



# ABHM Homœopathic Education: 350 Hours Compliance Check Sheet for DHANP (DABHM) Application

Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Year: \_\_\_\_\_

A minimum of 350 hours of homœopathic education must be completed to attain your DHANP (DABHM) status. Submit this completed form along with evidence of homœopathic education completion with your DHANP (DABHM) application. Upload proof of 350 hours of homœopathic education to your Google Drive folder. If you do not have a link to your folder, [contact us](#).

**Indicate the number of hours completed under each category:**

## 1. Homœopathic Education

*All hours must be completed in Homœopathy.*

### **Foundational Education:**

A. CNME accredited Naturopathic schools. Hours may be included from didactic and clinical rotation hours that are specific to Homœopathy. Submit official transcript as proof of completed hours or a letter confirming completion of these hours signed by the supervising physician or school official.

B. Homœopathic Academy of Naturopathic Physicians (HANP). 30 hours from DHANP Core Curriculum is mandatory. <https://hanp.net/ce-courses/>

**Continuing Medical Education:**

C. CME offerings approved by the American Association of Naturopathic Physicians (AANP) or any of its constituent organizations, including the HANP.

D. Any naturopathic licensing authority in the United States or Canada.

E. Accreditation Commission for Homœopathic Education in North America (ACHENA).

F. Courses offered by The New England School of Homeopathy (NESH).

\_\_\_\_\_ Number of Hours Completed in this category. (Submit a copy of certificate of completion which must reflect evidence of approval by one or more of the organizations listed in A, B, C, D, or E above).

**2. Supervised Internships, Preceptorships or Postdoctoral Training Programs 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.***

**Note:** Preceptorships with homœopaths who do not have a current DHANP (DABHM) status must be approved by the ABHM on a case-by-case basis. Include a letter from the preceptor along with their bio or curriculum vitae.

\_\_\_\_\_ Number of Hours Completed in this category. (Submit a letter of attendance from the supervising physician being claimed for CE. The letter must be signed by the supervisor).

**TOTAL \_\_\_\_\_ Number of Hours Completed.**

***I hereby attest to the Board that I am the physician named on this ABHM CE Compliance Check Sheet and the answers provided herewith are true and correct. I will submit the required documentation to the Board.***

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date Submitted**