



College of Homeopaths of Ontario
 163 Queen Street East, 4th Floor, Toronto, Ontario, M5A 1S1
 TEL 416-862-4780 OR 1-844-862-4780
 FAX 416-874-4077
 www.collegeofhomeopaths.on.ca

Form A

Office Use Only					
Date Received:					
Assessment Team:					
Application Number:					

Application for Request for Academic Program Review Form

College of Homeopaths of Ontario (CHO)

For detailed information on how to complete this application, please see the Academic Program Review and Approval Guide. Please print clearly. Complete one application form and submit one application package for each program in homeopathy to be reviewed.

SECTION 1: INSTITUTION INFORMATION	
1.a) Legal Name	
Legal Name of Institution or School:	Short Name:
Has this institution or school ever been known by any other name(s)? <input type="checkbox"/> Yes, complete Section 1.b) <input type="checkbox"/> No, proceed to Section 1.c)	
Date Institution or school was established: _____ / _____ / _____ <small>Day Month Year</small>	
1.b) Previous Legal Names	
Previous Legal Name of Institution or School: <i>(Attach additional sheets, if needed.)</i>	
Know by this name from <i>(day/month/year)</i> : _____ to <i>(day/month/year)</i> : _____	
1.c) Program Information	
Program Name:	Program Website:
Year program was founded: _____ / _____ / _____ <small>Day Month Year</small>	
Faculty/Department/Division (if applicable):	Faculty/Department/Division Website:
Degree/Diploma/Certificate Type Granted:	Abbreviation of Degree/Diploma/Certificate Granted:
Student Annual Start Date: _____ / _____ <small>Day Month</small>	Typical Annual End Date: _____ / _____ <small>Day Month</small>
Describe program requirements to graduate in total number of:	Hours: _____ Weeks: _____ Courses: _____ Semesters: _____ Years: _____
1.d) Does the program include a structured, comprehensive, supervised and evaluated program of clinical experience?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," total number of weeks of clinical experience program: _____
1.e) Does the program provide students with direct client contact hours?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," total number of hours of direct client contact: _____



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SECTION 2: CONTACT INFORMATION

2.a) Business Address 1 All business addresses must be listed. (Attach additional sheets, if needed.)

Business Name:			
Street number and name:			Unit/Suite:
City:	Province:	Country:	Postal Code:
Phone:	Website:	Email:	

2.b) Business Address 2

Business Name:			
Street number and name:			Unit/Suite:
City:	Province:	Country:	Postal Code:
Phone:	Website:	Email:	

2.c) Business Address 3

Business Name:			
Street number and name:			Unit/Suite:
City:	Province:	Country:	Postal Code:
Phone:	Website:	Email:	

2.d) Primary Contact

Contact Name:	Title:
Direct Phone:	Email:
Preferred mailing address for communication with the College: (Check all that apply.)	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Business 1 <input type="checkbox"/> Business 2 <input type="checkbox"/> Business 3

SECTION 3: LANGUAGE

3.a) Program offered in what language?

<input type="checkbox"/> English	<input type="checkbox"/> French	Other (please specify):
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3.b) Clinical services offered in what language(s)?

<input type="checkbox"/> English	<input type="checkbox"/> French	Other (please specify):
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The application requires completion of forms A, B, C1, C2, D, E and F. Additional reference materials and documents may also be provided to answer descriptive questions. Where additional information is provided please indicate what information/material/file addresses which section/question.

SECTION 4: PROGRAM DESCRIPTION

4.a) Briefly describe the program (Provide additional documents if necessary):

4.b) Explain why the program should be recognized/approved by the College (Provide additional documents if necessary):

As part of Section 4 please include in the submission:

- Form C1 - a breakdown of the number of hours of education (theory).
- Form C2 - a breakdown of number of hours of clinical and training.
- Form D to record the Academic Program Review and Approval Course Information Summary for each course of the program. (Please include all individual course descriptions.)



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SECTION 5: ORGANIZATIONAL ATTRIBUTES

5.a) Describe the program's staff structure (Provide additional documents if necessary):

As part of Section 5 please include in the submission:

- Form E for each faculty member.

SECTION 6: ETHICS AND PROFESSIONAL PRACTICE STANDARDS

6.a) Describe the code of ethics and professional practice standards to which faculty, students and clinical supervisors subscribe (Provide additional documents if necessary):



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SECTION 7: PROGRAM ADMISSIONS

7.a) Describe the program's admission criteria and processes (provide additional documents if necessary):

Empty response area for describing admission criteria and processes.



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SECTION 8: STUDENT COMPLAINT PROCESSES

8.a) Describe policies and procedures for addressing formal student complaints (Provide additional documents if necessary):

SECTION 9: KEY PROGRAM COMPONENTS

9.a) Describe the program's mission, goals and educational outcomes (provide additional documents if necessary):



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9.b) Briefly describe the teaching philosophies/methods utilized in the program (provide additional documents if necessary):

9.c) Briefly describe how faculty/staff evaluate the program. Include information on how student feedback is acquired and included in the review. (Provide additional documents if necessary):

9.d) Use Form B to map the program curriculum, to examine the program and courses taught against the CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario.

Form B attached: Yes No



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SECTION 10: PROGRAM ALIGNMENT WITH REGISTRATION REGULATION

10.a) Where is the program offered?

- In Ontario Outside of Ontario If checked, list jurisdiction(s):

10.b) Please check the description below that most closely matches the program.

- Theory and Clinical.** A post-secondary program in homeopathy in Ontario (theory) which includes a program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated and that is at least 45 weeks in length and includes at least 225 hours of direct client contact.
- Theory and Insufficient Clinical.** A post-secondary program in homeopathy in Ontario (theory) but the program of clinical experience in the profession DOES NOT meet the criteria of structured, comprehensive, supervised and evaluated and that is at least 45 weeks in length and includes at least 225 hours of direct client contact.
- Clinical and Insufficient Theory.** A program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated and that is at least 45 weeks in length and includes at least 225 hours of direct client contact that DOES NOT satisfy the theory portion of a post-secondary program in homeopathy.
- Substantially Equivalent.** A theory based program in homeopathy together with other education or training which, when taken together, may be considered to be substantially equivalent to a post-secondary program in homeopathy in Ontario.
- The program does not fit any of the above descriptions.

10.c) Which statement below best describes the program's alignment with the choice indicated in 10.b)?

- Program is closely aligned with the selected description.
- Program is mostly aligned with the selected description.
- Program is somewhat aligned with the selected description.
- Program is not aligned with any of the descriptions.
- Unsure

SECTION 11: FEE PAYMENT

11.a) Method of Payment

- Certified Cheque / Money Order Credit Card *If box is checked, please submit the credit card payment form with application.*

This application will be processed when all documents have been received. Completed applications will be processed in the order received, and will be processed as expeditiously as possible. It is expected that processing applications could take up to 16 weeks, as the College of Homeopaths of Ontario (CHO) will be clarifying and refining the process during this time to ensure fair, transparent, impartial and objective handling.

Completing this application and submitting an application package for approved program status does not imply, in any manner, that this program is approved by the CHO. Without approval by the Council of the College, a program may not advertise or communicate that it is approved nor that it has applied for approval.