



**College of Homeopaths of Ontario**

163 Queen Street East, 4<sup>th</sup> Floor, Toronto, Ontario, M5A 1S1  
TEL 416-862-4775 OR 1-844-862-4780  
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Academic Program Review and Approval (APRA) Application Package  
Faculty and/or Supervisory Qualification Form – FORM E

**APRA Faculty and/or Supervisor Qualification Form (FORM E)**

***Please include this form as a header page for each faculty member or supervisor credential submitted.***  
*This form must be submitted as part of the Academic Program Review and Approval Application Package.*

Institution and Program Name:	
Address:	
Faculty Member/Supervisor Name:	
Faculty Member/Supervisor Contact Information:	Phone number: Email:
Course(s) Taught:	
Course Code(s):	
Course Level:	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Clinical
Submitted by:	
Date submitted:	
Resume and/or Curriculum Vitae Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Print Name of Institution: \_\_\_\_\_

### Faculty and Supervisor Qualifications

(Please check all that apply)

- Faculty Member/Supervisor has, in an area relevant to the course being taught, a minimum of an undergraduate degree from an approved program or an appropriate level of experience, knowledge, skill and judgment.

Minimum Criteria for Faculty Member or Supervisor teaching homeopathy courses:

- Ontario based Faculty/Supervisor is a Registrant in good standing with the College of Homeopaths of Ontario and not in default of any obligations to the College
- Faculty Member/Supervisor has a minimum of five years of experience in the practice of homeopathy
- Faculty Member/Supervisor understands and supports the philosophy of the College and its principles, standards and regulations
- As appropriate, an out-of-province faculty member is familiar with and teaches to the College's principles, standards and regulations

Recommended Qualifications:

- Faculty Member/Supervisor has the demonstrated ability to work as a part of a team
- Faculty Member/Supervisor has previous supervisory or clinical education experience
- Faculty Member/Supervisor has an ability to apply the principles of adult learning
- Faculty Member/Supervisor has experience with development and implementation of learning plans
- Faculty Member/Supervisor has experience in accessing a broad range of resources (current literature, internet, professional networks, etc.)

Faculty Member/Supervisor Name: \_\_\_\_\_

Faculty Member/Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_