

# Council for Homeopathic Certification Application Data Form

Date \_\_\_\_\_

Please **PRINT CLEARLY.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
\_\_\_\_\_

Licenses/Certifications \_\_\_\_\_ Other Credentials: \_\_\_\_\_  
\_\_\_\_\_

License Information (state, #, etc.):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

FAX: \_\_\_\_\_ Email address: \_\_\_\_\_

Web Site \_\_\_\_\_

([www.mysite.com](http://www.mysite.com))

Name of Clinic/Office (if any): \_\_\_\_\_

## Summary of Homeopathic Training:

(Program

N a m e s )

Total hours: \_\_\_\_\_

## Seminars & Conferences

Total hours: \_\_\_\_\_

## Supervised Clinical Experience (Apprenticeship):

## Practice Experience:

Beginning Date:

Approx. Total # of new patients seen: \_\_\_\_\_

\_\_\_\_\_

Current:

Average # of New Patients/Week: \_\_\_\_\_ Percent of practice that is homeopathic  
\_\_\_\_\_ %

Average length of initial visit for a patient with a chronic complaint (hrs.): \_\_\_\_\_

Types of cases commonly seen:

Other Qualifying Training or Experience:

Health Sciences Training (or degrees) - Includes: anatomy, physiology, pathology

CPR Training (Organization and Date):