSIONAL DEVELOPMENT	
1	Manages office practices and procedures to ensure optimum client communication and safety	
2	Reflects upon one's practice by evaluating data such as remedy results, the proportion of returning clients, referrals, and/or client satisfaction	
3	Recognizes and utilizes self-reflection to assess areas of strength and weakness in one's homeopathic professional practice	
4	Seeks and maintains national certification as a homeopath	
5	Seeks and develops competencies for continued growth in professional skills and abilities	
6	Attends educational and professional activities that enhance and improve homeopathic practice	
7	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 or advocating for homeopathy in the public sector	
8	Seeks opportunities for and provides volunteer service to the homeopathic community	
9	Establishes networks with colleagues for case-review	
10	Seeks regular peer/supervisory support/feedback in an effort to broaden one's knowledge base	

11	Shares personal/professional expertise and experience with other professional homeopaths	
12	Identifies the components of and develops a business plan	
13	Identifies strategies (e.g., conferences, seminars, study groups, schooling) for promoting strengths and addressing weaknesses of one's training and practice	
14	Acknowledges the benefits of national certification in classical homeopathy	
15	Outlines the steps and requirements for obtaining and maintaining national certification in classical homeopathy	-

CHC Study References List

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
- Vithoulkas: The Science of Homeopathy
- Yasgur: Homeopathic Dictionary

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
- Gibson, D.: First Aid Homeopathy in Accidents and Injuries
- Kent: Lectures on Homeopathic Materia Medica Kruzel: The Homeopathic Emergency Guide
- Morrison, R.: Desktop Guide
- Vermeulen: Concordant Materia Medica
- Vermeulen: Prisma

Repertory

- Kent: Repertory
- Schroyens: Synthesis Repertory van Zandvoort: Complete Repertory
- Allen, K.: A Tutorial and Workbook for the Homeopathic Repertory
- Pasma, A.: Practice Makes Perfect

Ethics

- CHC Code of Professional Ethics
- Patient / Client Rights within the Healthcare Setting

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: First Aid
- Taber's Cyclopedic Medical Dictionary

Standards and Competencies

- Council for Homeopathic Certification: Job Analysis Statements (2015)
- Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America, September 2013. achena.org (standards)

List of Remedies for Study

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

ITEM-WRITER'S LETTER OF AGREEMENT

To the Council for Homeopathic Certification (CHC) Board:	
I,(Print name), understand the	nat I have been invited to
submit	
examination items for the CHC Certification Exam in Homeopathy. will be one multiple-choice exam that addresses the competency statement document.	
I also understand that my signature below indicates my willingness and that once submitted they become the property of the Concertification. Furthermore, I understand that there are to be absoluted items I submit nor any records or documentation of item contents possession or on my computer after they are submitted to CI am to maintain security of all items submitted by promising that I we talk about or communicate in any other way the content of the items.	uncil for Homeopathic ately no copies of any ment maintained in my HC. I understand that I will never discuss, write,
In addition, by placing my initials on the line beside each point following:	below, I am assuring the
I have carefully read all of the attached documents and unde writing.	rstand the criteria for item
CHC and I have agreed upon the knowledge and skill statem CHC Job Analysis Statements for which I am writing items.	ents from the
My items were developed for the CHC Job Analysis Stateme All item responses have four options, are multiple-choice, an	-
answer.	
I have identified the correct answer.	
I have identified the content source from the CHC Reference	
All copies of these items will be destroyed as soon as I receiv	
has received my work. No paper copies, electronic, digital or oth retained by myself or anyone to my knowledge. If I do not hear fr	• •
I will contact chcitemwriters@gmail.com to ensure my email arrived	9
I understand that I am not to disclose anything about these ite	
use my knowledge acquired by writing items to assist any candidate for the examination.	e in preparation
I sign this agreement with complete willingness to participate according criteria stated above.	ding to the standards and
Print NameSignature	
Date	

SME Security Attestation Letter

The Council for Homeopathic Certification

	security Attestation for the CHC Certification Exam to the Council for Homeopathic cation (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.		
Please	e initial each statement above and sign and date below.		
•	his agreement having purged all documentation related to item development, and editing and will comply with all test security requirements.		
Signati	ureDate		

Case Submission Assurance Form

Name:				
Address:				
City:	State/Province:	Zip:	Country:	
Phone:	Email:			
Case Identifiers: 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 REGA	ARDING CASE SUBMISS	SIONS TO THE C	нс	
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 comp supervisor.	pleted or edited with the a	ssistance of a tuto	or, instructor, or	
C. These cases have not been subm	nitted previously for educa	ation or supervisio	n purposes.	
D. Release forms indicating permiss signed by all clients/participants. The request.				
By signing below, I attest that I unde requirements. I understand that failu result in disqualification from the cer	re to comply with these g	uidelines, in whole	or in part, may	
Signature:	Da	ate:		