

## Homœopathic Education: 350 Hours Compliance Check Sheet for DHANP Application

Name:		License No.:	;Y	'ear:
Submit thi application	s con n. Upl	350 hours of homœopathic education must be appleted form along with evidence of homœopaload proof of 350 hours of homœopathic education your folder, contact us.	athic education com	pletion with your DHANP
		Indicate the number of hours complete	ed under each cate	gory:
1. H	omœ	eopathic Education		
Al	I hou	rs must be completed in Homœopathy.		
Fo	ound	ational Education:		
	A.	CNME accredited Naturopathic schools. How rotation hours that are specific to Homœopa completed hours or a letter confirming company supervising physician or school official.	ithy. Submit official ti	ranscript as proof of
	B.	Homœopathic Academy of Naturopathic Phy Curriculum is mandatory. https://hanp.net/ed	, ,	
C	ontin	nuing Medical Education:		
	C.	CME offerings approved by the American As or any of its constituent organizations, include		pathic Physicians (AANP)
	D.	Any naturopathic licensing authority in the U	nited States or Cana	ada.
	E.	Accreditation Commission for Homœopathic	Education in North	America (ACHENA).
	F.	Courses offered by The New England School	ol of Homeopathy (N	ESH).
		Number of Hours Completed in this catego must reflect evidence of approval by one or moove).		
2. <b>Su</b> p	oervis	sed Internships, Preceptorships or Postdo	ctoral Training Pro	grams in Residency or

Fellowship

One credit hour may be claimed for each hour of training in a homœopathic internship training

program, a homœopathic preceptorship training program, or a homœopathic postdoctoral training



program such as a residency or fellowship approved by a CNME accredited naturopathic school, the state board, or the HANP board.

	· · ·	ns who do not have a current DHANP status must by-case basis. Include a letter from the preceptor
	Number of Hours Completed in this casupervising physician being claimed for CE. The	ategory. (submit a letter of attendance from the ne letter must be signed by the supervisor).
TOTAL	Number of Hours Completed.	
Sheet a	y attest to the Board that I am the physician in and the answers provided herewith are true a entation to the Board.	named on this HANP CE Compliance Check and correct. I will submit the required
Signatu	ure of Physician	Date Submitted