Repuclic of Turkey
Ministry of Health
General Directorate of
Health Services

REPUBLIC OF TURKEY
MINISTRY OF HEALTH
GENERAL DIRECTORATE OF HEALTH SERVICES
HEAD OF DEPARTMENT OF TRADITIONAL AND
COMPLEMENTARY MEDICINE PRACTICES

TRADITIONAL AND COMPLEMENTARY MEDICINE PRACTICES AND RELATED LEGISLATION

Republic of Turkey Ministry of Health
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REPUBLIC OF TURKEY MINISTRY OF HEALTH
GENERAL DIRECTORATE OF HEALTH SERVICES
TRADITIONAL AND COMPLEMENTARY MEDICINE PRACTICES AND RELATED LEGISLATION

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PREFACE

Besides many methods applied for the illnesses, applications history of which is as old as human history and which are within the scope of traditional and complementary medicine are evaluated as the modality unity of knowledge, understanding, and various approaches which primarily comprise a lot of preventive medical viewpoints towards the protection of body-mind-soul health, continue from the beginning of humanity, and are affected by various cultures.

Mainstream medicine system which is called modern medicine because of the advancements in the technology or conventional medicine has gained speed during the last century, and life expectancy has increased significantly, besides chronical illnesses being on the agenda and increasing knowledge in proportion to the variety in the ever-increasing specialties has created need for the modalities which involve holistic viewpoint that deals with the patient as a whole.

These methods which are widely used in the world today are now expressed as complementary and integrative medicine instead of the term alternative medicine which had been used beforehand. The idea that medicine cannot have an alternative, and the necessity of having an only system with the aim of improving life quality has emerged. It has been observed that the effectiveness of conventional medical treatment has increased strikingly with the addition of some regulations such as changes in the diet and life style, and the need for the integration of these methods which are used alone or together with the present treatment modalities into the present system has arose.

At the same time, it is clear that some complementary medicine systems the effects of which have been shown partially but the mechanism of which has not been clarified with the present methods can be proved in the light of improving scientific developments; in this context, it is obvious that without prejudice, keeping the idea that scientific acceptances may change in time, providing the scientific environment and the integration of methods which have enough scientific proof into the mainstream medicine system will contribute to the human health and life quality. With this integration that different approaches can have mutual benefit and exhibit synergistic effect can be achieved.

Department of Traditional and Complementary Medicine Practices was established in 21.06.2012 with the support of national and international corporations with the aim of improving the traditional and complementary medicine practices in our country. This department has missions such as strengthening the scientific platform in this area, legally controlling many methods which can be used by people who have no relation to the healthcare field unrestrainedly and integrating the ones which have the potential to contribute to the healthcare field by investigating them scientifically into the present healthcare system, generalizing evidence-based traditional and complementary medicine practices in our country by carrying out works with World Health Organization and European Union, introducing them and increasing the quality of life of society by enabling them to improve.

Professor Nurullah OKUMUŞ, MD.

TRADITONAL AND COMPLEMENTARY MEDICINE DEPARTMENT STRATEGY

As it is mentioned in the final report of the CAMbrella project which the 2014-2023 Traditional Medicine Strategy of the World Health Organization and the European Parliament support and with which traditional and complementary medicine practices are searched, though there are many differences on a country basis or on a regional basis, because of the various reasons such as increase in the demand for health service; being more informed and in connection with this, being more aware of the available choices; increase in the dissatisfaction with the available health services and livening up of the interest in integrated healthcare and prevention of the diseases, which are more associated with the Traditional and Complementary Medicine (TCM), people prefer TCM. In this regard, related to the the below-mentioned issues:

- Constituting a country profile for identifying and investigating the implementations and implementers of the Traditional and Complementary Medicine (TCM),
- Developing policies and practices related to the Traditional and Complementary Medicine (TCM),
- Strengthening of producing knowledge, cooperation, and sustainable usage of the resources of the Traditional and Complementary Medicine (TCM),
- Developing national regulations including registration for the products of the Traditional and Complementary Medicine TCM) and implementing them,
- Strengthening of the quality monitoring of the therapies of the Traditional and Complementary Medicine Practices (TCM),
- Developing technical guidances and techniques for assessing the safety, advantages and quality of the Traditional and Complementary Medicine (TCM),
- Improving standards for the products, implementations and implementers by our Department,
- Existance of training programmes, benchmarks and practicing capacities for the TCM implementers,
- Increase in the safe and effective usage of the TCM,
- Integration of the TCM into the health system,
- Improving the TCM services access to these services,
- Improving the communication among the conventional medicine implementers, professional societies and TCM implementers,
- Increasing in the awareness of the appropriate use of the TCM and providing access to the knowledge related to the subject,
- Taking the progression of the communication between conventional medicine implementers and patients into consideration,
- Improving standards for the training of the service providers of the evidence-based traditional and complementary medicine practices,
- Determining the clinical quality standards related to the evidence-based traditional and complementary medicine practices,
- Designing necessary evidence-based programs for the service providers of the Traditional and complementary medicine practices are proposed. Kindly submitted for your information.

REGULATION ON TRADITIONAL AND COMPLEMENTARY MEDICINE PRACTICES

Date of Official Gazette: October 27, 2014 Issue of Official Gazette: 29158

PART ONE

Objective, Scope, Basis, and Definitions Objective

ARTICLE 1 – (1) The objective of this Regulation is to identify traditional and complementary medicine practice methods for human health, to arrange training and authorization for the individuals who will apply these methods as well as the working principles and procedures of the healthcare institutions where these methods will be applied.

Scope

ARTICLE 2 – (1) This Regulation hereby covers the healthcare institutions owned by public and private legal persons and by the natural persons and where traditional and complementary medicine practices are performed, and the individuals who will apply the methods in these institutions.

Basis

ARTICLE 3 – (1) This Regulation has been prepared based on Additional Article 13 of the Law on the Practice of Medicine and Medical Sciences no. 1219 dated April 11, 1928; the subparagraph (c) of Article 9 and Additional Article 11 of the Fundamental Law on Healthcare Services no. 3359 dated May 7, 1987; the subparagraphs (f) and (ğ) of the first paragraph of Article 8 and Article 40 of the Decree Law on the Organization and Duties of the Ministry of Health and Its Affiliates no. 663 dated October 11, 2011.

Definitions

ARTICLE 4 – (1) In this Regulation;

a. 'Ministry' indicates the Ministry of Health,

b. 'Science Commission' indicates the Science Commission on Traditional and Complementary Medicine Practices established by the Ministry,

c. 'General Directorate' indicates the General Directorate of Healthcare Services,

d. 'Directorate' indicates the Provincial Directorate of Health,

e. 'Healthcare institution' indicates the hospitals affiliated to the public institutions and organizations, health practice and research centres of a faculty of medicine or a faculty of dentistry, private hospitals accredited in accordance with the Regulation on Private Hospitals which has been published in the Official Gazette dated March 27, 2002 and numbered 24708, and the healthcare institutions accredited in accordance with the provisions of the Regulation on Private Health Institutions Performing Outpatient Diagnosis and Treatment which has been published in the Official Gazette dated February 15, 2008 and numbered 26788,

f. 'Certified physician' indicates the physician who has a certificate of traditional and complementary medicine practices registered by the Ministry,

g. 'Certified dentist' indicates the dentist who has a certificate of tradi-

tional and complementary medicine practices registered by the Ministry;

h. 'Practice' indicates the traditional and complementary medicine practices;

i. 'Practice centre' indicates the centre which is established under the responsibility of a physician and/or dentist having a corresponding certificate and within the health practice and research centre of a training and research hospital and a faculty of medicine or a faculty of dentistry in order to perform the practices specified in this Regulation, and can provide training upon the authorization by the Ministry;

j. 'Unit' indicates the units which are established under the responsibility of a physician and/or dentist having a corresponding certificate and within the healthcare institution owned by public and private legal persons and by natural persons in order to perform the practices specified in this Regulation.

PART TWO

Science Commission, Its Duties and Working Principles Establishment of the Science Commission

ARTICLE 5 – (1) A Science Commission on Traditional and Complementary Medicine Practices shall be established by the Ministry in order to receive its opinion on the practices envisaged in this Regulation, the individuals who will perform the practices, and the standards of the units and the practice centres.

(2) The Science Commission shall consist of 11 members as follows:

a. Under the chairmanship of the General Director of Healthcare Services or an authorized person appointed by him/her,

b. The relevant head of department from the General Directorate of Healthcare Services,

c. Three members to be chosen among the university professors having scientific studies in the relevant field or the physicians who are entitled to provide specialization training in the training and research hospitals affiliated to the Public Hospitals Agency of Turkey,

d. One member from the field of pharmacognosy in the faculties of pharmacy,

e. One member from the field of pharmacology in the faculties of medicine,

f. Two certified physicians,

g. One medical oncologist who is a university professor or a lecturer,

h. One member who has received specialization training or studied for doctorate in the fields of medical ethics or medical history and deontology,

(3) The members of the Science Commission are designated by the Minister. The members serve for a two-year term.

Working Principle of the Science Commission

ARTICLE 6 – (1) The Science Commission convenes at least twice a year upon the invitation of the General Directorate. The Ministry may call a meeting with the Science Commission when necessary.

(2) The Science Commission discusses the agenda and prepares a meeting report. The members shall be informed of the agenda by the General Directorate at least seven days before the meeting.

(3) The Science Commission convenes with at least nine members and decides by absolute majority. In case there is an equality of votes, the Chairman will have a casting vote.

(4) The General Directorate conducts the secretarial works of the Science Commission.

Duties of the Science Commission

ARTICLE 7 – (1) The duties of the Science Commission shall be as follows:

a. To present opinion on determining the fields of practice and on the indications and potential side-effects of the practices,

b. To present opinion on establishing the physical standards, personnel and medical equipment required to be supplied in the units and centres where the practices will be performed,

c. To evaluate the unit and practice centre applications in terms of scientific issues, technical infrastructure and personnel, and to give opinion about their conformity,

d. To carry out scientific and technical studies with respect to the practices which are not identified in this Regulation,

e. To carry out and make others carry out guiding, enlightening, and scientific studies on the practices,

f. To form sub-commissions in order to carry out studies in the required fields.

PART THREE

Principles of Practice, Types of Healthcare Institutions and Their Working Principles, Training

General Principles of Practices

ARTICLE 8 – (1) The practices shall be limited to the fields set out in this Regulation. The Ministry may, when necessary, request the practices performed and the new practices to be performed in the unit and practice centre to be evaluated by the Science Commission in terms of being scientific. The Science Commission shall present opinion to the Ministry on whether the practices can be applied to people upon reviewing their scientific evidences and which one of those practices deemed appropriate can be performed in the unit and practice centre.

(2) Researches for the practices not included in the appendix of this Regulation can only be conducted in the practice centres within the scope of the Regulation on Clinical Trials of Drugs and Biological Products which has been published in the Official Gazette dated April 13, 2013 and numbered 28617, and a copy of the research files shall be submitted to the General Directorate. The Science Commission shall evaluate the submitted studies in terms of the evidence level, efficiency, and development of the practices throughout the country. It is prohibited to use the submitted data and studies in a way to disclose the personal information without the knowledge of and permission by the person in question.

(3) No practice other than the ones specified in the Appendix-3 can be performed in the units. The practice centre

may also perform the practices designated for the unit.

(4) It is prohibited to perform the practices in such a way that they will replace the standard treatment of the disease and will disrupt the ongoing treatment. This fact shall be made clear to the individuals and stated in the informed consent form.

(5) The healthcare professionals who are not physicians and dentists but have completed the basic training in the field of practice shall participate in the practices under the supervision of the certified physicians and dentists.

Place of practice and authorized persons

ARTICLE 9 – (1) The practices can be performed in the units and practice centres authorized by the Ministry by the physicians and dentists (only in the field of dentistry) who have a "certificate of practice" in the relevant field. The healthcare professionals who have completed the basic training in the field of practice may assist the certified physicians during the practice in the units and centres.

(2) Only the practices in the field of dentistry can be performed in the dentistry practice and research centres, dental hospitals, and oral and dental health centres as well as the dental outpatient clinics.

Working principles and procedures of the practice centres and units

ARTICLE 10 – (1) The practice centre or the unit can be opened within the scope of healthcare institution/facility planning of the Ministry; therefore, the corresponding permissions do not constitute an additional entitlement for opening a new private healthcare institution or capacity increase. The healthcare institutions owned by public and private legal persons and by natural persons who intend to open a practice centre or a unit shall apply to the Ministry with the documents stated in the Appendix-1. The applications for opening a practice centre and/or a unit shall be evaluated by the Science Commission in terms of compliance with the standards and whether there is a need for such practice centre and unit in the province of application. Provided that the applications which have been deemed appropriate by the Science Commission are also approved by the Ministry, the permission to open a practice centre and/or a unit shall be granted. The unit and practice centre as well as the practices to be performed there shall be registered to the license or operating permission certificate of the healthcare institution.

(2) A department can be founded, within the scope of planning, for the practices approved by the Ministry on condition that they will be applied to those who stay in the facility and have only received acute treatment in the accommodation facilities licensed by the Ministry of Culture and Tourism. A department can be opened within accommodation facilities, with an exception from planning, by the private hospitals and private health institutions under the Regulation on Private Health Institutions Performing Outpatient Diagnosis and Treatment in the province where the accommodation facility is located, on condition that they use their own staff and capacity. The applications for such departments shall be submitted to the directorate by the director in charge of the private health institution,

and the private health institution to which such departments are affiliated shall be responsible for their activities.

(3) A patient file about all the practices performed shall be prepared in the unit and practice centre. In the event that the patient and practice data is requested on an electronic medium, they have to be sent to the Ministry by taking into consideration the privacy of personal health data.

(4) Any undesired effect occurring in the patients related to the performed practices shall be regularly reported to the directorate on a monthly basis and this information shall be submitted to the Ministry.

(5) An "Information and Consent Form" shall be prepared for the practices in accordance with the Regulation on Patient Rights which has been published in the Official Gazette dated August 1, 1998 and numbered 23420 and the consent of all the patients on whom the practice will be performed shall be requested.

Charging

ARTICLE 11 – (1) The fee tariff of healthcare services shall be determined and announced by the Ministry for the practices to be performed by the public healthcare institutions.

Promotion and Information

ARTICLE 12 – (1) The units and practice centres operating under this Regulation have to comply with the information and promotion legislation determined by the Ministry. In case of a breach of the information and promotion provisions determined by the Ministry, the relevant legislation provisions to which the healthcare institution is subject shall be applied.

(2) The legislation provisions on the medical product promotion shall be applied for the promotions of the medical products related to the practices within the scope of this Regulation.

Training

ARTICLE 13 – (1) The certified trainings within the scope of this Regulation shall be provided by the centres which are authorized by the Ministry to provide training under the Regulation on Certified Training of the Ministry of Health which has been published in the Official Gazette dated February 4, 2014 and numbered 28903.

PART FOUR

Compulsory Departments, Medical Equipment and Drugs for Units and Practice Centres at Minimum

Compulsory departments for the units and practice centres at Minimum

ARTICLE 14 – (1) The following departments shall be provided at minimum in the units and practice centres:

a. Examination and practice room of at least 12 square meters surface area where minimum medical materials and equipment required for examination and practice are kept.

b. Patient admissions and waiting room.

c. Archive.

(2) The patient admissions and waiting room and the archive room can be jointly used in the healthcare institutions.

(3) Provided that the units or practice centres within a healthcare institution

are established outside the service building of the institution, the areas such as the patient admissions and waiting room, and the archive room shall be arranged according to the minimum physical conditions set out for the healthcare institutions in the Regulation on Private Health Institutions Performing Outpatient Diagnosis and Treatment.

(4) The units and practice centres licensed by the Ministry can perform the practices specified in the Appendix-3 on condition that they receive the required permission from the Ministry. The units and practice centres have to receive permission from the Ministry for each new practice specified in the Appendix-3. The places which will operate within the scope of this Regulation shall supply drugs and equipment compulsory according to the relevant legislation.

Medical equipment and drugs

ARTICLE 15 – (1) The units and practice centres have to supply minimum medical devices, tools, materials and drugs specified in the Appendix-2 as well as the medical devices, tools, materials and drugs required for each practice.

PART FIVE

Audit, Other Requirements, Prohibitions, and Administrative Sanctions

Audit

ARTICLE 16 – (1) The units and practice centres shall be annually audited by the Directorate with a team of at least 3 members including at least one specialist from the internal branches and one specialist from the surgical branches with the exception of complaints, investigations, or extraordinary audits to be conducted by the Ministry. The audit shall be carried out by using the audit form in the Appendix-5. One copy of the form to be drafted in duplicate shall be kept in the institution or organization where the unit or the practice centre is located.

Other requirements and prohibitions

ARTICLE 17 – (1) It is required to comply with the following requirements in the units and practice centres:

a. It is prohibited for the unit and practice centre to deliver service without the permission of the Ministry.

b. The units and practice centres have to incorporate minimum compulsory departments specified in this Regulation and the appendixes hereof.

c. It is prohibited for the units and practice centres to operate beyond their preliminary purpose.

d. It is prohibited for the unauthorized people to utilize any activity area or department in the unit and practice centre.

e. It is prohibited for the units and practice centres to employ a physician, dentist and other healthcare personnel who do not have a certificate in the relevant field and the required work permit in accordance with the relevant legislation provisions by the Ministry.

f. It is prohibited for the physicians and dentists to practice outside the field for which they have been authorized by a certificate of practice.

Administrative sanctions

ARTICLE 18 – (1) The administrative sanctions in the Appendix-4 shall be

imposed on those who do not abide by the principles and procedures specified in this Regulation.

(2) In the absence of provisions regarding the units and practice centres, the administrative sanctions applied to the relevant healthcare institution where the practice will be performed and the other administrative sanctions specified in the relevant legislations shall be applied.

PART SIX

Miscellaneous and Final Provisions situations for which there are no provisions

ARTICLE 19 – (1) In the situations for which there are no provisions regarding the physical standards, service delivery, and administrative sanctions of the units and practice centres in this Regulation, other relevant legislation provisions shall be applied.

Annulled regulation

ARTICLE 20 – (1) The Regulation on Private Health Institutions Practicing Acupuncture Treatment and Practice of This Treatment, which has been published in the Official Gazette dated September 17, 2002 and numbered 24879, has been annulled.

Harmonization process for practicing acupuncture

PROVISIONAL ARTICLE 1 – (1) The institutions authorized by the Ministry to practice acupuncture have to comply with this Regulation until January 1, 2016. The authorization certificate of the non-compliant institutions shall be deemed invalid at the end of the given date.

Entry into Force

ARTICLE 21 – (1) This Regulation shall enter into force on the date of publication.

Enforcement

ARTICLE 22 – (1) The provisions of this Regulation shall be enforced by the Minister of Health.

APPENDIX-1

Documents Required for the Application of License to Open a Unit and Practice Centre

1. The name or commercial title of the healthcare facility operator and a signed letter of application requesting to start the proceedings related to opening a unit/practice centre
2. A list of equipment to be used and of practices to be performed
3. A copy certified by the General Directorate of the practice certificate registered by the Ministry for physicians and dentists in relation to their fields of practice
4. The training certificate(s) of healthcare professionals to work at the unit/practice centre
5. A list of healthcare professionals to work at the unit/practice centre and a statement of their Turkish Republic ID numbers and two photographs
6. For private hospitals, the project which is the basis of the license obtained from the Ministry for the centre; for public and university hospitals, the project outlining all the sections and facades of the entire building at a scale of at least 1/100 and three blueprint copies of the floor plans to be certified by their editors and the provincial directorate of environment and urban planning
7. The survey report of the General Directorate about the project
8. The joint technical report to be complied after the on-site survey by the General Directorate.

APPENDIX-2

Compulsory Equipment for Units and Centres at Minimum	
Examination coach	1 piece
Sphygmomanometer	1 piece
Stethoscope	1 piece
Laryngoscope	1 piece
Bag valve mask	1 piece
Airway	In various sizes and adequate number of
Endotracheal tube	In various sizes and adequate number of
Portable oxygen cylinders	1 piece
Oxygen mask	Adequate number of
Various injectors	Adequate number of
Intravenous cannula	In various sizes and adequate number of
Portable lamp	1 piece
Mobile aspirator	1 piece
Aspiration catheter	Adequate number of

Compulsory Drugs for Units and Centres at Minimum	
1. Isoptin ampoule	3 pieces
2. Corticosteroid ampoule	3 pieces
3. Antispasmodic ampoule	3 pieces
4. Polyvinyl pyrrolidine iodine solution 500cc.	1 piece
5. 5% dextrose 500cc.	2 pieces
6. 60,9% Sodium Chloride (NaCl) 500cc.	2 pieces
7. 20% mannitol 500cc.	2 pieces
8. 1/3 Isodex solution (3.3% dextrose 0.3% NaCl) 500cc.	1 piece
9. Adrenaline 1 mg	5 ampoules
10. Atropine sulphate 0,5 mg	5 ampoules
11. Dopamine	2 ampoules
12. Lidocaine 2%	2 ampoules
13. Antihistaminic	5 ampoules
14. Aminophylline	2 ampoules
15. Diazepam	2 ampoules
16. Oral antihypertensive (CAPTOPRIL)	1 ampoule
17. Diuretic	5 ampoules

APPENDIX-3

List of Practices Permitted in Units and Practice Centres

1. ACUPUNCTURE

a. **Definition:** It refers to a practice performed by stimulating the specific points on the body through such stimulation methods as needle, laser beams, electrical stimulation, cupping therapy, needle and magnetic pellets, thermic stimulation, acupressure and sound or electrical or magnetic vibration.

b. **Personnel authorized to practice:** A certified physician who has received acupuncture practice training or a certified dentist to practice in his/her own field

c. **Practicable for:** Acupuncture is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Musculoskeletal mechanic pains
- Arthralgia
- Migraine and other tension-type and non-organic headaches
- Toothaches
- Neuropathic pains
- Muscle spasm, acute conservative herniated disc and chronic low back pains
- Nausea and vomiting induced by pregnancy, the side effects of drugs and motion sickness
- Functional gastrointestinal disturbances; constipation, motility disorders, reflux
- Allergic rhinitis symptoms
- Dysmenorrhea, infertility, polycystic ovarian syndrome and premenstrual syndrome, labour pain
- Extrinsic sleep disorder
- Dietary compliance of a patient diagnosed with exogenous obesity
- Itching induced by allergy, eczema and skin dehydration
- Anxiety occurred during smoking cessation
- Anxiety
- Non-organic nocturnal enuresis
- Nausea, vomiting, pain and xerostomia induced by chemotherapy and radiotherapy
- Non-organic vertigo
- Geriatric patients
- Raising the quality of daily life for patients with chronic respiratory disorders
- Helping people to provide and sustain general well-being.

In Practice Centres:

- Nerve root irritations with no progressive neurological deficit and no cauda equina syndrome detected
- Relieving distresses to be occurred during the treatment of alcohol addiction
- Paediatric respiratory distress after extubation
- Enhancing the patient's compliance to treatment in chronic eye diseases
- Raising the quality of life for patients with dysmnesia and memory troubles
- Attention deficit and hyperactivity disorders

- Xerophthalmia induced by idiopathic and Sjögren's syndrome
- Muscle contractures or weakness in stroke-induced hemiplegia.

d. Impracticable for: Acupuncture cannot be applied on patients with bleeding diathesis, on lower abdomen during the first trimester of pregnancy, on upper abdomen and lumbosacral regions during the second and third trimesters, on the pregnant woman's body points with intense stimulus and in case of emergency. The Ministry can impose additional prohibitions after consulting the Science Commission in the case of unforeseen conditions arising out of practices and researches.

e. Compulsory Equipment: Sterile disposable steel needle.

f. Elective Equipment: Electro-acupuncture, ear and body detector, laser acupuncture device, silver and golden needles.

2. APITHERAPY

a. Definition: Apitherapy is a practice performed by using bees and bee products as a complementary and supportive method in the treatment of some diseases. For bee venom, the following items are used:

a. Living honey bees

b. Ampoules containing extracts of bee venom

c. Ointments containing bee venom

Bee venom is used in an intradermal and subcutaneous way, while other bee products are applied orally and topically. Orally applied bee products are chemically analysed and they must abide by the Turkish Food Codex Regulation which was published in Official Gazette dated 29/12/2011 with 3rd reiterated number 28157.

It is tested before practicing apitherapy if the client is allergic to bee venom and bee products. It is compulsory to supply a life support unit and authorized personnel to perform medical intervention for emergency cases in the workspace.

b. Personnel authorized to practice: Certified physician.

c. Practicable for: Apitherapy is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Honey, pollen, bee resin and royal jelly can be used to support the immune system in cases of immune deficiency.

In Practice Centres

- Bee venom can be used to help reduce such symptoms as musculoskeletal pain, erythema and tenderness and boost muscular force in cases of muscle contraction in legs and muscle weakness.
- Honey can be used topically to support healing chronic skin wounds.

d. Impracticable for: Apitherapy cannot be applied on clients allergic to bees and bee products and on children, namely no bee venom on children aged under 18 and no other bee products on infants aged under 1. Bee venom cannot be used in cases of decompensated heart failure, renal failure, respiratory fail-

ure, systemic/local infections, liver dysfunction, beta blocker intake, severe psychiatric disorders affecting the compliance to treatment, right before and right after meals and on pregnant women and nursing mothers. The Ministry can impose additional prohibitions after consulting the Science Commission in the case of unforeseen conditions arising out of practices and researches.

e. **Compulsory Equipment:** Living bees and bee products, medical dressing sets, light source, sterilizer, defibrillator-compressed nebulizer or atomizer fit for oxygen cylinder, large-lumen catheters, medical kits required for establishing large vascular access, 3 pieces of H2 receptor blocker, 3 nebulas of aerosol beta-2 agonist.

3. PHYTOTHERAPY

a. **Definition:** Phytotherapy is a method of medical treatment administered by using traditional herbal medical products and herbal drugs.

It can be practiced upon the suggestion of a certified physician within the term of the licence of phytotherapy products in accordance with their indications specified by receiving the consent of the Science Commission. Issues relating to licensing and selling medical products and herbal drugs to be used within the scope of phytotherapy shall be regulated by the Turkish Medicines and Medical Devices Agency.

b. **Personnel authorized to practice:** Certified physician and dentist.

4. HYPNOSIS

a. **Definition:** Hypnosis is a practice designed for or resulted in bringing about a change in the consciousness and awareness, body, emotions, feelings, opinions, memory or behaviours of a person through suggestion.

b. **Personnel authorized to practice:** Certified physicians and dentists, and clinical psychologists and other psychologists who have a certificate of authority to conduct psychological medical interventions (all psychologists have to work under physician supervision).

c. **Practicable for:** Hypnosis is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

In surgical operations

1. Overcoming preoperational anxiety and coping with fears and pains
2. Overcoming postoperative pain, nausea, vomiting and anxiety
3. Relieving intraoperative pain and anxiety

- During all diagnostic and interventional procedures
- Quelling anxiety and enhancing the compliance to treatment in emergency medicine
- During infertility treatments
- During pregnancy and delivery and in gynaecological diseases
- Obesity
- Eating disorders
- Smoking cessation
- Treatment of alcohol addiction (can only be practised by a psychiatrist)

- Depression (can only be practised by a psychiatrist)
- Anxiety and stress disorders
- Extrinsic sleep disorders
- Non-organic sexual dysfunctions
- Functional bowel disorders
- Acute and chronic pains
- In dentistry for dealing with phobias, pains, bruxism (teeth grinding), temporomandibular joint dysfunction, trigeminal neuralgia and intraoral problems and for helping anaesthesia and compliance to treatment & dental prosthesis
- Such non-organic types of itching as atopic dermatitis, seborrheic dermatitis and urticaria
- Allergic rhinitis, allergic asthma
- Enhancing the immune system.

In Practice Centres:

- Relieving pain and anxiety in burn treatment
- During delivery
- Intraoperative pains and in anaesthetizing
- Coping with pains, vomiting, anxiety and side effects of drugs for cancer patients.

d. Impracticable for: Hypnosis cannot be applied on patients with schizophrenia, psychopathic problems, alcohol or drug intoxication and dementia and on clinically depressive persons with suicidality (except for psychiatrists). The Ministry can impose additional prohibitions after consulting the Science Commission in the case of unforeseen conditions arising out of practices and researches.

5. LEECH THERAPY (HIRUDOTHERAPY)

a. Definition: It is a practice performed by using sterilized leeches. It is stipulated to provide the "medicinal leeches" called "Hirudo medicinalis" and "Hirudo verbena", which will be used in the therapy, from the place of manufacture and businesses procuring sterilized leeches. The eradication procedure of leeches shall be applied in accordance with the Medical Waste Control Regulation which was published in Official Gazette dated 22/07/2005 with the number 25883.

b. Personnel authorized to practice: Certified physician and healthcare professional under physician supervision.

c. Practicable for: Leech therapy is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Degenerative joint diseases (osteoarthritis)
- Relieving pain in varicose veins of lower extremity
- Relieving pain in such diseases as lateral epicondylitis.

In Practice Centres:

- Venous insufficiencies after flap surgery and after replantation and revascularization.

a. Impracticable for: Leech therapy cannot be applied on children (aged under 18), during chemotherapy

and radiotherapy, before surgical operations, and in cases of haemorrhagic diathesis (like haemophilia), the presence of active focal bleeding points, severe anaemia, anticoagulant intakes, pregnancy and breast-feeding, allergy against leeches or other creatures, severe psychiatric disturbances which affect compliance to treatment, leukaemia, bone marrow suppression, gastrointestinal bleeding, cancer, cirrhosis of the liver, dialysis patients, the presence of cardiac pacemakers, menstrual cycle and infection (HIV positivity, etc.). The Ministry can impose additional prohibitions after consulting the Science Commission in the case of unforeseen conditions arising out of practices and researches.

b. Compulsory Equipment: Sterilized leech, water distiller, and sterilizer, sterilized distilled water (for bathing leeches after pre-use sterilization), sterilized jars in which the leech stock will be kept and capped jars for transporting leeches during usage.

6. HOMOEOPATHY

a. Definition: Homoeopathy is a kind of holistic practice method aiming to improve the health status through the homeopathic medicines exclusively selected for a person.

Issues regarding the licensing and sale of medicines to be used in the homeopathy practice shall be regulated by the Turkish Medicines and Medical Devices Agency.

b. Personnel authorised to practice: Certified physician and dentist.

c. Practicable for:

In Units:

- Non-organic headaches such as tension-type headache and migraine headache
- Strengthening the immune system
- Non-organic insomnia
- Chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome
- Eczema, allergic asthma, allergic rhinitis
- Such cases as arthritis, chronic pain, xerostomia etc. which are induced by rheumatic diseases
- Such cases as nasal discharge, nasal congestion, coughing, fever, difficulty swallowing (dysphagia), stomatitis etc. which are induced by respiratory tract diseases
- Such cases as nausea, vomiting, stomatitis, xerostomia etc., which are the side effects of chemotherapy
- Supporting the treatment of those diagnosed with attention deficit and hyperactivity
- Gastro-oesophageal Reflux induced by digestive system diseases, gastritis-related stomach ache and heartburn, and such cases as nausea, vomiting, diarrhoea etc.
- Premenstrual syndrome, dysmenorrhoea, infertility
- Postoperative hematoma of varicose veins and alleviating pain etc.
- Mechanical pain of musculoskeletal system
- Toothache.

In Practice Centres:

- Urolithiasis pain
- Labour pain

- Nerve root irritation
- Supporting children during the perioperative period
- Supporting addiction treatment
- Reducing the side effects of chemotherapy and radiotherapy such as nausea, vomiting, pain, xerostomia, anxiety, radio-dermatitis
- Reducing the complaints of post-operative pain, agitation, oedema, wound healing
- Shortening the recovery process of traumas
- Anxiety.

d. Impracticable for: It can only be used for palliative purposes in serious and chronic diseases such as cancer. It can only be used as a supportive method in case of physical trauma and injury. The Ministry can impose additional prohibitions after consulting the Science Commission in case of unforeseen conditions arising out of practices and research.

7. CHIROPRACTIC

a. Definition: Chiropractic is a supportive field of practice that focuses on the biomechanical disorders of muscular, spinal and skeletal systems and the prevention of the problems on nervous system caused by these disorders. It focuses on fixing the joints of eligible patients, which have lost their normal mechanical mobility, through manual techniques.

b. Personnel authorised to practice: Certified physician and certified health professional under physician supervision.

c. Practicable for: Chiropractic is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Acute and chronic neck pain and lumbar pain
- Chronic headache induced by cervical region
- Sudden flexion/extension injury-related pains
- Early conservative treatment of lumbar spinal stenosis
- Acute and chronic soft tissue injuries
- Myofascial pain syndrome
- Occupational and sports-related recreational musculoskeletal injuries
- Musculoskeletal injury problems of geriatric age group such as osteoarthritis etc.
- Biomechanical dysfunctions caused by mechanical facet joint
- Coccyx pain
- Postural scoliosis
- Nerve root irritation without progressive motor deficit and cauda equine syndrome
- Shoulder, sacroiliac joint, temporomandibular joint, hip, knee, wrist, ankle joint dysfunctions.

In Practice Centres:

- If there is a need for sedation or anaesthesia during chiropractic intervention, it is appropriate to carry out these practices in practice centres.

d. Impracticable for: Chiropractic is impracticable for odontoid hypo-

plasia, unstable odontoid, acute fracture, spinal cord tumour, osteomyelitis, hematoma (spinal cord or intracanalicular), meningeal tumour, vertebral tumour, progressive neurological deficit with fragmented herniated disc, Arnold-Chiari malformation of upper cervical spine, vertebral luxation, aneurismal bone cyst, giant cell tumour of bone, osteoblastoma, osteoid osteoma, postoperative fixation/stabilization prosthesis, neoplastic diseases of muscles or other soft tissues, positive Kerning's or Lhermitte's signs, syringomyelia, aetiology, unknown hydrocephalus, cauda equina etc. The Ministry can impose additional prohibitions after consulting the Science Commission in case of unforeseen conditions arising out of practices and research.

e. **Compulsory Equipment:** It is required for practice units and training centres to provide an appropriate treatment couch for the standard chiropractic manipulation.

f. **Elective Equipment:** Units and practice centres may utilize tilt or drop couches for different manipulative practices, electrical or manual pushing device for mechanical fixing, and superficial EMG or superficial temperature measuring devices for analysis.

8. CUPPING THERAPY

a. **Definition:** It refers to the Dry Cupping Therapy based on creating local suction to mobilize the blood flow and the Wet Cupping Therapy (Hijama) in which blood is taken by scratching the skin superficially as well as creating local suction on specific body points.

b. **Personnel Authorised to Practice:** Certified physician, dentist and health professional under physician supervision.

c. **Practicable for:** Cupping practice is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Strengthening the immune system of patients who are not diagnosed with any kind of organic disorders
- Fibromyalgia syndrome
- Such cases as chronic pain, limitation of joint mobility, morning stiffness, fatigue etc. which are induced by rheumatic diseases
- Mechanical pains of musculoskeletal system
- Knee pain (osteoarthritis etc.)
- Non-organic headaches such as migraine headache and tension-type headache
- Such cases as nausea, vomiting, constipation etc. which are induced by digestive system diseases.

In Practice Centres:

- Neuralgia-induced pains
- Such cases as hiccup, fatigue and aphasia which are induced by stroke.

d. **Impracticable for:** Cupping therapy cannot be applied directly on varicose and in cases of thrombophlebitis, active wounds, surgical wounds, decompensated heart failure, anaemia (haemoglobin<9,5mg/dl), hae-

mophilia, history of haemorrhage/ coagulopathy and antiplatelet drug intake. The Ministry can impose additional prohibitions after consulting the Science Commission in case of unforeseen conditions arising out of practices and research.

e. Compulsory Equipment: Disposable cupping set, sharp object to make an epidermal incision, single-use medical gloves, examination bed appropriate for the practice, solutions which can be used to clean the practice zone. Cupping sets can be made of plastic, glass, silicone and they can be electrical, manual or pulsatile.

9. MAGGOT THERAPHY

a. Definition: It involves the use of sterile maggots of Lucilia (Phaenicia) Sericata in case of chronic wounds for bio-debridement purposes.

Fundamental Principles:

Within the scope of Maggot Therapy; *Lucilia seritica* fly, which is the required material for the practice, shall be reproduced continuously according to the following standards:

1. Within the scope of Maggot Therapy; a "climate chamber" of 12 square meters should be set up to provide conditions under which the adult colonies of Lucilia seritica fly will be continuously reproduced in fly cages at the laboratory. To that end, a temperature of 24-27°C and a humidity of 40-60% should be maintained, and a specific lighting system should be set up in the Climate Chamber.

2. Fly colonies and egg, larvae, pupa and adult of Lucilia seritica fly, which are suitable for the lifecycle of Lucilia seritica fly, should be reproduced in the climate chamber.

3. There should also be a functional laboratory of about 20 square meters which contains incubator, sterilizer, laminar workbench and light microscope devices required for larvae reproduction, sterilization and independent microbiological analysis (if to be performed) to develop sterile packages.

b. Personnel Authorised to Practice: Certified Physician

c. Practicable for: Maggot therapy is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Diabetic foot ulcer
- Venous stasis ulcers

In Practice Centres:

- Neuropathic foot ulcers which are not induced by diabetes
- Decubitus ulcer
- Traumatic non-healing wounds
- Arterial/ischemic ulcer
- Postoperative wounds
- Osteomyelitis
- Necrotizing fasciitis

d. Impracticable for: It cannot be applied on the head region, respiratory system and internal organs, endocrine glands, fistulas linked to the vital organs and haemorrhagic abscesses, and in cases of allergy against insects and a significant

level of coagulopathy. The Ministry can impose additional prohibitions after consulting the Science Commission in case of unforeseen conditions arising out of practices and research.

e. **Compulsory Equipment:** Sterilized maggots

10. MESOTHERAPY

a. **Definition:** It refers to the intradermal injection of pharmacological or herbal medicines topically and in small doses using special needles and special techniques so as to heal the organ pathologies induced by mesoderm. No-needle mesotherapy is the intradermal administration of the product through the electroporation method without using needle.

b. **Personnel Authorized to Practice:** Certified physician and dentist

c. **Practicable for:** Mesotherapy is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Trigeminal neuralgia, cervicobrachial neuralgias
- Pain, stiffness, swelling and limitation of movement after joint degeneration
- Pain, erythema and limitation of movement induced by connective tissue pathology, hydro-lipodystrophy (non-inflammatory cellulite)
- Pain, erythema and limitation of movement in acute and chronic soft tissue injuries
- Myofascial pain syndrome
- Migraine headache
- Supporting oedema induced by microcirculatory disorders
- Supporting the treatment of skin pathologies such as keloid, alopecia, acne etc.
- Pains induced by spasmodic pathologies
- Strengthening the immune system
- Soft-tissue sports injuries.

In Practice Centres:

- Joint pathologies such as arthritis, rheumatoid polyarthritis, acute rheumatism etc.
- Arthritis, microcirculatory problems, gynaecology and birth-related vascular pathologies
- Supporting general rehabilitation practices for diseases such as hypertension, hemiplegia, cerebral palsy etc.

d. **Impracticable for:** It cannot be applied on patients under anticoagulant treatment, drug-sensitive patients and pregnant women, and in cases of acute infections, deep vein thrombosis, unstable blood pressure, heart attack, episode after syncope, open wounds, end stage heart failure, diabetes mellitus and renal failure. The Ministry can impose additional prohibitions after consulting the Science Commission in case of unforeseen conditions arising out of practices and research.

e. **Compulsory Equipment:** Sterile disposable mesotherapy needles, injectors and gloves.

f. **Elective Equipment:** Mesotherapy guns, transdermal administration

(no-needle mesotherapy) device, treatment couch.

11. PROLOTHERAPY

a. **Definition:** It refers to the injection of proliferative and irritant solutions into joint-connective tissue. Injections are generally administered into impaired, worn and weakened tendons, ligaments and joints. Specific drug mixes are topically administered with special injectors and techniques.

b. **Personnel Authorized to Practice:** Certified physician and dentist.

c. **Practicable for:** Prolotherapy is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Pain and swelling associated with sutural ligament laxity
- Partial tendon injuries and overuse syndrome
- Recurrent headache, backache, neck pain and lumber pain
- Muscle and ligament-induced chronic pains in spine, rib cage and ribs
- Migraine pains and myofascial pains
- Heel spur, plantar fasciitis pain, swelling and functional disorders,
- Soft tissue sports injuries
- Partial tears associated with muscle and ligament injuries

In Practice Centres:

- Inflammatory joint disorders, arteritis, microcirculation problems.

d. **Impracticable for:** It cannot be applied on patients with haemophilia, mental retardation, haemorrhagic disorder, deep vein thrombosis, unstable blood pressure, heart attack, epilepsy, open wounds, end stage heart failure, diabetes mellitus, anticoagulant treatment, renal failure, and excessive drug sensitivity. The Ministry can impose additional prohibitions after consulting the Science Commission in the case of unforeseen conditions arising out of practices and research.

e. **Compulsory Equipment:** Sterile disposable syringes, injector, gloves, proliferative solutions, local anaesthesia and examination couch.

12. OSTEOPATHY

a. **Definition:** It is a non-invasive complementary medicine practice on the efficiency of the musculoskeletal system in diseases, which focuses on total body health and helps strengthen the musculoskeletal system composed of joints, muscles, connective tissues and the spine.

b. **Personnel Authorized to Practice:** Certified physician, dentist and certified health professional under physician supervision.

c. **Practicable for:** Osteopathy is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Movement and functional disorders of spine and musculoskeletal system

- Acute and chronic pain syndromes of spine and bone-joint system
- Spinal slipped disc
- Ischialgia, brachial neuralgia, sciatica, discopathic pains.
- Joint stiffness and degeneration
- Migraine, stress-related headaches
- Postural defects
- Post-operative outpatient rehabilitation
- Post-accident pain syndromes
- Neuromuscular problems such as spasticity, cerebral palsy
- Coordination and psychomotor functional disorders in children
- Psychosomatic syndromes, anxiety, depression
- Supporting chronic neurologic diseases (Alzheimer's disease and Multiple Sclerosis)
- Sleep disorders
- Functional disorders of the digestive system, urinary system, urogenital, respiratory and circulatory systems

In Practice centres:

- Ailments associated with viscero-somatic functional disorders
- Pain syndromes in pregnant women
- Supporting hormonal balance disorders

d. Impracticable for: Rejection of the practice due to pain, haemorrhage, prolonged haemorrhage, anticoagulant intake, acute haemorrhage/ coagulopathy, haemophilia, internal fixation, presence of a total joint prosthesis; and tumour, metastatic disease, suppurative arthritis, osteomyelitis, septic arthritis, bone tuberculosis, early period in fractures, acute hematoma, Down syndrome and acute psychosis all of which can cause bone joint instability. The Ministry can impose additional prohibitions after consulting the Science Commission in the case of unforeseen conditions arising out of practices and research.

e. Compulsory Equipment: A proper treatment couch for osteopathy practice.

13. OZONE THERAPY

a. Definition: It is a practice which uses ozone-oxygen mixture topically or systemically.

Practice Methods:

- **Major Autohemotherapy:** The blood of the patient with an amount between 50 and 100 cc is mixed with medical ozone proportionally under normobaric conditions in a sterile environment out of the body and transfused into the patient.
- **Minor Autohemotherapy:** The blood of the patient with an amount between 2 and 10 cc is mixed with medical ozone in sterile conditions out of the body and injected into patient intramuscularly.
- **Rectal or vaginal insufflation:** The practice of giving the patient medical ozone rectally or vaginally.
- **Bagging method:** The procedure of applying medical ozone to extremities such as arm and leg by delivering it exteriorly in a special bag.
- **Intradiscal practice:** The practice of applying ozone directly into intervertebral discs by specialist doctors in company with visualization techniques in sterile conditions (C-arm scopy, fluoroscopy)

- Musculoskeletal system practices: It includes the intradermal, intramuscular, subcutaneous and intra-articular applications of medical ozone with the injection method in cases of muscle, tendon, tendon sheath, ligament, spinal, intra-articular and peri-articular problems.

b. Personnel Authorized to Practice: Certified physician and dentist

c. Practicable for: Ozone therapy is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Joint, tendon and ligament injuries
- Referred pain associated with vertebrae and disc pathologies (paravertebral injection)
- Myofascial pain, fibromyalgia
- Diabetic wounds (upon the referral of a relevant specialist)
- Gingivitis, periodontitis

In Practice Centres:

- Neuropathic pain
- Vertebral disc pathologies (intradiscal injection under scopy)
- Infected diabetic wounds
- Extremity wounds with critical ischemia for which revascularization is not practicable

Minor autohemotherapy, major autohemotherapy, rectal applications, intra-articular injections and trigger point tendon sheath injections can also be performed in unit conditions. Medical ozone applications can be performed either single-handedly or as an additional method for standard treatments.

d. Impracticable for: Intravascular injection of ozone in gas form is not performed as it may cause death as a result of air embolism. Ozone therapy cannot be performed in cases of Glucose-6-phosphate dehydrogenase deficiency, Basedow Graves-type uncontrolled hyperthyroidism, massive bleeding, malignant hypertension and serious thrombocytopenia (<50000/mm3). The Ministry can impose additional prohibitions after consulting the Science Commission in the case of unforeseen conditions arising out of practices and research.

e. Compulsory Equipment: Ozone generator, Ozone sensor.

14. REFLEXOLOGY

a. Definition: It is based on the principle of the presence of directive reflex areas of all parts, organs and glands of the body in hands, feet soles and ears. Only pressure is applied to those reflex areas without using any device, material, cream and lotion. Reflexology does not cover diagnosis, treatment, or joint mobilization and manipulation of specific diseases.

b. Personnel Authorized to Practice: Certified physician and certified health professional under physician supervision.

c. Practicable for: Reflexology is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Stress, anxiety
- Irritable Bowel Syndrome
- Strengthening the immune system in people with no identified organic disorder
- Nausea, vomiting and constipation associated with digestive system diseases
- Mechanic musculoskeletal system pains
- Non-organic headaches such as migraine and tension-type
- Supporting asthma treatment by relieving anxiety
- Extrinsic sleep disorders
- Supporting urinary incontinence induced by hyperactive detrusor muscle

In Practice Centres:

- Supporting the treatments of anxiety disorders and panic attack
- Supporting general rehabilitation practices in neurological diseases such as hemiplegia, cerebral palsy and multiple sclerosis
- Supporting to mitigate adverse effects such as pain, nausea and vomiting associated with cancer and chemotherapy
- Relieving labour pains

d. Impracticable for: Reflexology cannot be practiced in cases of the history of acute infections, inflammatory diseases, active gout arthritis of the foot, deep vein thrombosis, uncontrollable blood pressure, heart attack, cardiac pacemaker, post-syncope episode, acute surgical conditions, gallbladder and kidney stone, open and closed wounds on the application area, and the first trimester of pregnancy. The Ministry can impose additional prohibitions after consulting the Science Commission in the case of unforeseen conditions arising out of practices and research.

15. MUSIC THERAPY

a. Definition: The practice in which music and musical practices are used by a licensed professional in music therapy in a clinical and evidence-based manner to meet the physical, psychological, social, and mental needs of individuals.

b. Personnel Authorized to Practice: Certified physician, certified health professional under physician supervision and assisting persons who have completed a certification programme in music therapy after receiving at least a bachelor degree in musical education.

c. Practicable for: Music therapy is used as a supportive therapeutic method in case of the following phenomena and other potentially related fields. It cannot be asserted that it will clear up or treat the disease single-handedly.

In Units:

- Anxiety disorder and stress disorders
- Social phobias
- Personality disorders
- Increasing the attention levels, facilitating the learning process and raising the awareness of their surroundings in autistic patients
- Facilitating the learning process and improving the communication with their surroundings in patients with mental retardation

- Anxiolytic practices and enhancing the compliance to treatment
- Acute and chronic pain
- Supporting rehabilitation practices in chronic organic diseases such as Multiple Sclerosis and Parkinson's
- Supporting the rehabilitation of paralytic patients

In Practice Centres:

- Reducing pain and anxiety in burn treatments.
- Reducing pain and anxiety in Intensive Care Units.
- Reducing pain and anxiety during the labour.
- Reducing preoperative anxiety and postoperative pain.
- Coping with pain, vomiting, anxiety, and the side effects of drugs in cancer patients.

d. Elective Equipment: Musical and rhythmic instruments

APPENDIX-4

SANCTION FORM

Item No.	Subject	Sanctions		
		1st Finding	2nd Finding	3rd Finding
1	In compliance with this Regulation, the operation of the relevant entity shall be suspended by the Governorate and a criminal complaint shall be filed in the Public Prosecution Office against persons in the case that services are provided without being granted a licence and a certificate of operation or a certificate of conformity.			
2	In case of determining that medical operations regarded as crime by the laws of the Republic of Turkey are being performed,	The operation of the unit or the centre shall be suspended for three months.	The license of the unit or the centre shall be cancelled.	
3	In case of violating the third paragraph of Article 8,	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The unit or the centre shall be warned.	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The operation of the unit or the practice centre shall be suspended for three days.	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The operation of the unit or the practice centre shall be suspended for ten days.

4	In case of violating the second paragraph of Article 9, the fourth paragraph of Article 8,	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The unit or the centre shall be warned.	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The operation of the unit or the practice centre shall be suspended for three days.	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The operation of the unit or the practice centre shall be suspended for ten days.
5	In case of violating the third, fourth, and fifth paragraphs of Article 10,	The unit or the centre shall be warned.	The unit or the centre shall be warned.	An administrative fine at the rate of one percent of the gross service revenue of the previous month shall be imposed. The fine shall be doubled upon the fourth finding. Upon the fifth finding, the operation of the unit or the practice centre shall be suspended for one day.
6	In case of violating the provisions of Article 15,	An administrative fine at the rate of one per thousand of the gross service revenue of the previous month shall be imposed. In addition, 15 days shall be granted in order to remedy the deficiency.	An administrative fine at the rate of two per thousand of the gross service revenue of the previous month shall be imposed. In addition, 15 days shall be granted in order to remedy the deficiency.	The operation of the unit or the practice centre shall be suspended for one day.

7	In case of violating the subparagraph (b) of the first paragraph of Article 17,	An administrative fine at the rate of one per thousand of the gross service revenue of the previous month shall be imposed. In addition, fifteen days shall be granted in order to make necessary arrangements.	An administrative fine at the rate of two per thousand of the gross service revenue of the previous month shall be imposed. In addition, 15 days shall be granted in order to make necessary arrangements.	The operation of the unit or the practice centre shall be suspended for seven days.
8	In case of violating the subparagraph (c) of the first paragraph of Article 17,	An administrative fine at the rate of three per thousand of the gross service revenue of the previous month shall be imposed. In addition, fifteen days shall be granted in order to make necessary arrangements.	An administrative fine at the rate of six per thousand of the gross service revenue of the previous month shall be imposed. In addition, fifteen days shall be granted in order to make necessary arrangements.	The operation of the unit or the practice centre shall be suspended for five days. In addition, fifteen days shall be granted to in order to make necessary arrangements.
9	In case of violating the subparagraph (ç) of the first paragraph of Article 17,	An administrative fine at the rate of three per thousand of the gross service revenue of the previous month of the unit or the centre shall be imposed. Within this scope, in case	An administrative fine at the rate of six per thousand of the gross service revenue of the previous month of the unit or the centre shall be imposed. Within this scope, in case of determining that unauthorized healthcare service is provided,	The operation of the unit or the centre shall be suspended for five days. Within this scope, in case of determining that unauthorized healthcare service is provided, its operation shall be suspended for one month. In addition,

		of determining that unauthorized health-care service is provided, its operation shall be suspended for one month. In addition, a criminal complaint shall be filed in the Public Prosecution Office.	its operation shall be suspended for one month. In addition, a criminal complaint shall be filed in the Public Prosecution Office.	a criminal complaint shall be filed in the Public Prosecution Office.
10	In case of violating the subparagraph (d) of the first paragraph of Article 17,	The operation of the centre shall be suspended for ten days by the Governorate with the approval of the Ministry and a criminal complaint shall be filed in the Public Prosecution Office against persons.	The operation of the centre shall be suspended for three months.	The certificate of operation of the centre shall be revoked.
11	In case of violating the subparagraph (e) of the first paragraph of Article 17,	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The unit or the centre shall be warned.	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The operation of the unit or the practice centre shall be suspended for three days.	A criminal complaint shall be filed in the Public Prosecution Office against those concerned. The operation of the unit or the practice centre shall be suspended for ten days.

Remarks:

(1) In this regulation, among the sanctions suggested for each article, administrative fines shall be applied separately and the sanction of activity suspension shall be applied for the longest period of time, in case of more than one conflicting article at the same date.

(2) The sanction of activity suspension shall take effect as of only working days (weekends and official holidays excluded). The written statement disclosing the grounds for suspending the activities of the unit or practice centre shall be hanged on the entrance of the health institution and be maintained there until the termination date of the penalty.

(3) The administrative sanctions specified in the second and third finding columns of the sanction form shall be imposed upon the second or third recurrence of the actions that require such sanctions within one year. The calculation of the one-year period is based on the calendar year.

(4) For the calculation of administrative fines, the monthly gross service revenue of the unit and practice centre shall be taken as basis for the units and practice centres established within a university's practice research centre and a training &research hospital while the monthly gross service revenue of the health institution shall be taken as basis for other units which are located within that health institution; the monthly gross service revenue taken into consideration in both cases is the one earned in the month before the action which constituted the basis for such an administrative fine was committed.

(5) In case that the health institution is not active for the previous month, which is taken as basis for the calculation of administrative fines, or for a longer period of time, the gross service revenue of the health institution in the last operating month before its activities were suspended shall be taken as basis.

(6) An approved statement of income shall be requested by the Directorate from the relevant institution for determining the monthly gross service revenues.

(7) In case that some circumstances emerge which are thought to adversely affect the health of the community or those who receive health services, the activities of the units and practice centre shall provisionally be suspended by the Governorship until such circumstances are removed, and the Ministry shall be notified in respect thereof.

(8) With regard to the actions in this article that require administrative fines, Governors are entitled to impose administrative fines, and the Ministry of Health is entitled to inflict the penalty of suspension of activities arising out of repetition due to the regulations on administrative fines.

APPENDIX-5

TRADITIONAL AND COMPELEMENTARY MEDICINE PRACTICES AUDIT FORM				
Audited Institution / Organization's Name:				
Address:				
Telephone:				
Date of Audit:				
Starting and Ending Time of Audit:				
Item No.	**Audit Questions**	**Appro-priate**	**Inappro-priate**	**Remarks**
Administrative Affairs				
S1	Is a suitable environment provided for the audit by the Responsible Manager / Physician? Are the necessary information and documentation provided?			
S2	Do the notified members of staff perform the duties of a Responsible Manager / Physician?			
S3	Do the Responsible Managers / Physicians perform their duties?			
Personnel Affairs of the Unit / Practice Centre				
S4	Does the clothing style of the whole staff conform to the service requirements?			
S5	Do all the members of staff carry their IDs with them?			
S6	Do unauthorized persons perform medical practices that the physicians must do?			
S7	Do persons other than healthcare professionals provide healthcare?			
S8	Does the personnel employed by the private health institution or the unit / practice centre within the private health institution have insurance premium payroll / support premium payroll? Has any application been made on behalf of the members of staff who do not have those payrolls?			

S9	Have necessary precautions been taken with reference to the Employee Health and Safety?
S10	At the unit / practice centre within the private health institution, are physicians or non-physician persons employed who do not have the right to work freelance as per the relevant legislation?
S11	Does the staff that carries out traditional and complementary medicine practices in the unit / practice centre have certificate?
Emergency Services	
S12	Do the drugs and equipment required for the emergency cases meet the minimum requirements?
Archive / Medical Records	
S13	Does the medical record and archive system conform to the legislation which the unit / practice centre is subject to?
S14	If the records are kept in electronic form, do they conform to the legislation which the unit / practice centre is subject to?
S15	Are consent forms filled for each patient for traditional and complementary medicine practices in the unit / practice centre?
S16	Are data that has to be notified sent within the required period of time?
Control of Medical Wastes	
S17	Are medical wastes collected separately as hazardous and domestic wastes?
S18	In collecting wastes, are the bags specified by the relevant Regulation used?
S19	Are boxes and containers specified by the relevant Regulation on their technical specifications used to keep waste that may be cutting or piercing separately from other medical wastes?

S20	Are expired and spoilt drugs and consumables disposed in accordance with the provisions of the relevant Regulation?
Patient Rights	
S21	Is a statement of patient rights and responsibilities hung where people can see it?
S22	Are there any contradictions to the Regulation on Patient Rights?
S23	Are there any practices to inform about potential risks and complications that may be encountered while treating patients?
Other / General	
S24	Do the service departments and places of the unit / practice centre conform to the provisions of the relevant legislation?
S25	Are other traditional and complementary medicine practices than the practices permitted by the Regulation carried out in the unit / practice centre?
S26	Is there other equipment than the notified equipment kept available in the unit / practice centre?
S27	Are the devices, if any, maintained, controlled, and calibrated regularly?
S28	Are the drugs kept under appropriate conditions of temperature and light? Is the temperature of the refrigerator monitored and measured daily with a thermometer and recorded?
S29	Are the drugs, if any, subject to the green or red prescription kept in a locked place?
S30	Do the cleaning and maintenance done in the unit / practice centre conform to the hygienic measures?
S31	Are necessary direction and warning signs located suitably in the unit / practice centre?

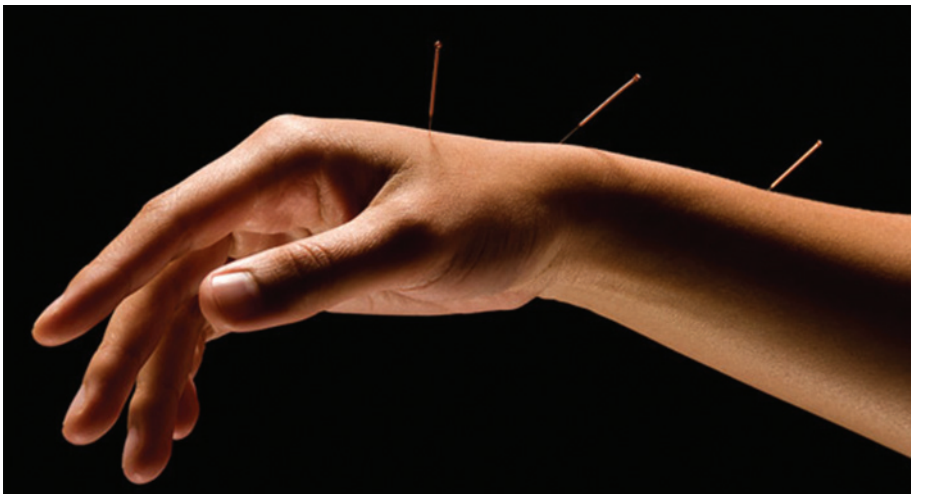
S32	Do the logos on printed documents, direction signs and promotional activities used for the unit / practice centre conform to the provisions of the relevant legislation?	
S33	Are such products as drugs and cosmetics used for traditional and complementary medicine practices sold at the unit / practice centre?	
S34	Are the conditions of heating, lighting, and ventilation in the unit / practice centre appropriate?	
S35	Are sterilization requirements met?	
Other Findings (*)		
S36		
S37		
S38		
Remarks		

(*) Other points not present on the audit form but found during the audit. [Additional Items (S. No.) can be added as needed.]

Nonconformities found during the audit shall be assessed following the audit at the Provincial Directorate of Health, and the responsible manager shall be notified of the nonconformities and be expected to submit a statement of defence in that regard. With reference to the nonconformities found during the audit, the sanctions corresponding to the relevant article and suggested in this regulation shall be imposed. If there is not any sanction suggested in this regulation, then the sanctions in the legislation applied to the relevant health institution to which the unit / practice centre is affiliated or in the other relevant legislation are imposed.

This form can be filled manually as well as in electronic form during audits. If the form is filled in electronic form, then a printout of the form shall be taken, and a signed copy shall be submitted to the relevant centre.

Auditor	**Auditor**	**Auditor**	**Responsible Manager / Physician**



ACUPUNCTURE CERTIFICATION TRAINING PROGRAM

STANDARDS FOR ACUPUNCTURE CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Acupuncture Certification Training Program

2. AIM OF TRAINING

The acupuncture certification training program aims at training and authorizing physicians and dentists who will practice acupuncture for human health in the health system when necessary.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. "Regulation on Certification Training of the Ministry of Health" published in the Official Gazette dated February 4, 2014 and numbered 28903.
2. "Regulation on Private Health Institutions Practicing Acupuncture Treatment and Practice of This Treatment"
3. "Regulation on Traditional and Complementary Medicine Practices" published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Acupuncture: It is a practice performed by stimulating specific points on the body using stimulation methods such as needles, laser light, electrical stimulation (electroacupuncture), cups, ear seeds, needles or magnetic pellets, thermal stimulation (moxa etc.), frequency, and acupressure.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

Technical Staff: She/he performs technical and administrative works during the planning and implementation of distance learning program.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of dentistry or the faculties of medicine and training and research hospitals to perform the practices specified in the relevant Regulation under the responsibility of a physician and/or a dentist who holds a certificate on the relevant field and which can provide training if authorized by the Ministry.

Unit: It is a unit which is established within the body of health institutions owned by public and private law legal and natural persons to perform the practices specified in the relevant Regulation under the responsibility of a physician and/or a dentist who holds a certificate on the relevant field.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below.

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be taught as formal or non-formal distance learning courses.
2. A maximum of 80% of the theoretical training can be provided in distance learning courses by the training centers which have adequate technical infrastructure.
3. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server and that interactive live courses are taught at certain hours in a certain place/hall within the bounds of live curriculum.
4. The participants need to undertake and follow up the treatment of at least 7 (seven) cases during the training.
5. The participants shall complete their practical training by performing bed-side practices individually or in small groups in acupuncture outpatient clinics/centers following "**observing**", "**doing under supervision**" and "**doing independently**" stages respectively.
6. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
7. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 40 (forty) minutes.
8. A maximum of 30 (thirty) participants can be accepted for the training in one training period/term except for 1 (one) participant who will be assigned by the Ministry.
9. The participant to be assigned by the Ministry will be a Physician or a Dentist who does not have any Public Service Liability and whose training in this program is of importance for his/her services in the institution she/he works. This participant will not pay any training fee.
10. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
11. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% absence due to a legal excuse is acceptable for the theoretical training.
12. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture method
    - Video-based teaching method
    - Small group discussion
    - Demonstrative teaching
    - Question & answer method
    - Simulation method
    - Clinical practice

6. PARTICIPANTS AND THEIR QUALIFICATIONS

A Physician or A Dentist to practice in his/her own field.

7. TRAINING CURRICULUM

7.1. Learning Objectives

The participants who successfully complete this training will;

1. Explain basic Traditional Chinese Medicine theory such as Yin and Yang, Qi, Blood, Five Element Theory, Zang-Fu Organs.
2. Find and explain the channels followed by the meridians and collaterals and the points on them.
3. Locate primary and extraordinary acupuncture points.
4. Explain the methods for locating acupuncture points.
5. Explain the characteristics of acupuncture points.
6. Explain different acupuncture techniques.
7. Apply different acupuncture techniques in a correct manner.
8. Know and apply diagnostic methods and etiological factors regarding acupuncture treatment.
9. Differentiate syndromes based on different approaches.
10. Select points and apply acupuncture treatment.
11. acupuncture treatment indications, contraindications and complications.
12. Explain what the acupuncture effect mechanisms are, based on Western medicine approach.
13. Explain the acupuncture practices in frequent diseases.
14. Perform acupuncture practices in frequent diseases on patients.
15. Explain the theory of auricular acupuncture.
16. Explain ear anatomy, auricular zones and somatotopic points.
17. Locate functional acupuncture points according to different ecoles.
18. Explain Nogier's phases.
19. Explain the methods for locating auricular acupuncture points.
20. Explain the treatment techniques for auriculotherapy.
21. Apply auricular acupuncture to treat diseases.

Table 1: Content of Acupuncture Certification Training Program for Physicians and Time Allocated for this Content	
SUBJECTS	**TIME/ HOURS**
MODULE 1	50
General Approach to Acupuncture	30
Anatomy (Topographic)	
History of Acupuncture	
Yin and Yang	
Five Element Theory	
Concept of Qi	
Concept of Meridian	
Zang-Fu Physiology (functions of organs and relationship between these organs according to acupuncture philosophy)	
Qi, Blood and Body Fluids, Meridians	**20**
Relationship between Blood, Body Fluids and Qi	
Relationship between Zang-Fu Organs and Qi	
Acupuncture Techniques (methods to stimulate acupuncture points such as moxibustion, cupping, electro-stimulation, and using some other tools, laser and massage)	
Acupuncture Point Needling and Manual Manipulation Methods (Acupressure Procedure)	
MODULE 2	**58**
Meridians and Collaterals	**50**
12 Primary Meridians and 2 Extraordinary Meridians	
Start-End points of and channels followed by meridians and collaterals	
Location of primary and extraordinary acupuncture points	
Methods for locating acupuncture points	
Indicating characteristics (if available) of a point and symptoms it is most efficient with when indicating each point	
Description of specific points and their characteristics	
Diagnostic Methods	**8**
Medical History-Taking	
Inspection (tongue examination)	
Auscultation and Olfaction	
Palpation (pulse examination)	
Etiology	
6 Exogenous Factors	
7 Emotional Factors	
Nutritional inspection, stress inspection and physical activity	

Table 1: Content of Acupuncture Certification Training Program for Physicians and Time Allocated for this Content (continued)	
SUBJECTS	**TIME/ HOURS**
MODULE 3	**70**
Syndromes	**50**
Syndrome Differentiation Based on Eight Principles	
Syndrome Differentiation Based on Qi and Blood	
Syndrome Differentiation Based on Zang-Fu Organs	
Syndrome Differentiation Based on Meridians and Collaterals	
Acupuncture Treatment Methods, Point Selection	**10**
Basic Principles of Point Selection	
Point Combination Methods	
Selection and Application of Specific Acupuncture Points	
Acupuncture Treatment Contraindications, Indications and Complications	**5**
Western-Medicine Approach to Acupuncture	
Effect Mechanisms and Scientific Foundation of Acupuncture	
Neurophysiological Approach to Acupuncture	
MODULE 4	**40**
Acupuncture Treatment in Some Frequent Diseases	**40**
Diseases with Pain Syndrome, Myalgia	
Locomotor System Diseases	
Treatment in Oncologic Patients	
Myofascial Diseases	
Temporomandibular Joint and Masticatory Muscles, Trigeminal Neuralgia	
Gynaecological Diseases	
Anaesthesia and Acupuncture Practices	
Functional Digestive System Diseases	
Cardiovascular System Diseases	
Nervous System Diseases	
Hormonal Disorders	
Urogenital Diseases	
Psychosomatic Disorders	

Table 1: Content of Acupuncture Certification Training Program for Physicians and Time Allocated for this Content (continued)	
SUBJECTS	**TIME/ HOURS**
Dermatologic Disorders	
Allergic Diseases	
Pediatric Diseases and Acupressure Application	
Immune System Disorders	
Headaches	
Cosmetic Acupuncture	
MODULE 5	**180**
Practical Application	**180**
It includes practical applications on patients; it is required for each trainee to follow up at least 10 cases and keep their record.	
MODULE 6	**80**
Auricular Acupuncture	**80**
History and Overview of Auricular Acupuncture	
Theoretical Foundation of Auricular Acupuncture	
Ear Anatomy	
Auricular Zones	
Mapping of Auricular Somatotopic Points	
Reflection of Musculoskeletal System in Ear	
Reflection of Internal Organs in Ear	
Reflection of Endocrine Hormone in Ear	
Reflection of Nervous System in Ear	
Reflection of Chinese-German-French Functional Points in Ear	
Nogier's Phases in Auricular Acupuncture Treatment	
Guidelines on Diagnosis-in-Ear Procedure, Ear Detection	
Auriculotherapy Techniques	
MODULE 7	**20**
Practical Application of Auricular Acupuncture	**20**
MODULE 8	**2**
Basic and Advanced Life Support Training	**2**
TOTAL	**500**

7.2. Subjects in Training Courses

The subjects to be included in the training courses are stated below as theoretical and practical training:

7.3. Training Materials and Their Features

Materials to be used in the training are as follows:

Table 2: Content of Acupuncture Certification Training Program for Dentists and Time Allocated for this Content

SUBJECTS	TIME/ HOURS
MODULE 1	**50**
General Approach to Acupuncture	**30**
Anatomy (Topographic)	
History of Acupuncture	
Yin and Yang	
Five Element Theory	
Concept of Qi	
Concept of Meridian	
Zang-Fu Physiology (functions of organs and relationship between these organs according to acupuncture philosophy)	
Qi, Blood and Body Fluids, Meridians	**20**
Relationship between Blood, Body Fluids and Qi	
Relationship between Zang-Fu Organs and Qi	
Acupuncture Techniques (methods to stimulate acupuncture points such as moxibustion, cupping, electro-stimulation, and using some other tools, laser and massage)	
Acupuncture Point Needling and Manual Manipulation Methods (Acupressure Procedure)	
MODULE 2	**58**
Meridians and Collaterals	**50**
12 Primary Meridians and 2 Extraordinary Meridians	
Start-End points of and channels followed by meridians and collaterals	
Location of primary and extraordinary acupuncture points	
Methods for locating acupuncture points	
Indicating characteristics (if available) of a point and symptoms it is most efficient with when indicating each point	
Description of specific points and their characteristics	
Diagnostic Methods	**8**
Medical History-Taking	
Inspection (tongue examination)	
Auscultation and Olfaction	

Table 2: Content of Acupuncture Certification Training Program for Dentists and Time Allocated for this Content (continued)	
SUBJECTS	**TIME/ HOURS**
Auscultation and Olfaction	
Palpation (pulse examination)	
Etiology	
6 Exogenous Factors	
7 Emotional Factors	
Nutritional inspection, stress inspection and physical activity	
MODULE 3	**70**
Syndromes	**50**
Syndrome Differentiation Based on Eight Principles	
Syndrome Differentiation Based on Qi and Blood	
Syndrome Differentiation Based on Zang-Fu Organs	
Syndrome Differentiation Based on Meridians and Collaterals	
Acupuncture Treatment Methods, Point Selection	**10**
Basic Principles of Point Selection	
Point Combination Methods	
Selection and Application of Specific Acupuncture Points	
Acupuncture Treatment Contraindications, Indications and Complications	**5**
Western-Medicine Approach to Acupuncture	**5**
Effect Mechanisms and Scientific Foundation of Acupuncture	
Neurophysiological Approach to Acupuncture	
MODULE 4	**40**
Area-of-Use of Acupuncture Treatment in Dentistry	**40**
Temporomandibular Disorders (inflammatory and non-inflammatory diseases)	
Orofacial Pain (Trigeminal Neuralgia, Dental Pain)	
Surgical Practices in Dentistry (Postoperative Pain)	
Postoperative Wound Healing	
Dental Phobia	
Prevention of Nausea and Vomiting Reflex during Operation	
Periodontal Diseases (Gingivitis, Periodontitis)	

Table 2: Content of Acupuncture Certification Training Program for Dentists and Time Allocated for this Content (continued)	
SUBJECTS	**TIME/ HOURS**
MODULE 5	**80**
Practical Application	**80**
It includes practical applications on patients; it is required for each trainee to follow up at least 7 (seven) cases and keep their record.	
MODULE 6	**80**
Auricular Acupuncture	**80**
History and Overview of Auricular Acupuncture	
Theoretical Foundation of Auricular Acupuncture	
Ear Anatomy	
Auricular Zones	
Mapping of Auricular Somatotopic Points	
Reflection of Musculoskeletal System in Ear	
Reflection of Internal Organs in Ear	
Reflection of Endocrine Hormone in Ear	
Reflection of Nervous System in Ear	
Reflection of Chinese-German-French Functional Points in Ear	
Nogier's Phases in Auricular Acupuncture Treatment	
Guidelines on Diagnosis-in-Ear Procedure, Ear Detection	
Auriculotherapy Techniques	
MODULE 7	**20**
Practical Application of Auricular Acupuncture	**20**
MODULE 8	**2**
Basic and Advanced Life Support Training	**2**
TOTAL	**400**

Table 3: Training Duration for Acupuncture Certification Training Program

	Physician			Dentist		
	Theory	**Practice**	**Total**	**Theory**	**Practice**	**Total**
Body Acupuncture	220	180	400	220	80	300
Auricular Acupuncture	80	20	100	80	20	100
Total	**300**	**200**	**500**	**300**	**100**	**400**

1. Written training materials covering the subjects in the training content (Books, slides, training guidelines, scientific journals, etc.).
2. Audiovisual training materials (compact discs, video films, pictures, etc.).
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for distance learning and transferred into digital environment.
4. Models and relevant materials for applied courses.
5. Sterile and disposable steel needle to be used in practices (It is obligatory to have these needles during practice.).
6. Electroacupuncture device, chip providing electrostimulation, ear and body point detector, laser acupuncture device, silver and gold needle.
7. Other devices that are used for acupuncture treatment in the light of developing technology and that are approved by the Ministry of Health.
8. All tools and equipment that are supposed to be in a practice center as per the relevant legislation.
9. All kinds of devices and materials related to the acupuncture training at the place where the training will take place will be considered as training material.

7.4. Duration of Training

1. Total duration of Acupuncture Certification Training Program is 500 (five hundred) hours for Physicians and 400 (four hundred) hours for Dentists.
2. Time distribution is illustrated in Table-3: 400 (four hundred) hours of body acupuncture (220 hours for theory and 180 hours for practice) and 100 (one hundred) hours of auricular acupuncture (80 hours for theory and 20 hours for practice) for Physicians; 300 (three hundred) hours of body acupuncture (220 hours for theory and 80 hours for practice) and 100 (one hundred) hours of auricular acupuncture (80 hours for theory and 20 hours for practice) for Dentists.
3. The training program can be applied in working days without interruption in a way to complete 500 (five hundred) hours for Physicians and 400 (four hundred) hours for Dentists or it can be applied only in weekends in a longer period of

time. In centers having sufficient infrastructure, a maximum of 80% of the theoretical part will be taught as distance learning courses in weekdays or weekends.

7.5. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training shall be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams shall be conducted at the end of the training program.
3. The participants are supposed to succeed both in theoretical and practice exam separately.
4. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
5. Theoretical exam questions shall be prepared as multiple-choice questions.
6. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the acupuncture certification training program again.
7. Participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
8. The practice exam shall be conducted by practicing the acupuncture on a patient and/or on a model.
9. In the practice exam;
   - Treatment planning,
   - Localization of acupuncture point,
   - Eliciting “de qi” and manipulation method,
   - Justified selection of acupuncture point will be evaluated.
10. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the acupuncture certification training program again.
11. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the acupuncture certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
12. For certification, the success point of a participant shall be determined by averaging the points obtained in the theoretical and practice exams.
13. Participants who pass the theoretical and practice exams shall be awarded their certificates.
14. The certificate shall be registered by the Ministry of Health.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians are the program officers of the acupuncture certification training program.

9. TRAINERS AND THEIR QUALIFICATIONS

Physicians and Dentists having any one of the following qualifications shall be assigned as trainer:

1. Physicians and Dentists who hold Acupuncture Practice Certification and who have actively worked in the relevant practice field for minimum 3 (three) years,
2. Physicians and Dentists who hold Acupuncture Practice Certification and who have minimum two national/international scientific publications on acupuncture.

10. PROPERTIES OF THE TRAINING PLACE

Properties of the Equipment Required for Theoretical and Practical Training

The place where the training will be provided shall:

1. For distance learning;
    a. Have a Learning Management System (LMS) software compliant with the international learning content standards (Scorm, AICC, etc.),
    b. Have a Learning Management System (LMS) Management panel,
    c. Have a server and infrastructure architecture in parallel with the capacity of the trainees,
    d. Ensure that video conferencing software and infrastructures are integrated into the system so as to provide synchronous training,
2. Have a training hall which has sufficient equipment and where the participants can receive interactive training,
3. Have a training hall which is warm and bright enough as well as being spacious, where a modular system can be used, which has a capacity in the number of the participants to be trained, and which can be divided into two separate training halls when necessary,
4. Have adequate number of chairs and desks for participants,
5. Be a practice center which the Ministry allows to open,
6. Have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems to ensure that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/ training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

1. At the end of the validity period of the certificates, among the certificate-holders;
    a. Those who document that they attended national/international trainings or scientific meetings on acupuncture at least 4 (four) times within the validity period

of the certificate after receiving that certificate or those who published an article on acupuncture in 2 (two) national/international scientific journals or those who document that they worked actively on this field for 2 (two) years shall be awarded a certificate extension of 5 (five) years. The certificate-holders shall submit their documentation related to these criteria during the re-certification application to the certification training providers that awarded the certificate to them.

b. Those who do not fulfil any criteria in paragraph (a) need to apply to the relevant unit to take the renewal exam at least 3 (three) months before the expiration date of the certificate.

3. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the acupuncture certification training program by the implementers of acupuncture certification training program under the coordination of the relevant unit of the Ministry.

4. The participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.

5. The certificates of the certificate-holders shall be valid until the recertification exam process is completed.

6. The certificates of those who fail to attend the certification renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.

7. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the recertification exams shall be conducted by the relevant unit of the Ministry.

8. The objections of the certificate-holders, who fail in the certification renewal exam, to the renewal exam results shall be evaluated and concluded in maximum 5 (five) days by the certification renewal exam committee.

9. Since the certificates for practicing acupuncture which are received before these standards come into force are permanent, there will not be a recertification, but those which are not registered need to be registered within maximum 2 (two) years after the publication of the standards. The certificates which are not registered will be deemed invalid.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

Equivalence shall be requested by using the equivalence application form (Appendix-1) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the

Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

Documents to be attached to the Application Form

1. The original of the certificate.
2. The original and a copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. The original and a copy of postgraduate education certificate, if available.
4. Turkish Identification Card/Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (In Turkish and in the language of the training and the document).
6. Document proving that Physicians received at least 500 (five hundred) hours of theoretical and practical training, that Dentists received at least 400 (four hundred) hours of theoretical and practical training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training. This document will not be requested from university hospitals and official institutes.
8. The applicant will be requested to document that s/he resided for at least 3 (three) months in the county in which s/he received training with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Acupuncture Certification Training Standards by a committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practical exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Acupuncture Certification Training Program.
4. Participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.

5. The practice exam shall be conducted by practicing the acupuncture on a patient and/or on a model.
6. In the practice exam;
   a. Treatment planning,
   b. Localization of acupuncture point,
   c. Eliciting "de qi" and manipulation method,
   d. Justified selection of acupuncture point will be evaluated.
7. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Acupuncture Certification Training Program.
8. Certificate Equivalency Document shall be drawn up for applicants who pass the theoretical and practice exams.
9. Certificate Equivalency Document shall be registered by the Ministry of Health.

ANNEX-1

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)		
2. COUNTRY OF TRAINING		
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING		
4. TRAINING CURRICULUM		
5. VALIDITY PERIOD OF THE CERTIFICATE		
THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

PHYTOTHERAPY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR PHYTOTHERAPY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Phytotherapy Certification Training Program

2. AIM OF TRAINING

This certification training program aims at offering necessary competency for;

1. Physicians and
2. Dentists to practice in their own field

to practice phytotherapy in an effective and efficient manner.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663
2. "Regulation on Certification Training of the Ministry of Health" published in the Official Gazette dated February 4, 2014 and numbered 28903.
3. "Regulation on Traditional and Complementary Medicine Practices" published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Phytotherapy: It is a practice performed by using plants which are proved to be medically effective for protection against diseases and for supporting a particular treatment, parts of these plants which have effective ingredients and/or their natural products which are obtained through a certain process and pharmaceutical forms (tablets, capsules, tinctures, etc.) which are made of these products and standardized as well as herbal medicinal products.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of dentistry or the faculties of medicine under the responsibility of a physician, a dentist or a pharmacist who holds a certificate on the relevant field or faculty members who hold an academic title in the relevant field, and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below:

1. The training program shall be carried out theoretically as well as in laboratory and clinical practices. The theoretical part of the training may be face-to-face training and/or a maximum of 80% of the same theoretical part may be taught as distance learning courses.

2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server -on condition that at least 50% of the distance learning courses are synchronous- and that interactive live courses are taught at certain hours in a certain place/hall within the bounds of live curriculum.
3. The participants need to undertake and follow up the treatment and reporting of at least 10 (ten) cases during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance learning courses and a maximum of 28 (twenty eight) participants for face-to-face classes can be accepted in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a physician or a dentist who does not have any public service liability and whose training in this program is of importance for his/her services in the institution she/he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% (ten percent) of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% (ten percent) absence due to a legal excuse is acceptable for the theoretical training.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture
    - Small group discussion
    - Demonstrative teaching (laboratory practices)
    - Engaged scientific activities (excursion etc.)
    - Question & Answer
    - Simulation
    - Video-based teaching
    - Clinical practice (case studies)
10. The practical training includes bed-side phytotherapy practices performed individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently” stages respectively.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians and/or dentists to practice in their own field can participate in this certification training program.

7. CURRICULUM

7.1 Learning Objectives and Subjects in Training Courses

Tables 1 and 2 below show the learning objectives and subjects to be included in the training program as well as the duration of each subject.

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Module 1 Introduction to Phytotherapy					
Definition, history and development of phytotherapy	1. defines the phototherapy. 2. briefly explains the history and development process of phytotherapy.	2			2
The origin of herbal drugs: Ethnobotany	1. clarifies the term of ethnobotany. 2. explains how to record the ethnobotanic information.	2			2
Drug research and development phases	1. names the phases of drug development. 2. clarifies each phase.	1			1
Preclinical evaluation of herbal products	clarifies pharmacological studies required to be conducted on herbal products prior to clinical studies.	2			2
Clinical research design and process in herbal products	1. makes a research design for herbal products. 2. names the stages of clinical research process.	2			2
Herbal products and pharmacovigilance	explains the pharmacovigilance data (notifications such as adverse effects etc.) in herbal products.	2			2
Terms and definitions in phytotherapy	defines phyto-pharmacotherapy, herbal medicines, phytopharmaca, phytopharmaceutics, phytotherapeutics, medicinal plants, herbal drugs, traditional herbal medicinal products, herbal teas, etc. all of which are used in phytotherapy.	2			2
Phytotherapy in Turkey and in the world	comparatively explains the phytotherapy practices conducted in Turkey and in the world.	2			2

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject (continued)

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Scientific definition of plants	1. clarifies the primary principles for the identification of plants. 2. scientifically categorizes the plants. 3. defines the plants. 4. names the plants. 5. identifies the plants.	2	4		6
Excursion (Plant excursion)	identifies the medicinal plants, which s/he sees during her/his plant excursion, in their natural distribution and culture areas.		8		8
Significant medicinal plants	gives information on significant medicinal plants.	11			11
Plant culture and collection processes	1. identifies the plant whose culture is collected. 2. explains the collection processes of culture plant.	2			2
Morphologic characteristics of plants	1. names the primary morphologic characteristics of plants. 2. analyzes the morphologic characteristics of plants.	2	4		6
Anatomical characteristics of plants	1? names the primary anatomical characteristics of plants. 2. analyzes the anatomical characteristics of plants. 3. analyzes the anatomic structure of herbal drugs.	2	4		6
Phytogenetic active agent groups and their effects/effect mechanisms	names the phytogenetic primary (oses, amino acids, etc.) and secondary agents (according to the biosynthesis pathways; terpenes, phenolic compounds, etc.) and their effects/effect mechanisms.	6			6

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject (continued)

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Extraction methods	describes common extraction methods (SFE etc.).	2			2
Phytogenetic drug molecules	introduces the phytogenetic drug molecules in use.	4			4
Design and development of phytogenetic pharmaceutical products	describes the stages in design and development processes of phytogenetic pharmaceutical products.	4			4
Patient rights and ethics	describes the patient rights and ethical rules.	2			2
Regulation on Traditional and Complementary Medicine Practices	clarifies the rights and responsibilities laid on her/him under the primary regulation on relevant subject.	2			2
Standardization and quality control in herbal products	1. illuminates the significance of standardization in herbal products. 2. describes the quality control methods (usual identification reactions, chromatography techniques, etc.).	2			2
Visits to the producers of herbal products	1. names the herbal product formulation processes. 2. describes the production of herbal products. 3. explains the terms of GMP and GLP.		4		4
Toxic Plants	1. names the toxic and harmful plants. 2. names the basic characteristics of toxic and harmful plants.	2			2
Plant / Herbal drug - Drug / Medicinal product interactions	discusses herbal medicinal product / drug interactions.	4			4

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject (continued)

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Medicinal plant metabolites and herbal drug metabolism	1. names the medicinal plant metabolites. 2. describes the plant metabolites and herbal drug metabolism (ADME).	2			2
Registration of herbal products	1. summarizes the regulation on registration of herbal products. 2. describes the process of registering the herbal products in line with the regulation. 3. describes the phases that the herbal products have gone through in their approval process by the Ministry of Health.	4			4
Food supplements, functional foods, vitamins and minerals	1. describes food supplements, functional foods, vitamins and minerals. 2. distinguishes materials given from the food supplements, functional foods, vitamins and minerals.	4			4
Free radicals, herbal antioxidants	1. describes the effects of free radicals on body. 2. describes herbal antioxidants.	2			2
Nutraceuticals	1. describes the nutraceuticals. 2. names the nutraceuticals available in the market.	2			2
Primary principles of drug preparation	describes the processes followed in herbal drug preparation.	2			2
Medicinal teas and preparation techniques	1. describes the composition of medicinal teas. 2. prepares the medicinal teas properly.	2	6		8
Fixed oil plants	1. names the fixed oil plants. 2. describes the basic characteristics of fixed oil plants.	2			2

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject (continued)

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Volatile oil plants	1. names the volatile oil plants. 2. describes the basic characteristics of volatile oil plants.	2			2
Aromatherapy and its practice fields	1. defines the volatile oils. 2. names the characteristics of volatile oils. 3. describes the composition of volatile oils. 4. describes the effects of volatile oils. 5. describes the aromatherapy. 6. practices the aromatherapy.	2	4		6
Herbal preparations available in Turkish pharmacies.	names the herbal preparations available in Turkish pharmacies.	1			1
Herbal preparations available in European Union countries	names the herbal preparations available in European Union countries.	1			1
Misuse and abuse of medicinal plants	explains the misuse and abuse likelihood of medicinal plants.	1			1
Plants used in cosmetics	describes the plants used in cosmetics.	1			1
Medicinal plants in future	describes the potential position of medicinal plants in future.	1			1
Points to consider in rational phytotherapy	explains the points to consider in rational phytotherapy.	3			3
Module 1 In Total		100	34	-	134
Module 2 Phytotherapy practices based on the indications					
Phytotherapy in heart and circulation system diseases	1. names the phytotherapeutics used in heart and circulation system diseases. 2. discusses the evidence level of phytotherapeutics used in heart and circulation system diseases.				

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject (continued)

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Phytotherapy in respiratory diseases	1. names the phytotherapeutics used in respiratory diseases. 2. discusses the evidence level of phytotherapeutics used in respiratory diseases.	3			3
Phytotherapy in geriatrics	1. names the phytotherapeutics used in geriatrics. 2. discusses the evidence level of phytotherapeutics used in geriatrics.	2			2
Phytotherapy in pediatrics	discusses the evidence level of phytotherapeutics used in pediatrics.	3			3
Phytotherapy in gastroenterology	1. names the phytotherapeutics used in gastroenterology. 2. discusses the evidence level of phytotherapeutics used in gastroenterology.	7			7
Phytotherapy in gynecological diseases	1. names the phytotherapeutics used in gynecological diseases. 2. discusses the evidence level of phytotherapeutics used in gynecological diseases.	2			2
Phytotherapy in endocrinology and metabolic diseases	1. names the phytotherapeutics used in endocrinology and metabolic diseases. 2. discusses the evidence level of phytotherapeutics used in endocrinology and metabolic diseases.	2			2

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject (continued)

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Phytotherapy in dermatologic disorders	1. names the phytotherapeutics used in dermatologic disorders. 2. discusses the evidence level of phytotherapeutics used in dermatologic disorders.	5			5
Phyotherapy in urology	1. names the phytotherapeutics used in urology. 2. discusses the evidence level of phytotherapeutics used in urology.	2			2
Phytotherapy in oncology	1. names the phytotherapeutics used in oncology. 2. discusses the evidence level of phytotherapeutics used in oncology.	3			3
Phytotherapy in neurodegenerative diseases	1. names the phytotherapeutics used in neurodegenerative diseases. 2. discusses the evidence level of phytotherapeutics used in neurodegenerative diseases.	1			1
Phytotherapy in sports medicine	1. names the phytotherapeutics used in sports medicine. 2. discusses the evidence level of phytotherapeutics used in sports medicine.	2			2
Phytotherapy in rheumatismal diseases	1. names the phytotherapeutics used in rheumatismal diseases. 2. discusses the evidence level of phytotherapeutics used in rheumatismal diseases.	2			2

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject (continued)

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Phytotherapeutics with immunomodulator effect	1. names the phytotherapeutics with immunomodulator effect. 2. discusses the evidence level of phytotherapeutics with immunomodulator effect.	3			3
Phytotherapy in psychiatry	1. names the phytotherapeutics used in psychiatry. 2. discusses the evidence level of phytotherapeutics used in psychiatry.	2			2
Phytotherapy in eye diseases	1. names the phytotherapeutics used in eye diseases. 2. discusses the evidence level of phytotherapeutics used in eye diseases.	1			1
Phytotherapy in burns and mushroom poisoning	1. names the plants used in burns and mushroom poisoning. 2. explains how to use each plant in these cases.	3			3
Symptomatic treatment by phytotherapy	explains symptomatic treatments in phytotherapy.	1			1
Plants used in traditional folk medicine in Turkey	1. names the plants used in traditional folk medicine in Turkey. 2. names the effects of plants used in traditional folk medicine in Turkey. 3. identifies the indicated plants.	15	4		19

Table 1: Subjects to be Included in Training Program for Physicians, and Learning Objectives and Duration of Each Subject (continued)

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Module 2 In Total		**62**	**4**	**-**	**66**
Module 3 Clinical Practices					
Practices in Practice Centers or Units	1. Writes prescriptions containing phytotherapeutic drugs. 2. Realizes the practical application of patient treatment/ supportive treatment and follow-up. 3. Clarifies the interactions of medicinal plants, herbal drugs, phytonutrients, food supplements, drugs and traditional herbal medicinal products with each other.			80	80
Module 3 In Total		-	-	**80**	**80**
GRAND TOTAL		**162**	**38**	**80**	**280**

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
MODULE - 1 Introduction to Phytotherapy					
Definition, history and development of phytotherapy	1- defines the phytotherapy. 2- briefly clarifies the history and development process of phytotherapy.	2		2	

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
The origin of herbal drugs: Ethnobotany	1- clarifies the term of ethnobotany. 2- explains how to record the ethnobotanic information.	2			2
Drug research and development phases	1- describes the phases of drug development. 3- clarifies each phase.	1			1
Preclinical evaluation of herbal products	clarifies pharmacological studies to be conducted on herbal products prior to clinical studies.	2			2
Clinical research design and process in herbal products	1- makes a research design for herbal products. 2- describes the stages of clinical research process.	2			2
Herbal products and pharmacovigilance	explains the pharmacovigilance data (notifications such as adverse effects, etc.) in herbal products.	2			2
Terms and definitions in phytotherapy	defines the phyto-pharmacotherapy, herbal medicines, phytopharmaca, phytopharmaceutics, phytotherapeutics, medicinal plants, herbal drugs, traditional herbal medical products, herbal teas, etc.	2			2
Phytotherapy in Turkey and in the world	comparatively explains the phytotherapy practices conducted in Turkey and in the world.	2			2
Herbal sources and drugs, pharmacopeia and monographs used in phytotherapy.	1- identifies the primary reference materials, monographs (ESCOP, WHO, FFD Monographs, etc.) and pharmacopeia (European Pharmacopoeia, etc.) used in phytotherapy. 2- gives information about the herbal sources included in the contents of primary reference materials.	2			2

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Literature review techniques and statistics	explains the literature review on relevant subject and the evaluation of statistical data.	1			1
Herbal drugs and preparation standards in European Pharmacopoeia	introduces the herbal drugs and preparation standards in European Pharmacopoeia	2			2
Scientific definition of plants	1- clarifies the primary principles for the identification of plants. 2- scientifically categorizes the plants. 3- defines the plants. 4- names the plants. 5- identifies the plants.	2	4		6
Excursion (Plant excursion)	identifies the medicinal plants, which s/he sees during her/his plant excursion, in their natural distribution and culture areas.		8		8
Significant medicinal plants	gives information on significant medicinal plants.	12			12
Plant culture and collection processes	1- identifies the plant whose culture is collected. 2- explains the collection processes of culture plant.	2			2
Morphologic characteristics of plants	1- names the primary morphologic characteristics of plants. 2- analyzes the morphologic characteristics of plants.	2	4		6
Anatomical characteristics of plants	1- names the anatomical characteristics of plants. 2- analyzes the anatomical characteristics of plants. 3- analyzes the anatomic structure of herbal drugs.	2	4		6

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Phytogenetic active agent groups and their effects/ effect mechanisms	names the phytogenetic primary (oses, amino acids, etc.) and secondary agents (according to the biosynthesis pathways; terpenes, phenolic compounds, etc.) and their effects/effect mechanisms.	6			6
Extraction methods	describes common extraction methods (SFE etc.).	2			2
Phytogenetic drug molecules	introduces the phytogenetic drug molecules in use.	4			4
Design and development of phytogenetic pharmaceutical products	describes the stages in design and development processes of phytogenetic pharmaceutical products.	4			4
Patient rights and ethics	describes the patient rights and ethical rules.	2			2
Regulation on Traditional and Complementary Medicine Practices	clarifies the rights and responsibilities laid on her/him under the primary regulation on relevant subject.	2			2
Standardization and quality control in herbal products	1- illuminates the significance of standardization in herbal products. 2- describes the quality control methods (usual identification reactions, chromatography techniques, etc.).	2			2
Visits to the producers of herbal products	1- describes the herbal product formulation processes. 2- describes the production of herbal products. 3- explains the terms of GMP and GLP.		4		4

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Toxic Plants	1- names the toxic and harmful plants. 2- names the basic characteristics of toxic and harmful plants.	2			2
Plant / Herbal drug - Drug / Medicinal product interactions	discusses herbal medicinal product / drug interactions.	4			4
Plants and allergy	introduces the allergy caused by plants.	1			1
Medicinal plant metabolites and herbal drug metabolism	1- names the medicinal plant metabolites. 2- describes the plant metabolites and herbal drug metabolism (ADME).	2			2
Registration of herbal products	1- summarizes the regulation on registration of herbal products. 2- describes the process of registering the herbal products in line with the regulation. 3- describes the phases that the herbal products have gone through in their approval process by the Ministry of Health.	4			4
Food supplements, functional foods, vitamins and minerals	1- describes food supplements, functional foods, vitamins and minerals. 2-distinguishes materials given from the food supplements, functional foods, vitamins and minerals.	4			4

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Free radicals, herbal antioxidants	1- describes the effects of free radicals on body. 2- describes herbal antioxidants.	2			2
Nutraceuticals	1- describes the nutraceuticals. 2- names the nutraceuticals available in the market.	2			2
Primary principles of drug preparation	describes the processes followed in herbal drug preparation.	2			2
Medicinal teas and preparation techniques	1- describes the composition of medicinal teas. 2- prepares the medicinal teas properly.	2	6		8
Fixed oil plants	1- names the fixed oil plants. 2- describes the basic characteristics of fixed oil plants.	2			2
Volatile oil plants	1- names volatile oil plants. 2- describes the basic characteristics of volatile oil plants.	2			2
Aromatherapy and its practice fields	1- defines the volatile oils. 2- names the characteristics of volatile oils. 3- describes the composition of volatile oils. 4- describes the effects of volatile oils. 5- describes the aromatherapy. 6- practices the aromatherapy.	2	4		6
Herbal preparations available in Turkish pharmacies.	names the herbal preparations available in Turkish pharmacies.	1			1

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Herbal preparations available in European Union countries.	names the herbal preparations available in European Union countries.	1			1
Misuse and abuse of medicinal plants	explains the misuse and abuse likelihood of medicinal plants.	1			1
Medicinal plants in future	describes the potential position of medicinal plants in future.	1			1
Points to consider in rational phytotherapy	explains the points to consider in rational phytotherapy.	3			3
Module - 1 In Total		100	34	-	134
MODULE 2- Cases in which phytotherapy can be practiced in dentistry					
Phytotherapy in oral and periodontal diseases	1- names the phytotherapeutics used in oral and periodontal diseases. 2- discusses the evidence level of phytotherapeutics used in oral and periodontal diseases. 3- explains the phytotherapy practice on relevant subject.	9		6	15
Phytotherapy in face-jaw neuralgias and TME problems	1- names the phytotherapeutics used in face-jaw neuralgias. 2- discusses the evidence level of phytotherapeutics used in face-jaw neuralgias. 3- explains the phytotherapy practice on the relevant subject.	6		3	9

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)			
		Theory	Laboratory Practice	Clinical Practice (Case Discussion)	Total
Phytotherapy in pedodontics	1- names the phytotherapeutics used in pedodontic disorders. 2- discusses the evidence level of phytotherapeutics used in pedodontic disorders. 3- describes the dose adjustment in pedodontics. 4- explains the phytotherapy practice on the relevant subject.	4		2	6
Phytotherapy in gastroenterology	1- names the phytotherapeutics used in gastroenterologic disorders. 2- discusses the evidence level of phytotherapeutics used in gastroenterologic disorders.	4		2	6
Phytotherapy in bruxism and parafunctional habits	1- names the phytotherapeutics used in bruxism and parafunctional habits. 2- discusses the evidence level of phytotherapeutics used in bruxism and parafunctional habits.	4		1	5
Plants used in traditional folk medicine in Turkey	1- names the plants used in traditional folk medicine in Turkey. 2- names the effects of plants used in traditional folk medicine in Turkey. 3- identifies the indicated plants.	11	4		15
	Module - 2 In Total	38	**4**	**14**	**56**

Table 2: Subjects to be Included in Training Program for Dentists and Learning Objectives and Duration of Each Subject				
MODULE 3 - Clinical Practices				
Practices in Practice Centers or Units	1- writes prescriptions containing phytotherapeutic drugs. 2- realizes the practical application of patient treatment/supportive treatment and follow-up. 3- prepares herbal toothpaste and mouthwash properly. 4- clarifies the interactions of medicinal plants, herbal drugs, phytonutrients, food supplements, drugs and traditional herbal medicinal products with each other.		25	25
	Module - 3 In Total	-	-	**25**
	GRAND TOTAL	138	**38**	**39**

7.2. Training Materials and Their Features

In this training program;

- National and international pharmaceutical botanics, pharmacognosy, phytotherapy and pharmacology course books and lecture notes for training presentations,
- Monographs and pharmacopoeias,
- Publications by national and international phytotherapy associations,
- National and international publications and theses on the relevant subject,
- Phytotoxicology notes; relevant guidelines,
- Interactive drug information database programs, etc. will be used as primary training materials.

In practices; visual materials and herbal drugs used in phytotherapy will be utilized. In addition; technological materials such as CD, DVD, USB, etc. will be used.

7.3. Duration of Training

Duration of Training Program is as follows:

Participants' Group	Training Duration (hours)			
	Theory	Laboratory practices	Clinical practices	TOTAL
Physicians	162	38	80	280
Dentists	138	38	39	215

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. This training program shall be evaluated according to the following procedures and principles.

2. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
3. Theoretical and practice exams shall be conducted at the end of the training program.
4. The participants are supposed to succeed both in theoretical and practice exam separately.
5. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
6. The practice exams shall be conducted by using Phytotherapy Practice Training Evaluation Form (Annex 1/A and Annex 1/B). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or Not Evaluated (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average will be determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.
7. Theoretical exam questions shall be prepared as multiple-choice questions and cover all the subjects included in the training content.
8. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum. Those who cannot pass the exam are supposed to apply to the phytotherapy certification training program again.
9. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
10. The practice exam shall be conducted by practicing the phytotherapy on a patient at phytotherapy practice centers or units and laboratories having the required instruments.
11. In the practice exam;
    a. Skill of recognizing medicinal plants,
    b. Analysis skill,
    c. Skill of preparing medicinal teas,
    d. Diagnosis and treatment planning,
    e. Case studies will be evaluated.
12. Participants who fail in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Phytotherapy Certification Training Program again.
13. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the phytotherapy certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
14. For certification, the success point of the participants shall be determined by averaging the points obtained in the theoretical and practice exams.

15. Participants who pass the theoretical and practice exams shall be awarded their certificates.

16. The certificate shall be registered by the Ministry of Health to become valid.

17. The validity period of the certificate is seven years. At the end of seven years, the certificates of those who satisfy the requirements listed in the certificate renewal criteria shall be directly renewed. The certificates of those who do not meet the requirements shall be renewed only if they succeed in the exam to be conducted.

18. In the case of a legally-acceptable excuse; the personnel trained shall complete their training by adding the duration of training which they are unable to participate in to the training program. If a participant fails to participate in training or s/he discontinues it, her/his training shall be cancelled and she/he shall be deemed unsuccessful.

19. At the end of training; the training and trainers shall be evaluated through the questionnaire form included in the Annex-2.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians, Dentists, Pharmacists or academicians holding an academic title in the relevant field are the program officers of the Phytotherapy Certification Training Program.

9. TRAINERS AND THEIR QUALIFICATIONS

Physicians and Dentists having any one of the following qualifications shall be assigned as trainer:

1. Faculty members of the departments of botany, pharmacognosy, phytotherapy, phytopharmacy, pharmacology and clinical pharmacy of the faculties of pharmacy/medicine,
2. Physicians and dentists who have actively practiced their profession for at least 3 years and who have completed their Master's Degree and/or Doctoral Degree studies in the fields of pharmaceutical botany, pharmacognosy, phytotherapy, pharmacology and/or phytopharmacy,
3. Physicians, dentists and pharmacists who have minimum 3 (three) articles on phytotherapy published in national or international peer-reviewed scientific journals,
4. Physicians and dentists who are actively practicing their profession and who have the Ministry-approved "Phytotherapy Practice Certificate",
5. Those who are foreign national and document that they have actively practiced their profession and received phytotherapy training in an international platform and who are deemed to be qualified by the committee established by the relevant unit,
6. Academicians or specialists in other fields than phytotherapy.

The Practice Centers are obliged to notify the Ministry of Health about the qualifications and names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

Properties of the Equipment Required for Theoretical and Practical Training:

The place where the training will be provided shall:

1. For Distance Learning:
   a. have a Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.),
   b. have a Learning Management System (LMS) Management panel,
   c. have a server and infrastructure architecture in parallel with the capacity of the trainees,
   d. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings,
2. have a training hall which has the sufficient equipment and where the participants can receive interactive training,
3. have a training hall which is warm and bright enough as well as being spacious, where a modular system can be used, which has a capacity in the number of the participants to be trained, and which can be divided into two separate training halls when necessary,
4. have adequate number of chairs and desks for participants,
5. have a server and infrastructure architecture in parallel with the capacity of the trainees for distance learning,
6. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings,
7. be a Center for Traditional and Complementary Medicine Practices approved by the Ministry,
8. have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/ training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 years.

12. CERTIFICATE RENEWAL CRITERIA

The renewal of the certificate shall be carried out in line with the procedures and principles below.

1. At the end of the validity period of the certificates, among the certificate-holders;
   a. The certificates of those who document that they attended national/international trainings or scientific meetings on phytotherapy at least 4 (four) times within the validity period of the certificate after receiving that certificate or those who published an article on phytotherapy in 2 (two) national/international peer-reviewed journals or those who document that they worked actively on this field for 2 (two) years shall be renewed. The certificate-holders shall submit their documentation related

to these criteria during the renewal application to the certification training providers that awarded the certificate to them.

b. Those who do not fulfil any criteria in paragraph (a) need to take the certificate renewal exam.

2. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the relevant training program by the implementers of certification training program under the coordination of the relevant unit of the Ministry.

3. Participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.

4. The certificates of the certificate-holders shall be valid until the certificate renewal exam process is completed.

5. The certificates of those who fail to attend the certificate renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.

6. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.

7. The objections of the certificate-holders, who fail in the certificate renewal exam to the renewal exam results, shall be evaluated and concluded in maximum 5 (five) days by the certificate renewal exam committee.

13. PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

13.1. Equivalence Application

Equivalence shall be requested by using the equivalence application form (Appendix-3) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

13.2. Documents to be attached to the Application Form:

The following documents are requested in the equivalence application.

1. Notarized copy of the certificate.

2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.

3. Notarized copy of postgraduate education certificate, if available.

4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.

5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original

of the document in the language of the training and the document and its translation into Turkish).

6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

13.3. How to carry out the Equivalence Procedures

The equivalence procedures shall be carried out as follows:

1. The application files of those who apply for certificate equivalence shall be examined in line with the Phytotherapy Certification Training Program Standards by a science committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Phytotherapy Certification Training Program.
4. Participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Phytotherapy Certification Training Program.
6. Certificate Equivalency Document shall be drawn up for the applicants who pass the theoretical and practice exams.
7. Certificate Equivalency Document shall be registered by the Ministry of Health.

3.4. Master's Degree / Doctoral Degree Equivalence

Physicians/dentists who received master's degree / doctoral degree education in the field of phytotherapy before the publication of the regulation shall be awarded a certificate for one time only on condition that their transcripts and documents are analyzed and they receive training on missing subjects and fields. Those who received master's degree/doctoral degree education after the publication of the regulation shall be exempt from Module 1 in the training they will receive in training centers.

ANNEX-1/A: EVALUATION FORM OF PHYTOTHERAPY PRACTICE TRAINING FOR PHYSICIANS

Date	
Name & Surname of the Participant	
Unit in which the Participant Practices	
Evaluator	

Practice No	Evaluated Practices	Evaluation Score (*)
1	Skill to recognize medicinal plants and drugs	
2	Skill to take medical history in terms of the use of medicinal plants	
3	Diagnosis and treatment planning	
4	Skill to recognize herbal medicines	
5	Skill to evaluate herbal medicine metabolism	
6	Dosage and administration planning	
7	Skill to evaluate potential interactions	
8	Skill to evaluate case information	
9	Skill to evaluate and present the case in terms of herbal treatments	
10	Follow-up of response to treatment	
11	Skill to evaluate clinical studies	
12	Skill to prescribe medicinal teas	
13	Skill to recognize toxic plants	
14	Skill to practice aromatherapy	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Highly Satisfactory	: 4
Satisfactory	: 3
Moderately Satisfactory	: 2
Unsatisfactory	: 1
Not Evaluated	: 0

NOT: The Practice Exams shall be conducted by using Phytotherapy Practice Training Evaluation Form (Annex 1.A and Annex 1.B). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average will be determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (hundred). Those who score 70 (seventy) points or more (out of 100) in the practice exam will be deemed successful.

EVALUATION RESULT

Theoretical Exam Score (T)	Practice Exam Score (P)	Average of Theoretical Exam and Practice Exam Scores (T+P) / 2

ANNEX-1/B: EVALUATION FORM OF PHYTOTHERAPY PRACTICE TRAINING FOR DENTISTS

Date	
Name & Surname of the Participant	
Unit in which the Participant Practices	
Evaluator	

Practice No	Evaluated Practices	Evaluation Score (*)
1	Skill to recognize the medicinal plants and drugs used in dentistry	
2	Skill to take medical history in terms of the use of medicinal plants	
3	Diagnosis and treatment planning	
4	Skill to recognize the herbal medicines used in dentistry	
5	Dosage and administration planning of the herbal medicines used in dentistry	
6	Skill to evaluate potential interactions	
7	Skill to evaluate case information	
8	Skill to evaluate and present the case in terms of herbal treatments	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Highly Satisfactory	: 4
Satisfactory	: 3
Moderately Satisfactory	: 2
Unsatisfactory	: 1
Not Evaluated	: 0

NOT: The Practice Exams shall be conducted by using Phytotherapy Practice Training Evaluation Form (Annex 1.A and Annex 1.B). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average will be determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (hundred). Those who score 70 (seventy) points or more (out of 100) in the practice exam will be deemed successful.

EVALUATION RESULT

Theoretical Exam Score	Practice Evaluation Score	Average of Theoretical Exam and Practice Evaluation Scores

ANNEX-2: QUESTIONNAIRE FORM TO EVALUATE PHYTOTHERAPY TRAINING AND TRAINERS

Date

Name & Surname of the Participant

Unit in which the Participant Practices

Practice No	Evaluated Practices	Evaluation Score (*)
1	The training satisfied the relevant expectations and requirements.	
2	The training gained me new knowledge.	
3	I think that I will use the subjects included in the training in my working processes.	
4	The subjects of the training were satisfactory.	
5	It was an efficient and useful training.	
6	The training program flow was appropriate.	
7	The training duration was appropriate for the content.	
8	The used training techniques ensured the proper comprehension of the subjects.	
9	The presentation was clear and understandable.	
10	The knowledge of the trainers was satisfactory.	
11	The trainers satisfactorily replied the questions.	
12	The trainers ensured the active participation of all participants to the training.	
13	The trainers used the training time efficiently.	
14	The training environment and physical conditions were satisfactory.	
15	The training materials and infrastructure were satisfactory.	
16	The training organization was successful.	
	In this training, which subject was the most helpful for you?	
	In this training, which subject was the least helpful for you?	
	Your criticism:	
	Your suggestions:	

***Evaluation Score**

I Strongly Agree : 5
I Agree : 4
Moderately Satisfactory : 3
I Disagree : 2
I Strongly Disagree : 1

ANNEX-3

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)
2. COUNTRY OF TRAINING
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING
4. TRAINING CURRICULUM
5. VALIDITY PERIOD OF THE CERTIFICATE

THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

HYPNOSIS PRACTICE CERTIFICATION TRAINING PROGRAM

STANDARDS FOR HYPNOSIS PRACTICE CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Hypnosis Practice Certification Training Program

2. AIM OF TRAINING

This certification training program aims at gaining the following persons the required qualifications so as to ensure that these practices are conducted in the most efficient and productive way:

- Physicians,
- Dentists (only in their own fields),
- Psychologists holding certificate of authorization for medical practices of psychology and clinical psychologists (only in their own fields) under the supervision of a physician holding hypnosis practice certificate.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663,
2. "Regulation on Certification Training of the Ministry of Health" published in the Official Gazette dated February 4, 2014 and numbered 28903,
3. "Regulation on Traditional and Complementary Medicine Practices" published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Hypnosis: It is an act or procedure which is designed to change a person's consciousness and awareness level and her/his feelings, emotions, memory or behaviors through suggestion or which leads to this change. The use of these practices in health is called hypnosis.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of dentistry or the faculties of medicine and training and research centers to perform the practices specified in the relevatnt Regulation under the responsibility of a physician or a dentist who holds a certificate on the relevant field, and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below:

1. The training program shall be carried out both in theory and in practice. The theoretical part of the

training may be taught in face-to-face classes and/or a maximum of 20% of the same theoretical part may be taught as distance learning courses.

2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server.
3. The participants need to undertake the presentation of at least 10 (ten) sessions during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance trainings and a maximum 30 (thirty) participants for face-to-face classses can be accepted in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a physician or a dentist who does not have any public service liability and whose training in this program is of importance for his/her services in the institution she/he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% (ten percent) of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% (ten percent) absence due to a legal excuse is acceptable for the theoretical training.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
   - Verbal lecture
   - Small group discussion
   - Demonstrative teaching
   - Participatory scientific activity
   - Question & Answer
   - Video-based teaching
   - Simulation
   - Clinical practice
10. The practical training includes bedside hypnosis practices performed individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently” stages respectively.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians, dentists, clinical psychologists and psychologists holding a certificate of authorization for medical practices of psychology can participate in this certification training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

Subjects to be included in training program and learning objectives as well as duration of each subject are illustrated in Table 1.

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
Module -1		**12**	**8**	**20**
1. Definition and features of hypnosis	1. defines hypnosis. 2. clarifies to whom the hypnosis can be applied. 3. defines the induction areas. 4. distinguishes and clarifies the similarities and uses of different techniques related to hypnosis such as NLP, EMDR, breathing techniques, progressive relaxation, etc. even though the term hypnosis is not used.	1		1
2. Myths and misinformation	1. clarifies the cultural misbeliefs of hypnosis among people. 2. describes the misinformation given in the films and media and the effects of this misinformation.	1		1
3.Hypnosis as a communication method in therapy	1. describes the hypnotic contribution of empathic approach in the cases. 2. describes the contribution of practice environment to the hypnotic communication. 3. describes the hypnotic effect of voice, words and music.	2		2
4.Spontaneous trances	1. describes the highway hypnosis. 2. describes the hypnotic effects of sounds such as the clicks of barber scissors, etc. 3. describes the hypnotic relations of the effects such as mother's kiss, king's touch, etc. 4. describes the hypnotic effect of music.	1		1
5.History of hypnosis	describes the hypnosis practices of ancient world civilizations (Asian, Siberian, Greek, Egyptian, Indian, Chinese, African and American indigenous people, etc.).	1		1

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
	1. describes the contributions of hypnosis and Asklepion treatment culture to the modern hypnosis in Anatolia. 2. describes the hypnosis rituals in Shamanist and Native American ceremonies. 3. describes Animal Magnetism in Mesmer's period. 4. lists the use of hypnosis after Mesmer's period and the influence of Freud, Jung, Adler and other psychologists by hypnosis. 5. describes the development of hypnosis in Turkey and the conscious hypnosis ecole. 6. describes the development of hypnosis in Turkey and in the world. 7. describes the establishment of hypnosis associations in Europe and in the world, and clarifies the information on the below-stated associations. - ESH- European Society of Hypnosis - ISH-International Society of Hypnosis - ASCH-American Society of Clinical Hypnosis	1		1
6. Hypnosis theories and conscious hypnosis	1. describes the Neodissociation theory (Hilgard). 2. describes the neuropsychological theory (Crawford&Gurizelier). 3. describes DCT Dissocieted Control Theory (Roody & Bowers), Social-cognitive / Cognitive-behavioral / Response Set Theory, Integrative Cognitive Theory (Brown & Oakley). 4. describes the Role Theory (Sarbin). 5. describes integrative Cognitive Theory (Brown & Oakley). 6. describes Ego-Psychological Theory (Fromm). 7. describes Conditioning and Inhibition Theory (Barrios). 8. describes State and Non State theories.	2		2

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
7. Treatment planning	defines attachment (establishment of case-physician relationship).	2		2
8. Training and preparation of patient	1. names the criteria for the admission of a case for practice. 2. describes how to give information on hypnosis in a case and on MAYA (Making Acceptance with Your Awareness) in Conscious Hypnosis technique and how to receive approval to practice it.	2		2
9. Practice	participates in practices on subjects described in the module, hypnotic phenomena and potential benefits.		8	8
MODULE 2		**10**	**10**	**20**
1. Professional and ethical issues	1. describes where to use hypnosis. 2. describes the medical deontology rules and approaches in the case-physician relationship.	2		2
2. Practice fields and adverse effects	names the medicine and dentistry practice fields in which hypnosis is used to facilitate the treatment and the adverse effects of hypnosis.	2		2
3. Conditions that can be encountered during hypnosis	describes the conditions that can be encountered during hypnosis.	2		2
4. Focus of attention	1. knows hypnosis activity carried out by focusing attention on a fixed point. 2. knows hypnosis activity carried out by focusing attention on breath. 3. names techniques such as hypnosis activity carried out by focusing attention on body relaxation. 4. conducts the practice by focusing attention on body relaxation.	2	1	3

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
5.Hypnotic Susceptibility	1. defines the measurements of hypnotic susceptibility below. 2. tests such as Stanford Hypnotic Susceptibility Scale (SHSS) 3. Hypnotic Induction Profile (HIP) 4. Harvard Group Scale	2		2
6. Gaining qualifications in hypnotic susceptibility signs and measurements	1. describes hypnotic susceptibility signs and measurements below. • Hypnotic Induction Profile (HIP) • below-stated Harvard Group Scale • Relaxation Techniques • Preparing and maintaining hypnotic state • Hallucination (Positive and Negative) • Imagination • Analgesia • Anesthesia • Catalepsy • Levitation (raising arms under hypnosis) • Time Distortion, age progression and regression • Amnesia		9	9
MODULE -3		**12**	**8**	**20**
1. Induction principles	1. describes breathing techniques and hypnosis induction principles. 2. describes numeric rhythm techniques and hypnosis induction principles. 3. describes relaxation techniques and hypnosis induction principles. 4. describes eye fixation techniques and hypnosis induction principles. 5. describes imagination method and hypnosis induction principles.	4		4

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
2. Developing a hypnotic strategy	1. describes the uses of below-stated methods: • Hypnosis methods to be researched • Ideomotor questioning and bridging (affect bridge - somatic bridge) • Age progression and regression • Projection techniques (posthypnotic dream/ screen/theater) • Time-line – association / dissociations • Solution oriented hypnosis techniques • Conflict oriented hypnosis techniques • Symptom oriented hypnosis techniques • Use of hypnosis as an anchoring method • Dissociative hypnosis methods • Specific hypnotic strategy methods • Conscious hypnosis (AUCH Awareness Under Conscious Hypnosis) • Ego state therapy method • Use of metaphors in hypnosis practices	6		6
3. Hypnosis levels and deepening techniques	defines light, medium and deep levels of hypnosis.	2		2
4. different hypnotic induction demonstrations and its practice	participates in the implementation of different induction techniques		8	8
MODULE -4		**12**	**8**	**20**

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
1. Gaining qualification in practicing hypnotic styles and the hypnotic suggestion	1. discusses paternal, maternal, friendly hypnosis suggestion styles. 2. describes the approaches to authoritarian and permissive/non-authoritarian and indirect hypnosis induction techniques. 3. shares the approaches towards the cases resisting to recovery and the methods of addressing the resistance.	5	5	10
2. Autohypnosis practice	defines autohypnosis principles	2	2	4
3. Hypnotic induction in children	names the hypnotic approaches encountered in disorders such as enuresis, nail-biting, adjustment disorders, sleeping pattern disorders, etc.	2		2
4. Ego strengthening methods	1. names the consciousness, awareness, comprehension, ego and consciousness layers, egostate. 2. discusses the hypnotic suggestions applied in ego strengthening methods.	1	1	2
5. Indirect suggestion techniques	3. discusses the importance of metaphors and imagination in hypnosis. 4. describes the use of subliminal hypnosis technique.	2		2
MODULE -5		11	9	20
1. Hypnosis techniques II	1. defines the conscious hypnosis techniques and eye to eye fixation methods. 2. participates in practices of conscious hypnosis techniques and eye to eye fixation methods. 3. describes breathing and relaxation techniques. 4. participates in practices related to breathing and relaxation techniques. 5. describes imagination-based techniques. 6.participates in the below-stated practices of imagination techniques:	3	3	6

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
	• Use of negative and positive imaginations in hypnosis • imagination activities related to the places where the patient feels/will feel safe. • listing and practicing the imagination techniques in which the practitioner is active or passive	2	2	4
	7. Use of stories/narration in practice; • discusses the use of hypnosis in resolution of patients' problems by using stories, proverbs, myths from which a moral will be pointed.	1		1
	8. Use of metaphors in practice; • discusses the production of related metaphors and the correct use of metaphors produced for treatment, and participates in practices.	2	2	4
	9. Use of dissociational method; • names the cases in which it can be practiced. • names its adverse effects.	1		1
	10. Use of posthypnotic suggestions in hypnosis; • describes the terms of self-hypnosis and auto-hypnosis.	2	2	4
MODULE -6		**16**	**4**	**20**
Termination of hypnotic state	1. describes the practice stages of hypnosis and the place of autohypnosis in practice. 2. describes post-hypnotic suggestions used in autohypnosis.	3	4	7
Detachment (termination of practice); follow up of the case	1. describes practice fields of hypnosis. 2. discusses the role of techniques of communication with a person, in hypnosis, in terms of its practice 3. discusses the termination of practice and the follow up of the case.	2		2

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
Personal differences in hypnotic susceptibility	discusses the personality types and the hypnotic approach differences in personality types.	2		2
Risk factors of hypnosis practice	describes autohypnotic approaches. describes the risks that may be encountered while using the autohypnosis technique.	2		2
Resistance-to-hypnosis strategies	names the resistance-to-hypnosis strategies.	1		1
Failures encountered in hypnosis practice, and constitution	names the failures that may be encountered in hypnosis practice. names the failures that may be encountered in hypnosis practice and the coping strategies.	1		1
Group hypnosis	names the group hypnosis techniques.	1		1
Hypnosis practice fields other than health (art, sports)	describes the hypnosis techniques used with intent to strengthen motivation, support the ego and increase concentration. describes imaginary roles and messages of artistic activities such as painting, sculpture, etc. describes the use of hypnosis technique in sports and sportive success. discusses the media and its hypnotic effects.	2		2
Use of hypnosis in emergencies	describes the self-hypnotic state occurring in social incidents, disasters and traumas such as accident, fire, earthquake, etc., and the hypnotic approaches that the practitioner can utilize. lays emphasis on hypnotic approaches which are used in emergency clinics and which are used during the first aid, and on the use of hypnosis technique in emergencies.	2		2

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
MODULE-7 Mind-Body Interaction in Hypnosis (*)		**11**	**9**	**20**
1. Use of hypnosis in psychosomatic disorders	describes the use of hypnosis in psychosomatic disorders. discusses the importance of using hypnosis in disorders such as idiopathic signs and findings, conversion/somatization disorders, psychosomatic disorders and immune system dysfunctions, irritable bowel syndrome, functional dyspepsia, chronic fatigue syndrome, fibromyalgia, asthma, allergy, etc.	2		2
2. Use of hypnosis in overcoming the stress	discusses the importance of using the hypnosis in overcoming the stress. lays emphasis on using the hypnosis in such cases as stress management, increasing the quality of life, burnout syndrome, depression, emotion management, etc. in the daily life.	2		2
3. Use of hypnosis in anxiety disorders	describes the use of hypnosis in overcoming the anxiety disorders. discusses the use of hypnosis in such cases as panic attacks, phobias, performance anxieties and exam anxiety, etc.	2		2
4. Use of hypnosis in problematic habit management	participates in practices within the scope of the module.		9	9
5. Excessive use of alcohol	describes other techniques related to the use of hypnosis in excessive use of alcohol.	1		1
6. Smoking	names the hypnosis techniques used in breaking smoking habits.	1		1
7. Insomnia	describes the use of hypnosis in sleeping pattern disorders and conducts practice activities.	1		1
8. Nail-biting	describes the use of hypnosis in disorders such as nail-biting, hair-pulling, itching, etc.	1		1
9. OCD (obsessive compulsive disorder), stammering and tic disorders	learns the use of hypnosis in OCD, speech disorders and tics, discusses the importance of using hypnosis in speech disorders.	1		1

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
MODULE-8 Hypnosis in Overcoming the Pain and in Surgery (**)		**12**	**8**	**20**
1. Neurophysiology of pain	describes the neurophysiology of pain.	2		2
2. Use of hypnosis in overcoming the pain	1. describes the practice fields of hypnosis in healing the pain. 2. describes the hypnosis practices for analgesia, and the use of hypnosis in chronic pains. 3. describes the practice fields of hypnosis for surgical interventions and hypnosis practices for analgesia. 4. describes the practice fields of hypnosis in surgical interventions and hypnosis practices with the purpose of sedation.	2		2
3. Hypnotic strategies in pain control	1. describes the approaches towards the cases presented with pain. 2. lays emphasis on the pain in oncological cases and on the use of hypnosis. 3. describes hypnotic strategies used for hypnoanalgesia, hypnoanesthesia and hypnosis in surgery. 4. describes the preparation of patient for surgery in preoperative period and the use of hypnosis for sedation. 5. lays emphasis on using hypnosis for hypnoanesthesia, hypnoanalgesia and sedation during surgery. 6. discusses the rules of use of hypnosis in postoperative period.	4		4

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
4. Use of hypnosis for phantom pains in orthesis and prosthesis adaptation	describes the using techniques of hypnosis for phantom pains in orthesis and prosthesis adaptation.	1		1
5. Pain sensations in accordance with the cultural differences	discusses pain sensation in different cultures and its use as a positive effect through hypnosis.	1		1
6. Use of different hypnosis methods in pain control • Conscious hypnosis technique • Indirect suggestion methods • Use of metaphors • Use of time distortion • Idiomotor questioning • Resistance-to-hypnosis control strategies	1. participates in practice activities by describing the use of different hypnosis methods in pain control. 2. describes the use of conscious hypnosis technique in overcoming the pain. 3. describes the use of indirect hypnosis techniques in overcoming the pain. 4. discusses the use of metaphors in overcoming the pain during hypnosis. 5. describes the use of time distortion technique in overcoming the pain. 5. defines the idiomotor answers and the rules of using this technique as an autohypnosis method of overcoming the pain. 6. names the resistance encountered while practicing the hypnosis in overcoming the pain, and the strategies to be implemented.	2	8	10

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
MODULE-9 Hypnosis in Gynecology and Obstetrics		**13**	**7**	**20**
1. Hypnosis in preparation to motherhood	1. describes the importance of hypnosis in overcoming the pregnancy anxiety. 2. discusses hypnosis in overcoming the vomiting of pregnancy. 3. describes the hypnosis used for physical and mental problems occurring during pregnancy. 4. describes the use of hypnosis in regulating pregnancy weight gain and nutrition.	3	2	5
2. Use of hypnosis in painless childbirth	1. names the hypnotic strategies used for hypnoanalgesia, hypnoanesthesia and hypnosis in painless childbirth. 2. describes the preparation of patient for delivery in prenatal period and the use of hypnosis for sedation. 3. describes the use of hypnosis for hypnoanesthesia, hypnoanalgesia and sedation during vaginal delivery or caesarean delivery. 4. lays emphasis on the use of hypnosis in postnatal period.	3	2	5
3. Use of hypnosis for problems encountered in postnatal and postpartum period.	1. describes the use of hypnosis in the acceptance of motherhood. 2. describes the use of hypnosis in lactation period. 3. describes the use of hypnosis in healthy weight-loss in postpartum period. 4. describes the hypnosis methods used to have an easy postpartum period.	2	1	3
4. Use of hypnosis in menstrual cycle and pain control	describes the use of hypnosis in regulating the menstrual cycle.	1		1

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
MODULE-9 Hypnosis in Gynecology and Obstetrics		**13**	**7**	**20**
4. Use of hypnosis in menstrual cycle and pain control	describes the use of hypnosis in regulating the menstrual cycle.	1		1
5. Oncology and hypnosis	describes the use of hypnosis in ensuring mental and physical compliance in oncological cases (breast, ovarian, uterine) seen in women.	2	1	3
6. Fertility and hypnosis	1. describes the use of hypnosis in in-vitro fertilization processes. 2. lays emphasis on the use of hypnosis in the acceptance of motherhood and preparation to pregnancy, ova collection and implantation processes. 3. discusses the importance of using the hypnosis in overcoming the stress and depression.	2	1	3
MODULE-10 Hypnosis in Dentistry (**)		**11**	**9**	**20**
1. Hypnosis and management of anxiety, fear and phobic states	describes the use of hypnosis in overcoming the anxiety, fear and phobic states related to dentistry.	**3**	**2**	**5**
2. Use of hypnosis for analgesia and anesthesia in dentistry discusses the use of hypnosis in trigeminal neuralgia and pains of head and neck region.	describes the use of hypnosis for hypnoanesthesia, hypoanalgesia and sedation during procedures such as tooth extraction, operations, filling, root canal therapy, etc. in dentistry	**2**	**2**	**4**

Table 1: Subjects Included in Hypnosis Practice Certification Training Program Curriculum for Physicians, Dentists and Clinical Psychologists, and Learning Objectives for and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this program:	Theory	Implementation	Total
3. Use of hypnosis in hemorrhage and salivation control	Use of hypnosis in hemorrhage, salivation and retching control.	1	1	2
4. Use of hypnosis in problematic habit management in dentistry	1.Describes the use of hypnosis in problematic habit management in dentistry such as bruxism. 2. Discusses the importance of hypnosis so as to ensure orthesis and prosthesis adaptation in children with thumbsucking problems. 3. Discusses the importance of hypnosis in overcoming the jaw and tooth problems caused by smoking and malnutrition habits.	3	3	6
5. Use of hypnosis in adaptation of orthesis and prosthesis used in dentistry.	Describes the use of hypnosis for adaptation to prosthesis, orthesis and orthodontic appliances used in dentistry.	1	1	2

* Diş hekimlerinin 7. ve 9. modüllere katılma zorunluluğu yoktur.
** Klinik psikologları ile psikolojinin tıbbi uygulamaları yetki belgesine sahip psikologların 8. ve 10. modüllere katılma zorunluluğu yoktur.

7.2. Training Materials and Their Features

Materials to be used in training are as follows:

1. Written training materials including subjects in the training content (books, slides, training guidelines, scientific journals, etc.),
2. Audiovisual training materials (compact discs, video films, pictures, etc.),
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for the training and transferred into digital environment.
4. All kinds of devices and materials available at the place where the training will take place will be considered as training material.

7.3. Duration of Training

Total duration of Hypnosis Certification Training Program is illustrated in the Table 2 below.

Table-2: Training Duration for Hypnosis Certification Training Program

Medical Hypnosis Training	TOTAL DURATION		
	Theory	Practice	Total
Physicians	120	80	200
Dentists	96	64	160
Clinical Psychologists	99	61	160

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams shall be conducted at the end of the training program.
3. Participants are supposed to succeed both in theoretical and practice exam separately.
4. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
5. Theoretical exam questions shall be prepared as multiple-choice questions.
6. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful.
7. Participants who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum. Those who cannot pass the exam are supposed to apply to the hypnosis practice certification training program again.
8. Participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
9. The practice exam shall be conducted by making the presentation of a case, which is followed up from beginning to end, through CD/video-recording.
10. In the practice exam; practitioner's case evaluation, her/his approaches towards the case, her/his practice of induction principles and techniques, her/his practice of hypnotic strategies, and the termination and completion of hypnotic state shall be evaluated.
11. Participants who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum. Those who cannot pass the exam are supposed to apply to the hypnosis practice certification training program again.
12. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the hypnosis practice certification training program shall be evaluated and con-

cluded by the certification training providers in 5 (five) working days at the latest.

13. For certification, the success point of a participant shall be determined by averaging the points obtained in the theoretical and practice exams.
14. Participants who pass the theoretical and practice exams shall be awarded their certificates.
15. The certification shall be registered by the Ministry of Health.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians, dentists or academic members of the relevant field are the program officers of the hypnosis practice certification training program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have any one of the following qualifications shall be assigned as trainer:

1. Physicians and Dentists who hold Hypnosis Practice Certification and who have actively worked in the relevant practice field for minimum 3 (three) years,
2. Specialists Physicians and Specialist Dentists who hold hypnosis practice certificate,
3. Physicians and Dentists who hold Hypnosis Practice Certification and who have minimum two national/international scientific publications on hypnosis,
4. Specialists and academic members in other fields than hypnosis practice.
5. Those who are foreign national and document that they have actively practiced their profession and received hypnosis training in an international platform and who are deemed to be qualified by the committee established by the relevant unit.

NOTE: The practice centers are obliged to notify the Ministry of Health about the qualifications and names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

Hypnosis practice certification training program can be prepared by the institution/organization having the relevant "practice center". The training place shall:

For distance learning;

1. have a Learning Management System compliant with international learning content standards (Scorm, AICC, etc.),
2. have a Learning Management System (LMS) Management panel,
3. have a server and infrastructure architecture in parallel with the capacity of the trainees,
4. ensure that video conferencing software and infrastructures are integrated into the system so as to provide synchronous training,

The Training Place for Theory and Practice Trainings shall:

1. have a server and infrastructure architecture in parallel with the capacity of the trainees,
2. have adequate number of chairs and desks for participants,
3. be a traditional and complementary medicine practice center which the Ministry allows to open,

4. have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; etc.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

The renewal of the certificate shall be carried out in line with the procedures and principles below.

1. At the end of the validity period of the certificates, among the certificate-holders;
   a. The certificates of those who document that they attended national/international trainings or scientific meetings on hypnosis practice at least 4 (four) times within the validity period of the certificate after receiving that certificate or those who published an article on hypnosis practice in 2 (two) national/international peer-reviewed journals or those who document that they worked actively on this field for 2 (two) years shall be renewed. The certificate-holders shall submit their documentation related to these criteria during the renewal application to the certification training providers that awarded the certificate to them.
   b. Those who do not fulfil any criteria in paragraph (a) need to take the certificate renewal exam.
2. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the hypnosis practice training program by the providers of hypnosis practice certification training program under the coordination of the relevant unit of the Ministry.
3. Participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
4. The certificates of the certificate-holders shall be valid until the certificate renewal exam process is completed.
5. The certificates of those who fail to attend the certificate renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.
6. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.
7. The objections of the certificate-holders, who fail in the certificate renewal exam, to the renewal exam results shall be evaluated

and concluded in maximum 5 (five) working days by the certificate renewal exam committee.

13. PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

Equivalence shall be requested by using the equivalence application form prepared by the Ministry in line with the provisions of the regulation on certification training of the Ministry of Health.

It is mandatory to submit all the documents specified in this form.

Each section specified in this form shall be filled in detail, the notarized copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

Documents to be attached to the Application Form:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of diplomas of clinical psychologists and psychologists holding certificate of authorization for medical practices of psychology.
4. Notarized copy of postgraduate education certificate, if available.
5. Certified copy of Turkish Identification Card/Foreign Identification Card and 2 (two) photographs.
6. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and its translation into Turkish).
7. Document proving that Physicians received at least 200 hours of training / that Dentists, Clinical Psychologists and Psychologists holding certificate of authorization for medical practices of psychology received at least 160 hours of training as well as the Training Curriculum.
8. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training. University hospitals and official institutions will not be requested to submit this document.
9. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Hypnosis Certification Training Program Standards by a committee to be set up by the relevant unit.

2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Hypnosis Practice Certification Training Program.
4. Participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Hypnosis Practice Certification Training Program.
6. Certificate Equivalency Document shall be drawn up for the applicants who pass the theoretical and practice exams.
7. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Physicians or Dentists who, before this standard is published, fulfill at least one of the following requirements as:

1. having published and/or received approval for minimum 2 (two) scientific publications on the relevant field,
2. having conducted postgraduate thesis study on the relevant field,
3. having received a diploma/certificate from educational establishments accredited by the hypnosis associations in Europe and in the world,

shall be awarded Hypnosis Practice Certificate for one time only on condition that they are evaluated by a committee established by the relevant unit of the Ministry without taking any exams if they apply to the Ministry within 6 (six) months as of the publication date of this standard.

ANNEX-1

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)
2. COUNTRY OF TRAINING
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING
4. TRAINING CURRICULUM
5. VALIDITY PERIOD OF THE CERTIFICATE

THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

HOMEOPATHY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR HOMEOPATHY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Homeopathy Certification Training Program

2. AIM OF TRAINING

This certification training program aims at offering necessary competency for physicians and dentists (to practice in their own field) to practice homeopathy and for pharmacists to prepare homeopathic remedies and inform the patients about these remedies in an effective and efficient manner.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663
2. "Law on Pharmacists and Pharmacies" No. 6197
3. "Regulation on Certification Training of the Ministry of Health" published in the Official Gazette dated February 4, 2014 and numbered 28903
4. "Regulation on Traditional and Complementary Medicine Practices" published in the Official Gazette dated October 27, 2014 and numbered 29158

4. DEFINITIONS

Homeopathy: It is a holistic practice method aimed at improving the health status of individuals using homeopathic remedies specific to an individual.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of medicine or the faculties of dentistry and training and research hospitals to perform the practices specified in the relevant regulation under the responsibility of a physician, a dentist or a pharmacist who holds a certificate on the relevant field or faculty members who hold an academic title in the relevant field, and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below.

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be taught in face-to-face classes and/or a maximum of 80% of the same theoretical part may be taught as distance learning courses.

2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server -on condition that at least 50% of the distance learning courses are synchronous- and that interactive live courses are taught at certain hours in a certain place/hall within the bounds of live curriculum.
3. Physicians and dentists need to prepare and present files for a total of 20 cases -at least 3 of which will be chronic cases- throughout the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance learning courses and a maximum of 25 (twenty five) participants for face-to-face classes can be accepted in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a physician, a dentist or a pharmacist who does not have any public service liability and whose training in this program is of importance for her/his services in the institution she/he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% (ten percent) of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% (ten percent) absence due to a legal excuse is acceptable for the theoretical training.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture
    - Small group discussion
    - Demonstrative teaching (laboratory practices)
    - Engaged scientific activities (excursion etc.)
    - Question & Answer
    - Simulation
    - Video-based teaching
    - Clinical practice (case studies)
10. The practical training includes bed-side homeopathy practices performed individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently” stages respectively.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

a. Physicians,
b. Dentists to practice in their own field,
c. And pharmacists to prepare homeopathic remedies and to inform the patients about these remedies can participate in this this certification training program.

7. TRAINING CURRICULUM

7.1 Learning Objectives and Subjects in Training Courses

Tables 1 and 2 below show the learning objectives and subjects to be included in the training program as well as the duration of each subject for Classical Homeopathy and Clinical Homeopathy respectively.

Physicians and dentists have to choose either classical homeopathy or clinical homeopathy program.

The remedies which will be used for the subjects listed in the tables are given in the footnotes in ANNEX-1.

Table 1: Subjects Included in the Curriculum of Classical Homeopathy Certification Training for Physicians/Dentists and Pharmacists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
MODULE - 1 Introduction to Homeopathy - Homeopathic Approach in Acute Diseases*				
Definition, history and development of homeopathy; Hahnemann's biography	**1.** defines homeopathy. **2.** gives brief information about the history and development process of homeopathy. **3.** introduces Hahnemann biographically.	2		2
Basic sources of homeopathy	explains the characteristics of Organon, Materia Medica (MM), Repertory and Pharmacopoeia which are basic sources of homeopathy.	2		2
Treatment principles of homeopathy	**1.** names the homeopathic treatment principles (similia, vital force, disease, etc.). **2.** describes the homeopathic treatment principles.	4		4
Scientific researches on homeopathy	discusses the scientific researches on homeopathy.	1		1

Table 1: Subjects Included in the Curriculum of Classical Homeopathy Certification Training for Physicians/Dentists and Pharmacists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Definition of Materia Medica (MM); Different MMs	1. defines Materia Medica (MM). 2. describes different MMs.	4		4
Symptoms according to Organon	explains such concepts as key symptoms of remedies, unusual symptoms, the entire symptom and all of the symptoms.	4		4
Drug proving	clarifies the concept of drug proving. explains how to perform drug proving.	1		1
Repertorization and weighing the symptoms (hierarchy)	defines repertorization. weighs the symptoms.	2		2
Patient rights and ethics	gives information about the patient rights and ethical rules.	2		2
Regulation on Traditional and Complementary Medicine Practices	explains the rights and responsibilities laid on her/him under the primary regulation on relevant field.	2		2
Physician-patient relationship	describes the physician-patient relationship in terms of homeopathy.	1		1
Art of homeopathic medical history-taking and its principles	explains homeopathic medical history-taking and its principles.	2		2
Systematic effects of some frequently-used remedies (1)	names the systematic effects and certain key symptoms of some frequently-used remedies.	14		14
Selection of the remedies suitable for the symptoms (case information, remedy information, values of symptoms, repertorization and MM comparison, selection of suitable potency)	1. explains the selection of a remedy suitable for the symptoms. 2. evaluates the symptoms. 3. performs repertorization and MM comparison. 4. gives information about the selection of suitable potency in homeopathic remedies.	6		6

Table 1: Subjects Included in the Curriculum of Classical Homeopathy Certification Training for Physicians/Dentists and Pharmacists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Acute disease vs chronic disease and medical history-taking in acute diseases	1. differentiates between acute diseases and chronic diseases 2. explains the difference between acute and chronic medical history-taking. 3. explains how to take medical history in acute-diseases.	4		**4**
Identification of remedy reactions in acute diseases	identifies and explains the remedy reactions occurring in acute diseases.	2		**2**
Homeopathic treatment in acute diseases with examples	makes differential diagnosis of remedies for acute diseases such as injuries, inflammatory diseases and gastroenteritis.	6		**6**
Examples of practice in acute treatment	makes remedy differentiation diagnosis in acute treatment examples.	9		**9**
Repertorization	can repertorize acute case examples.	4		**4**
Limits and influences of homeopathic treatment in severe acute diseases	1. clarifies the limits of homeopathy in severe acute diseases. 2. names the most frequently-used homeopathic remedies in severe acute diseases.	4		**4**
Supervision	receives supervision for acute diseases.		10	**10**
Total		**100**	**10**	**110**
MODULE 2 - Homeopathic Approach in Chronic Diseases				
Introduction to chronic diseases	defines chronic disease.	2		**2**
Medical history-taking in chronic diseases	explains how to take medical history of a patient with a chronic disease.	1		**1**

Table 1: Subjects Included in the Curriculum of Classical Homeopathy Certification Training for Physicians/Dentists and Pharmacists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Advanced case follow-up (assessment of remedy reactions, rules in treatment process, Hering's Law, Kent's 12 observations, healing reactions in Organon, occurrence of new symptoms, prescription of a second remedy) and case examples	1. describes the reactions occurring in the treatment of chronic diseases. 2. explains the healing rules. 3. explains the rules for the selection of a second remedy. 4. discusses the assessment of the new symptoms.	10		10
Unilateral diseases, local diseases and examples	defines and explains unilateral and local diseases with examples.	2		**2**
Suppression and symptom-shifting with examples	1. explains the suppression. 2. explains the symptom-shifting with examples.	2		**2**
Minor chronic diseases and examples	names the minor chronic diseases.	2		2
Intercurrent diseases and examples	gives information about intercurrent diseases.	2		2
Barriers to the treatment (exogenous factors, blockades, provocative factors, suppression, antidotes)	explains the barriers to the homeopathic treatment.	3		3
Mistakes in the treatment and examples	explains and exemplifies general mistakes made in the homeopathic treatment.	2		2
Homeopathic remedy relationships and examples	briefly explains and exemplifies homeopathic remedy relationships.	1		1

Table 1: Subjects Included in the Curriculum of Classical Homeopathy Certification Training for Physicians/Dentists and Pharmacists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Repertorization examples and case study	exemplifies repertorization.	2		2
Homeopathic approach and medical history-taking in children	1. explains what is different about medical history-taking in pediatric patients. 2. explains homeopathic approach in pediatric patients.	2		2
Childhood problems and diseases	1. explains the homeopathic approach in childhood diseases. 2. names the most frequently-used homeopathic remedies used in childhood problems and diseases.	2		2
Homeopathic treatment in pregnancy, delivery and related diseases	1. explains the homeopathic approach in pregnancy and delivery. 2. clarifies the limits of homeopathy in pregnancy and delivery.	3		3
Mental diseases	1. explains the homeopathic approach in mental diseases. 2. names the most frequently-used homeopathic remedies in mental diseases.	4		4
Cureless cases, palliation and case examples	1. explains homeopathic palliation. 2. explains how to practice palliation and clarifies its rules.	3		3
Homeopathic approach as a complementary treatment in oncology	clarifies the limits of homeopathy as a complementary treatment in oncology.	4		4
Some remedies (4)	names some of the remedies and their effects.	13		13

Table 1: Subjects Included in the Curriculum of Classical Homeopathy Certification Training for Physicians/Dentists and Pharmacists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Homeopathy, case examples and homeopathic remedies in dentistry	1. discusses the practice of homeopathy in dentistry. 2. explains the homeopathic approach in oral, periodontal and jaw diseases with case examples. 3. names the frequently-used homeopathic remedies in dentistry.	4		4
Supervision/Practice			120	120
Total		**90**	**120**	**210**
MODULE 3 – Miasmas				
Introduction to miasma theory (psora, sycosis, syphilis)	**1.** defines miasm. **2.** names the types of miasm.	2		2
What is a nosode?	describes the nosodes.	2		2
Syphilitic miasm and case examples	describes the characteristics of syphilitic miasm with examples.	4		4
Sycotic miasm and case examples	describes the characteristics of sycotic miasm with examples.	4		4
Psoric miasm and case examples	describes the characteristics of psoric miasm with examples.	4		4
Tuberculinum and carcinosinum miasms	describes tuberculinum and carcinosinum miasms.	4		4
Complication of a disease due to mixed miasms	**1.** defines the mixed miasm. **2.** explains the complication of diseases.	3		3
Various movements and influences in homeopathy	**1.** defines various movements in homeopathy. **2.** names the influences of these movements.	3		3

Table 1: Subjects Included in the Curriculum of Classical Homeopathy Certification Training for Physicians/Dentists and Pharmacists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Case resolution with the use of different repertories (Bönninghausen, Knerr, Ward, Boger, Murphy, Roberts, Phatak, Boercike, etc.)	**1.** explains different repertories. **2.** explains the simple use of different repertories in case resolution.	3		3
Case resolution with the use of different repertories (Bönninghausen, Knerr, Ward, Boger, Murphy, Roberts, Phatak, Boercike, etc.)	1. explains different repertories. 2. explains the simple use of different repertories in case resolution.	3		3
Adjuvant practices used during the homeopathic treatment	gives information about adjuvant methods used during the homeopathic treatment.	1		1
Total		**30**	**0**	**30**
Grand Total for Physicians/Dentists (Modules 1+2+3)		**220**	**130**	**350**
**MODULE 4 - Preparation of Homeopathic Remedies and Counseling (Only for Pharmacists)*, **				
Sources, monographs and pharmacopoeias used in homeopathy	gives information about the information sources that are necessary for homeopathy training.	3		3
Materials for homeopathic preparations and their characterizations; homeopathic pharmacopoeias and mother tinctures	1. gives information about materials used in homeopathic preparations and their characterizations. 2. clarifies the differences of the materials of homeopathic remedies. 3. explains homeopathic mother tinctures.	3		3

Table 1: Subjects Included in the Curriculum of Classical Homeopathy Certification Training for Physicians/Dentists and Pharmacists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Biological materials for homeopathy in acute and chronic diseases and their dilutions, basic information	names the raw materials of homeopathic remedies and describes their dilutions.	3		3
Remedy preparation techniques and practice, production types in pharmacopoeia, prescription samples, mono and complex remedy preparation	1. explains the technique for preparing a homeopathic remedy. 2. prepares a homeopathic remedy. 3. prepares mono and complex remedies according to the production types in pharmacopoeia. 4. reviews the samples of homeopathic prescriptions.		16	16
Homeopathic remedy interactions and toxicology	explains the conventional drug interactions used with homeopathic remedies.	2		2

***Pharmacists have to take classes for Modules 1 and 4.**

****Physicians and dentists do not necessarily have to take classes for Module 4**

7.2. Training Materials and Their Features

In this training program;

1. Written training materials covering the subjects included in the training content (books, slides, training guidelines, scientific journals, etc.),
2. Audiovisual training materials (compact discs, video films, pictures, etc.),
3. Course contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a subject-specific perspective for distance learning and transferred into digital environment,
4. Necessary materials for the preparation of homeopathic remedies and readily-prepared homeopathic remedy samples can be used.

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
MODULE - 1 Introduction to Homeopathy - Homeopathic Approach in Acute Diseases				
Principles of homeopathic treatment, history of homeopathy, and development of clinical homeopathy	1. explains the basic principles of homeopathic treatment. 2. gives information about the history of homeopathy and development of clinical homeopathy.	2		2
Types of homeopathic treatment: homeopathy in acute and chronic pathologies, palliative homeopathic treatment, homeopathic examination, individual reactivity and its parameters	1. explains the evaluation of patients in terms of homeopathy. 2. explains the homeopathic approach in acute and chronic pathologies. 3. gives information about palliative homeopathic treatment. 4. explains the characteristics of homeopathic examination. 5. gives brief information about individual reactivity and its parameters.	2		2
Homeopathic remedies and their production, infinitesimal dose - physicochemical and biological explanations today, dynamization, hormesis	1. gives information about the basic method, principles and stages of the production of homeopathic remedies. 2. explains the terms of infinitesimal dose, dynamization and hormesis. 3. gives information about today's theories on the effect mechanisms of remedies.	1		1

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Homeopathic pathogenesis, homeopathic Materia Medica (MM), homeopathic repertorium - opportunities and limits	1. describes homeopathic pathogenesis. 2. explains how the homeopathic Materia Medica (MM) is structured and what its basic terms are. 3. explains how to work with MM. 4. explains the methods for using homeopathic repertorium, its opportunities and limits.	1		1
Patient rights and ethics	gives information about the patient rights and ethical rules.	2		2
Regulation on Traditional and Complementary Medicine Practices	explains the rights and responsibilities laid on her/him under the primary regulation on relevant field.	2		2
Physician-patient relationship	describes the physician-patient relationship in terms of homeopathy.	1		1
Some basic remedies: Arnica montana Rhus toxicodendron Ruta graveolens	1. provides MM information on some basic remedies. 2. names the preference criteria of some basic remedies in certain cases. 3. explains the prescription technique of some basic remedies.	2		2
Homeopathic approach in soft tissue trauma (1)	1. explains the homeopathic approach in soft tissue trauma. 2. names the preference criteria in soft tissue trauma. 3. explains the prescription technique of the relevant remedies. 4. provides MM information on the relevant remedies.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Homeopathic approach in acute rhinitis and rhinopharyngitis (3)	1. explains the homeopathic approach in rhinitis and rhinopharyngitis. 2. prepares the protocol for homeopathic practice in rhinities and rhinopharyngitis. 3. clarifies the criteria for selecting remedies in rhinitis and rhinopharyngitis. 4. explains the prescription techniques of the relevant remedies. 5- provides MM information on the relevant remedies.	2		2
Some basic remedies (4)	1. provides MM information on some basic remedies. 2. names the preference criteria of some basic remedies in certain cases. 3. explains the prescription technique of some basic remedies.	2		2
Homeopathic approach in influenza (5)	1. explains the homeopathic approach in influenza. 2. prepares the protocol for homeopathic practice in influenza. 3. clarifies the criteria for selecting remedies in influenza. 4. explains the prescription techniques of the relevant remedies. 5- provides MM information on the relevant remedies.	1		1

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Homeopathic approach in coughing (7)	1. explains the homeopathic approach in coughing. 2. prepares the protocol for homeopathic practice in coughing. 3. clarifies the criteria for selecting remedies in coughing. 4. explains the prescription techniques of the relevant remedies. 5- provides MM information on the relevant remedies.	2		2
Some basic remedies (8)	1. provides MM information on some basic remedies. 2. names the preference criteria of some basic remedies in certain cases. 3. explains the prescription technique of some basic remedies.	2		2
Homeopathic approach in acute suppurative cases: hordeolum, paronychia, furuncle (9)	1. explains the homeopathic approach in acute suppurative cases. 2. clarifies the criteria for selecting remedies in acute suppurative cases. 3. explains the prescription techniques of the relevant remedies. 4. provides MM information on the relevant remedies.	1		1

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Homeopathic approach in acute sinusitis(10)	1. explains the homeopathic approach in acute sinusitis. 2. clarifies the criteria for selecting remedies in acute sinisutis. 3. explains the prescription techniques of the relevant remedies. 4. provides MM information on kalium bichromicumt and other relevant remedies.	2		2
Homeopathic approach in acute otitis and tonsillopharyngitis(11)	1. explains the homeopathic approach in acute otitis and tonsillopharyngitis. 2. clarifies the criteria for selecting remedies in acute otitis and tonsillopharyngitis. 3. explains the prescription techniques of the relevant remedies. 4. provides MM information on the relevant remedies.	2		2
Homeopathic approach in infants: digestive pathologies, aphthous stomatitis, teething, diaper rash, sleep disorders (12)	1. explains the homeopathic approach in infants. 2. prepares the protocol for homeopathic practice in common pathologies in infants. 3. clarifies the criteria for selecting remedies in infants. 4. explains the prescription techniques of the relevant remedies. 5. provides MM information on the relevant remedies.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Homeopathic approach in trauma cases which affect musculoskeletal system, central and peripheral nervous system(14)	1. explains the homeopathic approach in trauma cases which affect musculoskeletal system, central and peripheral nervous system. 2. clarifies the criteria for selection remedies in trauma cases which affect musculoskeletal system, central and peripheral nervous system. 3. explains the prescription techniques of the relevant remedies. 4. provides MM information on the relevant remedies.	1		1
Homeopathic approach in lower respiratory tract infections: bronchitis, bronchiolitis, pneumonia(15)	1. creates a schema for homeopathic practice in lower respiratory tract infections. 2. names the criteria for selection remedies in lower respiratory tract infections. 3. explains the prescription techniques of the relevant remedies. 4. provides MM information on the relevant remedies.	4		4
Some remedies: Sulfur Iodatum, Silicea	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Nausea and vomiting in pregnancy(1	1. explains the homeopathic approach in nausea and vomiting cases in pregnancy. 2. provides Materia Medica information on some remedies. 3. names the preference criteria of remedies in certain cases. 4. explains remedy selection and prescription techniques.	1		1
Homeopathic treatment approach in perinatal period, preparation for delivery, labour, lactation, postpartum asthenia and depression	1. explains the principles of homeopathic approach in perinatal period. 2. explains the protocol for homeopathic practice in pathologies in perinatal period.	2		2
Homeopathic approach in acute cases of excretory system: acute urinary tract infection, urolithiasis, urinary retention(17)	1. explains the homeopathic approach in acute cases of excretory system. 2. names the criteria for selecting remedies in acute cases of excretory system. 3. explains the prescription techniques of the relevant remedies. 4. provides MM information on the relevant remedies.	2		2
Some remedies: Podophyllum Peltatum, Aloe, Aesculus Hippocastanum	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	1		1

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Some remedies: Pulsatilla, Phosphorus	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	1		1
Homeopathic approach in some acute dermatologic cases: herpes simplex, herpes zoster, molluscum contagiosum, erysipelas, pyodermia(19)	1. explains the homeopathic protocol in the relevant acute dermatologic cases. 2. provides MM information on the relevant remedies. 3. names the preference criteria of the relevant remedies in certain cases. 4. explains the relevant remedy selection and prescription techniques.	2		2
Homeopathic approach in some acute dermatologic cases: acute urticaria, insect sting, burning, freezing(20)	1. explains the protocol for homeopathic practice in the relevant acute dermatologic cases. 2. provides MM information on the relevant remedies. 3. names the preference criteria of the relevant remedies in certain cases. 4. explains the relevant remedy selection and prescription techniques.	1		1
Some remedies: Histaminum, Poumon Histamine, Sabadilla Officinarum, Euphrasia Officinalis	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	1		1

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Introduction to homeopathic approach in chronic pathologies, and constitution	1. gives brief information about treatment approaches in chronic pathologies. 2.. clarifies the term of constitution.	2		2
Some constitutional remedies Calcarea Carbonica, Calcarea Phosphorica, Calcarea Fluorica.	1. provides MM information on some constitutional remedies. 2. names the preference criteria of some constitutional remedies in certain cases. 3. explains the prescription technique of some constitutional remedies.	2		2
Sensitive Type, Remedy Transformation, Chronic Reactivity, Psora(26)	1. clarifies the concept of sensitive type. 2. clarifies the concept of remedy transformation. 3. clarifies the concept of chronic reactivity. 4. names the basic characteristics of psora. 5. provides MM information on the relevant remedies. 6. names the preference criteria of the relevant remedies in certain cases. 7. explains the relevant remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Some remedies: Lycopodium Clavatum, Psorinum	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	2		2
Chronic Reactivity Tuberculinism(27)	1. clarifies the term of chronic reactivity which is one of the basic terms. 2. names the characteristics of Tuberculin Reaction Type 3. provides MM information on the relevant remedies. 4. names the preference criteria of the relevant remedies in certain cases. 5- explains the relevant remedy selection and prescription techniques.	2		2
Tuberculinum Aviaire	1. provides MM information on the remedy. 2. names the preference criteria of the remedy in certain cases. 3. explains remedy selection and prescription techniques.	2		2
Natrum Muriaticum	1. provides MM information on the remedy. 2. names the preference criteria of the remedy in certain cases. 3. explains remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Chronic Reactivity Sycosis(28)	1. names the characteristics of sycotic reactivity type. 2. provides MM information on the relevant remedies. 3. names the preference criteria of the relevant remedies in certain cases. 4. explains the relevant remedy selection and prescription techniques.	2		2
Some remedies: Thuya Occidentalis, Medorrhinum	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	2		2
Patient follow-up file. Prescription techniques in chronic pathologies.	1. names the important points to consider in the patient follow-up. 2. explains the prescription techniques in chronic cases.	2		2
Opportunities and limits of homeopathic treatment in chronic cases. Hahnemann's theory on chronic diseases-modern interpretation.	1. explains the place of homeopathy in chronic disease table. 2. explains the basic characteristis, advantages and disadvantages of homeopathic approach in chronic diseases. 3. Prescription techniques in chronic treatment - unicism, pluralism, complexism	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Some remedies: Croton Tiglium, Petroleum, Graphites	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	2		2
Prescription techniques in chronic dermatosis. atopic dermatitis, eczema(29)	1. explains the homeopathic approach in chronic dermatosis 2. explains the protocol for complementary homeopathic practice in chronic dermatosis. 3. provides MM information on the relevant remedies. 4. names the preference criteria of the relevant remedies in certain cases. 5. explains the relevant remedy selection and prescription techniques.	2		2
Some remedies: Selenium Metallicum, Kalium Bromatum	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	2		2
Homeopathic treatment of acne and warts(30)	1. explains the protocol for complementary homeopathic practice in the treatment of acne and warts. 2. provides MM information on the relevant remedies. 3. names the preference criteria of the relevant remedies in certain cases. 4. explains the relevant remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Prescription technique in arthrosis and arthritis(31)	1. explains the protocol for homeopathic practice in arthrosis and arthritis. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Prescription technique in metabolic disorders: obesity, hypercholesterolemia, cellulitis(32)	1. explains the protocol for complementary homeopathic practice in hypercholesterolemia and obesity. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Prescription techniques in metabolic diseases: podagra(33)	1. explains the protocol for complementary homeopathic practice in the treatment of podagra. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Kalium Carbonicum	1. provides MM information on the remedy. 2. names the preference criteria of the remedy in certain cases. 3. explains remedy selection and prescription techniques.	1		1

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Prescription techniques in IBS (Irritable Bowel Syndrome) and GER (Gastroesophageal Reflux) cases(34)	1. explains the homeopahty protocol in IBS and GER cases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Some remedies: Natrum Sulfuricum, Hydrastis Canadensis, Carduus Marianus	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	2		2
Homeopathic treatment approach in liver and gall pathologies(35)	1. prepares a protocol for complementary homeopathic practice in suitable liver and gall pathology cases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Prescription techniques in overactive bladder cases(36)	1. explains the protocol for complementary homeopathic practice in overactive bladder cases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Prescription techniques in recurrent urinary tract infections(37)	1. explains the protocol for complementary homeopathic practice in recurrent urinary tract infections. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Homeopathic evaluation in chronic and frequently-recurrent pathologies in childhood(39)	1. gives information about the characteristics of medical history-taking and examination in homeopathic terms in pediatric cases with chronic and frequently-recurrent pathologies. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Characteristics of the most frequent childhood sensitive types. Calcarea Carbonica, Lycopodium Clavatum, Pulsatilla, Natrum Muriaticum, Phosphorus, Calcarea Phosphorica, Silicea	1. explains the characteristics of childhood sensitive types. 2. explains the selection criteria and prescription techniques of sensitive type remedies. 3. provides MM information on the relevant remedies. 4. explains the relevant remedy selection and prescription techniques.	4		4
Prescription techniques in recurrent upper respiratory tract infections(40)	1. explains the protocol for complementary homeopathic practice in the treatment of recurrent upper respiratory tract infections. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Prescription techniques in growth pain and adenoidal vegetation cases(41)	1. explains the protocol for homeopathic practice to be used in growth pains. 2. explains the protocol for homeopathic practice in adenoidal vegetation cases 3. provides MM information on the relevant remedies. 4. explains the relevant remedy selection and prescription techniques.	2		2
Prescription techniques in childhood behavior disorders: tics, stammering, enuresis(42)	1. explains the protocol for homeopathic practice in tic cases. 2. explains the protocol for complementary homeopathic practice in stammering cases. 3. prepares the protocol for complementary homeopathic practice in enuresis cases. 4. provides MM information on the relevant remedies. 5- explains the relevant remedy selection and prescription techniques.	2		2
Homeopathic approach in hyperactivity cases(43)	1. explains the protocol for complementary homeopathic practice in hyperactivity cases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Prescription technique in chronic rhinitis(45)	1. explains the protocol for complementary homeopathic practice in chronic rhinitis. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Prescription techniques in bronchial asthma cases(46)	1. explains the protocol for complementary homeopathic practice in bronchial asthma cases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Lachesis Mutus	1. provides MM information on the remedy. 2. explains remedy selection and prescription techniques.	1		1
Prescription in chronic and recurrent gynecologic infections. bacterial vaginosis(47)	1. explains the protocol for complementary homeopathic practice in recurrent gynecologic infections and bacterial vaginosis. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
menstrual disorders, PMS, dysmenorrhea. (48)	1. prepares the protocol for complementary homeopathic practice in gynecologic cases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Homeopathic treatment in perimenopause and menopause. Mastopathies(49)	1. explains the protocol for complementary homeopathic practice in perimenopause and menopause complaints. 2. explains the protocols for complementary homeopathic practice in mastopathies. 3. provides MM information on the relevant remedies. 4. explains the relevant remedy selection and prescription techniques.	2		2
Prescription techniques in peripheral nervous system diseases: neuralgia, intervertebral disc degeneration, plexitis(50)	1. explains the protocol for complementary homeopathic practice in peripheral nervous system diseases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Causticum	1. provides MM information on the remedy. 2. names the preference criteria of the remedy in certain cases. 3. explains remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours) Theory	Clinical Practice (Case Discussion)	Total
Homeopathic treatmemt in depression and anxiety disorders(52)	1. explains the protocol for complementary homeopathic practice in anxiety disorder or depression cases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Homeopathic treatment approach in geriatrics(53)	1. explains the opportunities of homeopathy in geriatric age group. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Some remedies: Baryta Carbonica, Ammonium Carbonicum, Conium Maculatum	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	2		2
Prescription techniques in atherosclerosis and vertigo cases(54)	1. explains the protocol for complementary homeopathic practice in vertigo and atherosclerosis cases. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2
Treatment techniques applicable in the first symptoms of dementia(55)	1. explains the protocol for complementary homeopathic practice in the first symptoms of dementia. 2. provides MM information on the relevant remedies. 3. explains the relevant remedy selection and prescription techniques.	2		2

Table 2: Subjects Included in the Curriculum of Clinical Homeopathy Certification Training for Physicians and Dentists, Learning Objectives and Duration of Each Subject

SUBJECT	LEARNING OBJECTIVES Participant successfully completing this training program:	Duration (Hours)		
		Theory	Clinical Practice (Case Discussion)	Total
Some remedies: Plumbum Metallicum, Arsenicum Iodatum	1. provides MM information on some remedies. 2. names the preference criteria of some remedies in certain cases. 3. explains the prescription technique of some remedies.	2		2
Clinical approach in polymorbid patients	explains the opportunities and limits of homeopathy in polymorbid patients.	2		2
Homeopathic support treatment in oncology patients(56)	1. explains the protocol for complementary homeopathic practice in oncology patients to improve their quality of life. 2. explains the selection criteria and prescription techniques of the relevant remedies.	2		2
Prescription techniques in endocrinology cases(57)	1. explains the protocol for complementary homeopathic practice in endocrinology cases. 2. explains the selection criteria and prescription techniques of the relevant remedies.	2		2
Biomedications(58)	1. provides MM information on the relevant remedies. 2. explains the preference criteria and prescription techniques of the relevant remedies.	2		2
Practice	carries out case study -on the subject learned- out of the lecture hall.		100	100
Total		110	**100**	210
Grand Total		180	**170**	350

5. All kinds of devices and materials at the place where the training will take place will be considered as training material.

7.3. Duration of Training

Duration of Training Program is as follows:

Training Type	Participants' Group	Training Duration (hours)		
		Theory	Case Studies/Supervision	Total
Classical Homeopathy	Physicians/ Dentists	220	130	350
	Pharmacists	170	40	210
Clinical Homeopathy	Physicians/ Dentists	180	170	350

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams shall be conducted at the end of the training program.
3. The participants are supposed to succeed both in theoretical and practice exam separately.
4. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
5. The practice exams shall be conducted by using Homeopathy Practice Training Evaluation Form (Annex 2/A, Annex 2/B and Annex 2/C). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or Not Evaluated (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average will be determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.
6. Theoretical exam questions shall be prepared as multiple-choice questions.
7. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed

to apply to the homeopathy certification training program again.

8. Participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
9. The practice exam shall be conducted by practicing the homeopathy on a patient and/or on a model.
10. In the practice exam, the participants shall be evaluated based on;
    a. case admission on a scenario and/or real cases, patient examination, their general clinical competency, level of their communication with the patient, case evaluation, presentation of cases for which homeopathic skills are shown in prescription and follow-up.
    b. Practical homeopathic pharmacy evaluation.
11. Participants who fail to score the minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the homeopathy certification training program again.
12. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the homeopathy certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
13. For certification, the success point of a participant shall be determined by averaging the points obtained in the theoretical and practice exams.
14. Participants who pass the theoretical and practice exams shall be awarded their certificates.
15. The certificate shall be registered by the Ministry of Health to become valid.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians, Dentists, Pharmacists or faculty members in the relevant field are the program officers of the Homeopathy Certification Training Program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have at least one of the following qualifications shall be assigned as a trainer in this training program:

1. Physicians, dentists and pharmacist who hold a certificate on homeopathy.
2. Physicians and dentists who have been actively seeing patients in the field of homeopathy and practicing homeopathic treatment at least for 5 years,
3. Faculty members of the departments of pharmaceutical botany, pharmacognosy, pharmaceutical technology, pharmacology and clinical pharmacy of the faculties of pharmacy/medicine,
4. Physicians, dentists and pharmacists who hold a master's degree and/or doctoral degree in the field of homeopathy,
5. Those who are foreign national, who document that they have received homeopathy training in an international platform and actively practiced their profession in the relevant field, and who are deemed to be qualified by the committee established by the relevant unit,
6. Faculty members and specialists in other fields for other subjects than homeopathy,

NOTE: The Practice Centers are obliged to notify the Ministry of Health about the qualifications and the names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

The Institutions/Organizations which have a "Practice Center" can provide the Homeopathy Certification Training Program.

The training place for distance learning courses needs to;

a. have a Learning Management System compliant with international learning content standards (Scorm, AICC, etc.),

b. have a Learning Management System (LMS) Management panel,

c. have a server and infrastructure architecture in parallel with the capacity of the trainees,

d. have video conferencing software and infrastructures integrated into the system so as to provide simultaneous training.

The training place for theoretical and practical trainings needs to;

a. have a server and infrastructure architecture in parallel with the capacity of the trainees,

b. have adequate number of chairs and desks for participants,

c. be a Practice Center which the Ministry allows to open,

d. have computers which will allow for carrying out the training using appropriate technology; practice models; a blackboard; and a printer, xerox machine and paper support systems etc. to ensure that participants are provided with training objectives, subjects and contents/ presentations.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 years.

12. CERTIFICATE RENEWAL CRITERIA

The renewal of the certificate shall be carried out in line with the procedures and principles below.

1. At the end of the validity period of the certificates, among the certificate-holders;

   a. The certificates of those who document that they attended national/international trainings or scientific meetings on homeopathy at least 4 (four) times within the validity period of the certificate after receiving that certificate or those who published an article on homeopathy in 2 (two) national/international peer-reviewed journals or those who document that they worked actively on this field for 2 (two) years shall be renewed. The certificate-holders shall submit their documentation related to these criteria during the renewal application to the certification training providers that awarded the certificate to them.

   b. Those who do not fulfil any criteria in paragraph (a) need to take the certificate renewal exam.

2. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the relevant training program by the implementers of certification training program under the

coordination of the relevant unit of the Ministry.

3. Participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
4. The certificates of the certificate-holders shall be valid until the certificate renewal exam process is completed.
5. The certificates of those who fail to attend the certification renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.
6. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.
7. The objections of the certificate-holders, who fail in the certification renewal exam, to the renewal exam results shall be evaluated and concluded in maximum 5 (five) days by the certification renewal exam committee.

13. PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

13.1. Equivalence Application

Equivalence shall be requested by using the equivalence application form (Annex-3) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

13.2. Documents to be attached to the Application Form:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry/Faculty of Pharmacy diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A certified copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training or the document and its translation into Turkish).
6. Document proving that physicians and dentists received at least 350 hours of training, that pharmacists received 210 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and

shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.

8. Documentation of the fact that the certificate-holder resided in the country in which s/he received training for as long as the training duration by the training provider institution and the official authorities of the Republic of Turkey.

13.3. How to carry out the Equivalence Procedures

The equivalence procedures shall be carried out as follows:

1. The application files of those who apply for certificate equivalence shall be examined in line with the Homeopathy Certification Training Program Standards by a science committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum. Those who fail in these exams are supposed to apply to the Homeopathy Certification Training Program.
4. Participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass these exams are supposed to apply to the Homeopathy Certification Training Program.
6. Certificate Equivalency Document shall be drawn up for the applicants who pass the theoretical and practice exams.
7. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

If the physicians, dentists and pharmacists who received a diploma/certificate from the training/education institutions accredited by the Universities and Homeopathy Associations in Europe or in the world before the publication of this standard apply to the Ministry within six months after the publication of this standard, they shall be awarded a Homeopathy Certification equivalence without taking any exam for one-time only.

ANNEX-1 Footnotes (Homeopathic Remedies)

Classical Homeopathy Footnotes

(1) Aconitum, Belladonna, Arsenicum, Arnica, Apis, Rhus-tox, Bryonia, Ignatia, Pulsatilla.

(2) Lycopodium, Staphisagria, Lachesis, Nat mur, Sulfur, Causticum, Silicea, Phosphor, Sepia, Nux vomica.

(3) Carbo vegetablis and Carbo animalis, Opium, Kalium group, Magnesium group, Argentum nitricum, Tarentula , Stramonium, Hyocyamus, Barium carbonicum, Lilium tigrinum, Antimonium group

(4) Aconitum, Actea racemosa, Achillea millefolium, Agaricus, Alium cepa, Aloe vera, Alumina and its salts, Ambra grisea, Ammonium salts, Anacardium, Antim. Tart, Antimonium crud., Apis, Argentum and its salts, Arnica, Arsenicum, Asa foetida, Aurum salts, Badiaga, Barium salts, Belladonna, Bellis perennis, Benzoicum acidum, Berberis, Borax, Bovista gigantea, Bromum and its compounds, Bryonia, Bufo, Cactus grandifolium, Calcium salts, Camphor, Cannabis, Cantharis, Capsicum, Carbo, animalis and vegetabilis, Carcinosinum, Causticum, Chamomilla, Chelidonium majus, China, Cicuta virosa, Cimicifuga, Cina, Cistus canadensis, Clematis erecta, Cocculus, Coffea, Colchicum, Coli bacterinum, Colocynthis, Conium, Crotalus, Croton tiglium, Cuprum salts, Cyclamen europea, Dolicos pururiens, Drosera, Dulcamara, Echinacea, Enterococcinum, Equisetum, Eupatorium perf., Euphrasia, Ferrum and its salts, Folliculinum, Fluor salts and acids, Fumaria officinalis, Gelsemium, Glonium, Graphites, Gun powder, Hamammelis virginia, Hecla lava, Helleborus niger, Hepar sulfuricum, Histaminum, Hydrastis, Hyoscyamus, Hypericum ignatia, Ipecacuanha, Jodum and its compounds, İris versicolor, Kalium salts, Kreosotum, Lachesis, Lantanidien, Lapis, Laurocerasus, Lilium tigrinum, Luessinum, Luteinum, Lycopodium, Magnesium salts, Medorrhinum, Melillotus officinalis, Mercurius and its salts, Mezereum, Lac remedies, Naja, Naphtalinum, Natrium salts, Nitric acid, Nux moschata, Nux vomica, Opium, Pareira brava, Petroleum, Phosphor and phosphorus compounds, Phosphor acid, Phytolacca, Picricum acidum, Platinum, Plumbum, Podophyllum, Progesterinum, Prunus sipinosa, Psorinum, Pulsatilla, Pyrogenium, Ranunculacea remedies, Rhus. tox., Rhododendron, Rumex, Ruta, Sabadilla, Sabal serrulata, Sabina, Sambucus nigra, Sanguinaria, Sarsaparilla, Secale cornitum, Selenium, Sepia, Silicea, Spigelia, Spongia, Stannum, Staphisagria, Sticta pulmonaria, Stramonium, Streptococcinum, Sulfur and sulfide compounds, Syphillinum, Szygium, Tarantula and other similar remedies, Terebinthinum, Thuja, Thyroidinum, Triphyllium, Tuberculinum, Urtica, Veratrum, Zincum and its salts.

(5) Cinnabaris, Coccus, Drosera, Kalium bikromicum, Lachesis, Lycopodium, Mercurius sol., Petroselinum, Phytolacca, Rumex, Sarsaparilla, Sepia, Silicea, Spongia, Staphysagria, Stramonium, Sulphur, Thuja, Veratrum.

Clinical Homeopathy Footnotes

(1) Arnica Montana, Ledum Palustre, Symphythum Officinale, Bellis Perennis, Hamammelis Virginiana, Ruta Graveolens, Hypericum Perforatum, Bryonia Alba, Apis Mellifica, Staphysagria, Pyrogenium.

(2) Aconitum Napellus, Apis Mellifica, Arsenicum Album, Ferrum Phosphoricum, Hepar Sulfur, Belladonna, Gelsemium Sempervirens, Bryonia Alba, Rhus Toxicodendron, Pulsatilla, Pyrogenium, Stramonium.

(3) Ferrum Phosphoricum, Sticta Pulmonaria, Apis Mellifica, Sambucus Nigra, Allium Cepa, Euphrasia Officinalis, Kalium Iodatum, Nux Vomica, Ammonum Muriaticum, Kalium Muriaticum, Hydrastis Canadensis, Kalium Bichromicum, Kalium Sulfuricum, Mercurius Solubilis, Hepar Sulfur, Pyrogenium, Dulcamara, Chamomilla Vulgaris, Blatta Orientalis, Pollens, Poumon Histamine, Sulfur Iodatum, Pulsatilla.

(4) Bryonia Alba, Gelsemium Sempervirens, Phytolacca Decandra, Stramonium.

(5) Aconitum Napellus, Belladonna, Sulfur, Gelsemium Sempervirens, Rhus Toxicodendron, Eupatorium Perfoliatum, Ferrum Phosphoricum, Bryonia Alba, Pyrogenium, Baptisia Tinctoria, Sulfur Iodatum, China Rubra, Kalium Phosphoricum, Influenzinum.

(6) Aconıtum Napellus, Spongıa Tosta, Sambucus Nıgra, Hepar Sulfur, Arum Trıphyllum, Rhus Toxıcodendron, Arnıca Montana, Caustcum, Kalıum Phosphorıcum, Phosphorus, Ignatıa Amara, Argentum Nıtrıcum, Magnesıa Carbonıca, Graphıtes.

(7) Aconitum Napellus, Belladonna, Ferrum Phosphoricum, Rumex Crispus, Coralium Rubrum, Coccus Cacti, Bryonia Alba, Sticta Pulmonaria, Hepar Sulfur, Drosera Rotundifolia, Sulfur Iodatum, Ipeca, Antimonium Tartaricum, Ammonium Carbonicum, Causticum, Pulsatilla, Stannum Metallicum, Calcarea Sulfurica, Pyrogenium, Kalium Bichromicum, Hydrastis Canadensis, Mercurius Solubilis, Apis Mellifica, Arsenicum Album, Blatta Orientalis, Cuprum Metallicum, Carbo Vegetabilis, Kalium Carbonicum, Poumon Histamine, Ambra Grisea, Argentum Nitricum, Ignatia Amara, Gelsemium Sempervirens, Hyoscyamus Niger, Lacheisis Mutus.

(**8)** Apis Mellifica, Hepar Sulfur, Pyrogenium, Mercurius Solubilis.

(9) Belladonna, Apis Mellifica, Ferrum Phosphoricum, Hepar Sulfur, Pyrogenium, Rana Bufo, Lachesis Mutus, Silicea, Staphysagria.

(10) Belladonna, Sticta Pulmonria, Kalium Iodatum, Cinnabaris, Mezereum, Kalium Bichromicum, Hydrastis Canadensis, Mercurius Solublis, Lachesis Mutus, Pyrogenium, Hepar Sulfur, Apis Mellifica, Poumon Histamine.

(11) Aviaire, Capsicum Annuum, Ferrum Phosphoricum, Aconitum Napellus, Belladonna, Arsenicum Album, Chamomilla Vulgaris, Kalium Muriaticum, Kalium Sulfuricum, Arsenicum Iodatum, Dulcamara, Hepar Sulfur, Pyrogenium, Kalium Bichromicum, Hydrastis Canadensis, Mercurius Solubilis, Lachesis, Mutus, Apis Mellifica, Phytolacca Decandra, Mercurius Solubilis, Stramonium, Mercurius Corrosivus, Mercurius Cyanatus, Ailanthus Glandulosa.

(12) Sulfuricum Acidum, Nux Vomica, Calcarea Carbonica, Baryta Carbonica, Ipeca, Antimonium Crudum, Asa Foetida, Aethusa Cynapium, Phosphorus, Arsenicum Album, Colocynthis, Magnesia Phosphorica, Dioscorea Villosa, Cuprum Metallicum, Argentum Nitricum, Cahmomilla Vulgaris, Magnesia Carbonica, Borax, Mercurius Solubilis, Mercurius Corrosivus, Kalium Bichromicum, Hydrastis Canadensis, Belladonna, Apis Mellifica, Rhus Toxicodendron, Croton

Tiglium, Medorrhinum, Stramonium, Puslatilla, Coffea Cruda.

(13) Aconitum Napellus, Belladonna, Apis Mellifica, Ferrum Phosphoricum, Sulfur, Croton Tiglium, Rhus Toxicodendron, Cantharis Vesicatoria, Mezereum, Antimonium Tartaricum, Calcarea Fluorica, Graphites, Vaccinotoxinum, Pulsatilla, Euphrasia Officinalis, Mercurius Solubilis, Phosphorus, Bryonia Alba, Cistus Canadensis.

(14) Arnica Montana, Ruta Graveolens, Apis Mellifica, Bryonia Alba, Symphytum Officinale, Calcarea Phosphorica, Natrum Sulfuricum, Opium, Cicuta Virosa, Rana Bufo, Hyoscyamus Niger, Stramonium, Glonoinum, Cocculus Indicus, Gelsemium Sempervirens, Kalium Phosphoricum, Hypericum Perforatum, Causticum, Magnesia Phosphorica.

(15) Bryonia Alba, Sticta Pulmonaria, Drosera Rotundifolia, Pyrogenium, Hepar Sulfur, Causticum, Mercurius Solubilis, Kalium Bichromicum, Hydrastis Canadensis, Pulsatilla, Kalium Muriaticum, Kalium Sulfuricum, Sulfur Iodatum, Ammonium Carbonicum, Calcarea Sulfurica, Kalium Carbonicum, Carbo Vegetabilis, Ipeca, Antimonium Tartaricum, Blatta Orientalıs, Arsenicum Album, Apis Mellifica, Poumon Histamine, Phosphorus, Sanguinaria Canadensis, Lycopodium Clavatum, Silicea, Echinacea Angustifolia.

(16) Tabacum, Cocculus Indicus, Petorleum, Borax, Ipeca, Nux Vomica, Bryonia Alba, Ignatia Amara, Gelsemium Sempervirens, Argentum Nitricum, Luteinum, Sepia Officinalis, Colchicum Automnale, Iris Versicolor.

(17) Cantharis Vesicatoria, Mercurius Corrosivus, Arsenicum Album, Phosphorus, Hepar Sulfur, Staphysagria, Formica Rufa, Capsicum Annuum, Calcarea Carbonica, Colocynthis, Magnesia Phosphorica, Pareira Brava, Arnica Montana, Berberis Vulgaris, Sarsaparilla, Sabal Serrulata, Clemastis Erecta, Chimaphila Umbellata

(18) Arsenicum Album, Ipeca, Nux Vomica, Senna, Phosphorus, Podophyllum Peltatum, Baptisia Tinctoria, China Rubra, Aloe, Antimonium Crudum, Iris Versicolor, Veratrum Album, Paratyphoidinum B, Natrum Muriaticum, Magnesia Phosphorica, Colocynthis, Cuprum Metallicum, Pulsatilla, Dulcamara, Berberis Vulgaris, Belladonna, Bryonia Alba, Aesculus Hippocastanum, Arnica Montana, Hamamelis Virginiana, Muriaticum Acidum, Lachesis Mutus, Paeonia Officinalis, Ratanhia, Condurano, Nitricum Acidum, Alumina, Magnesia Muriatica, Graphites, Hydrastis Canadensis, Collinsonia Canadensis, Platina, Raphanus Niger, Causticum, Opium, Lycopodium Clavatum.

(19) Apis Mellifica, Rhus Toxicodendron, Cantharis Vesicatoria, Borax, Croton Tiglium, Mezereum, Vaccinotoxinum, Sulfur, Arsenicum Album, Rannunculus Bulbosus, Prunus Spinosa, Hypericum Perforatum, Kalmia Latifolia, Causticum, Magnesia Phosphorica, Thyua Occidentalis, Silicea, Dulcamara, Medorrhinum, Belladonna, Hepar Sulfur, Pyrogenium, Mercurius Solubilis, Graphites, Rana Bufo, Arsenicum Iodatum, Echinacea Angustifolia, Streptococcinum, Staphylococcinum.

(20) Apis Mellifica, Urtica Urens, China Rubra, Histaminum, Poumon Histamine, Ledum Palustre, Cantharis Vesicatoria, Rhus Toxicodendron, Hepar Sulfur, Agaricus Muscarius, Nitricum Acidum, Petroleum, Ranunculus Bulbosus, Nux Moschata, Cistus Canadensis, Carbo Animalis, Carbo Vegetabilis, Secale Cornutum, Belladonna, Hypericum

Perforatum, Calendula Officinalis, Glonoinum, Mezereum, Arsenicum Album, Pyrogenium, Causticum, Graphites, Tuberculinum Residuum.

(21) Nux Vomica, Sabadilla Officinarum, Allium Cepa, Euphrasia Officinalis, Naphtalinum, Arsenicum Album, Apis Mellifica, Ammonium Muriaticum, Poumon Histamine, Pollens, Sulfur, Lycopodium Clavatum, Psorinum, Sulfur Iodatum, Arsenicum Iodatum, Natrum Muriaticum, Thuya Occidentalis, Natrum Sulfuricum.

(22) Ignatia Amara, Gelsemium Sempervirens, Staphysagria, Nux Vomica, Arnica Montana, Chamomilla Vulgaris, Hypericum Perforatum, Natrum Sulfuricum, Phosphorus, China Rubra, Ipeca, Cocculus Indicus, Graphites, Casticum, Fluoricum Acidum.

(23) Aesculus Hippocastanum, Hamamelis Virginiana, Vipera Redi, Calcarea Fluorica, Lachesis Mutus, Natrum Sulfuricum, Phosphorus, Opium, Gelsemium Sempervirens, Arnica Montana, Cactus Grandiflorus, Naja Tripudians, Spigelia Anthelmia, Aurum Metallicum, Nux Vomica, Kalmia Latifolia, Veratrum Viride, Aconitum Napellus, Glonoinum, Achilea Millefolium, Melilotus Officinalis, Bryonia Alba, Ammonium Carbonicum.

(24) Belladonna, Bryonia Alba, Ferrum Phosphoricum, Phytolacca Decandra, Apis Mellifica, Rhus Toxicodendron, Caulophyllum, Actaea Spicata, Poligonum Aviculare, Colchicum Automnale, Ledum Palustre, China Rubra, Lachesis Mutus, Actaea Racemosa, Lachnantes Tinctoria, Kalium Carbonicum, Radium Bromatum, Natrum Sulfuricum, Nux Vomica, Ruta Graveolens, Colocynthis, Kalmia Latifolia, Dioscoera Villosa, Hypericum Perforatum, Solanium Malacoxylon, Sanguinaria Canadensis.

(25) Aconitum Napellus, Gelsemium Sempervirens, Ignatia Amara, Moschus, Argentum Nitricum, Arsenicum Album, Arnica Montana, Stramonium, Opium, Phosphoricum Acidum, Anacardium Orientale, Nux Vomica, Coffea Cruda, Kalium Phosphoricum.

(26) Pulsatilla, Sepia Officinalis, Lachesis Mutus, Sulfur, Hepar Sulfur, Lycopodium Clavatum, Graphites, Arsenicum Album, Psorinum, Calcarea Carbonica, Kalium Carbonicum, Natrum Carbonicum, Baryta Carbonica, Carbo Vegetabilis

(27) Sulfur Iodatum, Phosphorus, Calcarea Phosphorica, Natrum Muriaticum, Tuberculinum, Aviaire, Silicea.

(28) Thuya Occidentalis, Natrum Sulfuricum, Nitricum Acidum, Dulcamara, Medorrhinum, Causticum, Silicea, Sepia Officinalis.

(29) Apis Mellifica, Belladonna, Cistus Canadensis, Urtica Urens, Anagalis Arvensis, Borax, Cantharis Vesicatoria, Croton Tiglium, Mezereum, Petroleum, Rhus Toxicodendron, Antimonium Crudum, Graphites, Nitricum Acidum, Dulcamara, Sabina, Causticum, Cinnabaris, Arsenicum Album, Arsenicum Iodatum, Natrum Sulfuricum, Berberis Vulgaris, Hydrocotyle Asiatica,Nitricum Acidum, Sepia Officinalis, Hepar Sulfur, Pyrogenium, Silicea, Histaminum, Lycopodium Clavatum, Fumaria Officinalis, Saponaria Officinalis, Echinacea Angustifolia, Luesinum, Nux Vomica, Ignatia Amara, Staphysagria, Stramonium, Lachesis Mutus, Gelsemium Sempervirens, Natrum Muriaticum, Sulfur Iodatum, Calcarea Carbonica, Psorinum, Sulfur, Medorrhinum, Thuya Occidentalis.

(30) Eugenia Jambosa, Sulfur Iodatum, Natrum Muriaticum, Selenium Metal-

licum, Kalium Bromatum, Thuya Occidentalis, Hepar Sulfur, Arnica Montana, Antimonium Tartaricum, Tuberculinum Residuum, Saponaria Officinalis, Saponaria Officinalis, Silicea, Echinacea Angustifolia, Folliculinum, Testosterone Acetate, Staphylococcinum, Pulsatilla, Antimonium Crudum, Nux Vomica, Staphysagria, Lachesis Mutus, Lycopodium Clavatum, Natrum Sulfuricum, Psorinum, Sulfur, Tuberculinum.

(31) Bryonia Alba, Apis Mellifica, Ledum Palustre, Rhus Toxicodendron, Natrum Sulfuricum, Calcarea Fluorica, Tuberculinum Residuum, Causticum, Actaea Racemosa, Actaea Spicata, Caulophyllum Talictroides, Polygonum Aviculare, Lachnantes Tinctoria, Radium Bromatum, Kalium Carbonicum, Medorrhinum, Solanium Malacoxylon, Ferrum Phosphoricum, Sanguinaria Canadensis, Calcarea Phosphorica, Phosphorus, Rhododendron Chrysnthum, Nux Vomica, Dulcamara, Thuya Occidentalis, Calcarea Carbonica, Sulfur, Sulfur Iodatum.

(32) Lycopodium Clavatum, Sulfur, Phosphorus, Arsenicum Iodatum, Baryta Carbonica, Berberis Vulgaris, Carduus Marianus, Chelidonium Majus, Anacardium Orientalis, Antimonium Crudum, Ignatia Amara, Staphysagria, Graphites, Calcarea Carbonica, Arsenicum Album, Plumbum Metallicum, Calcarea Fluorica, Silicea, Thuya Occidentalis,Natrum Sulfuricum, Natrum Muriaticum, Bovista Gigantea, Badiaga, Pulsatilla, Aurum Metallicum, Kalium Carbonicum, Ammonium Carbonicum, Psorinum.

(33) Bryonia Alba, Apis Mellifica, Ledum Palustre, Colchicum Automnale, Natrum Phosphoricum, Actaea Spicata, Polygonum Aviculre, Lachesis Mutus, Kalium Iodatum, Lithium Carbonicum, Lycopodium Clavatum, Calcarea Carbonica, Berberis Vulgaris, Benzoicum Acidum, Sulfur Iodatum, Arnica Montana, Natrum Sulfuricum, Sulfur, Thuya Occidentalis.

(34) Colocynthis, Magnesia Phosphorica, Cuprum Metallicum, Iris Tenax, Nux Vomica, Podophyllum Peltatum, Aloe, Antiumonium Crudum, Arsenicum Album, China Rubra, Phosphoricum Acidum, Bryonia Alba, Alumibna, Opium, Causticum, Ammonium Muriaticum, Magnesia Muriatica, Raphanus Niger, Plumbum Metallicum, Hydrastis Canadensis, Asa Foetida, Carbo Vegetabilis, Kalium Carbonicum, Lycopodium Clvatum, Nux Moschata, Argentum Nitricum, Staphysagria, Gelsemium Sempervirens, Ignatia Amara, Graphites, Silicea, Sulfur, Thuya Occidentalis, Sulfuricum Acidum, Iris Versicolor, Robinia Pseudo-Accacia, Aethusa Cynapium, Ipeca, Magnesia Carbonica, Pulsatilla, Tuberculinum, SepiaOfficinalis.

(35) Berberis Vulgaris, Colocynthis, Dioscorea Villosa, Magnesia Phosphorica, Bryonia Alba, Belladonna, Mercurius Solubilis, Carduus Marianus, Chelidonium Majus, China Rubra, Hydrastis Canadensis, Podophyllum Peltatum, Lycopodium Clavatum, Sepia Officinalis, Calcarea, Carbonica, Solidago Virga Aurea, Nux Vomica, Arsenicum Album, Sulfur, Natrum Sulfuricum, Phosphorusm, Pulsatilla, Silicea, Apis Mellifica, Aurum Metallicum, Crotalus Horridus, Lachesis Mutus.

(36) Aloe, Alumina, Sarsaparilla, Clemastis Erecta, Equisetum Hiemale, Gelsemium Sempervirens, Staphysagria, Argentum Nitricum, Pulsatilla, Nux Vomica.

(37) Cantharis Vesicatoria, Mercurius Corrosivus, Arsenicum Album, Sarsaparilla, Phosphorus, Pareira Brava, Terebenthina, Capsicum Annuum, Colocynthis, Magnesia Phosphorica, Silicea,

Echinacea Angustifolia, Lycopodium Clavatum, Calcarea Carbonica, Colibacilliunum, Enterococcinum, Staphylococcinum, Dulcamara, Aconitum Napellus, Staphysagria, Sulfur, Psorinum, Pulsatilla, Tuberculinum, Sepia Officinalis, Medorrhinum, Thuya Occidentalis.

(38) Conium Maculatum, Sabal Serrulata, Chimaphila Umbellata, Agaricus Muscarius, Pareira Brava, Aloe, Plumbum Metallicum, Causticum, Cicuta Virosa, Hyoscyamus Niger, Gelsemium Sempervirens, Clemastis Erecta, Benzoicum Acidum, Berberis Vulgaris, Cantharis Vesicatoria, Equisetum Hiemale, Mercurius Corrosivus, Tuberculinum Residuum, Baryta Carbonica, Calcarea Fluorica, Thuya Occidentalis, Sepia Officinalis, Sulfur, Lycopodium Clavatum, Kalium Carbonicum, Aurum Metallicum.

(39) Sulfur Iodatum, Pulsatilla, Phosphorus, Baryta Carbonica, Lycopodium Clavatum, Medorrhinum, Cina, Tarentula Hispana, Natrum Muriaticum, Staphysagria, Chamomilla Vulgaris, Lachesis Mutus.

(40) Belladonna, Sticta Pulmonaria, Apis Mellifica, Allium Cepa, Kalium Iodatum, Euphrasia Officinalis, Naphtalinum, Ammonium Muriaticum, Arsenicum Album, Kalium Bichromicum, Hydrastis Canadensis, KaliumSulfuricum, Mercurius Solubilis, Hepar Sulfur, Pyrogenium, Phytolacca Decandra, Lachesis Mutus, Arum Riphyllum, Ailanthus Glandulosa, Cinnabaris, Mezereum, Echinacea Angustifolia, Silicea, Natrum Sulfuricum, Dulcamara, Aconitum Napellus, Staphylococcinum, Streptococcinum, Nux Vomica, Staphysagria, Pulsatilla, Calcarea Phosphorica, Tuberculinum, Sulfur Iodatum, BarytaCarbonica, Sulfur, Thuya Occidentalis.

(41) Kalium Iodatum, Aurum Metallicum, Symphytum Officinale, Phosphorus, Calcarea Phosphorica, Phosphoricum Acidum, Fluoricum Acidum, Agraphis Nutans, Baryta Carbonica, Apis Mellifica, Hepar Sulfur, Mercurius Solubilis, Sulfur Iodatum, Arsenicum Iodatum, Kalium Iodatum, Kalium Muriaticum, Kalium Sulfuricum, Arum Triphyllum, Silicea, Echinacea Angustifolia, Nux Vomica, Poumon Histamine, Aconitum Napellus, Dulcamara, Natrum Sulfuricum, Staphylococcinum, Streptococcinum, Puslatilla, Staphysagria, Ignatia Amara, Lachesis Mutus, Natrum Muriaticum, Aviaire,Tuberculinum, Thuya Occidentalis, Medorrhinum., Calcarea Carbonica.

(42) Hepar Sulfur, Chamomilla Vulgaris, Nux Vomica, Tarentula Hispana, Belladonna, Stramonium, Staphysagria, Ignatia Amara, Lachesis Mutus, Pulsatilla, Hyoscyamus Niger, Anacardium Orientale, Medorrhinum, Tuberculinum, Cina, Borax, Kalium Bromatum, Kalium Phosphoricum, Zincum Metallicum, Coffea Cruda, Gelsemium Sempervirens, Argentum Nitricum, Lycopodium Clavatum, Ambra Grisea, Arsenicum Album, Psorinum, Causticum, Kreosotum, Equisetum Hiemale, Magnesia Phosphorica, Staphysagria, Dulcamara, Natrum Sulfuricum, Sepia Officinalis, Agaricus Muscarius, Cuprum Metallicum, Conium Maculatum, Mercurius Solubilis, Phosphorus.

(43) Tarentula Hispana, Cina, Medorrhinum, Hepar Sulfur, Mercurius Solubilis, Chamomilla Vulgaris, Argentum Nitricum, Anacardium Orientale, Stramonium, Hyoscyamus Niger, Kalium Bromatum, Nux Vomica.

(44) Apis Mellifica, Urtica Urens, Belladonna, Histaminum, Poumon Histamine, Fumaria Officinalis, Pollens,

Blatta Orientalis, Ledum Palustre, Muriaticum Acidum, Aconitum Napellus, Dulcamara, Sulfur, Rhus Toxicodendron, Nux Vomica, Ignatia Amara, Staphysagria, Gelsemium Sempervirens, Lycopodium Clavatum, Psorinum, Natrum Muriaticum, Thuya Occidentalis.

(45) Nux Vomica, Allium Cepa, Sabadilla Officinarum, Ammonium Muriaticum, Arsenicum Album, Arsenicum Iodatum, Naphtalinum, Kalium Iodatum, Apis Mellifica, Ammonium Carbonicum, Pulsatilla, Lacheisis Mutus, Sticta Pulmonaria, Kalium Bichromicum, Hydrastis Canadensis, Kalium Sulfuricum, Mercurius Solubilis, Hepar Sulfur, Pyrogenium, Poumon Histamine, Echinacea Angustifolia, Silicea, Pollens, Blatta Orientalis, Natrum Sulfuricum, Dulcamara, Staphylococcinum, Streprococcinum, Lycopodium Clavatum, Sulfur, Calcarea Carbonica, Psorinum, Tuberculinum, Natrum Muriaticum, Sulfur Iodatum, Thuya Occidentalis, Medorrhinum.

(46) Aresnicum Album, Cuprum Metallicum, Kalium Carbonicum, Carbo Vegetabilis, Ipeca, Blatta Orientalis, Antimonium Tartaricum, Ammonium Carbonicum, Poumon Histamine, Apis Mellifica, Silicea, Echinacea Angustifolia, Pollens, Influenzinum, Dulcamara, Natrum Sulfuricum, Aconitum Napellus, Natrum Muriaticum, Causticum, Nux Vomica, Rhus Toxicodendron, Gelsemium Sempervirens, Argentum Nitricum, Lachesis Mutus, Pulsatilla, Ignatia Amara, Staphysagria, Sulfur, Calcarea Carbonica, Lycopodium Clavatum, Psorinum, Tuberculinum, Sulfur Iodtum, Arsenicum Iodatum, Thuya Occidentalis, Medorrhinum.

(47) Sabina, Sarsaparilla, Lycopodium Clavatum, Staphysagria, Cinnabaris, Argentum Nitricum, Silicea, Natrum Sulfuricum, Thuya Occidentalis, Medorrhinum, Nitricum Acidum, Kreosotum, Mercurius Solubilis, Mercurius Corrosivus, Hydrastis Canadensis, Kalium Bichromicum, Graphites, Arsenicum Album, Fluoricum Acidum, Radium Bromatum, Helonias Dioica, Sepia Officinalis, Folliculinum, Luteinum, Monilia Albicans, Colibacillinum, Enterococcinum, Staphylococcinum, Graphites, Arsenicum Album, Pulsatilla, Psorinum.

(48) Colocynthis, Magnesia Phosphorica, Dioscorea Villosa, Cuprum Metallicum, Veratrum Album, Chammomila Vulgaris, Caulophyllum Talictroides, Lachesis Mutus, Actaea Racemosa, Sabina, Platina, Cyclamen Europaeum, Phytolacca Decandra, Bromum, Trillium Pendulum, Viburnum Opulus, Lilium Tigrinum, Murex Purpurea, Folliculinum, Luteinum, Progesteronum, Lac Caninum, Secale Cornutum, Bryonia Alba, Ignatia Amara, Staphysagria, Pulsatilla, Calcarea Phosphorica, Nux Vomica, Natrum Sulfuricum, Bovista Gigantea, Eugenia Jambosa, Kalium Bromatum, Rhus Toxicodendron, Croton Tiglium, Hamamelis Virginiana, Aesculus, Hippocastanum, Gelsemium Sempervirens, Sepia Officinalis, Natrum Muriaticum, China Rubra, Achillea Millefolium, Crotalus Horridus, Arnica Montana, Phosphorus, Ferrum Metallicum, Tuberculinum, Silicea.

(49) Trillium Pendulum, Lachesis Mutus, Murex Purpurea, Sabina, Millefolium, Ipeca, Secale Cornutum, Lilium Tigrinum, Viburnum Opulus, Belladonna, Sanguinaria Canadensis, Sepia Officinalis, Sulfur, Glonoinum, Amylium Nitrosum, Ignatia Amara, Coffea Cruda, Hyoscyamus Niger, China Rubra, Actaea Racemosa, Magnesia Muriatica, Nux Vomica, Aurum Metallicum, Folliculinum Luteinum, Fsh, Natrum Muriaticum, Staphysagria, Pulsatilla, Calcarea

Carbonica, Graphites, Thuya Occidentalis, Calcarea Phosphorica, Calcarea Fluorica, Phosphorus, Bryonia Alba, Tuberculinum Residuum, Rhus Toxicodendron, Silicea, Radium Bromatum, Natrum Sulfuricum, Insulinum, Lycopodium Clavatum, Conium Maculatum, Phytolacca Decandra, Lac Caninum.

(50) Aconitum Napellus, Belladonna, Hypericum Perforatum, Kalmia Latifolia, Magnesia Phosphorica, Colocynthis, Dioscorea Villosa, Magnesia Carbonica, Mezereum, Spigelia Anthelmia, Arsenicum Album, Chammomila Vulgaris, Actaea Racemosa, Gnaphalium, Causticum, Ranunculus Bulbosus, Prunus Spinosa, Capsicum Annuum, Nux Vomica, Dulcamara, Thuya Occidentalis, Natrum Sulfuricum, Gelsemium Sempervirens, Conium Maculatum, Rhus Toxicodendron, Arnica Montana, Calcarea Carbonica, Calcarea Phosphorica, Calcarea Fluorica, Kalium Carbonicum.

(51) Iris Versicolor, Lycopodium Clavatum, Kalium Bichromicum, Cyclamen Europaeum, Gelsemium Sempervirens, Spigelia Anthelmia, Prunus Spinosa, Belladonna, Glonoinum, Sanguinaria Canadensis, Lachesis Mutus, Mellilotus Officinalis, Actaea Racemosa, Alchnantes Tinctoria, Ruta Graveolens, Jaborandi, Physostigma Venenosum, Arnica Montana, Natrum Sulfuricum, Natrum Muriaticum, Dulcamara, Kalium Phosphoricum, Phosphoricum Acidum, Anacardium Orientale, Nux Vomica, Ignatia Amara, Staphysagria, Argentum Nitricum, Sulfur, Sepia Officinalis, Silicea, Calcarea Phosphorica.

(52) Ignatia Amara, Picricum Acidum, Kalium Phosphoricum, Phosphoricum Acidum, Stannum Metallicum, Kalium Bromatum, Gelsemium Sempervirens, Cyclamen Europaeum, Argentum Nitricum, Anacardium Orientale, Nux Vomica, Aconitum Napellus, Belladonna, Glonoinum, Opium, Lachesis Mutus, Aurum Metallicum, Lycopus Virginicus, Spigellia Anthelmia, Cactus Grandiflorus, Asa Foetida, Colocynthis, Magnesia Phosphorica, Staphysagria, Stramonium, Hyoscyamus Niger, Arsenicum Album, Natrum Muriaticum, Sepia Officinalis, Causticum, Aurum Metallicum, Kalium Carbonicum, Thuya Occidentalis, Natrum Sulfuricum, Moschus, Pulsatilla, Lycopodium Clavatum, Phosphorus, Ambra Grisea, Calcarea Carbonica, Graphites, Calcarea Phosphorica, Tuberculinum, Psorinum, Sulfur, Silicea.

(53) Sulfur, Medorrhinum, Radium Bromatum, Dolichos Pruriens, Arsenicum Album, Staphysagria, Psorinum, Rumex Crispus, Aurum Metallicum, Ignatia Amara, Lycopodium Clavatum, Sepia Officinalis, Phosphorus, Phosphoricum Acidum, China Rubra, Kalium Carbonicum, Causticum, Nux Vomica, Sulfur, Silicea, Calcarea Fluorica, Baryta Carbonica, Sabal Serrulata, Conium Maculatum, Arsenicum Iodatum, Graphites, Staphysagria, Ignatia Amara, Calcarea Carbonica, Thuya Occidentalis, Natrum Sulfuricum, Medorrhinum, Calcarea Fluorica, Causticum, Luesinum.

(54) Lycopodium Clavatum, Sulfur, Arsenicum Iodatum, Arsenicum Album, Baryta Carbonica, Phosphorus, Sulfur, Nux Vomica, Calcarea Carbonica, Baryta Carbonica, Calcarea Fluorica, Silicea, Plumbum Metallicum, Lachesis Mutus, Thya Occidentalis, Natrum Sulfuricum, Bryonia Alba, Cocculus Indicus, Conium Maculatum, China Rubra, Tabacum, Borax, Petroleum, Secale Cornutum, Arnica Montana, Ferrum Metallicum, Ignatia Amara, Gelsemium Sempervirens, Argentum Nitricum, Staphysagria, Sabal Serrulata.

(55) Anacardium Orientale, Kalium Phosphoricum, Phosphoricum Acidum, Selenium Metallicum, Petroleum, Alumina, Kalium Bromatum, Sulfur, Phosphorus, Lycopodium Clavatum, Aurum Metallicum, Baryta Carbonica, Arsenicum Iodatum, Secale Cornutum, Plumbum Metallicum, Causticum, Arnica Montana, Arsenicum Album, Calcarea Carbonica, Nux Vomica, Staphysagria, Ignatia Amara, Luesinum, Tuberculinum Residuum, Thuya Occidentalis, Natrum Sulfuricum.

(56) Hypericum Perforatum, Arsenicum Album, Ranunculus Bulbosus, Mezereum, Asa Foetida, Eupatorium Perfoliatum, Radium Bromatum, Aurum Metallicum, Phytolacca Decandra, Bryonia Alba, Causticum, Rhus Toxicodendron, Sanguinaria Canadensis, Ferrum Metallicum, Magnesia Phosphorica, Colocynthis, Dioscorea Villosa, Bovista Gigantea, Apis Mellifica, Kreosotum, MercuriusSolubilis, Mercurius Corrosivus, Borax, Sulfuricum Acidum, Carbo Vegetabilis, Silicea, Radium Bromatum, Lycopodium Clavatum, Phosphorus, Carbo Animalis,Carbo Vegetabilis, China Rubra, Pyrogenium, Bryonia Alba.

(57) Secale Cornutum, Arsenicum Album, Arnica Montana, Phosphorus, Eugenia Jambolana (Syzygium), Sulfur, Calcarea Carbonica, Nux Vomica, Staphysagria, Gelsemium Sempervirens, Lycopodium Clavataum, Graphites, Baryta Carbonica, Thuya Occidentalis, Natrum Sulfuricum, Lycopus Virginucus, Spigelia Anthlemia, Lapis Albus, Calcarea Fluorica, Badiaga, Spongia Tosta, Coffea Cruda, Iodum, Thyroidinum, Sulfur Iodatum, Arsenicum Iodatum, Staphysagria, Natrum Muriaticum, Magnesia Muriatica, Ignatia Amara, Lachesis Mutus, Argentum Nitricum, Aurum Metllicum, Alumina, Nux Moschata, Kalium Bromatum, Conium Maculatum, Bromum, Kalium Carbonicum, Psorinum, Causticum.

(58) Monilia Albicans, Staphylloccinum, Streptococcinum, Colibacilinum, Enterococcinum, Tubercullinum, Aviare, Tubercullinum Residuum, Luesinum, Medorrhinum, Paratyphidinum B.

ANNEX-2/A: EVALUATION FORM OF CLASSICAL HOMEOPATHY PRACTICE TRAINING FOR PHYSICIANS/DENTISTS

Date		
Name & Surname of the Participant		
Unit in which the Participant Practices		
Evaluator		
Practice No	**Evaluated Practices**	**Evaluation Score (*)**
1	Case admission and observation	
2	Informing the case about homeopathy	
3	Medical history-taking, process management	
4	Detection of symptoms, determination of rubrics	
5	Repertorization	
6	Determination of homeopathic remedy and its potency	
7	Informing the case about the treatment (usage, points to consider, way and time of feedback, etc.)	
8	Medical history-taking in the second examination	
9	Determination of the remedy in the second prescription	
10	Homeopathic remedies used in acute diseases	
11	Classification of remedies and general characteristics of remedy classes (mineral, herbal, animal, miasma, etc.)	
12	Relationships between remedies (complementary remedies, remedies that follow well, remedies that antagonize, etc.)	
13	Chronic patient follow-up	
14	Differences between ecoles in homeopathy	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

*Evaluation Score
Highly Satisfactory : 4
Satisfactory : 3
Moderately Satisfactory : 2
Unsatisfactory : 1
Not Evaluated : 0

NOTE: The practice exams shall be conducted by using Homeopathy Practice Training Evaluation Form (Annex 2/A, Annex 2/B and Annex 2/C). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average will be determined. The average will be multiplied by 25 (twenty five) and it will be calculated on the scale of 100 (hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam will be deemed successful.

EVALUATION RESULT OF CLASSICAL HOMEOPATHY PRACTICE TRAINING FOR PHYSICIANS/DENTISTS

Theoretical Exam Score	Practice Evaluation Score	Average of Theoretical Exam and Practice Evaluation Scores

ANNEX-2/B: EVALUATION FORM OF CLASSICAL HOMEOPATHY PRACTICE TRAINING FOR PHARMACISTS

Date

Name & Surname of the Participant

Evaluator

Practice No	Evaluated Practices	Evaluation Score (*)
1	Homeopathy, basic concepts and sources	
2	Raw materials of homeopathic remedies	
3	Homeopathic mother tinctures	
4	Homeopathic remedy dilutions	
5	Homeopathic preparation forms	
6	Preparation of homeopathic remedies and selected products	
7	Points to consider during the preparation of a mixture	
8	Acute homeopathic remedies (emergency remedies)	
9	Homeopathic remedies used in specific diseases	
10	Bach flowers	
11	Schuessler salts	
12	Homeopathic remedy and conventional drug interactions	
13	Sample prescriptions used in classical, clinical and complex homeopathy	
14	Patient care in homeopathy and counseling service for remedies	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Highly Satisfactory	: 4
Satisfactory	: 3
Moderately Satisfactory	: 2
Unsatisfactory	: 1
Not Evaluated	: 0

NOTE: The practice exams shall be conducted by using Homeopathy Practice Training Evaluation Form (Annex 2/A, Annex 2/B and Annex 2/C). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average will be determined. The average will be multiplied by 25 (twenty five) and it will be calculated on the scale of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam will be deemed successful.

EVALUATION RESULT OF CLASSICAL HOMEOPATHY PRACTICE TRAINING FOR PHARMACISTS

Theoretical Exam Score	Practice Evaluation Score	Average of Theoretical Exam and Practice Evaluation Scores

ANNEX-2/C: EVALUATION FORM OF CLINICAL HOMEOPATHY PRACTICE TRAINING FOR PHYSICIANS/DENTISTS

Date

Name & Surname of the Participant

Unit in which the Participant Practices

Evaluator

Practice No	Evaluated Practices	Evaluation Score (*)
IN ACUTE CLINICAL CASE		
1	Selection of a remedy suitable for the case:	
2	Selection of a dose suitable for the case:	
3	Determination of the remedy intake frequency suitable for the case:	
4	Determination of the treatment duration suitable for the case:	
5	Determination of the control time suitable for the case:	
6	Evaluation of the treatment (complementary or alternative)	
7	Competency in homeopathic treatment approach toward the case:	
IN CHRONIC CLINICAL CASE		
8	Case examination (Determination of Sensitive Type, Reactive Type, Constitutional Type)	
9	Case examination based on four scales:	
10	Selection of a remedy suitable for the case:	
11	Selection of a dose suitable for the case:	
12	Determination of the remedy intake frequency suitable for the case:	
13	Determination of the treatment duration suitable for the case	
14	Determination of the control time suitable for the case:	
15	Evaluation of the treatment (complementary or alternative)	
16	Competency in homeopathic treatment approach toward the case:	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

NOTE: The practice exams shall be conducted by using Homeopathy Practice Training Evaluation Form (Annex 2/A, Annex 2/B and Annex 2/C). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average will be determined. The average will be multiplied by 25 (twenty five) and it will be calculated on the scale of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam will be deemed successful.

EVALUATION RESULT OF CLINICAL HOMEOPATHY PRACTICE TRAINING FOR PHYSICIANS/DENTISTS

Theoretical Exam Score	Practice Evaluation Score	Average of Theoretical Exam and Practice Evaluation Scores

ANNEX-3

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)		
2. COUNTRY OF TRAINING		
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING		
4. TRAINING CURRICULUM		
5. VALIDITY PERIOD OF THE CERTIFICATE		
THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

CUPPING THERAPY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR CUPPING THERAPY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Cupping Therapy Certification Training Program

2. AIM OF TRAINING

The aim of this training program is to gain the dentists in their own fields and physicians who will practice cupping the qualifications that will allow them to efficiently practice cupping.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663,
2. "Regulation on Certification Training of the Ministry of Health" published in the Official Gazette dated February 4, 2014 and numbered 28903.
3. "Regulation on Traditional and Complementary Medicine Practices" published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Cupping Therapy: It is the wet cupping therapy practice in which the blood is taken by creating superficial skin cuts together with a local vacuum in certain areas of the body as well as the dry cupping therapy practice which is based on applying local vacuum to increase blood circulation.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of dentistry or the faculties of medicine and training and research hospitals to perform the practices specified in the relevant Regulation under the responsibility of a physician or a dentist who holds a certificate on the relevant field and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below:

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be taught in face-to-face classes and/or a maximum of 80% of the same theoretical part may be taught as distance learning courses.

2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to practices on-line through the infrastructure provided by the server.
3. The participants need to practice cupping at least 7 (seven) times during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance learning courses and a maximum of 25 (twenty five) participants for face-to-face classes can be accepted in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a Physician or a Dentist who does not have any Public Service Liability and whose training in this program is of importance for his/her services in the institution she/he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% (ten percent) of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% (ten percent) absence due to a legal excuse is acceptable for the theoretical training.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture
    - Small group discussion
    - Demonstrative teaching
    - Engaged scientific activities
    - Question & Answer
    - Video-based teaching
    - Clinical practice (case studies)
10. The practical training includes bedside cupping practices performed individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently” stages respectively.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians and dentists to practice in their own field can participate in this certification training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

Tables 1 and 2 below show the learning objectives and subjects to be included in the training program as well as the duration of each subject.

TABLE 1: Subjects to be included in the Theoretical Training Program for Physicians and Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	OBJECTIVES The participant who successfully completes this training:	DURATION (hours)
A. Introduction to Cupping Therapy		**7**
1. History and importance of cupping therapy	1. Briefly summarizes the history of cupping therapy. 2. Describes the importance of cupping therapy in traditional medicine.	1
2. Types of cupping therapy Dry cupping therapy Wet cupping therapy	Describes the characteristics of dry cupping. Describes the characteristics of wet cupping.	1
Ethical and legal issues in cupping therapy	Explains the legislation on cupping therapy and the ethical rules.	1
Theories on mechanisms of action in cupping therapy and level of evidence	1. Describes the theories on mechanisms of action in cupping therapy. 2. Discusses the level of evidence in cupping therapy.	3
Cases in which cupping therapy cannot be practiced	1. Names the cases in which cupping therapy cannot be practiced.	1
B. Areas to Practice Cupping Therapy		**19**
Cupping therapy in musculoskeletal system disorders	Describes the appropriate cupping therapy in musculoskeletal system disorders.	4
Cupping therapy in cardiovascular system disorders	Describes the appropriate cupping therapy in cardiovascular system disorders.	1
Cupping therapy in neurological and psychiatric disorders	1. Describes the appropriate cupping therapy in neurological disorders. 2. Describes the appropriate cupping therapy in psychiatric disorders.	2
Cupping therapy in allergies and immunology	1. Describes the appropriate cupping therapy in allergies. 2. Describes the appropriate cupping therapy in immunology.	2
Cupping therapy in digestive system disorders	Describes the appropriate cupping therapy in digestive system disorders.	1

TABLE 1: Subjects to be included in the Theoretical Training Program for Physicians and Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	OBJECTIVES The participant who successfully completes this training:	DURATION (hours)
Cupping therapy in dermatology	Describes the appropriate cupping therapy in dermatology.	1
Cupping therapy in respiratory system disorders	Describes the appropriate cupping therapy in respiratory system disorders.	1
Cupping therapy in pediatric age group.	Describes the appropriate cupping therapy in pediatric age group.	2
Cupping therapy in some eye and ear diseases	1. Describes the appropriate cupping therapy in some eye diseases 2. Describes the appropriate cupping therapy in some ear diseases	1
Cupping therapy as a complementary practice in oncology	Describes the appropriate cupping therapy as a complementary practice in oncology.	1
Cupping therapy in dentistry	Describes the correct cupping therapy practice in dentistry.	3
TOTAL		**26**

TABLE 2: Subjects to be included in the Practical Training Program for Physicians and Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	OBJECTIVES The participant who successfully completes this training:	DURATION (hours)
Materials and practicing techniques used during cupping therapy	Shows the materials used during cupping. Practices cupping techniques.	1
Planning the medical history taking and practicing	Takes medical history according to the case. Plans the cupping therapy according to the disorders.	1
Cupping therapy in musculoskeletal system disorders	Shows the appropriate cupping points on persons or models in musculoskeletal system disorders.	2

TABLE 2: Subjects to be included in the Practical Training Program for Physicians and Dentists and Learning Objectives and Duration of Each Subject

SUBJECT	OBJECTIVES The participant who successfully completes this training:	DURATION (hours)
Cupping therapy in cardiovascular system disorders	Shows the appropriate cupping points on persons or models in cardiovascular system disorders.	1
Cupping therapy in neurological and psychiatric disorders	1. Shows the appropriate cupping points on persons or models in neurological disorders. 2. Shows the appropriate cupping points on persons or models in psychological disorders.	1
Cupping therapy in allergies and immunology	1. Shows the appropriate cupping points on persons or models in allergic diseases. 2. Shows the appropriate cupping points on persons or models in immunological disorders.	1
Cupping therapy in dermatology	Shows the appropriate cupping points on persons or models in dermatological disorders.	1
Cupping therapy in digestive system disorders	Shows the appropriate cupping points on persons or models in digestive system disorders.	1
Cupping therapy in respiratory system disorders	Shows the appropriate cupping points on persons or models in respiratory system disorders.	1
Cupping therapy as a complementary practice in oncology	Shows the complementary cupping points on persons or models in oncology.	1
Cupping therapy in some eye and ear diseases	1. Shows the appropriate cupping points on persons or models in some eye diseases. 2. Shows the appropriate cupping points on persons or models in some ear diseases.	1
Cupping therapy in dentistry	Shows the appropriate cupping points on persons or models in dentistry.	2
TOTAL HOURS OF TRAINING		**14**
GRAND TOTAL		**40**

7.2. Training Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials including subjects in the training content (books, slides, training guidelines, scientific journals etc.)
2. Audiovisual training materials (compact discs, video films, pictures, etc.)
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for training and transferred into digital environment.
4. All equipment that must be found in a traditional and complementary medicine practice center/unit for cupping therapy as per the relevant legislation,
5. All kinds of devices and materials at the place where the training will take place will be considered as training material.

7.3. Duration of Training

The duration of the Cupping Therapy Certification Training Program is given in the table

Table 3: The Duration of the Cupping Therapy Certification Training Program

TYPE OF TRAINING	TOTAL DURATION (Hours)
Duration of Theoretical Training	26
Duration of Practical Training	14
GRAND TOTAL	40

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams shall be conducted at the end of the training program.
3. Participants are supposed to succeed both in theoretical and practice exam separately.
4. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
5. The practice exams shall be conducted by using Cupping Therapy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or “Not Evaluated” (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.
6. Theoretical exam questions shall be prepared as multiple-choice questions.

7. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum. Those who cannot pass the exam are supposed to apply to the cupping therapy certification training program again.
8. Participants who cannot pass the theoretical exam shall not be allowed to take the practical exam.
9. The practice exam shall be conducted by practicing on a patient and/or on a model.
10. In the practice exam;
    a. Practice planning,
    b. Cupping therapy,
    c. Important Points before and after the practice shall be evaluated.
11. Participants who fail in the practice exam shall be allowed to take the exam 2 (two) more times at maximum. Those who cannot pass the exam are supposed to apply to the Cupping Therapy Certification Training Program again.
12. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the cupping therapy certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
13. For certification, the success point of a participant shall be determined by averaging the points obtained in the theoretical and practice exams.
14. Participants who pass the theoretical and practice exams shall be awarded their certificates.
15. The certificate shall be registered by the Ministry of Health.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians or dentists or academicians holding an academic title in the relevant field are the program officers of the Cupping Therapy Certification Training Program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have at least one of the following qualifications are assigned as trainers in this training program;

1. Physicians or Dentists who hold Cupping Therapy Practice Certification and who have actively worked in the relevant practice field for minimum 3 (three) years,
2. Specialist Physicians or Dentists who hold Cupping Therapy Practice Certification,
3. Physicians and Dentists who hold Cupping Therapy Certification and who have minimum two national/international scientific publications on cupping therapy,
4. Academicians or specialists in other fields than cupping therapy,
5. Those who are foreign national and document that they have actively practiced their profession and received cupping therapy practice training in an international platform and who are deemed to be qualified by the committee established by the relevant unit,

NOTE: The Practice Centers are obliged to notify the Ministry of Health about the qualifications and names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

The institutions/organizations which have a "Practice Center" can organize the Cupping Therapy Certification Training Program. The place where the training will be provided shall:

For distance learning;

1. have a Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.)
2. have a Learning Management System (LMS) Management panel,
3. have a server and infrastructure architecture in parallel with the capacity of the trainees,
4. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings.

The Place where the Theoretical and Practical Training will be provided shall:

1. have a server and infrastructure architecture in parallel with the capacity of the trainees,
2. have adequate number of chairs and desks for participants,
3. be a Center for Traditional and Complementary Medicine Practices approved by the Ministry,
4. have computer, practice models, a blackboard which will allow for carrying out the training using appropriate technology; a printer, xerox machine and paper support systems etc. ensuring that participants are provided with training objectives, subjects and contents/presentations.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 years.

12. CERTIFICATE RENEWAL CRITERIA

The renewal of the certificate shall be carried out in line with the criteria below:

1. At the end of the validity period of the certificates, among the certificate-holders;
   a. The certificates of those who document that they attended national/international trainings or scientific meetings on cupping therapy at least 1 (one) time within the validity period of the certificate after receiving that certificate or those who published an article on cupping therapy in 1 (one) national/international peer-reviewed journal or those who document that they worked actively on this field for 6 (six) months shall be renewed. The certificate-holders shall submit their documentation related to these criteria during the renewal application to the certification training providers that awarded the certificate to them.
   b. Those who do not fulfil any criteria in subparagraph (a) of the first paragraph need to take the certificate renewal exam.
2. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent devel-

opments in the field and the subjects in the cupping therapy training program by the implementers of cupping therapy certification training program under the coordination of the relevant unit of the Ministry.

3. Participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
4. The certificates of the certificate-holders shall be valid until the certificate renewal exam process is completed.
5. The certificates of those who fail to attend the certificate renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.
6. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.
7. The objections of the certificate-holders, who fail in the certificate renewal exam to the renewal exam results, shall be evaluated and concluded in maximum 5 (five) working days by the certificate renewal exam committee.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

Equivalence shall be requested by using the equivalence application form prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health.

It is mandatory to submit all the documents specified in this form.

Each section specified in this form shall be filled in detail, the notarized copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

Documents to be attached to the Application Form:

1. Notarized copy of the certificate
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma
3. Notarized copy of postgraduate education certificate, if available
4. A copy of Turkish Identification Card/certified copy of Foreign Identification Card and 2 (two) photographs
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish)
6. Document proving that s/he received at least 40 hours of theoretical and practical training, and the Training Curriculum
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organiza-

tion/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training

8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

How to carry out the Equivalence Procedures;

1. The application files of those who apply for certificate equivalence shall be examined in line with the Cupping Therapy Certification Training Program Standards by a cupping therapy certification training science committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Cupping Therapy Certification Training Program.
4. The participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. The practice exam shall be conducted by practicing on a patient and/or on a model.
6. In the practice exam;
   a. Practice planning,
   b. Cupping therapy,
   c. Important Points before and after the practice, shall be evaluated.
7. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Cupping Therapy Certification Training Program.
8. Certificate Equivalency Document shall be drawn up for the applicants who pass the theoretical and practice exams.
9. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Physicians or dentists who meet the criteria below and who apply to the Ministry within 6 (six) months after the publication of this standard and who are deemed suitable by the committee to be established by the relevant unit of the Ministry are awarded a Osteopathy Certification equivalence without being tested for one time only.

1. Having 2 (two) national/international scientific publications accepted and/or published on the subject,
2. Having conducted a postgraduate thesis study on the subject,
3. Having worked as a postgraduate thesis supervisor on the subject.

ANNEX-1: EVALUATION FORM OF CUPPING PRACTICE TRAINING

Date	
Name & Surname of the Participant	
Unit in which the Participant Practices	
Evaluator	

Practice No	Evaluated Practices	Evaluation Score
PHYSICIANS		
1	Admission of the case and medical history taking/fictional admission of case on model and fictional medical history taking	
2	Planning the practice and determining appropriate cupping points	
3	Important Points and Actions before the practice	
4	Selection of appropriate materials before the practice and asepsis-antisepsis	
5	Using the correct techniques for the practice and allocating sufficient amount of time for the practice	
6	Important Points and Actions after the practice	
7	Showing the appropriate cupping points in musculoskeletal system disorders and planning the practice	
8	Showing the appropriate cupping points in neuro-psychiatric disorders and planning the practice	
9	Showing the appropriate cupping points in cardiovascular disorders and planning the practice	
10	Showing the appropriate cupping points in allergies, immunology and dermatology and planning the practice	
DENTISTS		
1	Admission of the case and medical history taking/fictional admission of case on model and fictional medical history taking	
2	Planning the practice and determining appropriate cupping points	
3	Important Points and Actions before the practice	
4	Selection of appropriate materials before the practice and asepsis-antisepsis	
5	Using the correct techniques for the practice and allocating sufficient amount of time for the practice	
6	Important Points and Actions after the practice	
7	Showing the appropriate cupping points in dentistry cupping practice areas and planning the practice	

TOTAL SCORE (The Total of Scores for Each Practice)

AVERAGE SCORE (Total Score/The Number of Evaluated Practices)

AVERAGE SCORE OUT OF 100 (Average Score x 25)

*Evaluation Score (Those who score 70 points or more will be deemed successful.)

Highly Satisfactory	: 4
Satisfactory	: 3
Moderately Satisfactory	: 2
Unsatisfactory	: 1
Not Evaluated	: 0

NOTE: The Practice exams shall be conducted by using Cupping Therapy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated on the scale of 100 (hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.

EVALUATION RESULT

Theoretical Exam Score	Practice Evaluation Score	Average of Theoretical Exam and Practice Evaluation Scores

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)
2. COUNTRY OF TRAINING
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING
4. TRAINING CURRICULUM
5. VALIDITY PERIOD OF THE CERTIFICATE

THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

LARVA THERAPY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR LARVA THERAPY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Larva Therapy Certification Training Program

2. AIM OF TRAINING

The aim of this training program is to gain the physicians who will practice larva therapy the qualifications that will allow them to efficiently practice larva therapy.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663
2. "Regulation on Certification Training of the Ministry of Health" published in the Official Gazette dated February 4, 2014 and numbered 28903.
3. "Regulation on Traditional and Complementary Medicine Practices" published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Larva Therapy; It is a practice in which Lucilia sericata (Phanecia sericata) sterile larvae are used in chronic wounds with biodebridement purposes.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of medicine to perform the practices specified in relevant Regulation under the responsibility of a physician who holds a certificate on the relevant field and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below:

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be taugth face-to-face classes and/or a maximum of 80% of the same theoretical part may be taught as distance learning courses.
2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server -on condition that at least 50% of the distance learning courses are synchronous- and that interactive live courses are taught at certain hours in a certain place/

hall within the bounds of live curriculum.

3. Participants need to practice larva therapy on at least 5 (seven) cases during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance learning courses and a maximum of 25 (twenty five) participants for face-to-face classes can be accepted in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a physician who does not have any public service liability and whose training in this program is of importance for his/her services in the institution she/he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% (ten percent) of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% (ten percent) absence due to a legal excuse is acceptable for the theoretical training.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture
    - Video-based teaching
    - Small group discussion
    - Demonstrative teaching
    - Question & Answer method
    - Engaged scientific activities
    - Clinical practice (case studies)
    - Model test
10. The practical training includes bed-side larva therapy practices performed individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently” stages respectively.
11. The relevant unit for this certification training program is the Department of Traditional and Complementary Medicine Practices of the General Directorate of Health Services of the Ministry.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians can participate in this certification training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

Table 1 shows the learning objectives and subjects included in the theoretical section of the Training Program as well as the duration of each subject.

Table 1: Subjects to be included in the Theoretical and Practice Sections of the Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this training program:	DURATION (Hours)
Larva therapy, its history and importance	1. Describes larva therapy. 2. Tells the history of larva therapy. 3. Discusses the importance of larva therapy.	1
Entomology-Fly biology, metabolism, life cycle, sterilization etc.	1. Describes the biology of the fly (lucilia sericata). 2. Describes the metabolism of the fly (lucilia sericata). 3. Describes the life cycle of the fly (lucilia sericata). 4. Describes the sterilization of the fly (lucilia sericata).	2
Terminology of larva therapy	Explains terms related to the larva therapy.	1
Wound (etiology, pathogenesis, process, etc.)	1. Explains the wound etiology, 2. Explains the wound pathogenesis, 3. Explains the wound process	1
Methods used in wound care	1. Names the methods used in wound care. 2. Describes each method.	1
General overview of scientific study methodology and larva therapy studies	1. Describes scientific study methodology. 2. Describes scientific study methodology in larva therapy. 3. Explains the principles of larva therapy.	2
Principles of larva therapy		
Contraindication and complications in larva therapy	1. Describes the contraindications in larva therapy. 2. Describes the complications in larva therapy.	1
Patient consent, ethical and legal obligations	1. Describes the legislation on patient consent in larva therapy. 2. Describes ethical and legal obligations in larva therapy.	1
Techniques in larva therapy	Describes the techniques in larva therapy.	4
Cases considered for Indication		
Wounds	Explains how to practice larva therapy in wounds.	2
Case presentations	1. Names potential cases related to the larva therapy. 2. Discusses each case.	4
TOTAL		20

Table 2: Subjects to be included in the Practical Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	OBJECTIVES Participant successfully completing this training program:	DURATION (Hours)
Medical history taking and planning the practice	1. Takes medical history according to the case. 2. Plans the larva therapy according to the symptoms.	1
Techniques in larva therapy	1. Observes the areas to practice larva therapy in line with the disease indication and practices the therapy. 2. Decides on the appropriate larva therapy practice in line with the disease indication and case and on the number of sessions.	9
Wounds	Shows on persons or models how to practice larva therapy in wounds in various parts of the body.	30
TOTAL		**40**

7.2. Training Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials including subjects in the training content (books, slides, training guidelines, scientific journals etc.)
2. Audiovisual training materials (compact discs, video films, pictures, etc.)
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for training and transferred into digital environment.
4. All tools and equipment that are supposed to be in a Larva Therapy practice center as per the relevant legislation.
5. All kinds of devices and materials at the place where the training will take place will be considered as training material.

7.3. Duration of Training

The duration of the Larva Therapy Certification Training Program is given in the table below.

Table 3: The Duration of the Larva Therapy Certification Training Program

TYPE OF TRAINING	TOTAL DURATION (Hours)
Theoretical Training	20
Practical/Field Training	40
TOTAL	60

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams shall be conducted at the end of the training program.
3. Theoretical exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
4. Participants are supposed to succeed both in theoretical and practice exam separately. Those who score 70 (seventy) points or more out of 100 (one hundred) in the exam shall be deemed successful. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Larva Therapy Certification Training Program again.
6. The practice exam shall be conducted by using Larva Therapy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or Not Evaluated (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.
7. The practice exam shall be conducted by practicing on a patient and/or on a model.
8. In the practice exam;
    a. Treatment planning,
    b. Practicing larva therapy,
    c. Pre- and post-treatment follow-up practices shall be evaluated.
10. For certification, the success point of a participant shall be determined by calculating the arithmetic mean of the points obtained in the theoretical and practice exams.
11. Participants who fail in the practice exam shall be allowed to take the exam 2 (two) more times at maximum. Those who cannot pass the exam are supposed to apply to the Larva Therapy Certification Training Program again.
12. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the larva therapy certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.

13. Participants who pass the theoretical and practice exams shall be awarded their certificates.
14. The certificate shall be registered by the Ministry of Health to become valid.
15. The validity period of the certificate is seven years. At the end of seven years, the certificates of those who satisfy the requirements listed in the certificate renewal criteria shall be directly renewed. The certificates of those who do not meet the requirements shall be renewed only if they succeed in the exam to be conducted.
16. In the case of a legally-acceptable excuse; the personnel trained shall complete their training by adding the duration of training which they are unable to participate in to the training program. If a participant fails to participate in training or s/he discontinues it, her/his training shall be cancelled and she/he shall be deemed unsuccessful.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians and academicians holding an academic title in the relevant field are the program officers of the Larva Therapy Certification Training Program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have at least one of the following qualifications are assigned as trainers in this training program.

1. Physicians who hold a Larva Therapy Certificate,
2. Physicians or academicians specializing in the subjects of the theoretical lessons in larva therapy,
3. Physicians who have at least two national/international scientific publications on larva therapy,
4. Those who are foreign national and document that they have actively practiced their profession and received larva therapy training in an institution accredited on international platform and who are deemed to be qualified by the committee established by the relevant unit of the Ministry,
5. The citizen physicians of the Republic of Turkey who document that they have actively practiced their profession abroad and received larva therapy training in an institution accredited on international platform and who are deemed to be qualified by the committee established by the relevant unit of the Ministry,

NOTE: The Practice Centers are obliged to notify the Ministry of Health about the qualifications and names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

The institutions/organizations which have a "Practice Center" and have the authority to provide training can organize the Larva Therapy Certification Training Program. The place where the training will be provided shall:

1. For distance learning;
    a. have Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.) have a Learning Management System (LMS) Management panel,
    b. have a Learning Management System (LMS) Management panel

c. have a server and infrastructure architecture in parallel with the capacity of the trainees,

d. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings,

2. have a training hall which has sufficient equipment and where the participants can receive interactive training,

3. have a training hall which is warm and bright enough as well as being spacious, where a modular system can be used, which has a capacity in the number of the participants to be trained, and which can be divided into two separate training halls when necessary,

4. have adequate number of chairs and desks for participants,

5. have a server and infrastructure architecture in parallel with the capacity of the trainees for distance learning,

6. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings,

7. be a Center for Traditional and Complementary Medicine Practices approved by the Ministry,

8. have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/ training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

The renewal of the certificate shall be carried out in line with the criteria below.

1. At the end of the validity period of the certificates, among the certificate-holders, those who document that they meet at least one of the following criteria:

a. Having attended national/international trainings or scientific meetings on larva therapy at least 1 (one) time,

b. Having published an article on larva therapy in 1 (one) national/international peer-reviewed journals,

c. Having actively worked in this field for 6 (six) months, shall be awarded a certificate renewal (the validity period of their certificates are extended for another 7 years). The certificate-holders shall submit their documentation related to these criteria during the certificate renewal application to the certification training providers that awarded the certificate to them.

2. Participants who do not fulfil at least one of the criteria in the first paragraph need to take the certificate renewal exam and pass the exam.

3. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in larva therapy certification training program by the implementers of larva therapy certification training program under the coordination of the relevant unit of the Ministry.
4. Participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
5. The certificates of the certificate-holders shall be valid until the certificate renewal exam process is completed.
6. The certificates of those who fail to attend the certificate renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.
7. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.
8. The objections of the certificate-holders, who fail in the certificate renewal exam to the renewal exam results, shall be evaluated and concluded in maximum 5 (five) working days by the certificate renewal exam committee.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

13.1. Equivalence Application

Equivalence shall be requested by using the equivalence application form (Appendix-2) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

13.2. Documents to be attached to the Application Form:

1. A certified copy of the certificate.
2. A certified copy of the Faculty of Medicine diploma.
3. A certified copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/certified copy of Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that s/he received at least 60 hours of theoretical and practical training, and the Training Curriculum.

7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

13.3. How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Larva Therapy Certification Training Standards by a Scientific Committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Larva Therapy Certification Training Program.
4. Applicants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Larva Therapy Certification Training Program.
6. Certificate Equivalency Document shall be drawn up for applicants who pass the theoretical and practice exams.
7. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Those who meet the criteria below and who apply to the Ministry within 6 (six) months after the publication of this standard and who are deemed suitable by the committee to be established by the relevant unit of the Ministry are awarded a Osteopathy Certification equivalence without being tested for one time only.

1. Having published at least 2 (two) articles on the subject in a national/international indexed journal,
2. Having at least 1 (one) chapter in a book or a book on the subject,
3. Having conducted a postgraduate thesis study on the subject,
4. Having worked as a researcher or executive in a scientific project supported by either a university or TUBITAK on the subject,
5. Having worked as a postgraduate thesis supervisor on the subject.

ANNEX-1: LARVA THERAPY CERTIFICATION TRAINING PROGRAM PRACTICE EVALUATION

Date	
Name & Surname of the Participant	
Unit in which the Participant Practices	
Evaluator	

Practice No	Evaluated Practices	Evaluation Score
1	Using Larva Therapy according to disease indications	
2	Taking medical history in terms of practicing Larva Therapy	
3	Describing the techniques in larva therapy	
4	Evaluating and presenting the case in terms of treatment	
5	Treatment planning and practicing	
6	Treatment planning and practicing on wounds	
7	Following up the treatment response	
8	Evaluating potential interactions and responding	
9	Recognizing potential complications and responding	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Quite Satisfactory	: 3
Satisfactory	: 3
Moderately Satisfactory	: 2
Unsatisfactory	: 1
Not Evaluated	: 0

NOTE: The Practice exams shall be conducted by using Larva Therapy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated on the scale of 100 (hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.

EVALUATION RESULT

Theoretical Exam Score	Practice Evaluation Score	Average of Theoretical Exam and Practice Evaluation Scores

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

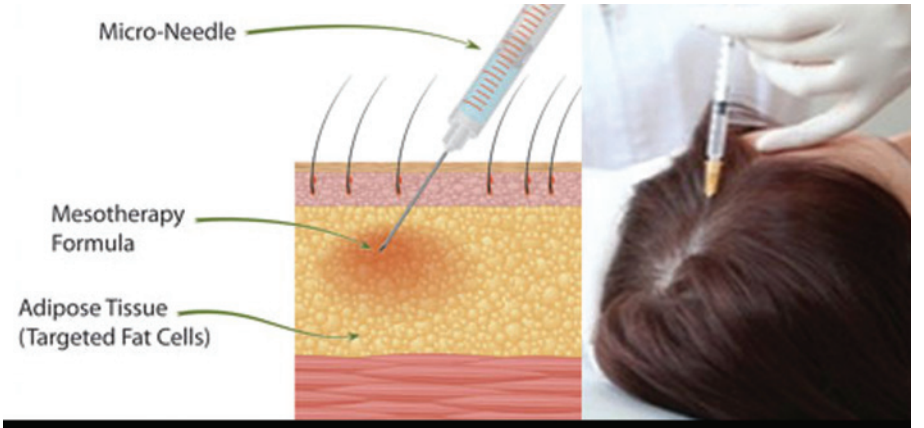
1. NAME OF TRAINING (In Turkish and in the language of the training and the document)		
2. COUNTRY OF TRAINING		
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING		
4. TRAINING CURRICULUM		
5. VALIDITY PERIOD OF THE CERTIFICATE		
THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.



MESO-THERAPY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR MESO-THERAPY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Mesotherapy Certification Training Program

2. AIM OF TRAINING

This certification training program aims at gaining the physicians and dentists (only in their own fields) who will practice mesotherapy the required qualifications so as to ensure that these practices are conducted in the most efficient and productive way.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663,
2. "Regulation on Certification Training of the Ministry of Health" published in the Official Gazette dated February 4, 2014 and numbered 28903,
3. "Regulation on Traditional and Complementary Medicine Practices" published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Mesotherapy: It is a practice method which ensures that mesoderm-related organ pathologies are cured by injecting the herbal and pharmacological drugs.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of dentistry or the faculties of medicine and training and research hospitals to perform the practices specified in the relevant Regulation under the responsibility of a physician or a dentist who holds a certificate on the relevant field and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below:

1. The training program shall be carried out both in theory and in practice. The theoretical part of the

training may be taught in face-to-face classes and/or a maximum of 80% of the same theoretical part may be taught as distance learning courses.

2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server.
3. The participants need to conduct at least 10 (ten) mesotheraphy practices during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance learning courses and a maximum of 30 (thirty) participants for face-to-face classes can be accepted in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a physician or a dentist who does not have any public service liability and whose training in this program is of importance for his/her services in the institution she/he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% (ten percent) of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% (ten percent) absence due to a legal excuse is acceptable for the theoretical training due to a legal excuse.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture
    - Small group discussion
    - Demonstrative teaching
    - Participatory scientific activity
    - Question & Answer
    - Video-based teaching
    - Clinical Practice (Case study)
10. The practical training includes bed-side mesotheraphy practices performed individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently” stages respectively.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians and dentists (for dentists, only in their own field) can participate in this training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

Subjects to be included in training program and learning objectives as well as duration of each subject are illustrated in Table 1 and Table 2.

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 1 Introduction to Mesotheraphy		**4**
1. History of Mesotherapy **a.** 1952 Michel Pistor **b.** 1958 Michel Bicheron	briefly explains the history and development process of mesotherapy.	
2. Development of mesotherapy in Turkey and in the world	names the development phases of mesotherapy in Turkey and in the world.	
3. Definitions of mesotherapy	defines mesotherapy.	
4. Theories clarifying the effect mechanism	explains the principles and contents of mesotherapy.	
a. Dr. Pistor's "Reflex Theory" or "Tegument Stimulo-Therapy"	names the effect mechanisms of mesotherapy.	
b. Dr. Bicheron's "Microcirculation Hypothesis"	describes pathophysiologic factors explaining the theory.	
c. Dr. Dalloz-Bourguignon's "Three Units Theory or Mesoderm Theory"	describes the evidence-based theoretical principles.	
d. Dr. Ballesteros's "Energetic Mesotherapy Theory"		
e. Dr. Mrejen's "Systematized Spot Mesotherapy Theory"		
f. Dr. Multedo's "Third Circulation Theory"		
g. Dr. Kaplan's "Unified Theory"		
h. Transdermal Mesotherapy "Electroporation"		
i. Slow Mesotherapy "Mesoperfusion"		

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 2 Physiology and Embryology		**2**
1. Skin Anatomy and Physiology 2. Why Dermal Layer? 3. Embryology of Mesoderm 4. Advantages of Using Mesotherapy 5. Mesotherapy-Complementary Medicine Relationship	• describes the primary subjects of skin anatomy and physiology, which is a practice field of mesotherapy. • explains the importance of dermal layer of skin. • clarifies the underlying reasons of needling the dermal layer. • names the function, physiology and effect mechanism of dermal layer. • explains the meaning and importance of embryology of mesoderm. • explains the relationship between the mesotherapy and mesoderm-related tissues. • names the advantages of using mesotherapy. • describes the difference between mesotherapy and the other injection systems. • explains the reason why mesotherapy is a complementary practice for modern medicine practices.	
MODULE -3 Materials Used in Mesotherapy		**2**
1. Manual Practice Methods 2. Mesotherapy Needles 3. Injectors 4. Ancillary equipment 5. Pressurized Needle-Free Injector Device 6. Transdermal Mesotherapy Device 7. Mesoperfusion	• names the materials used in mesotherapy. • describes the needles and their features. • describes the ways of using injectors. • explains the objectives and techniques of using ancillary equipment and pressurized injectors. • names transdermal practice mechanism and its practice fields. • defines mesoperfusion. • describes mesoperfusion practice method and prescription procedures.	

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 4 Mesotherapy Practice Techniques		**6**
1. Practice Techniques **a.** Intra-Dermis Technique **b.** Nappage Technique **c.** Point Injection Technique **d.** Epidermo-Dermis Injection Technique **e.** Papule Technique **2.** Points to consider in practice **3.** Factors affecting the success in mesotherapy	• names the practice techniques used in mesotherapy. • describes the theoretical principles of practice techniques, and the practice methods. • describes the effects, intended purpose and advantages of practice techniques. • names the methods and principles to be considered in practice. • names the factors affecting the success in mesotherapy • describes the practice algorithms. • describes the qualities and quantities of the mixtures to be prepared. • describes the compliance, adverse effects and effect profiles of the mixtures.	
MODULE - 5 Mesotherapy and Pharmacology		**10**
1. Criteria for the Products to be Selected **2.** Points to Consider in Preparing the Mixture **3.** Drugs Used in Mesotherapy **a.** Pharmacological Effects **b.** Doses and Intended Use **4.** Pharmacology of Skin and Subcutaneous Tissue	• names the products to be used in mesotherapy. • describes the compliance of and pharmacological criteria for the products. • describes the effect mechanism of the products and the cases in which they are ineffective. • describes the successful product selection criteria.	

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 4 Mesotherapy Practice Techniques		**6**
5. Drugs having Dermal-Epidermal Effects **a.** Drugs having Effects at Cellular Level **a.1.** Hormones: Estradiol, Melatonin **a.2.** Antiandrogens: Progsterone, Estrogen, Flutamide, Finasteride **a.3.** Retinoic Acid **b.** At Interstitial Level **b.1**. Glycolic Acid, Oligoelement (CU, Zn, S), Vitamin C, Monometilsilanotriol, Proteochondroitin Sulfate A, Glycosaminoglycan Sodium Pyruvate, Hyaluronic Acid, Lactate Amino **c.** Drugs having Hypodermic Effect **c.1.** Lipolytic Drugs: Xanthines (Aminophylline, Theophylline), Caffeine, Thyroid Hormones (Triac, L-Thyroxine), Salicylate Monometilsilanotriol, Vasodilator Beta Agonist (Isoproterenol), Vasodilator Alpha-Antagonist (Yohimbine, Phentolamine), Amino Acids (L-Carnitine)	• describes the mixture principles. • names the mixture preparation criteria in accordance with the usage indications. • describes the pharmacological effects of drugs to be used. • describes the doses and intended use of drugs. • describes the pharmacology of skin and subcutaneous tissue. • names the pharmacological effects of products that might be effective at dermal-epidermal level. • describes the effect mechanisms, their intended use and results. • describes the effect mechanism of the products used at hypodermic level. • describes the effect mechanisms and results of lipolytic drugs. • describes the intended use of drugs having trophic effects. • names the effect mechanisms of drugs having trophic effects. • describes the pharmacological compliance and doses of the drugs having trophic effects as well as their interaction with other drugs. • describes the intended use of drugs affecting vessels and circulatory system. • names the effect mechanisms of these drugs. • describes the pharmacological compliance and effects of these drugs.	

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
1. Criteria for the Products to be Selected **2.** Points to Consider in Preparing the Mixture **3.** Drugs Used in Mesotherapy **a.** Pharmacological Effects **b.** Doses and Intended Use **4.** Pharmacology of Skin and Subcutaneous Tissue **5.** Drugs having Dermal-Epidermal Effects **a.** Drugs having Effects at Cellular Level **a.1.** Hormones: Estradiol, Melatonin **a.2.** Antiandrogens: Progsterone, Estrogen, Flutamide, Finasteride **a.3.** Retinoic Acid **b.** At Interstitial Level **b.1.** Glycolic Acid, Oligoelement (CU, Zn, S), Vitamin C, Monometilsilanotriol, Proteochondroitin Sulfate A, Glycosaminoglycan Sodium Pyruvate, Hyaluronic Acid, Lactate Amino **c.** Drugs having Hypodermic Effect **c.1.** Lipolytic Drugs: Xanthines (Aminophylline, Theophylline), Caffeine, Thyroid Hormones (Triac, L-Thyroxine), Salicylate Monometilsilanotriol, Vasodilator Beta Agonist (Isoproterenol), Vasodilator Alpha-Antagonist (Yohimbine, Phentolamine), Amino Acids (L-Carnitine)	• names the products to be used in mesotherapy. • describes the compliance of and pharmacological criteria for the products. • describes the effect mechanism of the products and the cases in which they are ineffective. • describes the successful product selection criteria. • describes the mixture principles. • names the mixture preparation criteria in accordance with the usage indications. • describes the pharmacological effects of drugs to be used. • describes the doses and intended use of drugs. • describes the pharmacology of skin and subcutaneous tissue. • names the pharmacological effects of products that might be effective at dermal-epidermal level. • describes the effect mechanisms, their intended use and results. • describes the effect mechanism of the products used at hypodermic level. • describes the effect mechanisms and results of lipolytic drugs. • describes the intended use of drugs having trophic effec	

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
6. Drugs having Trophic Metabolic Effects **a.** Salicilato de Monometilsilanotriol **b.** Asiaticosid **c.** Mesoglycan **7.** Vasoactive Drugs **a.** At Arterioller Level, At Capillary Level **b.** At Venular Level, At Precapillary Sphincter Level **c.** At Lymphatic Level, At Interstitial Level **8.** Enzymes **a.** Mucopolysaceharidase **b.** Hyaluronidase **9.** Analgesic and Non Steroid Anti-Inflammatory Drugs **a.** Diclofenac, Ketoprofen **b.** Piroxicam, Tenoxicam **c.** Neurotrophin, Ketorolac **10.** Local Anesthetic Drugs **a.** Procaine, Lidocaine, Mesocaine **11.** Myorelaxant Drugs **a.** Thiocolchicoside **b.** Diazepam **12.** Hormones **a.** Calcitonin **b.** Progsterone **c.** Estrogen **13.** Vaccines **14.** Antibiotics	• describes the pharmacological compliance and doses of the drugs having trophic effects as well as their interaction with other drugs. • describes the intended use of drugs affecting vessels and circulatory system. • names the effect mechanisms of these drugs. • describes the pharmacological compliance and effects of these drugs. • describes the drugs used as enzymes and their intended use. • describes the underlying reasons of utilizing drugs that are used as enzymes. • names the effect mechanisms of drugs used in mesotherapy. • describes the compliance, tissue effects and pharmacology of the drugs used in mesotherapy.	

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 6 Secondary or Iatrogenic Effects of Mesotherapy		**2**
1. Needle-Related Effects **2.** Needle-Related Effects: Non-compliance, Allergic Reactions, Pain, Flash, Erythema, Epigastralgia **3.** Technique-Related Effects: Pain, Hematoma, Scratching **4.** Contraindications	• describes mesotherapy-related adverse effects. • names the secondary effects related to drugs used in mesotherapy. • explains the reasons of these effects. • describes the mesotherapy-related adverse effects. • describes the measures to be taken, actions to be taken, and contraindicated conditions.	
MODULE - 7 Practice Fields of Mesotherapy		**66**
1. Mesotherapy in Acute and Chronic Pain Control **a.** Geniculate Neuralgia **b.** Trigeminal Neuralgia **c.** Arnold Nerve Neuralgia d. Cervico-Brachial Neuralgia **2.** Fibrosis (Connective) Tissue Pathologies **a.** Tendinopathies, Dupuytren, Bursitises, Myositides, Hydrolipodystrophy (Cellulite) **3.** Sports Medicine and Mesotherapy **a.** Tendon Injuries (Tendinopathy) **b.** Muscular Injuries (Muscle Contusion, Muscle Pain, Muscle Strain, Partial Tear) c. Ligament Injuries (Ligament Strain, Joint Sprains, Partial Tear)	• describes the usage indications of each practice field. • describes the conditions of use of each practice field. • describes the methods of use of each practice field. • describes the session numbers and session durations of each practice field. • describes the effect mechanisms of each practice field. • describes the actions to be taken when the practice is ineffective. • describes its practice together with the other treatment methods. • names the factors leading to success in practice.	

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
d. Bone Injuries (Periostitis, Stress Fractures)		
e. Cartilage Lesions		
f. Tissue Lesions Around the Joint (Bursitis, Capsulitis, Synovial Cyst)		
4. Rheumatismal Diseases and Mesotherapy		
a. Arthrosis in Each Region		
b. Arthritides		
c. Rheumatoid Polyarthritis		
d. Acute Rheumatisms		
5. Bone, Cartilage and Muscle Pathologies		
a. Periostitis		
b. Fracture Healing		
c. Internal Organ Muscle Spasms		
6. Adipose Tissue Pathologies		
a. Obesity		
b. Regional Overweight		
c. Lipoma		
7. Hematopoietic System Pathologies		
8. Lymphatic Tissue Pathologies		
9. Urogenital System Pathologies		
a. Impotence		
b. Enuresis		
c. Urinary Infection		
10. Vascular System Pathologies		
a. Veno-Lymphatic Pathway Edemas, Micro-circulation Problems		
11. Neurology and Mesotherapy		
a. Headaches: Tension, Vascular, Reflective		
b. Distony		
12. Vascular Pathologies and Mesotherapy		

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
a. Circulatory Failure in Lower Extremities		
b. Varicosis		
c. Edema, Lymphedema		
13. Aesthetic Medicine and Mesotherapy		
a. Wrinkle		
b. Telangiectasis		
c. Skin Blemishes		
d. Stria		
14. Mesotherapy in Infection Pathologies		
a. Rhinopharyngitis		
b. Sinusitis		
c. Respiratory Diseases		
d. Urologic and Gynecologic Diseases		
15. Geriatrics and Mesotherapy		
a. Presbyopia		
b. Arthrosis		
16. Gynecology and Mesotherapy		
a. Dysmenorrhea		
b. Chronic Salpingitis		
c. Menopause		
17. Gastroenterology and Mesotherapy		
a. Dysphagia		
b. Reflux		
c. Gastroduodenal Ulcer		
d. Gastritis		
e. Constipation		
18. Dermatology and Mesotherapy		
a. Acne		
b. Alopecia		
c. Scars		
d. Zoster		
e. Xanthelasma		
19. Immune System Pathologies and Mesotherapy		

Table 1A: Subjects to be Included in Theoretical Training Program for Physicians and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 8 First Aid and Emergency Action		**4**
1. Basic Life Support (in Children and Adults) Principles **2.** First Aid in Hemorrhage **3.** First Aid in Consciousness Disorders **4.** First Aid in Injuries **5.** What are the First Aid Practices to be conducted in Shock Cases **6.** How to Do First Aid in lowering the Blood Sugar Level? **7.** Transport Techniques of Patients/ Injured People **8.** What is Chain of Survival? **9.** What is the ABC's of survival? **10.** Emergency Intervention in Allergic Reactions **11.** What are the Systems Comprising the Body that the First-Aider should know? **12.** What are the Important Indications related to Vital Signs? **13.** Evaluation of Consciousness and Vital Functions **14.** Evaluation of Airway, Breathing and Circulation	• describes the basic life support rules and principles required in emergencies. • explains how to do first aid on a bleeding patient. • describes actions to be taken in consciousness disorders. • describes actions to be taken in injuries. • describes actions to be taken in shock cases. • describes hypoglycemia, its reasons and first aid actions to be taken in hypoglycemia cases. • describes transport techniques of the patient and injured people. • describes emergency interventions required in the relevant cases.	
TOTAL		**96**

Table 1B: Practice Training Subjects and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
1. Asepsis-Antisepsis	names the practice fields of asepsis-antisepsis.	2
2. Preparation of Patient, Anamnesis, Physical Examination	describes the preparation of patient. describes anamnesis of patient. describes physical examination actions.	2
3. Diagnosis and Treatment Principles	names diagnosis and treatment principles.	2
4. Mesotherapy Injection Protocols and Practice	describes injection protocols and practice principles.	2
5. Aesthetic Indication Practices	names aesthetic indication practices.	2
6. Approaches Towards Patients with Pain and Practice	describes approaches towards patients with pain and practice techniques.	2
7. Session Intervals, Numbers, Dosage and Practice Techniques	realizes session intervals, numbers, dosage and practice techniques.	2
8. Manual Practice Methods	describes manual practice methods.	2
9. Mesotherapy Needles and Injector Use	describes mesotherapy needles and injector use.	2
10. Ancillary Equipment and Practice	describes ancillary equipment and practices.	2
11. Pressurized Needle-Free Injector Devices	describes pressurized needle-free injector devices	2
12. Transdermal Mesotherapy Practice Principles	describes transdermal mesotherapy practice principles.	2
13. Mesoperfusion Practice	describes mesoperfusion practice.	2
14. Practice Techniques (Intra-Dermis Technique, Nappage Technique, Point Injection Technique, Epidermo-Dermis Injection Technique, Papule Technique).	briefly describes practice techniques (Intra-Dermis Technique, Nappage Technique, Point Injection Technique, Epidermo-Dermis Injection Technique, Papule Technique).	2
15. Preparation of Products to be Selected	describes the preparation of products to be selected.	2
16. Points to Consider in Preparing the Mixture	describes points to consider in preparing the mixture.	2
TOTAL		**32**

Table 2A: Subjects to be Included in Theoretical Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 1 Introduction to Mesotheraphy		**4**
1. History of Mesotherapy **a.** 1952 Michel Pistor **b.** 1958 Michel Bicheron **2.** Development of Mesotherapy in Turkey and in the World **3.** Definitions of Mesotherapy	• briefly explains the history and development process of mesotherapy. • names the development phases of mesotherapy in Turkey and in the world. • defines mesotherapy.	
4. Theories Clarifying the Effect Mechanism **a.** Dr. Pistor's "Reflex Theory" or "Tegument Stimulo-Therapy" **b.** Dr. Bicheron's "Microcirculation Hypothesis" **c.** Dr. Dalloz-Bourguignon's "Three Units Theory or Mesoderm Theory" **d.** Dr. Ballesteros's "Energetic Mesotherapy Theory" **e.** Dr. Mrejen's "Systematized Spot Mesotherapy Theory" **f.** Dr. Multedo's "Third Circulation Theory" **g.** Dr. Kaplan's "Unified Theory" **h.** Transdermal Mesotherapy "Electroporation" **i.** Slow Mesotherapy "Mesoperfusion"	• explains the principles and contents of mesotherapy. • names the effect mechanisms of mesotherapy. • describes pathophysiologic factors explaining the theory. • describes the evidence-based theoretical principles.	
MODULE - 2 Physiology and Embryology		**2**
1. Skin Anatomy and Physiology **2.** Why Dermal Layer? **3.** Embryology of Mesoderm **4.** Advantages of Using Mesotherapy	• describes the primary subjects of skin anatomy and physiology, which is a practice field of mesotherapy. • explains the importance of dermal layer of skin.	

Table 2A: Subjects to be Included in Theoretical Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
	• clarifies the underlying reasons of needling the dermal layer. • names the function, physiology and effect mechanism of dermal layer. • explains the meaning and importance of embryology of mesoderm. • explains the relationship between the mesotherapy and mesoderm-related tissues. • names the advantages of using mesotherapy. • describes the difference between mesotherapy and the other injection systems. • explains the reason why mesotherapy is a complementary practice for modern medicine practices.	
MODULE - 3 Materials Used in Mesotherapy		**2**
1. Manual Practice Methods **2.** Mesotherapy Needles **3.** Injectors **4.** Ancillary equipment **5.** Pressurized Needle-Free Injector Device **6.** Transdermal Mesotherapy Device **7.** Mesoperfusion	• names the materials used in mesotherapy. • describes the needles and their features. • describes the ways of using injectors. • explains the objectives and techniques of using ancillary equipment and pressurized injectors. • names transdermal practice mechanism and its practice fields. • defines mesoperfusion. • describes mesoperfusion practice method and prescription procedures.	

Table 2A: Subjects to be Included in Theoretical Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 4 Mesotherapy Practice Techniques		6
1. Practice Techniques **a.** Intra-Dermis Technique **b.** Nappage Technique **c.** Point Injection Technique **d.** Epidermo-Dermis Injection Technique **e.** Papule Technique **2.** Points to consider in practice **3.** Factors Affecting the Success in Mesotherapy	• names the practice techniques used in mesotherapy. • describes the theoretical principles of practice techniques, and the practice methods. • describes the effects, intended purpose and advantages of practice techniques. • names the methods and principles to be considered in practice. • names the factors affecting the success in mesotherapy • describes the practice algorithms. • describes the qualities and quantities of the mixtures to be prepared. • describes the compliance, adverse effects and effect profiles of the mixtures.	
MODULE - 5 Mesotherapy and Pharmacology		**8**
1. Criteria for the Products to be Selected **2.** Points to Consider in Preparing the Mixture **3.** Drugs Used in Mesotherapy **a.** Pharmacological Effects **b.** Doses and Intended Use **4.** Pharmacology of Skin and Subcutaneous Tissue **5.** Drugs having Dermal-Epidermal Effects **a.** Drugs having Effects at Cellular Level **a.1.** Hormones: Estradiol, Melatonin	• names the products to be used in mesotherapy. • describes the compliance of and pharmacological criteria for the products. • describes the effect mechanism of the products and the cases in which they are ineffective. • describes the successful product selection criteria. • describes the mixture principles. • names the mixture preparation criteria in accordance with the usage indications. • describes the pharmacological effects of drugs to be used. • describes the doses and intended use of drugs.	

Table 2A: Subjects to be Included in Theoretical Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
a.2. Antiandrogens: Progsterone, Estrogen, Flutamide, Finasteride **a.3.** Retinoic Acid **b.** At Interstitial Level **b.1.** Glycolic Acid, Oligoelement (CU, Zn, S), Vitamin C, Monometilsilanotriol, Proteochondroitin Sulfate A, Glycosaminoglycan Sodium Pyruvate, Hyaluronic Acid, Lactate Amino **c.** Drugs having Hypodermic Effect **c.1.** Lipolytic Drugs: Xanthines (Aminophylline, Theophylline), Caffeine, Thyroid Hormones (Triac, L-Thyroxine), Salicylate Monometilsilanotriol, Vasodilator Beta Agonist (Isoproterenol), Vasodilator Alpha-Antagonist (Yohimbine, Phentolamine), Amino Acids (L-Carnitine) **6.** Drugs having Trophic Metabolic Effects **a.** Salicilato de Monometilsilanotriol **b.** Asiaticosid **c.** Mesoglycan **7.** Vasoactive Drugs **a.** At Arterioller Level, At Capillary Level At Venular Level, At Precapillary Sphincter Level	• describes the pharmacology of skin and subcutaneous tissue. • names the pharmacological effects of products that might be effective at dermal-epidermal level. • describes the effect mechanisms, their intended use and results. • names the pharmacological effects of products that might be effective at dermal-epidermal level. • describes the effect mechanisms, their intended use and results. • describes the effect mechanism of the products used at hypodermic level. • describes the effect mechanisms and results of lipolytic drugs. • describes the intended use of drugs affecting vessels and circulatory system. • names the effect mechanisms of these drugs. • describes the pharmacological compliance and effects of these drugs. • describes the intended use of drugs having trophic effects. • names the effect mechanisms of drugs having trophic effects. • describes the pharmacological compliance and doses of the drugs having trophic effects as well as their interaction with other drugs.	

Table 2A: Subjects to be Included in Theoretical Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
c. At Lymphatic Level, At Interstitial Level **8.** Enzymes **a.** Mucopolysaceharidase **b.** Hyaluronidase **9.** Analgesic and Non Steroid Anti-Inflammatory Drugs **a.** Diclofenac, Ketoprofen **b.** Piroxicam, Tenoxicam **c.** Neurotrophin, Ketorolac **10.** Local Anesthetic Drugs **a.** Procaine, Lidocaine, Mesocaine **11.** Myorelaxant Drugs **a.** Thiocolchicoside **b.** Diazepam **12.** Hormones **a.** Calcitonin **b.** Progsterone **c.** Estrogen **13.** Vaccines **14.** Antibiotics	• describes the drugs used as enzymes and their intended use. • desribes the underlying reasons of utilizing drugs that are used as enzymes. • names the effect mechanisms of drugs used in mesotherapy. • describes the compliance, tissue effects and pharmacology of the drugs used in mesotherapy.	
MODULE - 6 Secondary or Iatrogenic Effects of Mesotherapy		**2**
1. Needle-Related Effects **2.** Needle-Related Effects: Noncompliance, Allergic Reactions, Pain, Flash, Erythema, Epigastralgia **3.** Technique-Related Effects: Pain, Hematoma, Scratching **4.** Contraindications	• describes adverse effects related to the mesotherapy practice. • names the secondary effects related to drugs used in mesotherapy. • explains the reasons of these effects. • describes the adverse effects related to the mesotherapy technique. • describes the measures to be taken, actions to be taken, and contraindicated conditions.	

Table 2A: Subjects to be Included in Theoretical Training Program for Dentists and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
MODULE - 7 Practice Fields of Mesotherapy		**10**
1. Mesotherapy in Dentistry; **a.** Mesotherapy practice in periodontology, **b.** Mesotherapy practice in endodontics, **c.** Mesotherapy practice in oral surgery and pathology, **ç.** in TMJ disorders and trismus cases, **d.** Dent related to dental prosthesis and apparatus usage and mesotherapy practice in intraoral lesions, **e.** Mesotherapy practice in coagulopathy, **f.** Neurology and Mesotherapy - Trigeminal Neuralgia - Mesotherapy in Odontogenic Headaches	• describes mesotherapy practice in periodontology. • describes mesotherapy practice in endodontics. • describes mesotherapy practice in oral surgery and pathology. • describes mesotherapy practice in TMJ disorders and trismus cases. • describes the dent related to dental prosthesis and apparatus usage and the mesotherapy practice in intraoral lesions. • describes mesotherapy practice in coagulopathy. • describes mesotherapy practice in trigeminal neuralgia. • describes mesotherapy practice in odontogenic headaches.	
TOTAL		**34**

Table 2B: Practice Training Subjects and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this program:	DURATION (Hours)
1. Asepsis-Antisepsis	names the practice fields of asepsis-antisepsis.	1
2. Preparation of Patient, Anamnesis, Physical Examination	• describes the preparation of patient. • describes anamnesis of patient. • describes physical examination actions.	1
3. Diagnosis and Treatment Principles	names diagnosis and treatment principles.	1
4. Mesotheraopy Injection Protocols and Practice	conducts mesotherapy injection protocols and practice principles on a patient or model.	1
5. Approaches Towards Patients with Pain and Practice	conducts the approaches towards patients with pain and practice techniques on a patient or model.	2
6. Session Intervals, Numbers, Dosage and Practice Techniques	realizes session intervals, numbers, dosage and practice techniques.	1
7. Manual Practice Methods	describes manual practice methods.	1
8. Mesotherapy Needles and Injector Use	describes mesotherapy needles and injector use.	1
Ancillary Equipment and Practice	describes ancillary equipment and practices.	1
10. Transdermal Mesotherapy Practice Principles	describes transdermal mesotherapy practice principles.	1
11. Mesoperfusion Practice	describes mesoperfusion practice.	1
12. Practice Techniques (Intra-Dermis Technique, Nappage Technique, Point Injection Technique, Epidermo-Dermis Injection Technique, Papule Technique)	briefly describes practice techniques (Intra-Dermis Technique, Nappage Technique, Point Injection Technique, Epidermo-Dermis Injection Technique, Papule Technique).	2
13. Preparation of Products to be Selected	describes the preparation of products to be selected.	1
14. Points to Consider in Preparing the Mixture	takes actions to be considered in preparing the mixture.	1
TOTAL		**16**

7.2. Training Materials and Their Features

Materials to be used in training are as follows:

1. Written training materials including subjects in the training content (books, slides, training guidelines, scientific journals, etc.),
2. Audiovisual training materials (compact discs, video films, pictures, etc.),
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for the training and transferred into digital environment.
4. All kinds of equipment required to be at a traditional and complementary medicine practice center/unit for mesotherapy practice as per the relevant legislation,
5. All kinds of devices and materials available at the place where the training will take place will be considered as training material.

7.3. Duration of Training

Total duration of Mesotherapy Certification Training Program is illustrated in the Table 3 below.

Table 3: Duration of Mesotherapy Certification Training Program

PARTICIPANTS	DURATION OF TRAINING (Hours)		
	Theory	Practice	Total
Physicians	96	32	128
Dentists	34	16	50

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams shall be conducted at the end of the training program.
3. The participants are supposed to succeed both in theoretical and practice exam separately.
4. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
5. The Practice exams shall be conducted by using Mesotherapy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated on the scale of 100 (hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam will be deemed successful.
6. Theoretical exam questions shall be prepared as multiple-choice questions.

7. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Mesotherapy Certification Training Program again.
8. Participants who cannot pass the theoretical exam are not allowed to take the practice exam.
9. The practice exam shall be conducted by practicing the mesotherapy on a patient and/or on a model.
10. In the practice exam;
    a. Evaluation, examination, diagnosis and treatment of the patient,
    b. selection and preparation of drugs to be used,
    c. preparation of the patient for injection,
    d. administering injections to patients/models shall be evaluated.
10. Participants who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the mesotherapy certification training program again.
11. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the mesotherapy certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
12. For certification, the success point of a participant shall be determined by averaging the points obtained in the theoretical and practice exams.
13. Participants who pass the theoretical and practice exams shall be awarded their certification.
14. The certification shall be registered by the Ministry of Health.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians, dentists or academic members of the relevant field are the program officers of the mesotherapy certification training program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have any one of the following qualifications shall be assigned as trainer:

1. Academic members and/or specialist physicians who have made presentations in national/international congresses in the field of mesotherapy,
2. Academic members and/or specialist physicians who have worked as trainers in national/international congresses in the field of mesotherapy,
3. Physicians and Dentists who have minimum 2 (two) national/international scientific publications on mesotherapy,
4. Specialists and academic members in other fields than mesotherapy practice,
5. Those who are foreign national and document that they have actively practiced their profession and received mesotherapy training in an

international platform and who are deemed to be qualified by the committee established by the relevant unit.

NOTE: The practice centers are obliged to notify the Ministry of Health about the qualifications and names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

Mesotherapy practice certification training program can be prepared by the institution/organization having the relevant "practice center". The training place shall:

For distance learning;

1. have a Learning Management System compliant with international learning content standards (Scorm, AICC, etc.),
2. have a Learning Management System (LMS) Management panel,
3. have a server and infrastructure architecture in parallel with the capacity of the trainees,
4. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings,

The Training Place for Theory and Practice Trainings shall:

1. have a server and infrastructure architecture in parallel with the capacity of the trainees,
2. have adequate number of chairs and desks for participants,
3. be a practice center which the Ministry allows to open,
4. have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; etc.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

1. At the end of the validity period of the certificates, among the certificate-holders;
   a. The certificates of those who document that they attended national/international trainings or scientific meetings on mesotherapy practice at least 4 (four) times within the validity period of the certificate after receiving that certificate or those who published an article on mesotherapy practice in 2 (two) national/international peer-reviewed journals or those who document that they worked actively on this field for 2 (two) years shall be renewed. The certificate-holders shall submit their documentation related to these criteria during the certificate renewal application to the certification training providers that awarded the certificate to them.
   b. Those who do not fulfil any criteria in paragraph (a) need to take the certificate renewal exam.
2. The renewal exam shall be conducted as a theoretical exam con-

sisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the relevant training program by the implementers of meso-therapy practice certification training program under the coordination of the relevant unit of the Ministry.

3. Participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
4. The certificates of the certificate-holders shall be valid until the certificate renewal exam process is completed.
5. The certificates of those who fail to attend the certificate renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.
6. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.
7. The objections of the certificate-holders, who fail in the certificate renewal exam, to the renewal exam results shall be evaluated and concluded in maximum 5 (five) working days by the certificate renewal exam committee.

13. PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

Equivalence shall be requested by using the equivalence application form prepared by the Ministry in line with the provisions of the regulation on certification training of the Ministry of Health.

It is mandatory to submit all the documents specified in this form.

Each section specified in this form shall be filled in detail, the notarized copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

Documents to be attached to the Application Form:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 128 hours of training / that Dentists received at least 50 hours of training as well as the Training Curriculum.

7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Mesotherapy Certification Training Program Standards by a mesotherapy practice science committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Mesotherapy Practice Certification Training Program.
4. Participants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. The practice exam shall be conducted by practicing the mesotherapy on a patient and/or on a model.
6. In the practice exam;
   a. Evaluation, examination, diagnosis and treatment of the patient,
   b. selection and preparation of drugs to be used,
   c. preparation of the patient for injection,
   d. administering injections to patients/models shall be evaluated.
7. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Mesotherapy Certification Training Program.
8. Certificate Equivalency Document shall be drawn up for the applicants who pass the theoretical and practice exams.
9. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Physicians or Dentists who, before this standard is published, fulfill at least one of the following requirements as:

1. having published and/or received approval for minimum 2 (two) scientific publications on the relevant field,
2. having conducted postgraduate thesis study on the relevant field, shall be awarded Mesotherapy Practice Certificate equivalence for one time only on condition that they are evaluated by a committee established by the relevant unit of the Ministry without taking any exams if they apply to the Ministry within 6 (six) months as of the publication date of this standard.

ANNEX-1A: MESOTHERAPY PRACTICE CERTIFICATION TRAINING EVALUATION FORM FOR PHYSICIANS

Date		
Name & Surname of the Participant		
Unit in which the Participant Practices		
The Evaluator		
Practice No	**Evaluated Practices**	**Evaluation Score (*)**
1	Asepsis-Antisepsis	
2	Preparation of patient, anamnesis, physical examination	
3	Diagnosis and treatment principles	
4	Mesotherapy injection protocols and practice	
5	Aesthetic indication practices	
6	Approaches towards patients with pain and practice	
7	Session intervals, numbers, dosage and practice techniques	
8	Manual Practice Methods	
9	Mesotherapy needles and injector use	
10	Ancillary equipment and practice	
11	Pressurized needle-free injector devices	
12	Transdermal mesotherapy practice principles	
13	Mesoperfusion practice	
14	Practice Techniques (Intra-Dermis Technique, Nappage Technique, Point Injection Technique, Epidermo-Dermis Injection Technique, Papule Technique)	
15	Preparation of products to be selected	
16	Points to consider in preparing the mixture	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Highly Satisfactory	: 4
Satisfactory	: 3
Moderately Satisfactory	: 2
Unsatisfactory	: 1
Not Evaluated	: 0

NOTE: The Practice exams are conducted by using Mesotherapy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated on the scale of 100 (hundred). Those who score 70 (seventy) points or more (out of 100) in the practice exam will be deemed successful.

EVALUATION RESULT

Theoretical Exam Score	Practice Evaluation Score	Average of Theoretical Exam and Practice Evaluation Scores

ANNEX-1B: MESOTHERAPY PRACTICE CERTIFICATION TRAINING EVALUATION FORM FOR DENTISTS

Date

Name & Surname of the Participant

Unit in which the Participant Practices

The Evaluator

Practice No	Evaluated Practices	Evaluation Score (*)
1	Asepsis-Antisepsis	
2	Preparation of patient, anamnesis, physical examination	
3	Diagnosis and treatment principles	
4	Mesotherapy injection protocols and practice	
5	mesotherapy practice in the field of dentistry	
6	Approaches towards patients with toothache	
7	Session intervals, numbers, dosage and practice techniques	
8	Manual Practice Methods	
9	Mesotherapy needles and injector use	
10	Ancillary equipment and practice	
11	Mesoperfusion practice	
12	Mesotherapy practice techniques in the field of dentistry	
13	Preparation of products to be selected	
14	Points to consider in preparing the mixture	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Highly Satisfactory : 4
Satisfactory : 3
Moderately Satisfactory : 2
Unsatisfactory : 1
Not Evaluated : 0

NOTE: The Practice exams are conducted by using Mesotherapy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated on the scale of 100 (hundred). Those who score 70 (seventy) points or more (out of 100) in the practice exam will be deemed successful.

EVALUATION RESULT

Theoretical Exam Score	Practice Evaluation Score	Average of Theoretical Exam and Practice Evaluation Scores

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)		
2. COUNTRY OF TRAINING		
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING		
4. TRAINING CURRICULUM		
5. VALIDITY PERIOD OF THE CERTIFICATE		
THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

MUSIC THERAPY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR MUSIC THERAPY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Music Therapy Certification Training Program

2. AIM OF TRAINING

This training program aims at offering necessary competency for physicians to practice music therapy in an efficient and effective manner.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663
2. "*Regulation on Certification Training of the Ministry of Health*" published in the Official Gazette dated February 4, 2014 and numbered 28903
3. "*Regulation on Traditional and Complementary Medicine Practices*" published in the Official Gazette dated October 27, 2014 and numbered 29158

4. DEFINITIONS

Music Therapy: It is a clinical and evidence-based practice in which music and musical practices are used by a/the competent professional(s) to meet any one of the physical, psychological, social and mental needs of an/the individual(s).

Practice Center: It is a center which is established within the body of health application and research center of the faculties of medicine and training and research hospitals to perform the practices specified in the relevant regulation under the responsibility of a physician who holds a certificate on the relevant field, and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below.

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be taught in face-to-face classes and/or a maximum of 80% of the same theoretical part may be taught as distance learning courses.
2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided

by the server -on condition that at least 50% of the distance learning courses are synchronous- and that interactive live courses are taught at certain hours in a certain place/ hall within the bounds of live curriculum.

3. The participants need to practice music therapy on at least 5 (five) cases during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance learning courses and a maximum of 20 (twenty) participants for face-to-face classes can be accepted in one training period/ term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a physician who does not have any public service liability and whose training in this program is of importance for his/ her services in the institution she/ he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% (ten percent) of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% (ten percent) absence due to a legal excuse is acceptable for the theoretical training.
9. The following teaching and learning strategies, methods and techniques can be applied in the training program (additional methods and techniques may also be used if necessary):
   - Verbal lecture
   - Video-based teaching
   - Discussion
   - Question & Answer
   - Case study
   - Simulation
   - Demonstrative teaching
   - Interactive training techniques such as small group discussions etc.
10. The practical training includes music therapy practices performed on a patient/model individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently in the further stages of training” stages respectively.
11. The Department of Traditional and Complementary Medicine Practices of the General Directorate of Health Services in the Ministry of Health is the relevant unit for this certification training program.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians, dentists, individuals who hold a bachelor’s degree, master’s degree, doctoral degree in the field of music or a degree of proficiency in art, psychologists who hold a certificate of

authorization on Clinical Psychology and Medical Practices of Psychology as well as the healthcare professionals who are listed in the annex of the "Regulation on Job Descriptions of Health Professionals and Members of Other Professions Working in Health Services" published in the Official Gazette dated May 22, 2014 and numbered 29007 can participate in this certification training program and they will be awarded a certificate if they succeed. If individuals other than the above-stated ones participate in the training, they will be given a certificate of participation which cannot be considered a certificate of training.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

Table 1 shows the learning objectives and subjects to be included in the theoretical part of this training program as well as the duration of each subject.

Table 1: Subjects to be Included in the Theoretical and Practical Parts of this Training Program, and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this training program: Theory	Duration (Hours)		
		Practice		Total
MODULE 1 - INTRODUCTION TO MUSIC THERAPY AND MEDICAL TERMINOLOGY				
1. Introduction to Music Therapy	1. defines music therapy. 2. names the characteristics of music therapy. 3. discusses the importance of music therapy.	2	0	2
2. History of Music Therapy	gives information about the history of music therapy in Turkey and in the world.	2	0	2
3. Professional Ethics and Legislation	1. explains the ethical rules of medical practices. 2. summarizes the relevant legislation on medical practices.	6	0	6
4. Medical Terminology	defines the basic terms used in the medical terminology.	10	0	10
Total		**20**		**20**

Table 1: Subjects to be Included in the Theoretical and Practical Parts of this Training Program, and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this training program: Theory	Duration (Hours) Practice	 Total	
MODULE 2 - PHYSIOLOGY*				
Basic Physiology	1. describes the functions of a cell. 2. explains the functions and the functioning mechanisms of respiratory, circulatory, endocrine, digestive and nervous systems and sense organs (hearing, pain, etc.). 3. evaluates the vital functions.	25	5	30
Total		**25**	**5**	**30**
MODULE 3 - MUSIC THEORY AND MUSICAL READING**				
1. Basic music concepts	defines the basic concepts of music.	3	0	3
2. Musical Reading and Music Theory	performs a basic level of musical reading (modal and tonal reading)	4	8	12
3. Rhythm	identifies and plays the basic modes (usuls) of Turkish music.	2	8	10
Total		**9**	**16**	**25**
MODULE 4 – PERFORMING MUSIC IN GROUP**				
1. Playing in group	performs practices of playing in group.	0	10	10
2. Singing in group	performs practices of singing in group.	0	10	10
Total		**0**	**20**	**20**
MODULE 5 – PSYCHOLOGICAL AND SOCIOLOGICAL BASICS OF MUSIC				
1. Psychology and Music a. Basic concepts of psychology b. Relationship between psychology and music	1. defines the basic concepts of psychology. 2. explains the effects of musical stimuli on thoughts, emotions and behaviors.	**10**	**0**	**10**
2. Sociology and Music a. Basic concepts of sociology b. Relationship between sociology and music	1. defines the basic concepts of sociology. 2. defines the relationship between music, humans, community and culture.	**10**	**0**	**10**

Table 1: Subjects to be Included in the Theoretical and Practical Parts of this Training Program, and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this training program: Theory	Duration (Hours) Practice	 Total	
3. Music and Brain	names the neurochemical effects of music.	**5**	**0**	**5**
4. Music and Behaviors	explains the effects of music on behaviors.	**5**	**0**	**5**
Total		**30**	**0**	**30**
MODULE 6 – MUSIC THERAPY METHODS				
1. Introduction to Music Therapy Methods • Receptive music therapy • Creative music therapy • Recreative music therapy • Improvisation in music therapy • Active music therapy • Bakshi dance	1. describes the methods used in music therapy. 2. gives brief information about each method used in music therapy.	20	0	20
2. Techniques used in Music Therapy Methods	1. lists the techniques used in music therapy. 2. describes the techniques used in music therapy.	5	0	5
Total		**25**	**0**	**25**
MODULE 7 – MUSIC THERAPY CLINICAL PRACTICE I				
1. Music therapy in stress, panic attack and anxiety disorder	1. describes such conditions as stress, panic attack and anxiety disorder. 2. explains the principles of music therapy practice in such conditions as stress, panic attack and anxiety.	2	8	10
2. Music therapy in migraine, tension-type and mixed headaches	1. describes migraine and tension-type headaches. 2. explains the principles of music therapy practice in migraine and tension-type headaches.	2	8	10
Total		**4**	**16**	**20**

Table 1: Subjects to be Included in the Theoretical and Practical Parts of this Training Program, and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES Participant successfully completing this training program: Theory	Duration (Hours) Practice	 Total	
MODULE 8 - MUSIC THERAPY CLINICAL PRACTICE II				
1. Music therapy in neurological diseases	1. defines such neurological diseases as hemiplegia, cerebral palsy and multiple sclerosis. 2. explains the principles of music therapy as a supportive practice for rehabilitation in such neurological diseases as hemiplegia, cerebral palsy and multiple sclerosis.	**2**	**8**	**10**
2. Music Therapy in Irritable Bowel Syndrome, Nausea-Vomiting and Constipation	1. describes nausea-vomiting and constipation signs in irritable bowel syndrome, cancer chemotherapy and digestive system diseases. 2. explains the principles of music therapy practice in irritable bowel syndrome and in nausea-vomiting and constipation occurring in cancer chemotherapy and digestive system diseases.	**2**	**8**	**10**
Total		**4**	**16**	**20**
MODULE 9 - MUSIC THERAPY CLINICAL PRACTICE III				
1. Music Therapy in Strengthening the Immune System	explains the principles of music therapy practice in strengthening the immune system of those who do not have any organic disorder.	2	8	10
2. Supportive Music Therapy in the Treatment of Asthma	explains the principles of supportive music therapy used to relieve anxiety in the treatment of asthma.	2	8	16
Total		**4**	**16**	**20**
MODULE 10 - MUSIC THERAPY CLINICAL PRACTICE IV				
1. Music therapy in sleep disorders	explains the principles of music therapy practice in non-organic sleep disorders.	3	8	10
2. Music therapy in relieving mechanical musculoskeletal system pains, delivery/labor pains and the pains occurring due to cancer	explains the role of music therapy in relieving mechanical musculoskeletal system pains, delivery/labor pains and the pains occurring due to cancer.	6	8	10
Total		**9**	**16**	**25**
GRAND TOTAL		**130**	**105**	**235**

7.2. Training Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials covering the subjects included in the training content (books, slides, training guidelines, scientific journals, etc.),
2. Audiovisual training materials (compact discs, DVD, USB, video films, pictures, etc.),
3. Course contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a subject-specific perspective for the training and transferred into digital environment,
4. All tools and equipment that are supposed to be in a music therapy practice center as per the relevant legislation.
5. All kinds of devices and materials at the place where the training will take place will be considered as training material.
6. Musical instruments

Table 2 shows the total duration of this training program for each group of participants. All participants have a right not to attend the courses of the modules which they do not have to take because of their professions or education; however, they have to take all of the exams included in the training program.

7.3. Evaluation of Training (Exam Procedures, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. There shall be separate exams for each module:
   a. If a module covers only theoretical courses, there will be no practice exam for that module.
   b. If a module covers only practical courses, there will be no theoretical exam for that module.
   c. If a module covers both theoretical and practical courses, a theoretical exam and a practice exam will be conducted separately.

Table-2: Duration of Training Program

Participants' Group	Training Duration (hours)		
	Theory	Practice	Total
Physicians, dentists, nurses or physiotherapist etc.	105	100	205
Members of musical fields	121	64	185
Participants who are both a member of musical field and a physician, dentist, nurse or physiotherapist etc.	96	64	160
Other	130	105	235

3. Exam questions shall be prepared by the exam committee, composed of the trainers of the relevant module, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
4. Theoretical exam questions shall be prepared as multiple-choice questions.
5. The exams for theoretical courses shall be conducted by using the Music Therapy Theoretical Training Evaluation Form (Annex-1). Each module in the form will be evaluated out of 100 points. Points obtained from each module in the form will be totalized. This total will be divided by the number of modules evaluated and the average score will be calculated. Participants who score 70 (seventy) points out of 100 (one hundred) shall be deemed successful in the theoretical exam.
6. Participants who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the certification training program again.
7. The practice exams shall be conducted by using the Music Therapy Practice Training Evaluation Form (Annex 2). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject in the form will be totalized. This total will be divided by the number of subjects evaluated and the average score will be determined. The average score will be multiplied by 25 (twenty five) and it will be calculated out of 100 (one hundred). Participants who score 70 (seventy) points out of 100 (one hundred) shall be deemed successful in the practice exam.
8. Participants who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the certification training program again.
9. The objections of the participants who object to the results of their theoretical and practice exams shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
10. The success point of a participant shall be determined by calculating the arithmetic average of the theoretical and practice exams.
11. Participants are supposed to succeed both in theoretical and practice exams separately.
12. Participants who pass the theoretical and practice exams shall be awarded their certificates.
13. The certificate shall be registered by the Ministry of Health to become valid.
14. The validity period of the certificate is seven years. At the end of seven years, the certificates of those who satisfy the requirements listed in the certificate renewal criteria shall be directly renewed. The certificates of those who do not meet the requirements shall be renewed only if they succeed in the exam to be conducted.
15. In the case of a legally-acceptable excuse; the personnel trained shall

complete their training by adding the duration of training that they are unable to participate in to the training program. If a participant fails to participate in training or s/he discontinues it, her/his training shall be cancelled and she/he shall be deemed unsuccessful.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians, dentists or graduates of music department who hold at least a doctoral degree or a degree of proficiency in art are the program officers of the music therapy certification training program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have at least one of the following qualifications shall be assigned as a trainer in this training program:

Turkish citizens or foreign nationals who received at least a bachelor's degree in the fields related to the subjects included in the training module or who can prove with documents that she/he has been actively working in the field(s) for which she/he will provide training shall be assigned as a trainer in this training program.

NOTE: The Practice Centers are obliged to notify the Ministry of Health about the qualifications and the names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

The Institutions/Organizations which are authorized to provide training and have a "Practice Center" can provide the Music Therapy Certification Training Program.

The training place shall:

1. For distance learning;
   a. have a Learning Management System compliant with the international learning content standards (Scorm, AICC, etc.),
   b. have a Learning Management System (LMS) Management panel,
   c. have a server and infrastructure architecture in parallel with the capacity of the trainees,
   d. have video conferencing software and infrastructures integrated into the system so as to provide simultaneous training.
2. have a training hall which has the sufficient equipment and where the participants can receive interactive training,
3. have a training hall which is warm and bright enough as well as being spacious, where a modular system can be used, which has a capacity in the number of the participants to be trained, and which can be divided into two separate training halls when necessary,
4. have adequate number of chairs and desks for participants,
5. have a server and infrastructure architecture in parallel with the capacity of the trainees for distance learning,
6. integration of video conferencing software and infrastructures into the system so as to provide simultaneous training,
7. be a Center for Traditional and Complementary Medicine Practices approved by the Ministry,
8. have computer and audiovisual devices which will allow for carrying

out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems to ensure that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/ training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

The certificates shall be renewed in line with the following criteria:

1. At the end of the validity period of the certificate awarded at the end of this training program; the certificates of those who fulfill at least one of the requirements below shall be extended for another 7 years without requesting any other qualification:
   a. Minimum 1 year of professional experience,
   b. Authorship of at least 2 scientific articles,
   c. Having presented at least 4 congress/symposium abstracts (verbal/poster),
   d. Participation in at least 5 congresses/symposiums in the field of music therapy within the validity period of the certificate. The certificate-holders shall submit their documentation related to these criteria during the renewal application to the certification training providers that awarded the certificate to them.
2. Those who do not fulfil at least one of the criteria in paragraph (1) need to take the certificate renewal exam and succeed.
3. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared by the implementers of the Music Therapy Certification Training Program in line with the recent developments in the field and the subjects included in this training program under the coordination of the relevant unit of the Ministry.
4. The participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
5. The certificates of the certificate-holders will be valid until the certificate renewal exam process is completed.
6. The certificates of those who fail to attend the certificate renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.
7. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.
8. The objections of the certificate-holders, who fail in the certificate renewal exam to the renewal exam results, shall be evaluated

and concluded in maximum 5 (five) working days by the certificate renewal exam committee.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

13.1. Equivalence Application

Equivalence shall be requested by using the equivalence application form (Annex-2) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

13.2. Documents to be attached to the Application Form:

1. A copy of the certificate approved by the authorized institution.
2. A copy of the Faculty of Medicine/ Dentistry diploma approved by the authorized institution; a copy -approved by the authorized institution- of the diplomas of psychologists who have a certificate of authorization on Clinical Psychology and Medical Practices of Psychology.
3. A copy of postgraduate education certificate approved by the authorized institution, if available.
4. A certified copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the training curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training or the document and its translation into Turkish).
6. Document proving that physicians, dentists, nurses or physiotherapists etc. received at least 205 hours of theoretical and practical training/ that the members of musical fields received at least 185 hours of theoretical and practical training/that the participants who are both a member of musical fields and a physician, dentist, nurse or physiotherapist etc. received at least 160 hours of theoretical and practical training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

13.3. How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Music Therapy Certification Training Standards by a science committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Music Therapy Certification Training Program.
4. Applicants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Applicants who score 70 (seventy) points or more out of 100 in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass these exams are supposed to apply to the Music Therapy Certification Training Program.
6. Certificate Equivalency Document shall be drawn up for applicants who pass the theoretical and practice exams.
7. Certificate Equivalency Document shall be registered by the Ministry of Health.

ANNEX-1. MUSIC THERAPY THEORETICAL TRAINING EVALUATION FORM	
Date	
Name & Surname of the Participant	
Evaluator	
Module No	**Evaluation Score**
Module 1	
Module 2	
Module 3	
Module 5	
Module 6	
Module 7	
Module 8	
Module 9	
Module 10	
TOTAL SCORE (The Total of Scores for Each Module)	
AVERAGE SCORE (Total Score/The Number of Evaluated Modules)	

ANNEX-2. MUSIC THERAPY PRACTICAL TRAINING EVALUATION FORM

Date

Name & Surname of the Participant

Evaluator

Practice No	Evaluated Practices	Evaluation Score*
1	Basic physiological practices	
2	Musical reading at basic level (modal and tonal reading)	
3	Making a beat with rhythm	
4	Playing in group	
5	Singing in group	
6	Practices in stress, panic attack and anxiety disorder	
7	Music therapy practices in migraine and tension-type headaches	
8	Music therapy practices in neurological diseases	
9	Music therapy practices in irritable bowel syndrome, nausea-vomiting and constipation	
10	Music therapy practices in strengthening the immune system	
11	Supportive music therapy practices in the treatment of asthma	
12	Music therapy practices in sleep disorders	
13	Music therapy practices in relieving mechanical musculoskeletal system pains, delivery pains and the pains occurring due to cancer	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Highly Satisfactory	:4
Satisfactory	:3
Moderately Satisfactory	:2
Unsatisfactory	:1
Not Evaluated	:0

SUCCESS POINT CALCULATION

Theoretical Exam Score (T)	Practice Exam Score (P)	Average of Theoretical Exam and Practice Exam Scores (T+P) / 2

ANNEX-3

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)
2. COUNTRY OF TRAINING
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING
4. TRAINING CURRICULUM
5. VALIDITY PERIOD OF THE CERTIFICATE

THE APPLICANT'S:

Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

OSTEOPATHY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR OSTEOPATHY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Osteopathy Certification Training Program

2. AIM OF TRAINING

The aim of this training program is to gain the physicians who will practice osteopathy the qualifications that will allow them to efficiently practice osteopathy.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663
2. *"Regulation on Certification Training of the Ministry of Health"* published in the Official Gazette dated February 4, 2014 and numbered 28903.
3. *"Regulation on Traditional and Complementary Medicine Practices"* published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Osteopathy: A non-invasive complementary medicine practice which helps strengthen the musculoskeletal system containing joints, muscles, connective tissues and the spine, which focuses on whole body health and which puts emphasis on the efficiency of musculoskeletal system in diseases.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of medicine to perform the practices specified in relevant Regulation under the responsibility of a physician who holds a certificate on the relevant field and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below:

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be taught in face-to-face classes and/or a maximum of 80% of the same theoretical part may be taught as distance learning courses.
2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided

by the server -on condition that at least 50% of the distance learning courses are synchronous- and that interactive live courses are taught at certain hours in a certain place/hall within the bounds of live curriculum.

3. The participants need to perform at least 150 osteopathy practices during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance learning courses and a maximum of 30 (thirty) participants for face-to-face classes can be accepted in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a physician who does not have any public service liability and whose training in this program is of importance for his/her services in the institution she/he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% (ten percent) of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% (ten percent) absence due to a legal excuse is acceptable for the theoretical training.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture
    - Video-based teaching
    - Small group discussion
    - Demonstrative teaching
    - Question & Answer method
    - Simulation
    - Clinical practice (case studies)
    - Model test
10. The practical training includes bed-side osteopathy practices performed individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently” stages respectively.
11. The relevant unit for this certification training program is the Department of Traditional and Complementary Medicine Practices of the General Directorate of Health Services of the Ministry.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians can participate in this certification training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

Table 1 shows the learning objectives and subjects included in the theoretical section of the Training Program as well as the duration of each subject.

Table 1: Subjects to be included in the Theoretical and Practice Sections of the Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVE Participant successfully completing this training program:	DURATION (Hours) Theory	Practice	Total
MODULE -1 Osteopathic Conceptual Models				
History and philosophy of osteopathy	Briefly defines the history and philosophy of osteopathy.	5		
Terminology and principles of osteopathy.	Explains the terminology and principles of osteopathy.	5	15	
Functional Anatomy	Explains Functional Anatomy.	10		
Neuroanatomy	Explains Neuroanatomy.	5		
Lymphatic system physiology and anatomy	Explains lymphatic system physiology and anatomy.	6		
Osteopathic treatment's 5 models which include structure / function	Describes osteopathic treatment's 5 models which include structure / function.	7		
Somatic dysfunction, somatic facilitation, viscerosomatic integration	Explains somatic dysfunction, somatic facilitation, viscerosomatic integration.	5		
Respiratory mechanics, respiration and circulation model	Explains respiratory mechanics, respiration and circulation model.	6		
Pain, perception and touching mechanics	Explains pain, perception and touching mechanics.	8		
Chronic pain management	Describes chronic pain management.	15		
Main mechanism of psychoneuroimmunology	Explains main mechanism of psychoneuroimmunology.	4		
Stress management	Describes stress management.	5		
Physiological body rhythm and biotypology	Describes physiological body rhythm and biotypology.	10		
Viscero-somatic integration	Explains viscero-somatic integration.	20		
Spinal and peripheral biomechanics	Explains spinal and peripheral biomechanics.	6		
Pharmacology	Briefly describes the main concepts and functional information of pharmacology.	20		
Ligament network and tensegrity of the body	Assesses the joints and the spine in line with the functional anatomy.	5		
TOTAL		**142**	**15**	**157**

Table 1: Subjects to be included in the Theoretical and Practice Sections of the Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVE Participant successfully completing this training program:	DURATION (Hours) Theory	Practice	Total
MODULE - 2 Osteopathic Diagnosis Principles				
Osteopathic examination principles • Structural elements • Myofascial-articular elements • Visceral-autonomic elements • Somatic dysfunction • Physical examination algorithm	• Describes and assesses the structural, myofascial-articular, visceral-autonomic elements. • Describes and assesses somatic dysfunction. • Assesses the physical examination algorithm.	14	20	34
Osteopathic musculoskeletal system examination	• Describes the algorithm of osteopathic musculoskeletal system examination. • Conducts osteopathic musculoskeletal system examination.	12	18	30
Spinal area joint motion range • Cervical spine • Thoracic spine • Lumbar spine	• Explains the joint motion range phenomenon of cervical, thoracic and lumbar spine. • Assesses the joint motion range of cervical, thoracic and lumbar spine.	4	4	8
Osteopathic palpation criteria • Observation • Temperature • Skin topography and structure • Fascia • Muscle • Tendon • Ligament • Erythema arising from friction • Percussion	• Describes the observation, temperature, skin topography and structure, fascia, muscle, tendon, ligament, erythema arising from friction and percussion in line with the osteopathic palpation principles. • Assesses the observation, temperature, skin topography and structure, fascia, muscle, tendon, ligament, erythema arising from friction and percussion in line with the osteopathic palpation principles.	12	20	32

Table 1: Subjects to be included in the Theoretical and Practice Sections of the Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVE Participant successfully completing this training program:	DURATION (Hours) Theory	Practice	Total
Inter-segmental Motion Test	• Describes the content of inter-segmental motion test of the spine. • Conducts the inter-segmental motion test of the spine.	2	10	12
Imaging methods in osteopathic diagnosis.	• Describes the characteristics of the imaging methods. • Assesses the characteristics of the imaging methods.	6	6	12
TOTAL		**50**	**78**	**128**
MODULE -3: Osteopathic Manipulative Techniques and Treatments				
Classical approaches • Thrust (High-velocity/Low-amplitude) approach • Muscle Energy Approach • Myofascial Release Approach • Cranial Osteopathy • Strain and Counter-strain Approach • Soft-tissue/articulator Approach • Lymphatic Approach	• Briefly describes the osteopathic approach criteria in diagnosis and treatment, determination of manipulative techniques to be applied post-diagnosis, practicing indications, practicing techniques, side-effects and potential complications, application of the classical and modern approaches used in osteopathic medicine, techniques that are directly or indirectly used, balancing techniques and techniques that are combined, reflex-based and fluid-based. • Uses Thrust, Muscle Energy, Myofascial, Strain and Counter-strain, Soft-tissue/Articulator techniques. • Practices Cranial Osteopathy.	28	100	128

Table 1: Subjects to be included in the Theoretical and Practice Sections of the Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVE Participant successfully completing this training program:	DURATION (Hours) Theory	Practice	Total
Modern approaches. • Balanced Ligament Strain and Ligament Joint Strain • Facilitated Positional Release • Progressive Inhibition of Neuromuscular Structures • Visceral Manipulation • Still Technique • Chapman Approach • Fulford Percussion	• Summarizes the differences between the techniques and the practices. • Assesses the Balanced Ligament Strain and Ligament Joint Strain. • Practices Facilitated Positional Release. • Practices Progressive Inhibition of Neuromuscular Structures. • Practices Visceral Manipulation. • Uses Still Technique. • Finds and assesses the chapman areas. • Assesses the Fulford Percussion.	10	130	140
TOTAL		**38**	**230**	**268**
MODULE – 4: Local Approaches in Osteopathic Treatment				
Osteopathy Treatment Contraindications, Indications and Complications	• Briefly describes the diagnosis of osteopathic pathologies, distinctive diagnosis, indications, side-effects and complications of osteopathic practices, local osteopathy practice criteria, diagnosis and treatment principles. • Distinctively diagnoses the osteopathic pathology, uses treatment approaches in line with the osteopathic principles.	5	10	15
Head health and occipital health	Briefly explains head health and occipital health.	5	10	15
Cervical spine health	Briefly explains cervical spine health.	5	10	15
Thoracic health and rib health	Briefly explains thoracic health and rib health.	5	10	15

Table 1: Subjects to be included in the Theoretical and Practice Sections of the Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVE Participant successfully completing this training program:	DURATION (Hours) Theory	Practice	Total
Lumbar health	Briefly explains lumbar health	5	10	15
Pelvis and sacrum health	Briefly explains pelvis and sacrum health.	5	10	15
Abdominal health	Briefly explains abdominal health.	5	10	15
Hip, knee, ankle and foot health.	Briefly explains hip, knee, ankle and foot health.	5	10	15
Shoulder, elbow, wrist and hand health	Briefly explains shoulder, elbow, wrist and hand health.	4	10	14
Bone pathologies	Briefly describes bone pathologies.	2	4	6
Ligament and soft-tissue pathologies	Briefly describes ligament and soft-tissue pathologies.	4	6	10
TOTAL		**50**	**100**	**150**
MODULE- 5 Approach to Osteopathic Medicine Scientific Researches				
Osteopathic medicine research basics and methodology	Briefly describes the methods, basic principles, priorities, statistical studies, research ethics of conducting evidence-based osteopathy researches, the future of osteopathic medicine researches and publication preparation works.	4	1	5
Research priorities and ethics in osteopathic medicine	Briefly describes research priorities and ethics in osteopathic medicine.	4	1	5
Research development and support in osteopathic medicine	Plans the researches in osteopathy field in line with the scientific research principles.	4	1	5
Bio-behavioral research	Briefly explains bio-behavioral research.	4	1	5
The future of osteopathic medicine researches.	Briefly describes the future of osteopathic medicine researches.	4	1	5
TOTAL		20	5	25

Table 1: Subjects to be included in the Theoretical and Practice Sections of the Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVE Participant successfully completing this training program:	DURATION (Hours)		
		Theory	Practice	Total
MODULE – 6 Fields of Osteopathic Practice				
Preventive public health-patient training	Describes osteopathy practice in preventive public health and patient training.	4	6	10
The role of osteopathy in complementary medicine and allopathic medicine	Describes the role of osteopathy in complementary medicine and allopathic medicine.	4	6	10
Promotion and protection of health	Describes the role of osteopathy in promotion and protection of health.	4	6	10
Mind-body medicine	Describes the role of osteopathy in mind-body medicine.	4	6	10
Clinical psychology	Describes the clinical psychology osteopathy practice.	4	6	10
Chronic Cardiovascular Diseases	Describes osteopathy practice in chronic cardiovascular diseases.	4	6	10
Uncontrolled Asthma	Describes osteopathy practice in uncontrolled asthma.	4	6	10
Geriatric patients with dementia and geriatry	Describes the role of osteopathy practice in geriatric patients with dementia and geriatry.	4	6	10
Ear ache in children	Describes osteopathy practice in ear ache in children.	4	6	10
Acute Lumbar Pain	Describes osteopathy practice in acute lumbar pain.	4	6	10
Chronic Pain and Depression	Describes osteopathy practice in chronic pain and depression.	4	6	10
Dyspnea	Describes osteopathy practice in dyspnea.	4	6	10
Vertigo	Describes osteopathy practice in vertigo.	4	6	10

Table 1: Subjects to be included in the Theoretical and Practice Sections of the Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVE Participant successfully completing this training program:	DURATION (Hours)		
		Theory	Practice	Total
Stomachache	Describes and practices osteopathy in stomachache.	4	6	10
Rhinosinusitis	Describes osteopathy practice in rhinosinusitis.	4	6	10
Disorders of the digestive system	Describes osteopathy practice in disorders of the digestive system.	4	5	9
Blood pressure disorders	Describes osteopathy practice in blood pressure disorders.	4	6	10
Acute neck pain	Describes and practices osteopathy in acute neck pain.	4	6	10
Muscle pain	Describes and practices osteopathy in muscle pain.	4	6	10
Lumbar pain in pregnancy	Describes osteopathy practice in lumbar pain in pregnancy.	4	5	9
Pregnancy and lower extremity edema	Describes osteopathy practice in pregnancy and lower extremity edema.	4	6	10
Joint Diseases	Describes and practices osteopathy in joint diseases.	4	5	9
Sports injuries	Describes and practices osteopathy in sports injuries.	4	6	10
Cervicogenic Headache	Describes osteopathy practice in cervicogenic headache.	4	5	9
Dysmenorrhea	Describes and practices osteopathy in dysmenorrhea.	4	5	9
TOTAL		**100**	**145**	**245**

7.2. Training Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials including subjects in the training content (books, slides, training guidelines, scientific journals etc.)
2. Audiovisual training materials (compact discs, video films, pictures, etc.)
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for training and transferred into digital environment.
4. All tools and equipment that are supposed to be in an Osteopathy Practice Center as per the relevant legislation.
5. All kinds of devices and materials at the place where the training will take place will be considered as training material.

7.3. Duration of Training

The duration of the Osteopathy Certification Training Program is given in the table below.

Table 2: The Duration of the Osteopathy Certification Training Program

TYPE OF TRAINING	TOTAL DURATION (Hours)
Theoretical Training	400
Practical/Field Training	600
TOTAL	**1000**

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams shall be conducted at the end of the training program.
3. Theoretical exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
4. Participants are supposed to succeed both in theoretical and practice exam separately. Those who score 70 (seventy) points or more out of 100 (one hundred) in the exam shall be deemed successful. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Osteopathy Certification Training Program again.
6. The practice exam shall be conducted by using Osteopathy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately

Satisfactory (2), Unsatisfactory (1) or Not Evaluated (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.

7. The practice exam shall be conducted by practicing on a patient and/or on a model.

8. In the practice exam;

a. Treatment planning,

b. Osteopathy practice,

c. Pre- and post-treatment follow-up practices shall be evaluated.

9. For certification, the success point of a participant shall be determined by calculating the arithmetic mean of the points obtained in the theoretical and practice exams.

10. Participants who fail in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Osteopathy Certification Training Program again.

11. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the osteopathy certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.

12. Participants who pass the theoretical and practice exams shall be awarded their certificates.

13. The certificate shall be registered by the Ministry of Health to become valid.

14. The validity period of the certificate is seven years. At the end of seven years, the certificates of those who satisfy the requirements listed in the certificate renewal criteria shall be directly renewed. The certificates of those who do not meet the requirements shall be renewed only if they succeed in the exam to be conducted.

15. In the case of a legally-acceptable excuse; the personnel trained shall complete their training by adding the duration of training which they are unable to participate in to the training program. If a participant fails to participate in training or s/he discontinues it, her/his training shall be cancelled and she/he shall be deemed unsuccessful.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians and academicians holding an academic title in the relevant field are the program officers of the Osteopathy Certification Training Program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have at least one of the following qualifications are assigned as trainers in this training program.

1. Physicians who hold an Osteopathy Certificate,

2. Physicians or academicians specializing in the subjects of the theoretical lessons of osteopathy,

3. Physicians who have at least two national/international scientific publications on osteopathy,
4. Those who are foreign national and document that they have actively practiced their profession and received osteopathy training in an institution accredited on international platform and who are deemed to be qualified by the committee established by the relevant unit of the Ministry,
5. The citizens of the Republic of Turkey who document that they have actively practiced their profession abroad and received osteopathy training in an institution accredited on international platform and who are deemed to be qualified by the committee established by the relevant unit of the Ministry,

NOTE: The Practice Centers are obliged to notify the Ministry of Health about the qualifications and names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

The institutions/organizations which have a "Practice Center" and have the authority to provide training can organize the Osteopathy Certification Training Program. The place where the training will be provided shall:

1. For distance learning;
   a. have a Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.) have a Learning Management System (LMS) Management panel,
   b. have a Learning Management System (LMS) Management panel,
   c. have a server and infrastructure architecture in parallel with the capacity of the trainees,
   d. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings,
2. have a training hall which has sufficient equipment and where the participants can receive interactive training,
3. have a training hall which is warm and bright enough as well as being spacious, where a modular system can be used, which has a capacity in the number of the participants to be trained, and which can be divided into two separate training halls when necessary,
4. have adequate number of chairs and desks for participants,
5. have a server and infrastructure architecture in parallel with the capacity of the trainees for distance learning,
6. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings,
7. be a Center for Traditional and Complementary Medicine Practices approved by the Ministry,
8. have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems ensuring that participants are provided

with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/ training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

The renewal of the certificate shall be carried out in line with the criteria below.

1. At the end of the validity period of the certificates, among the certificate-holders, those who document that they meet at least one of the following criteria:

   a. Having attended national/international trainings or scientific meetings on osteopathy at least 4 (four) times,

   b. Having published an article on osteopathy in 2 (two) national/international peer-reviewed journals,

   c. Having actively worked in this field for 2 (two) years, shall be awarded a certificate renewal (the validity period of their certificates are extended for another 7 years). The certificate-holders shall submit their documentation related to these criteria during the certificate renewal application to the certification training providers that awarded the certificate to them.

2. Those who do not fulfil at least one of the criteria in the first paragraph need to take the certificate renewal exam and pass the exam.

3. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the relevant training program by the implementers of osteopathy certification training program under the coordination of the relevant unit of the Ministry.

4. Participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.

5. The certificates of the certificate-holders shall be valid until the certificate renewal exam process is completed.

6. The certificates of those who fail to attend the certificate renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.

7. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.

8. The objections of the certificate-holders, who fail in the certificate renewal exam to the renewal exam results, shall be evaluated and concluded in maximum 5 (five) working days by the certificate renewal exam committee.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

13.1. Equivalence Application

Equivalence shall be requested by using the equivalence application form (Appendix-2) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

13.2. Documents to be attached to the Application Form:

1. A certified copy of the certificate.
2. A certified copy of the Faculty of Medicine diploma.
3. A certified copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/certified copy of Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (The original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that s/he received at least 1000 hours of theoretical and practical training, and the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

13.3. How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Osteopathy Certification Training Standards by a Scientific Committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two)

more times at maximum; those who cannot pass the exam are supposed to apply to the Osteopathy Certification Training Program.

4. Applicants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Osteopathy Certification Training Program.
6. Certificate Equivalency Document shall be drawn up for applicants who pass the theoretical and practice exams.
7. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Those who meet the criteria below and who apply to the Ministry within 6 (six) months after the publication of this standard and who are deemed suitable by the committee to be established by the relevant unit of the Ministry shall be awarded a Osteopathy Certification equivalence without being tested for one-time only.

a. Having published at least 2 (two) articles on the subject in a national/international indexed journal,
b. Having at least 2 (two) chapters in a book on the subject,
c. Having conducted a postgraduate thesis study on the subject,
d. Having worked as a researcher or executive in a scientific project supported by either a university or TUBITAK on the subject,
e. Having worked as a postgraduate thesis supervisor on the subject

ANNEX-1: OSTEOPATHY CERTIFICATION TRAINING PROGRAM PRACTICE EVALUATION FORM

Date	
Name & Surname of the Participant	
Unit in which the Participant Practices	
Evaluator	

Practice No	Evaluated Practices	Evaluation Score (*)
1	Explaining asepsis-antisepsis	
2	Preparing, physically examine and preparing the medical history of the patient	
3	Conducting palpation of the anatomic structures	
4	Making a diagnosis and explaining treatment principles	
5	Applying osteopathy evaluation protocols	
6	Cranial, parietal and visceral osteopathy examining and practicing	
7	Approach and practice in painful patients	
8	Explaining session intervals, numbers and practice techniques	
9	Explaining manual practicing methods	
10	Questioning the nutritional status of the patient	
11	Communication with the patient and providing explanations	
12	Explains and uses the practicing techniques below. [Thrust (high velocity / low-amplitude) approach, muscle energy approach, post-isometric relaxation method, mobilization practices, myofascial release approach, cranial osteopathy, strain and counterstrain approach, soft-tissue / articulation approach, lymphatic approach, balanced ligament strain and ligament joint strain, facilitated positional release, progressive inhibition of neuromuscular structures, functional technique, visceral techniques, still technique, chapman approach, fulford percussion]	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Quite Satisfactory	: 3
Satisfactory	: 3
Moderately Satisfactory	: 2
Unsatisfactory	: 1
Not Evaluated	: 0

NOTE: The Practice exams shall be conducted by using Osteopathy Practice Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or "Not Evaluated" (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.

EVALUATION RESULT

Theoretical Exam Score (T)	Practice Exam Score (P)	Average of Theoretical Exam and Practice Exam Scores (T+P) / 2

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)
2. COUNTRY OF TRAINING
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING
4. TRAINING CURRICULUM
5. VALIDITY PERIOD OF THE CERTIFICATE

THE APPLICANT'S:

Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

OZONE PRACTICE CERTIFICATION TRAINING PROGRAM

STANDARDS FOR OZONE PRACTICE CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Ozone Practice Certificated Training Program

2. AIM OF TRAINING

The purpose of this training program is to qualify medical doctors and dentists from related fields that will practice ozone to fulfill these practices in an effective and prolific way.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Regulation on Certification Training of the Ministry of Health published in the Official Gazette dated February 4, 2014 and numbered 28903.
2. Regulation on Private Health Institutions Practicing Ozone Treatment and Practice of This Treatment
3. Regulation on Traditional and Complementary Medicine Practices published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Ozone Practice: It is the method that ozone-oxygen mixture is practised locally or sistemically.

Practice Center: It is the center that is founded within training and research hospitals, faculty of medicine or faculty of dentistry health practices and research center and can provide traning under the responsibility of medical doctors and dentists with certification in related field if the center is authorized by Ministry.

Distant Training: It is the traning system in which trainers and trainees are located in different time and place and the transmission of traning contents and interaction are realized by utilizing ICT.

Asynchronous Traning: These are asynchronous training and education activities, which are realized in different time and places.

Synchronous Traning: These are training and education activities which occur synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below.

1. The training program shall be implemented based on the procedures and principles listed below.
2. The training program shall be carried out both in theory and in practice. Theoretical training can be provided as face to face or distance learning (Maximum 80%)
3. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server.

4. Physician participants need to undertake at least 30 (thirty) cases during the training. At least 10 (ten) of those shall be major case. Dentist participants need to undertake at least 7 (seven) cases.
5. The contents of the courses shall be designated in the beginning of the training program; the trainees shall be given references or provided with lecture notes.
6. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty-five) minutes.
7. A maximum of 22 (twenty-two) participants can be accepted for the distance learning and at most 12 (twelve) participants for face to face training in one training period/term except for 2 (two) participant who will be assigned by the Ministry.
8. The participant to be assigned by the Ministry will be a Physician or a Dentist who does not have any Public Service Liability and whose training in this program is of importance for his/her services in the institution she/he works. This participant will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
9. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% absence can be accepted for the theoretical training due to a legal excuse.
10. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture method
    - Small group discussion
    - Demonstrative teaching
    - Attendant scientific activity
    - Question and answer method
    - Simulation method
    - Video-based teaching method
    - Clinical practice (Case review activities)
11. Practical training is performed in application centers or units on an individual basis or as groups, Ozon practices consist of monitoring, performance under observation and self-reliant performance phases.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians and/or dentists, for practicing in their own field, can participate into this certificated training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives

Subjects within the training program, training targets and duration allocated for every subject are displayed below-mentioned Table 1 and 2.

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Duration (Hours) T	 P	 Total
MODULE 1- INTRODUCTION TO OZONE PRACTICE		**8**	**4**	**12**
1. Historical background of ozone practice	**1.** Explain the utilization process of ozone practice in a chronological way. **2.** Count products and devices used in the process shortly. **3.** Explain practice methods and scientific activities on this field.	1		1
2. Ozone gas • Physical and chemical characteristics and side effects of ozone gas • Relation among ozone gas, genetics and epigenetics • Ozone-oxygen transformation process • Transportation of oxygen among hemoglobin, tissue and cells • Ozone Practice and free radical formation (ROT-LOP) • Ozone Practice and antioxidant defense systems • Physiological effects of hydrogen peroxide. • Physiological effects of reactive oxygen derivatives • Physiological effects of lipid peroxidation products • Assessment of antioxidative capacity	**1.** Express physical and chemical characteristics of ozone molecule **2.** Count side effects of ozone gas. **3.** Express physical, chemical, genetic and epigenetic effects of ozone gas on natural life and humans. **4.** Know about ozone-oxygen transformation process. **5.** Physiological mechanisms in oxygen transportation to cell and tissues. **6.** Express free radical formation during ozone-oxygen metabolism **7.** Lecture on antioxidant systems which are the defense system of body. **8.** Count physiological characteristics of hydrogen peroxide. **9.** Express physiological effects of reactive oxygen derivatives. **10.** Physiological effects of lipid peroxidation products on cell and tissues. **11.** Lectures on indicators and methods for assessing oxydative and antioxydative capacity and proper practice dosage for this.	6		6

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training: Theoretical	Duration (Hours) Practice	 Total	
3. Ozone gas production and preparation of ozone-including products • Ozone generators and ozone production • Controlling ozone concentration • Dissolution of ozone in water, preparation of ozone-including water and oil	**1.** Express production mechanisms of ozone gas **2.** Know how to control ozone concentration **3.** Explain the dissolution of ozone in water **4.** Explain how to prepare ozone-including water and oil.	1	4	5
MODULE 2: OZONE PRACTICE PROCESS			15	12	27
1. • Action mechanism and physiological basics of ozone practice • Its cell and tissue-level mechanical and physiological effects • Its physiological effects on erythrocyte and leucocyte • Its physiological effects on endothelium, bone marrow and other tissues • Its physiological effects on platelet and growth factors • Its effects on inflammation and repairment process	**1.** Explain action mechanism and physiological basics of ozone practice Explain cell and tissue-level mechanical and physiological effects of ozone molecule **2.** Explain physiological effects of ozone practice on erythrocyte and leucocyte **3.** Explain physiological effects of ozone practice on endothelium, bone marrow cells and other tissues. **4.** Explain physiological effects of ozone practice on platelet and growth factors **5.** Explain physiological effects of ozone practice on inflammation and repairment process		6		6

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training: Theoretical	Duration (Hours) Practice	 Total	
• Its effects on pain response • Its physiological effects on systems • Role of growth factors on practices • Action mechanism and physiological basics of local ozone practice	**6.** Explain the effects of ozone practice on pain response. **7.** Explain physiological effects of ozone practice on systems. **8.** Explain the effectiveness of growth factors occuring during ozone practice on the case. **9.** Explain action mechanism and physiological basics of local ozone practice		6	6
2. Ozone practice methods • Major Ozone Practice • Minor Practice • Bagging • Local Practice • Rectal Practice	**1.** Explains basic principles of ozone practice methods. **2.** Explains how to apply major, minor and local ozone practices. **3.** Performs major, minor and local ozone practices in a proper way. **4.** Explains how to perform bagging process during ephitelizing. **5.** Explains how to perform local ozone practices in musculoskeletal disorders. **6.** Describes urogenital system practices.	4	12	16

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training: Theoretical	Duration (Hours) Practice	 Total
3. Relation between dosage range and toxicity in ozone practices • Mutagenic effect of ozone • Ozone practice within conventional practice process • Effect of long term ozone practice on systemic disorders and cancer practices • Chronic oxidative stress and adaptation mechanisms • Antioxidant supplementary products in ozone practices • Management of ozone practice	**1.** Explain ozone gas dosage range in clinical practices. **2.** Explain possible side effects and necessary precautions for overdose. **3.** Explain mutagenic effect of ozone. **4.** Perform coordination activities with practice manager specialist in conventional practice process. **5.** Explain the effects of long term ozone practice on systems. **6.** Explain ozone-tumor relationship **7.** Explain chronic oxidative stress and adaptation mechanisms. **8.** Classify antioxidant supplementary products **9.** Explain management issues in ozone practice	4	4
4. Conditions in which ozone cannot be practised	**1.** Explain the effect of ozone on human health and on what conditions ozone cannot be practised.	1	1

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training: Theoretical	Duration (Hours) Practice	Total	
MODULE 3: OZONE PRACTICE FIELDS		**E**	**54**	**76**
1. Introduction to Ozone Practices	**1.** Counts the fields of practice of ozone practice within unit and practice centers, according to traditional and complementary medicine. **2.** Explains the disorders with ongoing research with fields of practice and how ozone practice can be fruitful with which effects for these disorders. **3.** Discuss on what level of evidence ozone practice can be performed.	1		1
2. Musculoskeletal injuries • Etiology and physiopathogenesis of muscle, joint and ligament injuries • Action mechanism of ozone gas • Ozone practice method, dosage range, frequency and duration • Assessment process of practice	1. Describe the etiology and physiopathogenesis of muscle, joint and ligament injuries 2. Explain how to perform ozone practice in the treatment of muscle, joint and ligament injuries 3. Explain action mechanism of ozone practice on cell and tissues. 4. Explain proper ozone practice method, dosage range, frequency and duration for the treatment of muscle, joint and ligament injuries 5. Know of side effects stemming from ozone gase and practice and necessary precautions and effective management of practice. 6. Explain the sssessment process of ozone practice	5	14	19

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
3. Neuropathic pain • Etiology and physiopathogenesis of neuropathic pain • Action mechanism of ozone gas • Ozone practice method, dosage range, frequency and duration • Assessment process of practice	1. Describe the etiology and physiopathogenesis of neuropathic pain 2. Explain action mechanism of ozone practice. 3. Explain proper ozone practice method, dosage range, frequency and duration for neuropathic pain. 4. Explain side effects stemming from ozone gase and practice and necessary precautions and effective management of practice 5. Explain the sssessment process of ozone practice.	5	12	17
4. Vertebra disc pathologies* • Anatomical and biomechanical characteristics of vertebra • Etiology and physiopathogenesis of vertebral disc disorders • Action mechanism of ozone gas • Ozone practice method, dosage range, frequency and duration • Assessment process of practice ** Practice can only be performed by specialists from related field*	1. Describe anatomical and biomechanical characteristics of vertebra. 2. Describe etiology and physiopathogenesis of vertebral disc disorders 3. Explain action mechanism of ozone gas in vertebral disc disorders 4. Explain proper ozone practice method, dosage range, frequency and duration for the treatment of vertebral disc disorders 5. Know of side effects stemming from ozone gase and practice and necessary precautions and effective management of practice. 6. Explain the sssessment process of ozone practice.	5	12	17

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
5. Extremity injuries with critical ischemia with no chance of revascularization; • Etiology and physiopathogenesis • Action mechanism of ozone gas • Ozone practice method, dosage range, frequency and duration • Assessment process of practice	1. Descibe etiology and physiopathogenesis of extremity injuries with critical ischemia 2. Explain the action mechanism of ozone at cellular and tissue levels in extremity injuries with critical ischemia 3. Explain proper ozone practice method, dosage range, frequency and duration for the treatment of extremity injuries with critical ischemia 4. Know of side effects stemming from ozone gase and practice and necessary precautions and effective management of practice. 5. Explain the sssessment process of ozone practice.	2	4	6
6. Infected diabetic wound; • Anatomy and physiology of skin • Wound recovery process • Preparation of wound bed • Wound care and diabetic foot • Wound infections • Wound exudate and exudate management	1. Explain the Anatomy and physiology of skin. 2. Explain wound recovery process 3. Explain the process of wound bed preparation 4. Explain the terms of Wound care and diabetic foot 5. Know about Wound exudate and exudate management 6. Explain the term of pressure sore	4	12	16

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
• Revascularization for chronic wounds • Prevention of pressure sore and related strategies • Physical subsidiary practice methods • Diabetic foot physiopathology • Prevention and hygene for diabetic foot • Yara bakım ürünleri ve seçimi Wound care products and their selection	1. Count the prevention strategies for pressure sore 2. Explain Physical subsidiary practice methods for wound recovery. 3. Explain diabetic foot physiopathology 4. Explain prevention methods and hygene in diabetic wound recovery. 5. Explain wound care products and how to select them	4	12	16
MODULE 4: RESEARCH FIELDS OF OZONE PRACTICE		5		5
1. Pathologies with ongoing evidence level research • Infectious diseases • Otoimmune diseases • Neurodegenerative diseases • Inflammatory bowel diseases • Ischemic diseases • Dermatological diseases • Respiratory system diseases • Circulatory system diseases • Metabolic diseases • Hematologic diseases • Cancer pain • Nosocomial infections • Cosmetic use	1. Discuss the notion of evidence based medicine and how evidence levels are assessed. 2. Explain medical doctor's ethical responsibilities within practices 3. Descibe the classification, etiology and basic physiopathology of research-level diseases 4. Explain the action mechanism of ozone on these diseases at cellular and tissue levels. 5. Explain ozone practice method, dosage range, frequency and duration for the treatment of these diseases.	4		4

Table 1: Subjects within Ozone Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
	6. Know of side effects stemming from ozone gase and its practice and necessary precautions and effective management of practice. 7. Discuss the evidence level related to ozone practice in these investigational diseases	4		4
2. Legal status in the country, getting patient consent form	Know that performing ozone practice apart from the situations mentioned in the regulation is a crime and getting patient consent form before practice is a legal obligation in terms of legal legislation.	1		1

Table 2: Subjects within Ozone Practice Certificated Training Curriculum for Dentists and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
MODULE 1- INTRODUCTION TO OZONE PRACTICE		**8**	**4**	**12**
1. Historical background of ozone practice	2. Explain the utilization process of ozone practice in a chronological way. 3. Count products and devices used in the process shortly. 4. Explain practice methods and scientific activities on this field.	1		1

Table 2: Subjects within Ozone Practice Certificated Training Curriculum for Dentists and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
2. Ozone gas • Physical and chemical characteristics and side effects of ozone gas • Relation among ozone gas, genetics and epigenetics • Ozone-oxygen transformation process • Transportation of oxygen among hemoglobin, tissue and cells • Ozone Practice and free radical formation (ROT-LOP) • Ozone Practice and antioxidant defense systems • Physiological effects of hydrogen peroxide. • Physiological effects of reactive oxygen derivatives • Physiological effects of lipid peroxidation products • Assessment of antioxidative capacity	1. Express physical and chemical characteristics of ozone molecule. 2. Count side effects of ozone gas. 3. Express physical, chemical, genetic and epigenetic effects of ozone gas on natural life and humans. 4. Know about ozone-oxygen transformation process. 5. Physiological mechanisms in oxygen transportation to cell and tissues. 6. Express free radical formation during ozone-oxygen metabolism. 7. Lecture on antioxidant systems which are the defense system of body. 8. Count physiological characteristics of hydrogen peroxide. 9. Express physiological effects of reactive oxygen derivatives. 10. Physiological effects of lipid peroxidation products on cell and tissues. 11. Lectures on indicators and methods for assessing oxydative and antioxydative capacity and proper practice dosage for this.	5		5

Table 2: Subjects within Ozone Practice Certificated Training Curriculum for Dentists and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
MODULE 2: OZONE PRACTICE PROCESS		**10**	**4**	**14**
1. Ozone practice process • Action mechanism and physiological basics of ozone practice • Its cell and tissue-level mechanical and physiological effects • Its effects on inflammation and repairment process • Its effects on pain • Action mechanism and physiological basics of local ozone practice	1. Explain action mechanism and physiological basics of ozone practice 2. Explain cell and tissue-level mechanical and physiological effects of ozone molecule 3. Explain the effects of ozone practice on inflammation and repairment process 4. Explain the physiological basics of practice on pain response and systems 5. Explain action mechanism and physiological basics of local ozone practice	5		5
2. Ozone practice methods in dentistry • Local practice	1. Express basic principles of ozone practice methods 2. Explain local practice method out of ozone practice methods	1	4	**5**
3. Ozone Practice Principles • Relation with ozone practice, dosage range and toxicity • Effect of long term ozone practice on oral pathologies • Important issues concerning monitoring of ozone practice and management	1. Explain the ozone gas practice dosage range for clinical practice 2. Explain side effects for overdosing cases and related necessary precautions 3. Explain the effects of long term ozone practice on mouth, teeth, gingiva and mentum 4. Explain the long term ozone practice-oral pathology relation 5. Briefly explain the important aspects of ozone practice monitoring and management issues	3		**3**

Table 2: Subjects within Ozone Practice Certificated Training Curriculum for Dentists and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
4. Situations in which ozone practice cannot be performed	Explain the effect of ozone practice on people and the situations that ozone practice cannot be performed.	1		1
MODULE 3: APPLICABLE FIELDS FOR OZONE PRACTICE		**14**	**20**	**34**
1. Ozone practice in periodontology	Display ozone practice in region cleaning, oral lesions and oral mycosis before gingivitis, periodontitis and flap surgeries	3	4	7
2. Ozone practice in endodontics	Display ozone practice as a supportive process for treatments of root canal, infected and gangrene teeth on a model or person.	1	2	3
3. Ozone practice in hypersensitivity and pulp capping process	Display ozone practice as a supportive process in desensitization and pulp capping on a model or person.	1	1	2
4. Ozone practice in stopping processes	Display ozone practice as a supportive process in cavity and dentin cleaning before stopping process on a model or person.	1	1	2
5. Ozone practice in oral surgery and pathologies	Display ozone practice as a supportive process for oedema and pain relief in cases such as pro-implant cavity cleaning after exodontia, periimplantitis, alveolitis and osteomyelitis on a model or person.	2	2	4
6. Ozone practice in coagulopathy and hyperemia	Display ozone practice as a supportive process for hemorrhage disorders and hyperemia on a model or person.	1	1	2
7. Ozone practice in temporomandibular joint disorders and trismus cases	Display ozone practice as a supportive process for temporomandibular joint disorders and trismus cases on a model or person.	1	1	2
8. Ozone practice in dental prosthesis and dent and oral lesions contingent upon orthodontic apparatus	Display ozone practice as a supportive process in dental prosthesis and dent and oral lesions contingent upon orthodontic apparatus on a model or person.	1	2	3

Table 2: Subjects within Ozone Practice Certificated Training Curriculum for Dentists and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Theoretical	Practice	Total
9. Ozone practice in aesthetic approaches of dentistry	Display ozone practice in the cases such as teeth whitening on a model or person.	1	1	2
10. Ozone practice as the supportive factor for pain relief in denistry	Display ozone practice as a supportive process for pain relief in dentistry on a model or person.	1	1	3
11. Ozone practice in preventive dentistry	Display prevention-oriented ozone practice in dentistry on a model or person.	1	1	2

7.2 Traning Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials including subjects in the training content. (Books, slides, training guidelines, scientific journals, etc.)
2. Audiovisual training materials. (compact discs, video films, pictures, etc.)
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for distance learning and transferred into digital environment.
4. All tools and equipment related to ozone practice that are supposed to be in a practice center/unit as per the relevant legislation.
5. All tools and equipment that are supposed to be in a practice

7.3. Duration of Training

Duration of ozone practice certified training program is given in belowmentioned table.

Table 3: Training Duration for Ozone Practice Certification Training Program

Participant Group	Total Duration (hour) Theoretical Training	Practice	TOTAL
Physician	50	70	120
Dentist	32	28	60

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles:

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams will be conducted at the end of the training program.
3. The participants are supposed to succeed both in theoretical and practice exam separately.
4. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
5. Practice exams are conducted by utilizing Ozone Practice Traning Evaluation Form (Annex-1). Every subject in the form is evaluated with the grades Well Adequate (4), Adequate (3), Partly Adequate (2), Inadequate (1) and Not Evaluated (0). This total is divided into subject number and average score is generated. By multiplying this average score with 25 (twenty five), score is calculated out of 100 (hundred). Applicants who get 70 in practice exam is deemed succesful. Theoretical exam questions are prepared as multiple-choice questions.
6. Those who score 70 (seventy) points or more (out of 100) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply the ozone practice certification training program again.
7. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
8. The practice exam shall be conducted by practicing ozone on a patient and/or on a model.
9. In the practice exam;
    a. Patient evaluation and practice planning
    b. Determining proper ozone technique
    c. Perfoming ozone practice on a model or person will be evaluated.
10. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply the ozone practice certification training program again.
11. The objections of participants who object to the results of their theoretical and practice exams conducted at the end of the ozone practice certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
12. For certification, the success point of the trainee shall be determined by averaging the points obtained in the theoretical and practice exams.
13. Participants who pass the theoretical and practice exams shall be awarded their certificates.
14. The certificate shall be registered by the Ministry of Health.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians, dentists and academicians in related fields are the program officers of ozone practice certification training program.

9. TRAINERS AND THEIR QUALIFICATIONS

People having at least one of the following requirements shall be assigned as trainer:

1. Physicians and Dentists who hold Ozone Practice Certification and who have actively worked in the relevant practice field for minimum 3 (three) years,
2. Specialists / Dental Specialists who hold Ozone Practice Certification
3. Physicians and Dentists who hold Ozone Practice Certification and who have minimum two national/ international scientific publications on ozone
4. For the subjects apart from ozone practice, leading experts and faculty members.
5. Foreign nationals who can certify that they have ozone practice traning on an international scale and actively work in related field and deemed appropriate by the commission established by related department.

NOTE: Practice centers are obliged to report the names and qualifications of trainers to Ministry of Health

10. PROPERTIES OF THE TRAINING PLACE

Ozone practice certified training program can be organized by the institutions with “practice center”.

For distance learning;

1. have Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.),
2. have a Learning Management System (LMS) Management panel,
3. have a server and infrastructure architecture in parallel with the capacity of the trainees,
4. ensure that video conferencing software and infrastructures are integrated into the system so as to provide synchronous training, are required.

The place for theoretical and practical training is required to:

1. have a server and infrastructure architecture in parallel with the capacity of the trainees,
2. have adequate number of chairs and desks for participants,
3. be a traditional and complementary medicine practice center which the Ministry allows to open,
4. have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/ training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

Certificates shall be renewed pursuant to belowmentioned criteria:

1. At the end of the validity period of the certificates, among the certificate-holders;
   a. Those who document that they attended national/international trainings or scientific meetings on ozone at least 4 (four) times within the validity period of the certificate after receiving that certificate or those who published an article on ozone in 2 (two) national/international scientific journals or those who document that they worked actively on this field for 2 (two) years are awarded a certificate extension. The certificate-holders will submit their documentation related to these criteria during the recertification application to the certification training providers that awarded the certificate to them.
   b. Those who do not fulfil any criteria in paragraph a need to apply for renewal exam.
2. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the ozone certification training program by the providers of ozone practice certification training program under the coordination of the relevant unit of the Ministry.
3. The participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
4. The certificates of the certificate-holders are valid until the recertification exam process is completed.
5. The certificates of those who fail to attend the certification renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they are tested as soon as possible.
6. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the recertification exams shall be conducted by the relevant unit of the Ministry.
7. The objections of the certificate-holders, who failed in the certification renewal exam, to the renewal exam results shall be evaluated and concluded in maximum 5 (five) days by the certification renewal exam committee.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

Equivalence shall be requested by using the equivalence application form prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health.

It is mandatory to submit all the documents specified in this form.

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which

provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

Documents to be attached to the Application Form:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. Notarized copy of Turkish Identification Card/Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form. (In Turkish and in the language of the training and the document)
6. Document proving that Physicians received at least 120 (one hundred and twenty) hours of theoretical and practical training, that Dentists received at least 60 (sixty) hours of theoretical and practical training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to submit a document showing that s/he resided in the country in which s/he received training during the training period with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Ozone Practice Certified Training Program Standards by a ozone practice-certified scientific committee.
2. The applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practical exam.
3. Those who score 70 (seventy) points or more (out of 100) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Ozone Practice Certification Training Program again.
4. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. The practice exam will be conducted on a patient and/or a model.
6. In the practice exam;
   a. Practice planning,
   b. Ozone practice
   c. Points to consider before and after practice will be evaluated.

7. Participants who score 70 (seventy) points or more (out of 100) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Ozone Practice Certification Training Program again.
8. Certificate Equivalency Document shall be drawn up for applicants who pass the theoretical and practice exams.
9. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Physicians and dentists who have any of these belowmentioned qualities before the issue date of this Standard:

1. Having 2 (two) nationally/internationally acknowledged and/or published scientific papers related to subject,
2. Having posgraduate thesis on related subject,
3. Having postgradute thesis supervisory experience on related subject,

On the condition that they apply to Ministry of Health within 6 (six) months pursuant to the issue date of this standard, the application shall be examined by the commission that shall be composed by related department in the Ministry and applicants deemed proper shall be awarded Ozon Practice Cerification Equivalence without any examination for one time only.

ANNEX 1: OZONE PRACTICE TRAINING EVALUATION FORM

Date		
Applicant's Name-Surname		
Applicant's Practice Department		
Evaluator		
Practice Number	**Evaluated Practices**	**Evaluation Score (*)**
PHYSICIANS		
1	Acceptance of case and medical history taking/fictional case acceptance and fictional medical history taking on the model	
2	Practice planning and determining proper method	
3	Points to consider before practice and processes	
4	Proper equipment selection before practice and asepsis-antisepsis	
5	Performing correct technique and determining proper duration for the process	
6	Points to consider after practice and processes	
7	Displaying correct practice on a model or person for musculoskeletal disorders	
8	Displaying correct practice on a model or person for diabetic foot wounds	
9	Displaying correct practice on a model or person for neuropathic pain	
DENTISTS		
1	Acceptance of case and medical history taking/fictional case acceptance and fictional medical history taking on the model	
2	Practice planning	
3	Points to consider before practice and processes	
4	Proper equipment selection before practice and asepsis-antisepsis	
5	Performing correct technique and determining proper duration for the process	
6	Displaying correct practice on a model or person in periodonthology	
7	Displaying correct practice on a model or person in surgery	

8	Displaying correct practice on a model or person in peri-odonthology in painful cases in dentistry
TOTAL SCORE (Total of scores given to every practice)	
AVERAGE SCORE (Total Score/Evaluated Practice Number)	
AVERAGE SCORE OUT OF HUNDRED (Average Score x 25)	

***Evaluation Score : (Applicants who get 70 or more shall be deemed successful)**

Well Adequate : 4
Adequate : 3
Partly Adequate : 2
Inadequate : 1
Not Evaluated : 0

NOTE: Practice exams are conducted by utilizing Ozone Practice Traning Evaluation Form (Annex-1). Every subject in the form is evaluated with the grades Well Adequate (4), Adequate (3), Partly Adequate (2), Inadequate (1) and Not Evaluated (0). This total is divided into subject number and average score is generated. By multiplying this average score with 25 (twenty five), score is calculated out of 100 (hundred). Applicants who get 70 in practice exam is deemed succesful.

EVALUATION RESULT

Theoretical Exam Score (T)	Practice Exam Score (P)	Average of Theoretical Exam and Practice Exam Scores (T+P) / 2

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)
2. COUNTRY OF TRAINING
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING
4. TRAINING CURRICULUM
5. VALIDITY PERIOD OF THE CERTIFICATE

THE APPLICANT'S:

Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

PROLOTHERAPY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR PROLOTHERAPY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Prolotherapy Certification Training Program

2. AIM OF TRAINING

The prolotherapy certification training program aims at training and authorizing physicians who will practice prolotherapy for human health in the health system when necessary.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Regulation on Certification Training of the Ministry of Health published in the Official Gazette dated February 4, 2014 and numbered 28903.
2. Regulation on Private Health Institutions Practicing Acupuncture Treatment and Practice of This Treatment
3. Regulation on Traditional and Complementary Medicine Practices published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Prolotherapy: It is a method of treatment which is based on injecting proliferative and irritant solutions in cases of loco motor system injuries and joint laxity.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of medicine and training and research hospitals to perform the practices specified in this Regulation under the responsibility of a physician who holds a certificate on the relevant field and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below.

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be face-to-face and/or at a maximum of 80% distant learning.
2. It shall be ensured, in distance learning, that the participants have synchronous (at least 50%) and asynchronous access to interactive practices on-line through the infrastructure provided by the server and that interactive live courses are taught at certain hours in a certain

place/hall within the bounds of live curriculum.

3. The participants need to undertake and follow up the treatment of at least 10 (ten) cases during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the trainees shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 40 (forty) minutes.
6. A maximum of 50 (fifty) participants can be accepted for distant training sessions and a maximum of 25 (twenty five) participants can be accepted for face-to-face sessions in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participant to be assigned by the Ministry will be a Physician who does not have any Public Service Liability and whose training in this program is of importance for his/her services in the institution she/he works. This participant will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% absence can be accepted for the theoretical training due to a legal excuse.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
   - Verbal lecture method
   - Video-based teaching method
   - Small group discussion
   - Demonstrative teaching
   - Question and answer method
   - Simulation method
   - Clinical practice
   - Practice on dummy
10. Practical training is performed in application centers or units on an individual basis or as groups, prolotherapy practices consist of monitoring, performance under observation and self-reliant performance phases.
11. The relevant unit of this certified training program is Traditional and Complimentary Medicine Application Directorate, General Directorate of Health Services, Ministry of Health.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

A physician may participate in this certified training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

The subjects and learning objectives to be included in the theoretical part of the training courses are stated in Table 1. The subjects and learning objectives to be included in the practical part of the training courses are stated in Table 2.

Table 1: The subjects and learning objectives to be included in the theoretical part of the training courses, duration for each subject

SUBJECTS	LEARNING OBJECTIVE Participants who successfully complete the program are able to:	TIME (Hours) 40
MODULE - 1 Introduction to Prolotherapy		**8**
a. Definition, history and importance of prolotherapy. **b.** Physiology of wound recovery. **c.** Joints, connective tissue, ligaments, functional anatomy of muscles **d.** Connective tissue function and bio-mechanic **e.** Definition of tensegrity and its function **f.** Effect mechanism and scientific basis of proliferation **g.** Mapping of injection area	• Define prolotherapy. • Briefly explains the history of prolotherapy. • Discuss the importance of prolotherapy. • Summarize tissue repair cascade, duration and physiology in wounds. • Summarize joints, connective tissue, ligaments, functional anatomy of muscles. • Explain connective tissue function and bio-mechanic. • Explain tensegrity and its function. • Explain effect mechanism and scientific basis of proliferation. • Explain the need for mapping of injection area and the matters that need attention.	
MODULE – 2 Prolotherapy Injection Principles		**4**
a. Proliferate solutions used in prolotherapy **b.** Preparing the mixture **c.** Application techniques **d.** Application materials **e.** Factors affecting the effects of prolotherapy	• Explain the features of proliferate solutions • Explain how to prepare the mixture needed for application • List application techniques of prolotherapy • List application materials needed for prolotherapy • Explain factors affecting the effects of prolotherapy	

Table 1: The subjects and learning objectives to be included in the theoretical part of the training courses, duration for each subject

SUBJECTS	LEARNING OBJECTIVE Participants who successfully complete the program are able to:	TIME (Hours) 40
MODULE - 3 Secondary and Iatrogenic Effects of Prolotherapy		**4**
a. Injection-related side effects during application (pain, phobia, bleeding, ecchymosis, infection, severe inflammation) **b.** Effects related to the irritant solution used during application (incompatibility, allergic reactions, pain, flash, erythema, rebound) **c.** Prolotherapy counter indications	• Explain injection-related side effects during application • Explain effects related to the irritant solution used during application • Explain side effects arising from prolotherapy application technique, the measurements to be taken and necessary precautions • Explain prolotherapy counter indications	
MODULE - 4 Prolotherapy Application Areas		**24**
Classification of prol otherapy applications according to the anatomical areas and application conditions • Knee area • Elbow area • Hand and wrist area • Foot and ankle area • Shoulder area • Lumbo-Sacral and pelvis area • Hip and pelvis are • Thorax area • Head and neck area	• Explain usage indications of each application area • Summarize anatomical features of each application area, explain briefly injection areas and risky areas • List usage conditions of each application area • List usage conditions of each application area • Explain session numbers and durations of each application area • Define effect mechanism of prolotherapy on each application area • Explain what needs to be done when the application is ineffective • Explain the supporting effects of prolotherapy when used with other treatment methods • List the success factors of treatment	

Table 2: The subjects and learning objectives to be included in the practical part of the training courses, duration for each subject

MODULE	LEARNING OBJECTIVE **Participants who successfully complete the program are able to:**	TIME **(Hours)** **80**
1. 6 Asepsis - antisepsis	List Asepsis - antisepsis application areas	
2. Preparing the patient, anamnesis, physical examination, evaluation of laboratory and medical imaging methods before treatment, requesting the missing ones from the patient Palpation techniques Drawing anatomical areas on skin	• Explain how to prepare the patient • Take anamnesis from the patient • Explain physical examination application • Prepare the patient for correct application. (Give the patient appropriate position and ensure comfort, give himself/herself appropriate position and ensure comfort, adjust table height, sitting position, and lighting.) • Have experience in anatomical localization and pathological tissue detection by using palpation techniques. • Draw anatomical tissues on the patient without changing the patient's position before the application.	
3. Diagnosis and treatment principles	Perform correct diagnosis and treatment principles.	
4. Approaching patients with pain and application	Perform appropriate approaching techniques to the patients.	
5. Session intervals, numbers, irritant solution dosage and application techniques	Decide on session intervals, application numbers and dosage and apply them.	
6. Recommendations to the patient after the application	Give the patient information on what to do and what not to do after prolotherapy application, give recommendation on exercise, correct usage of body mechanisms and nutrition.	

Table 2: The subjects and learning objectives to be included in the practical part of the training courses, duration for each subject

MODULE	LEARNING OBJECTIVE Participants who successfully complete the program are able to:	TIME (Hours) 80
7. a. Application techniques and principles **b.** Application practices Knee area Elbow area Hand and wrist area Foot and ankle area Shoulder area Lumbo-Sacral and pelvis area Hip and pelvis are Thorax area Head and neck area	**a.** Before prolotherapy injection; appropriate intradermal anesthesia, demonstrate injection with vertical angle to the bone for each time bone contact • Demonstrate skin shift, skin compression, working with both hands, changing injection angle when necessary for correct application • Demonstrate different injection holding techniques for different areas • Demonstrate methods for distinguishing the different senses given by tendons, ligaments, cartilage tissue, fascia, joint capsules and for separating tissues **b.** Know and use injector tips of different thickness used for different areas for safe injection	
8. Prolotherapy needles and injector usage	Know and use injector tips used in prolotherapy	
9. Preparing products that will be used for application	Demonstrate and prepare products that will be used for application (Such as preparing supports-pillows which will support the patient, preparing injection liquids and the injectors for gloves, preparing gauze, antiseptic liquids, and elastic roll bondages.)	

7.2 Training Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials including subjects in the training content. (Books, slides, training guidelines, scientific journals, etc.)
2. Audiovisual training materials. (compact discs, video films, pictures, etc.)
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for distance learning and transferred into digital environment.
4. All tools and equipment that are supposed to be in a prolotherapy practice center as per the relevant legislation.
5. All kinds of devices and materials related to the training at the place where the training will take place will be considered as training material.

7.3 Duration of Training

The duration of Prolotherapy Certified Training Program is stated in Table 3.

Table 3: The duration of Prolotherapy Certified Training Program

TYPE OF TRAINING	TOTAL TIME (Hours)
Theoretical Training	40
Applied/Area Training	80
TOTAL	**120**

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams will be conducted at the end of the training program.
3. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content. Theoretical exam questions are prepared as multiple-choice questions
4. The participants are supposed to succeed both in theoretical and practice exam separately. Those who score 70 (seventy) points or more (out of 100) in the theoretical exam shall be deemed successful. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply the prolotherapy certification training program again.
5. Practice exams are conducted by utilizing Prolotherapy Practice Training Evaluation Form (Annex-1). Every subject in the form is evaluated with the grades Well Adequate (4),

Adequate (3), Partly Adequate (2), Inadequate (1) and Not Evaluated (0). This total is divided into subject number and average score is generated. By multiplying this average score with 25 (twenty five), score is calculated out of 100 (hundred). Applicants who get 70 in practice exam is deemed successful. Theoretical exam questions are prepared as multiple-choice questions

6. The practice exam shall be conducted by practicing on a patient and/or on a model.
7. In the practice exam;
   a. Treatment planning,
   b. Prolotherapy application,
   c. Pre and post-treatment follow-up applications will be evaluated.
8. For certification, the success point of the trainee shall be determined by averaging the points obtained in the theoretical and practice exams.
9. Participants who fail to score minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply the prolotherapy certification training program again.
10. The objections of participants who object to the results of their theoretical and practice exams conducted at the end of the prolotherapy certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
11. Participants who pass the theoretical and practice exams shall be awarded their certificates.
12. The certificate shall be registered by the Ministry of Health.
13. The certificate is valid for seven years. The certificate of those who are meet renewal conditions stated in the certificate renewal criteria shall be directly renewed. For those who do not meet renewal conditions, an exam shall be conducted. If the exam is successfully passed, the certificated of those shall be renewed.
14. If the personnel who receive the training fails to attend for a duration of time because of legally acceptable causes, they may complete their trainings by receiving what they missed at the end of the training. If the participant attends irregularly or does not attend at all, his/her training shall be revoked and he/she will be deemed unsuccessful.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians and teaching staff of the related field are the program officers of the prolotherapy certification training program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have any one of the following requirements may be assigned as trainer:

1. Physicians who hold prolotherapy certification.
2. Physicians or academicians who have specialty in the theoretical courses of prolotherapy
3. Physicians who have published at least two national/international publications on prolotherapy
4. Foreign individuals who can certify that they have prolotherapy training

on an international scale and actively work in related field and deemed appropriate by the commission established by related department.

5. Citizens of Republic of Turkey who can certify that they have prolotherapy training on an international scale and actively work in related field and deemed appropriate by the commission established by related department.

NOTE: Application Centers shall notify Ministry of Health of the trainers' names and qualifications.

10. PROPERTIES OF THE TRAINING PLACE

Prolotherapy Certified Training Program may be given by organizations/institutions which have "application centers" and are authorized to give trainings.

1. For distance learning;
   a. Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.),
   b. Learning Management System (LMS) Management panel,
   c. A server and infrastructure architecture in parallel with the capacity of the trainees,
   d. Ensure that video conferencing software and infrastructures are integrated into the system so as to provide synchronous training.
2. Have a training hall which has sufficient equipment and where the participants can receive interactive training,
3. Have a training hall which is warm and bright enough as well as being spacious, where a modular system can be used, which has a capacity in the number of the participants to be trained, and which can be divided into two separate training halls when necessary,
4. Have adequate number of chairs and desks for participants,
5. Have a server and infrastructure architecture in parallel with distant learning,
6. Integration of video-conference software and infrastructure to the system for the provision of synchronous training.
7. Having Traditional and Complimentary Medicine Practice Center, which is opened upon the permission of the Ministry.
8. Have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, photocopy machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

Certificates shall be renewed pursuant to below mentioned criteria.

1. At the end of the validity period of the certificates, among the certificate-holders;
   a. Those who document that they attended national/international

trainings or scientific meetings on prolotherapy at least 4 (four) times within the validity period of the certificate after receiving that certificate

b. those who published an article on prolotherapy in 2 (two) national/international scientific journals,

c. those who document that they worked actively on this field for 2 (two) years are awarded a certificate extension (for 7 more years). The certificate-holders will submit their documentation related to these criteria during the recertification application to the certification training providers that awarded the certificate to them.

2. Those who do not fulfil any criteria in paragraph a need to apply for renewal exam and pass it successfully.

3. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the prolotherapy certification training program by the providers of prolotherapy practice certification training program under the coordination of the relevant unit of the Ministry.

4. The participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.

5. The certificates of the certificate-holders are valid until the recertification exam process is completed.

6. The certificates of those who fail to attend the certification renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they are tested as soon as possible.

7. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the recertification exams shall be conducted by the relevant unit of the Ministry.

8. The objections of the certificate-holders, who failed in the certification renewal exam, to the renewal exam results shall be evaluated and concluded in maximum 5 (five) days by the certification renewal exam committee.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

13.1. Equivalence Application

Equivalence shall be requested by using the equivalence application form (Annex-2) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by

a certified translator if the training is received abroad shall be submitted as attachment to the form.

13.2. Documents to be attached to the Application Form

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. Notarized copy of Turkish Identification Card/Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form. (In Turkish and in the language of the training and the document.)
6. Document proving that Physicians received at least 120 hours of theoretical and practical training with the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training
8. The applicant will be requested to submit a document showing that s/he resided in the country in which s/he received training during the training period with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

13.3. How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Prolotherapy Certified Training Program Standards by a prolotherapy practice-certified scientific committee.
2. The applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practical exam.
3. Those who score 70 (seventy) points or more (out of 100) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Prolotherapy Certification Training Program again.
4. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who score 70 (seventy) points or more (out of 100) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Prolotherapy Certification Training Program again.
6. Certificate Equivalency Document shall be drawn up for applicants

who pass the theoretical and practice exams.

7. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Those who have any of these below mentioned qualities before the issue date of this Standard:

a. Having written 2 (two) nationally/ internationally acknowledged and/ or published scientific papers related to subject,

b. Having written a book or 2 (two) parts in a book related to the subject

c. Having postgraduate thesis on related subject,

d. Having worked as a researcher or director of a scientific project of a university or TÜBİTAK (The Scientific and Technological Research Council of Turkey) on related subject,

e. Having postgraduate thesis supervisory experience on related subject on the condition that they apply to Ministry of Health within 6 months pursuant to the issue date of this standard, the application shall be examined by the commission that shall be composed by related department in the Ministry and applicants deemed proper shall be awarded Prolotherapy Certification Equivalence without any examination for one time only.

ANNEX-1: POLOTHERAPY CERTIFIED TRAINING PROGRAM APPLICATION EVALUATION FORM

Date	
Applicant's Name-Surname	
Applicant's Practice Department	
Evaluator	

Practice Number	Evaluated Practices	Evaluation Score (*)
1	Explain Asepsis – antisepsis	
2	Preparing the patient, anamnesis, physical examination	
3	Explaining diagnosis and treatment principles	
4	Prolotherapy injection protocols and applications	
5	Approaching patients with pain and application	
6	Explaining session intervals, numbers, and application techniques	
7	Practicing manual application methods	
8	Using prolotherapy needles and injectors	
9	Auxiliary devices and application	
10	Application with pressured needleless injector devices	
11	Explaining transdermal prolotherapy application principles	
12	Performing application techniques	
13	Preparing selected products	
14	Explaining matters that need attention while preparing mixtures	
TOTAL SCORE (Total of scores given to every practice)		
AVERAGE SCORE (Total Score/Evaluated Practice Number)		
AVERAGE SCORE OUT OF HUNDRED (Average Score x 25)		

*** Evaluation Score**

Well Adequate	: 4
Adequate	: 3
Partly Adequate	: 2
Inadequate	: 1
Not Evaluated	: 0

NOTE: Practice exams are conducted by utilizing Prolotherapy Training Evaluation Form (Annex-1). Every subject in the form is evaluated with the grades Well Adequate (4), Adequate (3), Partly Adequate (2), Inadequate (1) and Not Evaluated (0). This total is divided into subject number and average score is generated. By multiplying this average score with 25 (twenty five), score is calculated out of 100 (hundred). Applicants who get 70 in practice exam is deemed successful.

EVALUATION RESULT

Theoretical Exam Score (T)	Practice Exam Score (P)	Average of Theoretical Exam and Practice Exam Scores (T+P) / 2

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)		
2. COUNTRY OF TRAINING		
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING		
4. TRAINING CURRICULUM		
5. VALIDITY PERIOD OF THE CERTIFICATE		

THE APPLICANT'S:

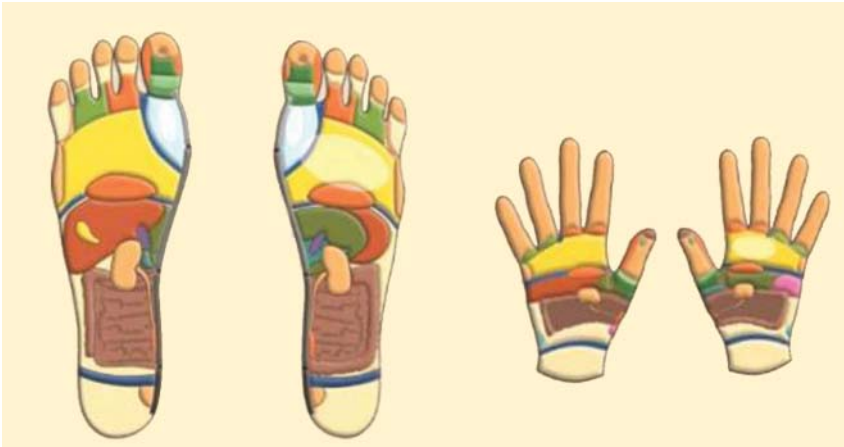
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.



REFLEXOLOGY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR REFLEXOLOGY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Reflexology Certification Training Program

2. AIM OF TRAINING

The reflexology certification training program aims at training and authorizing physicians who will practice reflexology for human health in the health system when necessary.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law numbered 663
2. Regulation on Certification Training of the Ministry of Health published in the Official Gazette dated February 4, 2014 and numbered 28903
3. Regulation on Traditional and Complementary Medicine Practices published in the Official Gazette dated October 27, 2014 and numbered 29158

4. DEFINITIONS

Reflexology: It is an application method which is based on the principle of existence of directive reflex areas of all parts of the body, organs and glands in hand, foot sole and ears. Reflexology does not include diagnosis, treatment of specific diseases or joint mobilization and manipulation.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of medicine and training and research hospitals to perform the practices specified in the relevant Regulation under the responsibility of a physician who holds a certificate on the relevant field and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below.

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be face-to-face and/or at a maximum of 80% distant learning.
2. It shall be ensured, in distance learning, that the participants have synchronous (at least 50%) and asynchronous access to interactive practices on-line through the infrastructure provided by the server and that interactive live courses are

taught at certain hours in a certain place/hall within the bounds of live curriculum.

3. The participants need to undertake and follow up the treatment of at least 10 (ten) cases during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the trainees shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 40 (forty) minutes.
6. A maximum of 50 (fifty) participants can be accepted for distant training sessions and a maximum of 25 (twenty five) participants can be accepted for face-to-face sessions in one training period/term except for 2 (two) participants who will be assigned by the Ministry.
7. The participant to be assigned by the Ministry will be a Physician who does not have any Public Service Liability and whose training in this program is of importance for his/her services in the institution she/he works. This participant will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% absence can be accepted for the theoretical training due to a legal excuse.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
   - Verbal lecture method
   - Video-based teaching method
   - Small group discussion
   - Demonstrative teaching
   - Interactive scientific activities
   - Question and answer method
   - Simulation method
   - Clinical practice
   - Practice on dummy
10. Practical training is performed in application centers or units on an individual basis or as groups, reflexology practices consist of monitoring, performance under observation and self-reliant performance phases.
11. The relevant unit of this certified training program is Traditional and Complimentary Medicine Application Directorate, General Directorate of Health Services, Ministry of Health.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

A physician may participate in this certified training program.

7. TRAINING CURRICULUM

7.1.Learning Objectives and Subjects in Training Courses

The subjects and learning objectives to be included in the theoretical part of the training courses are stated in Table 1. The subjects and learning objectives to be included in the practical part of the training courses are stated in Table 2.

Table 1: The subjects and learning objectives to be included in the theoretical part of the training courses, duration for each subject

SUBJECTS	LEARNING OBJECTIVE Participants who successfully complete the program are able to:	TIME (Hour)
Definition, history and importance of reflexology	Define reflexology. Briefly explains the history of reflexology. Discuss the importance of reflexology.	1
Theories about the effect mechanisms of reflexology - Neuro-anatomy - Neuro-physiology	Briefly explain theories about the effect mechanisms of reflexology Summarize neuro-anatomy about reflexology application Summarize neuro-physiology in relation to the effective application of reflexology	4
Indications and counter-indications in reflexology	List the application areas of reflexology and conditions where it may not be applied	1
Reflexology application techniques	Explain reflexology application techniques	2
Therapeutic effects of reflexology	Explain supportive effects of reflexology in treatment of diseases	1
Interpreting reflexology maps	Explain the content of reflexology maps	4
Reflection points of body systems	Summarize the connections of reflexology points with the s-body systems	2
Sympathetic and parasympathetic system regulation and their effects on diseases	Explain the supportive effect of reflexology on Sympathetic and parasympathetic system regulation and their effects on diseases	2
Reflexology application areas and related application points	Explain reflexology application areas List application points for each application area	2
Reflexology applications in the world	Explain briefly the international views on and approaches to reflexology	1
Evidence-based application areas of reflexology	Explain the Evidence-based application areas of reflexology	4
Total Duration		**24**

Table 2: The subjects and learning objectives to be included in the practical part of the training courses, duration for each subject

SUBJECTS	LEARNING OBJECTIVE Participants who successfully complete the program are able to:	TIME (Hour)
Reflexology templates	Show related areas and points for reflexology	3
Application points of body systems	Show reflexology application areas for body systems	3
Reflexology application techniques	Correctly apply reflexology application techniques	10
Physiological and psychological changes observed during reflexology	Observe physiological and psychological changes during reflexology and take necessary precautions	2
The effect of sympathetic and parasympathetic system on diseases and application areas	Show the effect of sympathetic and parasympathetic system on diseases and application areas	2
Immune system and reflexology approach	Apply correct reflexology approach for immune system	2
Reflexology approach to overall muscle-skeleton system pains	Apply reflexology approach to overall muscle-skeleton system pains	2
Reflexology approach to neuro- psychiatric diseases	Show reflexology approach points for neuro- psychiatric diseases	2
Reflexology approach to digestive system diseases	Apply reflexology approach to digestive system diseases	2
Oncology and reflexology approach	Apply supportive reflexology approach in oncological cases	2
Reflexology approach in pregnancy and pre-natal phases	Apply reflexology approach in pregnancy and pre-natal phases	2
Evidence-based application areas of reflexology	Correctly performs evidence-based applications of reflexology	8
Total Duration		**40**

7.2 Training Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials including subjects in the training content. (Books, slides, training guidelines, scientific journals, etc.)
2. Audiovisual training materials. (compact discs, video films, pictures, etc.)
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for distance learning and transferred into digital environment.
4. All tools and equipment that are supposed to be in a reflexology practice center as per the relevant legislation.
5. All kinds of devices and materials related to the training at the place where the training will take place will be considered as training material.

7.3 Duration of Training

The duration of Reflexology Certified Training Program is stated in Table 3.

Table 3: The duration of Reflexology Certified Training Program

TYPE OF TRAINING	TOTAL TIME (Hours)
Theoretical Training	24
Applied/Area Training	40
TOTAL	**64**

7.4 Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams will be conducted at the end of the training program.
3. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content. Theoretical exam questions are prepared as multiple-choice questions
4. The participants are supposed to succeed both in theoretical and practice exam separately. Those who score 70 (seventy) points or more (out of 100) in the theoretical exam shall be deemed successful. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply the reflexology certification training program again.
6. Practice exams are conducted by utilizing Reflexology Practice Training Evaluation Form (Annex-1). Every subject in the form is evaluated with the grades Well Adequate (4),

Adequate (3), Partly Adequate (2), Inadequate (1) and Not Evaluated (0). This total is divided into subject number and average score is generated. By multiplying this average score with 25 (twenty five), score is calculated out of 100 (hundred). Applicants who get 70 in practice exam is deemed successful. Theoretical exam questions are prepared as multiple-choice questions

7. The practice exam shall be conducted by practicing on a patient and/or on a model.
8. Practice exam is conducted and evaluated using the evaluation form appended as Annex-1, which was prepared in accordance with the learning targets.
9. For certification, the success point of the trainee shall be determined by averaging the points obtained in the theoretical and practice exams.
10. Participants who fail to score minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply the reflexology certification training program again.
11. The objections of participants who object to the results of their theoretical and practice exams conducted at the end of the reflexology certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
12. Participants who pass the theoretical and practice exams shall be awarded their certificates.
13. The certificate shall be registered by the Ministry of Health.
14. The certificate is valid for seven years. The certificate of those who are meet renewal conditions stated in the certificate renewal criteria shall be directly renewed. For those who do not meet renewal conditions, an exam shall be conducted. If the exam is successfully passed, the certificated of those shall be renewed.
15. If the personnel who receive the training fails to attend for a duration of time because of legally acceptable causes, they may complete their trainings by receiving what they missed at the end of the training. If the participant attends irregularly or does not attend at all, his/her training shall be revoked and he/She will be deemed unsuccessful.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians and teaching staff of the related field are the program officers of the reflexology certification training program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have any one of the following requirements may be assigned as trainer:

1. Physicians who hold reflexology certification.
2. Foreign individuals who can certify that they have reflexology training on an international scale and actively work in related field and deemed appropriate by the commission established by related department,
3. Citizens of Republic of Turkey who can certify that they have reflexolo-

gy training on an international scale and actively work in related field and deemed appropriate by the commission established by related department.

4. For subjects other than reflexology, experts or academicians who have specialty in the field.

NOTE: Application Centers shall notify Ministry of Health of the trainers' names and qualifications.

10. PROPERTIES OF THE TRAINING PLACE

Reflexology Certified Training Program may be given by organizations/institutions which have "application centers" and are authorized to give trainings.

1. For distance learning;
   a. Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.),
   b. Learning Management System (LMS) Management panel,
   c. A server and infrastructure architecture in parallel with the capacity of the trainees,
   d. Ensure that video conferencing software and infrastructures are integrated into the system so as to provide synchronous training.
2. have a training hall which has sufficient equipment and where the participants can receive interactive training,
3. have a training hall which is warm and bright enough as well as being spacious, where a modular system can be used, which has a capacity in the number of the participants to be trained, and which can be divided into two separate training halls when necessary,
4. have adequate number of chairs and desks for participants,
5. have a server and infrastructure architecture in parallel with distant learning,
6. integration of video-conference software and infrastructure to the system for the provision of synchronous training.
7. having Traditional and Complimentary Medicine Practice Center, which is opened upon the permission of the Ministry.
8. have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, photocopy machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

Certificates shall be renewed pursuant to below mentioned criteria.

1. At the end of the validity period of the certificates, among the certificate-holders;
   a. Those who document that they attended national/international trainings or scientific meetings on reflexology at least 4 (four)

times within the validity period of the certificate after receiving that certificate

b. those who published an article on reflexology in 2 (two) national/international scientific journals,

c. those who document that they worked actively on this field for 2 (two) years are awarded a certificate extension (for 7 more years). The certificate-holders will submit their documentation related to these criteria during the recertification application to the certification training providers that awarded the certificate to them.

2. Those who do not fulfil any criteria in paragraph a need to apply for renewal exam and pass it successfully.

3. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the reflexology certification training program by the providers of reflexology practice certification training program under the coordination of the relevant unit of the Ministry.

4. The participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.

5. The certificates of the certificate-holders are valid until the recertification exam process is completed.

6. The certificates of those who fail to attend the certification renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they are tested as soon as possible.

7. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the recertification exams shall be conducted by the relevant unit of the Ministry.

8. The objections of the certificate-holders, who failed in the certification renewal exam, to the renewal exam results shall be evaluated and concluded in maximum 5 (five) days by the certification renewal exam committee.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

13.1. Equivalence Application

Equivalence shall be requested by using the equivalence application form (Annex-2) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

13.2. Documents to be attached to the Application Form

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. Notarized copy of Turkish Identification Card/Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form. (In Turkish and in the language of the training and the document.)
6. Document proving that Physicians received at least 120 hours of theoretical and practical training with the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health aut§hority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training
8. The applicant will be requested to submit a document showing that s/he resided in the country in which s/he received training during the training period with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

13.3. How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Reflexology Certified Training Program Standards by a reflexology practice-certified scientific committee.
2. The applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practical exam.
3. Those who score 70 (seventy) points or more (out of 100) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Reflexology Certification Training Program again.
4. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who score 70 (seventy) points or more (out of 100) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Reflexology Certification Training Program again.
6. Certificate Equivalency Document shall be drawn up for applicants who pass the theoretical and practice exams.
7. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Those who have any of these below mentioned qualities before the issue date of this Standard:

a. Having written 2 (two) nationally/ internationally acknowledged and/ or published scientific papers related to subject,

b. Having written a book or 2 (two) parts in a book related to the subject

c. Having postgraduate thesis on related subject,

d. Having worked as a researcher or director of a scientific project of a university or TÜBİTAK (The Scientific and Technological Research Council of Turkey) on related subject,

e. Having postgraduate thesis supervisory experience on related subject on the condition that they apply to Ministry of Health within 6 months pursuant to the issue date of this standard, the application shall be examined by the commission that shall be composed by related department in the Ministry and applicants deemed proper shall be awarded Reflexology Certification Equivalence without any examination for one time only.

ANNEX-1: REFLEXOLOGY CERTIFIED TRAINING PROGRAM APPLICATION EVALUATION FORM

Date	
Applicant's Name-Surname	
Applicant's Practice Department	
Evaluator	

Practice Number	Evaluated Practices	Evaluation Score (*)
1	Show related areas and points for reflexology	
2	Show reflexology application areas for body systems	
3	Correctly apply reflexology application techniques	
4	Observe physiological and psychological changes during reflexology and take necessary precautions	
5	Show the effect of sympathetic and parasympathetic system on diseases and application areas	
6	Apply correct reflexology approach for immune system	
7	Apply reflexology approach to overall muscle-skeleton system pains	
8	Show reflexology approach points for neuro- psychiatric diseases	
9	Apply reflexology approach to digestive system diseases	
10	Apply supportive reflexology approach in oncological cases	
11	Apply reflexology approach in pregnancy and pre-natal phases	
12	Correctly performs evidence-based applications of reflexology	
TOTAL SCORE (Total of scores given to every practice)		
AVERAGE SCORE (Total Score/Evaluated Practice Number)		
AVERAGE SCORE OUT OF HUNDRED (Average Score x 25)		

*** Evaluation Score**

Well Adequate	: 4
Adequate	: 3
Partly Adequate	: 2
Inadequate	: 1
Not Evaluated	: 0

NOTE: Practice exams are conducted by utilizing Reflexology Training Evaluation Form (Annex-1). Every subject in the form is evaluated with the grades Well Adequate (4), Adequate (3), Partly Adequate (2), Inadequate (1) and Not Evaluated (0). This total is divided into subject number and average score is generated. By multiplying this average score with 25 (twenty five), score is calculated out of 100 (hundred). Applicants who get 70 in practice exam is deemed successful.

EVALUATION RESULT

Theoretical Exam Score (T)	Practice Exam Score (P)	Average of Theoretical Exam and Practice Exam Scores (T+P) / 2

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)
2. COUNTRY OF TRAINING
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING
4. TRAINING CURRICULUM
5. VALIDITY PERIOD OF THE CERTIFICATE

THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

LEECH PRACTICE CERTIFICATION TRAINING PROGRAM

STANDARDS FOR LEECH PRACTICE CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Leech Practice Certificated Training Program

2. AIM OF TRAINING

The purpose of this training program is to qualify medical doctors and dentists from related fields that will practice leech to fulfill these practices in an effective and prolific way.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663
2. Regulation on Certification Training of the Ministry of Health published in the Official Gazette dated February 4, 2014 and numbered 28903.
3. Regulation on Traditional and Complementary Medicine Practices published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Hirudotherapy: Steril sülük kullanılarak yapılan uygulamadır. It is the practice in which sterile leech is utilized.

Practice Center: It is the center that is founded within training and research hospitals, faculty of medicine or faculty of dentistry health practices and research center and can provide traning under the responsibility of medical doctors and dentists with certification in related field if the center is authorized by Ministry.

Distant Training: It is the traning system in which trainers and trainees are located in different time and place and the transmission of traning contents and interaction are realized by utilizing ICT.

Asynchronous Traning: These are asynchronous training and education activities, which are realized in different time and places.

Synchronous Traning: These are training and education activities which occur synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below.

1. The training program shall be implemented based on the procedures and principles listed below.
2. The training program shall be carried out both in theory and in practice. Theoretical training can be provided as face to face or distance learning (Maximum 80%)
3. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server.

4. Participants need to undertake at least 10 (ten) leech practices during the training.
5. The contents of the courses shall be designated in the beginning of the training program; the trainees shall be given references or provided with lecture notes.
6. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty-five) minutes.
7. A maximum of 50 (fifty) participants can be accepted for the distance learning and at most 25 (twenty-five) participants for face to face training in one training period/term except for 2 (two) participant who will be assigned by the Ministry.
8. The participant to be assigned by the Ministry will be a Physician or a Dentist who does not have any Public Service Liability and whose training in this program is of importance for his/her services in the institution she/he works. This participant will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
9. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% absence can be accepted for the theoretical training due to a legal excuse.
10. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture method
    - Small group discussion
    - Demonstrative teaching
    - Attendant scientific activity
    - Question and answer method
    - Video-based teaching method
    - Clinical practice (Case review activities)
11. Practical training is performed in application centers or units on an individual basis or as groups, Ozon practices consist of monitoring, performance under observation and self-reliant performance phases.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians and/or dentists, for practicing in their own field, can participate into this certificated training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

Subjects within the training program, training targets and duration allocated for every subject are displayed below-mentioned Table 1.

Table 1: Subjects within Leech Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Duration (Hours)
1. The importance and historical background of leech practice	1. Discuss the importance of leech practice. 2. Express historical background of leech practice.	2
2. Biology, metabolism and physiology of leech	1. Explain the life cycle of leeches. 2. Express the metabolism of leeches. 3. Explain the characteristics of leech saliva.	2
3. Leech servicing: • Leech selection • Disinfection • Storage • Delivery	Express the important aspects of leech servicing	2
4. Principles of leech practice	1. Express basic noteworthy principles of leech practice	2
5. Patient consent, ethics and legal obligations	1. Explain the regulation and ethics concerning leech practice	1
6. Leech practice methods	1. Explain leech practice methods.	2
7. Case presentations	1. Discuss the cases related to leech practice.	6
Applicable Fields for Leech Practice		
1. Painful disorders	Explain the correct leech practice in painful cases	2
2. Musculoskeletal disorders	Explain the proper leech practice for musculoskeletal disorders	2
3. Earache and tinnitus	Explain the proper leech practice for ear disorders	2
4. Post flap surgery venous failures, post replantation and revascularization venous failures	Explain the proper leech practice for venous failures concerning related cases	2
5. Cardiovascular disorders	Explain the proper leech practice for cardiovascular disorders	2
6. Neurological system disorders	Explain the proper leech practice for neurological system disorders	2
7. Some eye diseases (periorbital oedema, increase in intraocular pressure, problems related to optic nerve etc.)	Explain the proper leech practice for some eye diseases	2
8. Leech practice in dentistry	Explain the proper leech practice in dentistry	2
9. Possible side effects	Explain the possible side effects related to practice	2
TOTAL		**35**

Table 2: Subjects within Leech Practice Certificated Training Curriculum for Physicians and Duration for every subject

SUBJECTS	TRAINING TARGETS Participants successfully completing this training:	Duration (Hours)
Leech servicing: • Leech selection • Disinfection • Storage	• Choose the proper leech • Disinfect leeches. • Observe proper storage technique and develop the ability for perfoming technique.	3
Practice techniques	• Observe the leech-applicable parts according to cases and performs leech practice. • Determine the leech and practice session number for practice according to cases.	2
Medical history taking and practice planning	• Take proper medical history for the case. • Plan leech practice according to symptoms	1
Painful disorders	Display proper leech practice regions in painful cases on a model or person.	2
Musculoskeletal disorders	Display proper leech practice regions for musculoskeletal disorders on a model or person.	2
Earache and tinnitus	Display proper leech practice regions in earache and tinnitus cases on a model or person.	1
Post flap surgery venous failures, post replantation and revascularization venous failures	Display proper leech practice regions in post flap surgery venous failures, post replantation and revascularization venous failures on a model or person.	2
Cardiovascular disorders	Display proper leech practice regions in cardiovascular disorders on a model or person.	2
Neuropsychiatric disorders	Display proper leech practice regions in neuropsychiatric disorders on a model or person.	2
Some eye diseases (periorbital oedema, increase in intraocular pressure, problems related to optic nerve etc.)	Display proper leech practice regions in some eye diseases on a model or person.	1
Leech practice in dentistry	Display proper leech practice regions in dentistry on a model or person.	7
TOTAL		**25**

7.2. Traning Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials including subjects in the training content. (Books, slides, training guidelines, scientific journals, etc.)
2. Audiovisual training materials. (compact discs, video films, pictures, etc.)
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for distance learning and transferred into digital environment.
4. All tools and equipment related to leech practice that are supposed to be in a practice center/unit as per the relevant legislation.
5. All tools and equipment that are supposed to be in a practice will be evaluated as training material.

7.3. Duration of Training

Duration of leech practice certified training program is given in belowmentioned table.

Table 3: Duration of leech practice certified training program

TRAINING TYPE	Total Duration (hour)
Duration of Theoretical Training	35
Duration of Practical Training	25
TOTAL	**60**

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles:

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams will be conducted at the end of the training program.
3. The participants are supposed to succeed both in theoretical and practice exam separately.
4. Exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
5. Practice exams are conducted by utilizing Leech Practice Traning Evaluation Form (Annex-1). Every subject in the form is evaluated with the grades Well Adequate (4), Adequate (3), Partly Adequate (2), Inadequate (1) and Not Evaluated (0). This total is divided into subject number and average score is generated. By multiplying this average score with 25 (twenty five), score is calculated out of 100 (hundred). Applicants who get 70 in practice exam is deemed succesful.
6. Theoretical exam questions are prepared as multiple-choice questions.
7. Those who score 70 (seventy) points or more (out of 100) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoret-

ical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply the leech practice certification training program again.

8. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
9. The practice exam shall be conducted by practicing leech on a patient and/or on a model.
10. In the practice exam;
    a. Practice planning
    b. Leech practice
    c. Important issues before and after practice will be evaluated.
11. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply the leech practice certification training program again.
12. The objections of participants who object to the results of their theoretical and practice exams conducted at the end of the leech practice certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
13. For certification, the success point of the trainee shall be determined by averaging the points obtained in the theoretical and practice exams.
14. Participants who pass the theoretical and practice exams shall be awarded their certificates.
15. The certificate shall be registered by the Ministry of Health.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians, dentists and academicians in related fields are the program officers of leech practice certification training program.

9. TRAINERS AND THEIR QUALIFICATIONS

People having at least one of the following requirements shall be assigned as trainer:

1. Physicians and Dentists who hold Leech Practice Certification and who have actively worked in the relevant practice field for minimum 3 (three) years,
2. Specialists / Dental Specialists who hold Leech Practice Certification
3. Physicians and Dentists who hold Leech Practice Certification and who have minimum two national/ international scientific publications on leech
4. For the subjects apart from leech practice, leading experts and faculty members.
5. Foreign nationals who can certify that they have leech practice traning on an international scale and actively work in related field and deemed appropriate by the commission established by related department.

NOTE: Practice centers are obliged to report the names and qualifications of trainers to Ministry of Health

10. PROPERTIES OF THE TRAINING PLACE

Leech practice certified training program can be organized by the institutions with “practice center”.

For Distance Learning;

1. have Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.),
2. have a Learning Management System (LMS) Management panel,
3. have a server and infrastructure architecture in parallel with the capacity of the trainees,
4. ensure that video conferencing software and infrastructures are integrated into the system so as to provide synchronous training, are required.

The place for theoretical and practical training is required to:

1. have a server and infrastructure architecture in parallel with the capacity of the trainees,
2. have adequate number of chairs and desks for participants,
3. be a traditional and complementary medicine practice center which the Ministry allows to open,
4. have computer and audiovisual devices which will allow for carrying out the training using appropriate technology; practice models; a blackboard; a printer, xerox machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/ training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL

CRITERIA

1. At the end of the validity period of the certificates, among the certificate-holders;
   a. Those who document that they attended national/international trainings or scientific meetings on leech at least 1 (one) time within the validity period of the certificate after receiving that certificate or those who published an article on leech in 1 (one) national/international scientific journals or those who document that they worked actively on this field for 6 (six) months are awarded a certificate extension. The certificate-holders will submit their documentation related to these criteria during the recertification application to the certification training providers that awarded the certificate to them.
   b. Those who do not fulfil any criteria in paragraph a need to apply for renewal exam.
2. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared in line with the recent developments in the field and the subjects in the leech certification training program by the providers of leech practice certification training program under the coordination of the relevant unit of the Ministry.
3. The participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
4. The certificates of the certificate-holders are valid until the re-

certification exam process is completed.

5. The certificates of those who fail to attend the certification renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they are tested as soon as possible.
6. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the recertification exams shall be conducted by the relevant unit of the Ministry.
7. The objections of the certificate-holders, who failed in the certification renewal exam, to the renewal exam results shall be evaluated and concluded in maximum 5 (five) days by the certification renewal exam committee.
8. Leech practice certificates gained before the issue date of these standards are indefinite, therefore they shall not be renewed but if those indefinite certificates are unregistered, they must be registered within 2 (two) years pursuant to the issue date of these standards. Otherwise, these certificates shall be deemed as invalid.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

Equivalence shall be requested by using the equivalence application form prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health.

It is mandatory to submit all the documents specified in this form.

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

Documents to be attached to the Application Form:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. Notarized copy of Turkish Identification Card/Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form. (In Turkish and in the language of the training and the document)
6. Document proving that Physicians received at least 60 (sixty) hours of theoretical and practical training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the

training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.

8. The applicant will be requested to submit a document showing that s/he resided in the country in which s/he received training at least 15 (fifteen) days with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Leech Practice Certified Training Program Standards by a leech practice-certified scientific committee.
2. The applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practical exam.
3. Those who score 70 (seventy) points or more (out of 100) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Leech Practice Certification Training Program again.
4. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. The practice exam will be conducted on a patient and/or a model.
6. In the practice exam;
   a. Practice planning
   b. Practice planning
   c. Important issues before and after practice will be evaluated.
7. Participants who score 70 (seventy) points or more (out of 100) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Leech Practice Certification Training Program again.
8. Certificate Equivalency Document shall be drawn up for applicants who pass the theoretical and practice exams.
9. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Physicians and dentists who have any of these belowmentioned qualities before the issue date of this Standard:

1. Having 2 (two) nationally/internationally acknowledged and/or published scientific papers related to subject,
2. Having posgraduate thesis on related subject,
3. Having postgradute thesis supervisory experience on related subject, On the condition that they apply to Ministry of Health within 6 (six) months pursuant to the issue date of this standard, the application shall be examined by the commission that shall be composed by related department in the Ministry and applicants deemed proper shall be awarded Ozon Practice Cerification Equivalence without any examination for one time only.

ANNEX 1: LEECH PRACTICE TRAINING EVALUATION FORM

Date		
Applicant's Name-Surname		
Applicant's Practice Department		
Evaluator		
Practice Number	**Evaluated Practices**	**Evaluation Score (*)**
PHYSICIANS		
1	Acceptance of case and medical history taking/fictional case acceptance and fictional medical history taking on the model	
2	Practice planning and determining leech practice spots proper for the case	
3	Points to consider before practice and processes	
4	Proper leech selection before practice and asepsis-antisepsis	
5	Performing correct leech practice and determining proper duration for the process	
6	Points to consider after practice and processes	
7	Displaying leech practice regions in painful cases and practice planning	
8	Displaying leech practice regions in musculoskeletal disorders and practice planning	
9	Displaying leech practice regions in cardiovascular system disorders and practice planning	
10	Displaying leech practice regions in post flap surgery venous failures, post replantation and revascularization venous failures and practice planning	
DENTISTS		
1	Acceptance of case and medical history taking/fictional case acceptance and fictional medical history taking on the model	
2	Practice planning and determining leech practice spots proper for the case	
3	Points to consider before practice and processes	
4	Proper leech selection before practice and asepsis-antisepsis	
5	Performing correct leech practice and determining proper duration for the process	
6	Points to consider after practice and processes	
7	Displaying leech practice regions in dentistry and practice planning	
TOTAL SCORE (Total of scores given to every practice)		
AVERAGE SCORE (Total Score/Evaluated Practice Number)		
AVERAGE SCORE OUT OF HUNDRED (Average Score x 25)		

EVALUATION RESULT		
Theoretical Exam Score (T)	**Practice Exam Score (P)**	**Average of Theoretical Exam and Practice Exam Scores (T+P) / 2**

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)		
2. COUNTRY OF TRAINING		
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING		
4. TRAINING CURRICULUM		
5. VALIDITY PERIOD OF THE CERTIFICATE		
THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

APITHERAPY CERTIFICATION TRAINING PROGRAM

STANDARDS FOR APITHERAPY CERTIFICATION TRAINING PROGRAM

1. NAME OF TRAINING

Apitherapy Certification Training Program

2. AIM OF TRAINING

The apitherapy certification training program aims at gaining the physicians who will practice apitherapy the required qualifications so as to ensure that these practices are conducted in the most efficient and productive way.

3. LEGAL BASIS FOR TRAINING

The following legislation is taken as a basis for the implementation of this training program.

1. Decree Law No. 663,
2. "Regulation on Certification Training of the Ministry of Health" published in the Official Gazette dated February 4, 2014 and numbered 28903,
3. "Regulation on Traditional and Complementary Medicine Practices" published in the Official Gazette dated October 27, 2014 and numbered 29158.

4. DEFINITIONS

Apitherapy: It is a practice used as a complementary and supportive treatment for certain diseases which utilizes bee and bee products.

It aims at supporting the immune system by using honeybee venom and/or bee products (honey, propolis, royal jelly, pollen, etc.) and at reducing the symptoms of certain progressive diseases seen in musculoskeletal system.

Practice Center: It is a center which is established within the body of health application and research center of the faculties of medicine and training and research hospitals to perform the practices specified in the relevant Regulation under the responsibility of a physician who holds a certificate on the relevant field and which can provide training if authorized by the Ministry.

Distance Learning: It is a way of learning in which students are separated by time and physical location from instructors and both the transfer of course contents and the interaction are ensured using information and communication technologies.

Asynchronous Learning: It is a way of learning-training which occurs asynchronously at different times and locations.

Synchronous Learning: It is a way of learning-training which occurs synchronously.

5. PROCEDURES AND PRINCIPLES TO IMPLEMENT THIS TRAINING PROGRAM

The training program shall be implemented based on the procedures and principles listed below.

1. The training program shall be carried out both in theory and in practice. The theoretical part of the training may be taught in face-to-face classes and/or a maximum of 80% of the same theoretical part may be taught as distance learning courses.

2. It shall be ensured, in distance learning, that the participants have synchronous and asynchronous access to interactive practices on-line through the infrastructure provided by the server -on condition that at least 50% of the distance learning courses are synchronous, and that interactive live courses are taught at certain hours in a certain place/ hall within the bounds of live curriculum.
3. The participants need to practice at least 5 (five) cases set forth in the curriculum during the training.
4. The contents of the courses shall be designated in the beginning of the training program; the participants shall be given references or provided with lecture notes.
5. Theoretical and practical courses shall last for 8 (eight) hours a day at most. The period of a course shall be 45 (forty five) minutes.
6. A maximum of 50 (fifty) participants for distance learning courses and a maximum of 25 (twenty five) participants for face-to-face classes can be accepted in one training period/ term except for 2 (two) participants who will be assigned by the Ministry.
7. The participants to be assigned by the Ministry will be a physician who does not have any public service liability and whose training in this program is of importance for his/ her services in the institution she/ he works. These participants will not pay any training fee. The participants cannot be made work in any other field/unit/center or in any other job position during the training program.
8. Continuous attendance is essential for the training, and the practical training requires compulsory attendance. The participants who cannot attend 10% of the practical training at most due to a legal excuse shall not be allowed to take the certification exam unless they complete the hours they miss. A maximum of 10% absence due to a legal excuse is acceptable for the theoretical training.
9. The following teaching and learning strategies, methods and techniques shall be applied in the training program:
    - Verbal lecture
    - Small group discussion
    - Demonstrative teaching
    - Participative scientific activity
    - Question and answer
    - Video-based teaching
    - Clinical practice (case analysis activities)
    - Practice on a model
10. The practical training includes bed-side apitherapy practices performed individually or in small groups in practice centers or units, and it consists of “observing”, “doing under supervision” and “doing independently” stages respectively.
11. The relevant unit of this certification training program is Ministry of Health, General Directorate of Health Services, Department of Training and Certification Services.

6. PARTICIPANTS AND THEIR QUALIFICATIONS

Physicians can participate in this training program.

7. TRAINING CURRICULUM

7.1. Learning Objectives and Subjects in Training Courses

The subjects to be included in theoretical part of training program as well as learning objectives and duration of each subject are illustrated in Table 1 below:

Table 1: Subjects to be Included in Theoretical Part of Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES	TIME/ HOURS
History and importance of Apitherapy	• describes the history of Apitherapy. • discusses the importance of Apitherapy.	**1**
Biology, metabolism and physiology of the bee	• describes the life cycle and biology of the bee. • describes the metabolism of the bee. • describes the physiology of the bee.	**2**
Apitherapy terminology	• describes the terms related to Apitherapy.	1
Properties of raw and processed bee products (chemical and biological)	• describes the chemical and biological properties of raw and processed bee products (honey, bee's pollen, royal jelly, bee venom and other products): • describes chemical and biological properties. • explains quality criteria for apitherapy. • describes the terms of organic and fresh bee products. • describes the preparation and conservation conditions of bee products.	3
Relation between apitherapy and other complementary medicine fields, and the holistic and integrative approach knowledge	• describes the holistic and integrative approaches. • describes the relation between apitherapy and other complementary medicine fields.	1
Threpsology and Apitherapy	• describes the relation between threpsology and apitherapy.	1
Primary endocrine-metabolism knowledge	• describes basic concepts of human endocrinology and metabolism. • describes the relation between human metabolism and apitherapy.	1

Table 1: Subjects to be Included in Theoretical Part of Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES	TIME/ HOURS
Primary immunology knowledge, allergy and apitherapy	• describes basic concepts related to immunology and allergy. • describes the relation between the immunology and allergy and the apitherapy.	1
Primary dermatology knowledge and apitherapy	• describes basic concepts of dermatology. • describes the relation between dermatology and apitherapy.	1
Primary oncology knowledge and apitherapy	• describes basic concepts of oncology. • describes the relation between oncology and apitherapy.	1
Primary neurology knowledge and apitherapy	• describes basic concepts of neurology. • describes the relation between neurology and apitherapy.	1
Infectious diseases and apitherapy	• describes basic concepts of infectious diseases • describes the relation between infectious diseases and apitherapy.	1
Pain and apitherapy	• describes pain formation mechanisms. • describes the relation between pain formation and apitherapy.	1
Scientific study methodologies and general overview of apitherapy studies Apitherapy principles	• describes the scientific study methodology. • describes the scientific study methodology in apitherapy. • describes apitherapy principles.	3
Contraindications and complications in apitherapy (approaches towards anaphylaxis, approaches towards mad honey poisoning, etc.)	• describes contraindications and complications in apitherapy.	1
Patient's consent, ethical rules, malpractice, legal obligations and apitherapy	• describes the relevant legislation, ethical rules and legal obligations in apitherapy. • describes the difference between malpractice and a possible complication in apitherapy.	2
Traditional medicine ecoles and apitherapy	• describes the Western and Eastern traditional medicine ecoles. • describes the Far East medicine and primary acupuncture knowledge. • describes the apitherapy in terms of traditional medicine.	3

Table 1: Subjects to be Included in Theoretical Part of Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES	TIME/ HOURS
Traditional medicine ecoles and apitherapy	• describes the Western and Eastern traditional medicine ecoles. • describes the Far East medicine and primary acupuncture knowledge. • describes the apitherapy in terms of traditional medicine.	3
Human anatomy (topographic), acupuncture meridians and points and apitherapy	• describes the concepts of Human Anatomy. • describes the meridians and points on the meridians in acupuncture. • describes the frequently used points in apitherapy practices.	2
Chemical and biological properties of bee products (pollen, honey, propolis, royal jelly, bee venom, etc.)	• Of bee products (pollen, honey, propolis, royal jelly, bee venom, etc.): • describes chemical and biological properties. • explains quality criteria for apitherapy.	3
Bee venom practice techniques	• describes bee venom practice techniques.	4
Dosage in apitherapy products	• describes optimal, lethal and toxic dosage information of products used in apitherapy.	1
First Aid and Emergency Intervention	• describes basic life support procedures and principles required in emergencies. • describes emergency interventions on relevant subjects.	1
Regulation on Traditional and Complementary Medicine Practices	• describes rights and responsibilities laid upon as per the relevant legislation.	1
Cases considered for Indication		
Immune system disorder	• Describes how to practice apitherapy in immune system disorders, immune-modulation and immune system support.	1
Neurodegenerative diseases	• Describes how to practice apitherapy in neurodegenerative diseases.	1

Table 1: Subjects to be Included in Theoretical Part of Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	LEARNING OBJECTIVES	TIME/ HOURS
Musculoskeletal and nervous system pain	• Describes the practicing points in cases when musculoskeletal pain may be seen (rheumatismal diseases, osteoarthritis, neuralgia etc.).	1
Muscle contractures and muscle weakness	• Describes how to practice apitherapy in diseases in which leg muscle contractures and muscle weakness can occur.	
Wounds and skin problems	• Describes how to practice apitherapy in wounds.	1
Case presentations	• Discusses potential cases related to apitherapy.	3
TOTAL		**45**

Table 2: Subjects to be included in the Practical Training Program and Learning Objectives and Duration of Each Subject

SUBJECTS	OBJECTIVES **Participant successfully completing this training program:**	DURATION (Hours)
Medical history taking and planning the practice	• Takes medical history according to the case. • Plans the apitherapy according to the symptoms.	
Techniques to practice apitherapy	• Observes the areas to practice apitherapy in line with the disease indication. • Practices Apitherapy Technique. • Decides on the appropriate apitherapy technique, dosage and number of sessions in line with the disease indication and case.	5
Immune system disorders	• Shows on persons or models how to practice apitherapy in immune system disorders.	5
Neurodegenerative diseases	• Shows on persons or models the apitherapy practice in neurodegenerative diseases.	

Table 2: Subjects to be included in the Practical Training Program and Learning Objectives and Duration of Each Subject		
SUBJECTS	**OBJECTIVES** **Participant successfully completing this training program:**	**DURATION (Hours)**
Musculoskeletal and nervous system pain	• Shows on persons or models the practicing points in cases when musculoskeletal pain may be seen (rheumatismal diseases, osteoarthritis, neuralgia etc.).	5
Muscle contractures and muscle weakness	• Shows on persons or models how to practice apitherapy in diseases in which leg muscle contractures and muscle weakness can occur.	5
Wounds and skin problems	• Shows on persons or models how to practice apitherapy in wounds and skin problems in various parts of the body.	5
TOTAL		**35**

7.2. Training Materials and Their Features

Materials to be used in the training are as follows:

1. Written training materials including subjects in the training content (books, slides, training guidelines, scientific journals etc.)
2. Audiovisual training materials (compact discs, video films, pictures, etc.)
3. Training contents, discussions (forums and virtual class sessions), presentations, case studies, videos, voice records, etc. developed in a context-specific perspective for training and transferred into digital environment.
4. All tools and equipment that are supposed to be in an Apitherapy Practice Center as per the relevant legislation.
5. All kinds of devices and materials at the place where the training will take place will be considered as training material.

7.3. Duration of Training

The duration of the Apitherapy Certification Training Program is given in the table below.

Table 3: The Duration of the Apitherapy Certification Training Program	
TYPE OF TRAINING	**TOTAL DURATION (Hours)**
Theoretical Training	45
Practical/Field Training	35
TOTAL	**80**

7.4. Evaluation of Training (Exam Procedure, Achievement Criteria, Extra Exam Right, etc.)

The training will be evaluated according to the following procedures and principles.

1. Participants who do not fulfill the requirement of compulsory attendance shall not be allowed to participate in the exam.
2. Theoretical and practice exams shall be conducted at the end of the training program.
3. Theoretical exam questions shall be prepared by the exam committee, composed of minimum three trainers, under the chairmanship of the program officer in a way to cover all the subjects included in the training content.
4. Participants are supposed to succeed both in theoretical and practice exam separately. Those who score 70 (seventy) points or more out of 100 (one hundred) in the exam shall be deemed successful. Those who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Participants who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Apitherapy Certification Training Program again.
6. The practice exams shall be conducted by using Apitherapy Certification Training Evaluation Form (Annex 1). Each subject included in the form will be rated as Highly Satisfactory (4), Satisfactory (3), Moderately Satisfactory (2), Unsatisfactory (1) or Not Evaluated (0). Points obtained from each subject will be totalized. This total will be divided by the number of subjects evaluated and the average is determined. The average will be multiplied by 25 (twenty five) and it will be calculated out of 100 (one hundred). Those who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful.
7. The practice exam shall be conducted by practicing on a patient and/or on a model.
8. In the practice exam;
   a. Treatment planning,
   b. Apitherapy practice,
   c. Pre- and post-treatment follow-up practices shall be evaluated.
9. For certification, the success point of a participant shall be determined by calculating the arithmetic mean of the points obtained in the theoretical and practice exams.
10. Participants who fail in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Apitherapy Certification Training Program again.
11. The objections of the participants who object to the results of their theoretical and practice exams conducted at the end of the apitherapy certification training program shall be evaluated and concluded by the certification training providers in 5 (five) days at the latest.
12. Participants who pass the theoretical and practice exams shall be awarded their certificates.

13. The certificate shall be registered by the Ministry of Health to become valid.
14. The validity period of the certificate is seven years. At the end of seven years, the certificates of those who satisfy the requirements listed in the certificate renewal criteria shall be directly renewed. The certificates of those who do not meet the requirements shall be renewed only if they succeed in the exam to be conducted.
15. In the case of a legally-acceptable excuse; the personnel trained shall complete their training by adding the duration of training which they are unable to participate in to the training program. If a participant fails to participate in training or s/he discontinues it, her/his training shall be cancelled and she/he shall be deemed unsuccessful.

8. PROGRAM OFFICER AND HER/HIS QUALIFICATIONS

Physicians and academicians holding an academic title in the relevant field are the program officers of the Apitherapy Certification Training Program.

9. TRAINERS AND THEIR QUALIFICATIONS

Those who have at least one of the following qualifications are assigned as trainers in this training program;

1. Physicians who hold an Apitherapy Certificate,
2. Physicians or academicians specializing in the subjects of the theoretical lessons of apitherapy,
3. Physicians who have at least two national/international scientific publications on apitherapy,
4. Those who are foreign national and document that they have actively practiced their profession and received apitherapy training in an institution accredited on international platform and who are deemed to be qualified by the committee established by the relevant unit of the Ministry,
5. The citizens of the Republic of Turkey who document that they have actively practiced their profession abroad and received apitherapy training in an institution accredited on international platform and who are deemed to be qualified by the committee established by the relevant unit of the Ministry.

NOTE: The Practice Centers are obliged to notify the Ministry of Health about the qualifications and names of the trainers.

10. PROPERTIES OF THE TRAINING PLACE

The institutions/organizations which have a "Practice Center" can organize the Apitherapy Certification Training Program. The place where the training will be provided shall:

1. For distance learning;
   a. have a Learning Management System (LMS) software compliant with international learning content standards (Scorm, AICC, etc.),
   b. have a Learning Management System (LMS) Management panel,
   c. have a server and infrastructure architecture in parallel with the capacity of the trainees,
   d. ensure that video conferencing software and infrastructures are

integrated into the system so as to provide simultaneous trainings,

2. have a training hall which has the sufficient equipment and where the participants can receive interactive training,
3. have a training hall which is warm and bright enough as well as being spacious, where a modular system can be used, which has a capacity in the number of the participants to be trained, and which can be divided into two separate training halls when necessary,
4. have adequate number of chairs and desks for participants,
5. have a server and infrastructure architecture in parallel with the capacity of the trainees for distance learning,
6. ensure that video conferencing software and infrastructures are integrated into the system so as to provide simultaneous trainings,
7. be a Center for Traditional and Complementary Medicine Practices approved by the Ministry,
8. have computers; audiovisual devices; practice models; a blackboard; a printer, xerox machine and paper support systems ensuring that participants are provided with training objectives, subjects and contents/presentations; preferably an internet access enabling that online and visual animations/training materials are used.

11. VALIDITY PERIOD OF THE CERTIFICATE

The validity period of the certificate is 7 (seven) years.

12. CERTIFICATE RENEWAL CRITERIA

The certificates shall be renewed in line with the following criteria:

1. At the end of the validity period of the certificate; the certificates of those who certify that they have at least one of the following requirements as:
   a. participating in minimum 1 (one) national/international training or scientific meeting,
   b. having publications in minimum 1 (one) national/international peer-reviewed journals,
   c. having actively worked for minimum 6 (six) months, in the field of apitherapy within the validity period of the certificate shall be renewed (duration of the certificate shall be extended for another seven years). The certificate-holders shall submit their documentation related to these criteria during the renewal application to the certification training providers that awarded the certificate to them.
2. Participants who do not fulfil at least one of the criteria in paragraph (1) need to take the certificate renewal exam and succeed.
3. The renewal exam shall be conducted as a theoretical exam consisting of multiple-choice questions prepared by the implementers of the Apitherapy Certification Training Program in line with the recent developments in the field and the subjects included in this training program under the coordination of the relevant unit of the Ministry.

4. The participants who score 70 (seventy) or more points in the renewal exam shall be deemed successful and the duration of their certificates shall be extended for another 5 (five) years.
5. The certificates of the certificate-holders will be valid until the certificate renewal exam process is completed.
6. The certificates of those who fail to attend the certificate renewal exam twice in a row shall be deemed invalid, except in cases of legally acceptable excuses. Following the end of the legally acceptable excuse, they shall be tested as soon as possible.
7. In cases when the training activities of the entity with the authorization to provide certification training program are stopped or its certification training provision authorization documents are cancelled for any reason or in cases of shut-down and transfer, the certificate renewal exams shall be conducted by the relevant unit of the Ministry.
8. The objections of the certificate-holders, who fail in the certificate renewal exam to the renewal exam results, shall be evaluated and concluded in maximum 5 (five) working days by the certificate renewal exam committee.

13. EQUIVALENCE APPLICATION AND PROCEDURES AND PRINCIPLES OF EQUIVALENCE PROCESSES

13.1. Equivalence Application

Equivalence shall be requested by using the equivalence application form (Annex-2) prepared by the Ministry in line with the provisions of the Regulation on Certification Training of the Ministry of Health. It is mandatory to submit all the documents specified in this form. Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provides the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

13.2. Documents to be attached to the Application Form:

1. A copy of the certificate approved by the authorized institution.
2. A copy of the Faculty of Medicine diploma approved by the authorized institution.
3. A copy of postgraduate education certificate approved by the authorized institution, if available.
4. A certified copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the training curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training or the document and its translation into Turkish).
6. Document proving that physicians received at least 80 hours of theoretical and practical training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organiza-

tion/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.

8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

13.3. How to carry out the Equivalence Procedures

1. The application files of those who apply for certificate equivalence shall be examined in line with the Apitherapy Certification Training Standards by a science committee to be set up by the relevant unit.
2. Applicants whose files are deemed suitable and sufficient shall be tested with theoretical and practice exam.
3. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the theoretical exam shall be deemed successful. Those who fail to score this minimum point in the theoretical exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass the exam are supposed to apply to the Apitherapy Certification Training Program.
4. Applicants who cannot pass the theoretical exam shall not be allowed to take the practice exam.
5. Applicants who score 70 (seventy) points or more out of 100 (one hundred) in the practice exam shall be deemed successful. Those who fail to score this minimum point in the practice exam shall be allowed to take the exam 2 (two) more times at maximum; those who cannot pass these exams are supposed to apply to the Apitherapy Certification Training Program.
6. Certificate Equivalency Document shall be drawn up for applicants who pass the theoretical and practice exams.
7. Certificate Equivalency Document shall be registered by the Ministry of Health.

14. PROVISIONAL CLAUSE

Those who, before this standard is published, fulfill at least one of the following requirements as:

1. having minimum 2 (two) publications in national/international-indexed publications in the relevant field,
2. having published minimum one (1) book or two (2) chapters in a book in the relevant field,
3. having conducted postgraduate thesis study on the relevant field,
4. having worked as a researcher or executive in a scientific project supported by either a university or TUBITAK on the subject,
5. having worked as a postgraduate thesis supervisor on the subject, shall be awarded Apitherapy Certificate equivalence for one-time only on condition that they are evaluated by a committee established by the relevant unit of the Ministry without taking any exams if they apply to the Ministry within 6 (six) months as of the publication date of this standard.

ANNEX-1. PRACTICE EVALUATION FORM OF APITHERAPY CERTIFICATION TRAINING PROGRAM

Date

Name & Surname of the Participant

Unit in which the Participant Practices

Evaluator

Practice No	Evaluated Practices	Evaluation Score*
1	Description of features of bee products Description of quality criteria for bee products	
2	Description of preparation and conservation conditions of bee products	
3	Description of practice techniques of bee products	
4	Use of bee products in terms of disease indications	
5	Medical history-taking in order to use bee products	
6	Evaluation and presentation of the case in terms of treatment	
7	Treatment planning and dosage by using bee products	
8	Evaluation of effects of bee products on human metabolism	
9	Use of bee products in immune system irregularities and treatment planning	
10	Practice and treatment planning in musculoskeletal and nervous systems pains	
11	Use of bee products in muscle contractures and weaknesses	
12	Use of bee products in injuries and skin disorders and treatment planning	
13	Treatment follow-up with bee products	
14	Description of possible interactions with bee products	
15	Description of possible complications in treatment using bee products	
TOTAL SCORE (The Total of Scores for Each Practice)		
AVERAGE SCORE (Total Score/The Number of Evaluated Practices)		
AVERAGE SCORE OUT OF 100 (Average Score x 25)		

***Evaluation Score**

Highly Satisfactory	: 4
Satisfactory	: 3
Moderately Satisfactory	: 2
Unsatisfactory	: 1
Not Evaluated	: 0

EVALUATION RESULT

Theoretical Exam Score (T)	Practice Exam Score (P)	Average of Theoretical Exam and Practice Exam Scores (T+P) / 2

ANNEX-2

EQUIVALENCE APPLICATION FORM FOR CERTIFICATION TRAINING

1. NAME OF TRAINING (In Turkish and in the language of the training and the document)
2. COUNTRY OF TRAINING
3. INSTITUTION/ORGANIZATION/PRIVATE LAW LEGAL ENTITY/NATURAL PERSON WHO/WHICH PROVIDED THE TRAINING
4. TRAINING CURRICULUM
5. VALIDITY PERIOD OF THE CERTIFICATE

THE APPLICANT'S:		
Name, Surname, Title		
Work Address		
Home Address		
Contact Information	Landline: 0..... Fax: 0.....	Mobile: 0..... E-mail address: .....@.....
Date and Signature		

REMARKS

Each section specified in this form shall be filled in detail, the original copies of the below-listed documents approved by the institution/organization which provided the training and the translation of the documents into Turkish by a certified translator if the training is received abroad shall be submitted as attachment to the form.

The following documents are requested in the equivalence application:

1. Notarized copy of the certificate.
2. Notarized copy of the Faculty of Medicine/Faculty of Dentistry diploma.
3. Notarized copy of postgraduate education certificate, if available.
4. A copy of Turkish Identification Card/ Foreign Identification Card and 2 (two) photographs.
5. All information and documentation related to the Training Curriculum specified in the 4th paragraph of the Application Form (the original of the document in the language of the training and the document and its translation into Turkish).
6. Document proving that Physicians received at least 280 hours of training / that Dentists received at least 215 hours of training as well as the Training Curriculum.
7. The applicant will be requested to submit a document which is received from the official health authority of the country of training or the head of mission of Turkey and shows that the Institution/Organization/Private Law Legal Entity/Natural Person who/which provided the training and who/which is included in the 3rd paragraph of the Application Form is authorized to provide training.
8. The applicant will be requested to document that s/he resided in the country in which s/he received training for as long as the training duration with his/her passport or other official documents and the formally-commissioned officials will be requested to provide documentation proving that they were off duty in the said period.

EDUCATION, APPLICATION AND RESEARCH CENTER

EGE UNIVERSITY, FACULTY OF MEDICINE PHYSICAL MEDICINE AND REHABILITATION DEPARTMENT

Acupuncture is performed Acupuncture Practice Center in Ege University, Faculty of Medicine, Physical Medicine and Rehabilitation Department by certified doctors as Prof. Dr. Sibel Eyigör, Doç. Dr. Can Eyigör, Prof. Dr. Mehtap Köksal.

Photo (dsc 0049) left to right Phytotherapy coordinator Prof. Dr. A.Ulvi Zeybek (Phytotherapy Education Coordinator), Prof. Dr. Yeşim Kirazlı (Head of the program), Prof. Dr. Sibel Eyigör, Doç. Dr. Can Eyigör, Doç. Dr. Zeki Haznedaroğlu (Phytotherapy Education Assistant Coordinator).

THE CENTRE OF TRADITIONAL AND COMPLEMENTARY MEDICINE OF UNIVERSITY CUMHURIYET

"The Centre of Traditional and Complementary Medicine of University of Cumhuriyet was established by Prof. Dr. Zeynep Sümer in 2015. At the same year, The Centre was authorized for acupuncture treatment and to organize courses for acupuncture certificate by Ministry of Health. As traditional and complementary medicine methods, acupuncture treatment is being performed at the center, for mainly patients suffering pain and smoking addiction"

BAGCILAR UNIVERSITY TRADITIONAL AND COMPLEMENTARY MEDICINE DEPARTMENT

The Traditional and Complementary Medicine Department had been established after having approvals from Ministry of Health at University of Saglik Bilimleri, Bagcilar Training and Research Hospital on 28/10/2015.

This unit is not only providing daily traditional and complementary medicine service to patients but also is authorized to manage a certification program for post graduate physicians for Acupuncture, Phytotherapy, Cupping, Mesotherapy and Hypnosis. The educational program had been established with in cooperation with Continuous Education Center (CEC) by our Academical staff and education specialists including theoretical lessons and patient practice. Physicians who successfully finalize the program will receive a Ministry of Health approved certificate for participation and application.

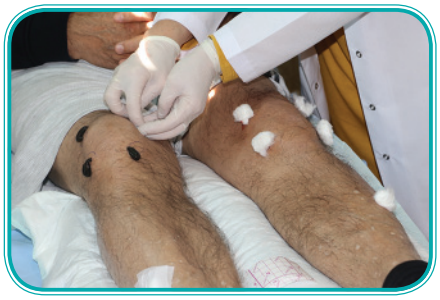
ANKARA YILDIRIM BEYAZIT UNIVERSITY COMPLEMENTARY MEDICINE CENTRE FOR PRACTICE AND RESEARCH

It's one of the first centers established in Turkey. The center conducts certificate trainings that has approved by the Ministry of Health. It has the practice clinics and also provided facilities for those who want to do research in this area. The center is open to international cooperation and has been cooperating with many institutions and countries.

BEZMIALEM PHYTOTHERAPY EDUCATION, APPLICATION AND RESEARCH CENTER

Bezmialem Phytotherapy Education, Application and research center is established by partial support of Istanbul Development Agency on the basis of Bezmialem Vakif University and its opening ceremony was took place with very precious participation of the First Lady Emine Erdogan at 14th September 2015. This center has been honored by gaining the titles of the first approved phytotherapy center by the Council of Higher Education, the first phythoterapy center which is authorized by the Ministry of Health to proceed phytotherapy educations and the first center which won the Golden Mortar in the area of Education in the Republic of Turkey. This center is based on 400 square meters and 4 floors, consisted of 7 laboratories included a production lab in GMP conditions, one training hall, one stability room, one library, one storeroom and two offices. Please reach for more details at www.bitem.bezmialem.edu.tr.

KAYSERI TRADITIONAL AND COMPLEMENTARY MEDICINE CENTER



The Traditional and Complementary Medicine Center (GETAT) began to service with the approval of Ministry of Health on 09.05.2016 at the Assocation of Kayseri Public Hospitals Kayseri Training and Research Hospital Geriatric Center.

Our Center, serving as a “Training Center” at the same time, was authorized by the Ministry of Health in the field of Cupping, Hirudotherapy and Ozone practices. The first term Cupping and Hirudotherapy practices courses have been completed and Ozone practices will be starting on 03.10.2016. In our center, one doctor, six medical personals and one secretary are in working in charge of Prof.Dr. Ahmet GÖDEKMERDAN.

İSTANBUL MEDIPOL UNIVERSITY TRADITIONAL AND COMPLEMENTARY MEDICINE CENTER

İstanbul Medipol University Traditional and Complementary Medicine Center was founded with authorization of Higher Education Council in 2013.

The goals of the Center are to investigate traditional and complementary medicine practice through scientific methods, to teach this type of medicine along with the information based on evidence to the students of medicine and to authorize by training medical doctors with practice as post-graduate training.

Having published the "Traditional and Complementary Medicine" regulation on the Official Newspaper dated October 27, 2014 with the number of 29158 and the completion of medical compulsory requirements by the Center, the Ministry of Health granted official permission to the Center on October 16, 2015 and then authorized it as training center as well.

For now, acupuncture and homeopathy medicine trainings have started and other trainings are due as soon as possible.

The participants will be entitled the Ministry of Health authorized certificates.