

Homœopathic Academy of Naturopathic Physicians CE Compliance Check Sheet

Name:	License No.:	Audit Year:
Jpload proof of	urs of homœopathic CE must be completed annually to f 10 hours of homeopathic CE to your Google Drive fold this. If you do not have a link to your folder, contact us	ler. CE must have been earned in
	Indicate the number of hours completed under	each category:
1. Homœ	opathic Continuing Education	
	rs must be completed in a Homœopathy related topic. Appathic CE hours must be completed in this category arowing:	
A.	Homœopathic Academy of Naturopathic Physicians (H	HANP).
В.	American Association of Naturopathic Physicians (AA organizations.	NP) or any of its constituent
C.	CNME accredited Naturopathic schools.	
D.	Any naturopathic licensing authority in the United Stat	es or Canada.
E.	Accreditation Commission for Homœopathic Education	n in North America (ACHENA).
which r	_ Number of Hours Completed in this category. (subminust reflect evidence of approval by one or more of the love).	
2. Supervi	sing Internships, Preceptorships or Postdoctoral Tr	raining Programs
training training	edit hour may be claimed for <i>each 8 hour day</i> of training program, a homœopathic preceptorship training program approved by a CNME accredited naturopa. NP board.	am, or a homœopathic postdoctoral
•	Number of Hours Completed in this category. (submissing physician for up to a <i>maximum</i> of up to 4 hours nust be signed by the supervisor).	

One credit hour may be claimed for each 8 hour day of homœopathic research if the research is conducted by an independent research organization or sponsored by a school that is accredited

3. Homœopathic Research

or a candidate for accreditation by: $\bf a$. The Council on Naturopathic Medical Education (CNME), $\bf b$. The Council for Higher Education Accreditation, or $\bf c$. An accrediting agency recognized by the United States Department of Education.

_____ Number of Hours Completed in this category. (submit a letter of research participation for up to a *maximum* of up to 4 hours per year being claimed for CE. The letter must be signed by the supervisor conducting the research).

4. Teaching Homœopathy

One credit hour may be claimed for *each hour* serving as an instructor in homœopathic education in a program approved by one of the following organizations:

- F. Homœopathic Academy of Naturopathic Physicians (HANP).
- G. American Association of Naturopathic Physicians (AANP) or any of its constituent organizations.
- H. CNME accredited Naturopathic schools.
- I. Any naturopathic licensing authority in the United States or Canada.
- J. Accreditation Commission for Homœopathic Education in North America (ACHENA).

Number of Hours Completed in this category. (submit a cumulative hours report of instructor performance by the approved entity. The report must be signed by the supervisor in charge of the program. A *maximum* of up to 4 hours per year may be claimed in this category.

5. Publications

Preparing or writing for presentation or publication, a Homœopathy related paper, report, or book that is presented or published. Credit may be claimed only for materials presented or published. Credit may be claimed only once as of the date of publication or presentation.

Number of Hours Completed in this category. Credit may be claimed only once for the materials presented or published, as of the date of publication or presentation. A *maximum* of up to 4 hours per year may be claimed in this category. (submit a copy of the published work being claimed for CE).

6. Independent Study

Credit hours may be earned for the following activities that provide necessary understanding of current developments, skills, or treatment related to the practice of homœopathy, if the physician maintains a record for at least 3 years that includes, **a**. Self-instruction that utilizes videotapes, audiotapes, films, filmstrips, slides, radio broadcasts, or computers; (this includes webinars); **b**. Independent reading of scientific journals and books; **c**. Preparation for specialty board certification or recertification examinations; or **d**. Participation on a staff committee or quality of care or utilization review committee in a facility or government agency.



being claimed, documenting the name of	f this category. (submit a record to the HANP for CE f the activity, the date of the activity, and the amount of blished work being claimed for CE). A maximum of up to category.
	d. sician named on this HANP CE Compliance Check true and correct. If I am audited, I will submit the
required documentation to the Board.	
Signature of Physician	Date Submitted