

LOC Program Completion Form

Integrative Homeopathy Certificate (I. Hom.)

~ Please print clearly, this information will be used to issue your certificate. ~

Name: _____ Email: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

All students have access to monthly student support calls to ask questions, review cases, etc.

To Be Completed	Credit Hours	Date Completed	Initials	LHI Approval <i>(Office Use)</i>
Application for Acceptance & Application Fee (\$75)				
H-101 Homeopathy 101 - Homeopathy for Beginners & Beyond	8			
H-102 Homeopathy 102 - Homeopathy on a Deeper Level	8			
H-103 Homeopathy 103 - Homeopathy for Your Family	8			
“Test Your Knowledge” Quiz (H101 - H103 Quiz - <i>open book / note</i>)				
Polychrest Remedies	8			
Polychrest Chart Assignment - <i>completed charts must be submitted in Word or PDF format. The 4 required charts can be found with each class video.</i>				
Polychrest Remedies Quiz <i>You must complete the online quiz and receive a 90% or higher result to receive credit for this quiz; quiz is open book / note.</i>				
Cell Salt Deficiencies - Using Facial, Fingernail & Tongue Analysis	4			
Gemstone Remedies - class includes gemstone book PDF <i>(25 gemstone kit optional - available for purchase)</i>	4			
Intro to Integrative Homeopathy & Planetary Bioenergetics	3			
Planetary Bioenergetics - Moon (1)	3			
Planetary Bioenergetics - Mercury (2)	3			
Planetary Bioenergetics - Venus (3)	3			
Planetary Bioenergetics - Sun (4)	3			
Planetary Bioenergetics - Mars (5)	3			
Planetary Bioenergetics - Jupiter (6)	3			
Planetary Bioenergetics - Saturn (7)	3			
Planetary Bioenergetics Online Quiz - <i>You must complete the online quiz and receive a 90% or higher result to receive credit for this quiz; quiz is open book / note.</i>				

Planetary Bioenergetics Celebrity Case-Study Assignment - <i>This assignment must follow the appropriate guidelines provided on the assignment PDF & will be reviewed by the certification coordinator. This assignment must be typed & submitted in Word or PDF format.</i>				
Optional 15-30 Minute Conference Call Review with Certification Coordinator - <i>You must schedule an appointment. Reviews may be done via phone, FaceTime, Skype or Zoom. Questions & concerns will be addressed.</i>				
Wellness & Lifestyle 1	4			
Wellness & Lifestyle 2	4			
Wellness & Lifestyle 3	4			
Wellness & the Aging Process	2			
Wellness Plan Assignment - <i>Submit a wellness plan for 3 outlined patients, this assignment must follow appropriate guidelines provided on the assignment PDF & will be reviewed by the certification coordinator. This assignment must be typed & submitted in Word or PDF format.</i>				
Superfood & Herbal Tonics 1	4			
Superfood & Herbal Tonics 2	4			
Superfood & Herbal Tonics 3	4			
Superfood & Herbal Tonic Assignment - <i>You must create a superfood or herbal tonic recipe for your constitutional planet and explain how / why your recipe is beneficial. This assignment must be typed & submitted in Word or PDF format.</i>				
Qigong Modalities 1	1			
Qigong Modalities 2	1			
Qigong Modalities 3	1			
Qigong Modalities 4	1			
Qigong Modalities 5	1			
Qigong Modalities 6	1			
100 - Day Qigong Chart - submit proof of completion				
Case Analysis & Prescribing 1	2			
Case Analysis & Prescribing 2	2			
10 Documented Case Studies - <i>See "Case-Taking Requirements for I.Hom. Certification" handout, all case studies must be submitted together, typed & submitted in Word or PDF format</i>				
Required Books:				
<i>MetaRepertory</i> by Robin Murphy, ND				
<i>Nature's Materia Medica</i> by Robin Murphy, ND				

Required Books (cont.):				
<i>Herbal Wellness Guide</i> by Robin Murphy, ND				
<i>Superfood Wellness Guide</i> by Robin Murphy, ND				
<i>Health, Wellness & Joy! Lifestyle Guide</i> by Judith Toscano, ND				
<i>Cooking up . . . Health Wellness & Joy!</i> by Judith Toscano, ND				
Proof of Notes from All Courses (notebook photos or typed notes)				
Submit ALL Required Documents & Program Completion Form				
Certification Granted (upon approval of all requirements)				

Verification: I hereby verify and inform Lotus Health Institute (L.H.I.) of my completion of the requested home-study seminars, in-class hours, special credit hours and all program requirements. I also agree to present my study notes, proof of purchase or attendance, if requested.

Signature: _____ **Date:** _____

Email: LOC@lotuswellnesscottage.com

Lotus Wellness Cottage

(540) 745 - 3662