



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

### APRA Course Information Summary Form (FORM D)

*Program Representative: Please include this form as a header page for every course submitted.  
 This form must be submitted as part of the Academic Program Review and Approval Application Package.*

Institution and Program Name:			
Course Name:			
Course Code:			
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:			
Name of faculty teaching the course:			
Course duration in total weeks:			Course duration in total hours:
For clinical courses	<p><b>Primary case taking</b>          How many patients does each student see as a primary<sup>1</sup> case taker? _____          How many hours does each student spend as a primary case taker, as part of initial patient contact? _____          How many hours does each student spend as a primary case taker, as part of follow-up with the patient? _____</p> <p><b>Secondary case taking</b>          How many patients does each student see as a secondary<sup>2</sup> case taker? _____          How many hours does a student spend as a secondary case taker, as part of initial patient contact? _____          How many hours does a student spend as a secondary case taker, as part of follow-up with the patient? _____</p> <p>Total hours each student spends in direct patient contact: _____          Total length of program in weeks: _____</p>		

<sup>1</sup> **Primary Direct Client Contact Hours** means the student has direct contact with the patient and under supervision<sup>1</sup> the student has the primary responsibility to manage the patient's case from initial contact to the conclusion of at least one follow-up visit. The successful completion of Primary Clinical Practice Hours will lead the student to independent practice..

<sup>2</sup> **Secondary Direct Client Contact Hours** means the student has an active role in reviewing and monitoring the patient's case. It may include direct patient contact within small groups, case work through a combination of observation, analysis and case work-up leading to a remedy selection. The student must have the opportunity to directly or indirectly pose questions to the patient. Secondary Clinical Practice Hours occur under supervision<sup>2</sup> and demonstrate increased understanding and independence of the student leading to Primary Direct Client Contact Hours. It is expected that the supervisor provides direct feedback to the student.



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The following examples illustrate the type of information that may be submitted. The information you submit needs to provide evidence of meeting the competencies. IT IS NOT NECESSARY TO SUBMIT ALL OF THE INFORMATION LISTED. In accordance with section 36.1 of RHPA, 1991, the College, assessors and administrators have an obligation to keep information confidential.

- Course syllabus
- Course outline
- Sample assignments
- Sample midterms, tests, quizzes, practice-based simulations
- Sample final examination/practice-based assessment
- Course textbook (provide a physical copy for examination or electronic access to an e-book)
- Course notes given to students (a link to the course website will suffice if the notes are there)
- Additional supporting information, if applicable (e.g., course related software applications).

To be completed by Program Representative		To be completed by Assessor	
<b>FOR EACH COURSE</b>	Which competencies from <i>CHO Entry-to-Practice Competency Profile for Homeopaths Practising in Ontario</i> is the course addressing?	<b>REPORT REVIEW</b>	<b>SITE VISIT</b>
Please describe the information provided for the course including learning objectives and learning outcomes.		Assessor name:  Date:	Assessor name:  Date:



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Please review the following assessment factors and answer the questions related to each **course and its related content** – assignments, exercises (midterms, tests, quizzes, practice-based simulations), final examination/practice-based assessment, course textbooks, course notes, additional supporting information, if applicable (e.g., course related software applications).

If a course or its related content does not meet one or more of the Assessment Factors a rationale must be provided under the “Comments” section. If you feel that a course does not sufficiently meet the assessment factors, you may wish to address with program changes, or explanation of planned program changes with implementation timelines before submitting the course materials for review.

Assessment Factor	Please circle		Comments Completed by program representative Date:	Comments Completed by Assessor Date:
<b>Currency</b> The course content reflects current homeopathic practice.	Yes	No		
<b>Relevance</b> The course content is relevant to homeopathic practice.	Yes	No		
<b>Quality</b> The course content is organized in logical progression. For example, introducing the topic, verifying understanding, assessing the understanding and providing feedback.	Yes	No		
<b>Transferability</b> The course content focuses on providing knowledge, skill and judgment that can be applied to a typical homeopathic clinical patient setting.	Yes	No		
<b>Complexity</b> The course content is at the appropriate level of complexity in terms of teaching the knowledge, skill and judgment leading to a homeopath entering independent practice.	Yes	No		
<b>Comprehensiveness</b> Cumulatively the course content demonstrates of all necessary aspects of the required competencies that can be addressed in that particular course.	Yes	No		