Final Exam

Center for Aromatherapy Research and Education

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YOUR NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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READ INSTRUCTIONS CAREFULLY: Successful completion of this exam satisfies Requirement #17 toward becoming a Certified CARE Instructor (CCI) and is worth 38 credit hours. There are 160 questions worth 10 points each for a total of 1,600 points. A score of at least 97% (1,552 points) is necessary to pass this test. Please type your answers between the questions. Handwritten answers are not acceptable. Be as detailed as possible with your answers. Be sure you answer ALL parts of the question.

When completed, print out a hard copy and send it to CARE with your Completed Application containing all the signatures and your Application Fee. (Requirement 21) Where drawings or figures are asked for, do them on a separate sheet of paper and enclose it with the hard copy of your exam. Write your name at the top of every page and then sign and date your exam on the last page before sending it to CARE. Allow four to six weeks for it to be graded and your application to be processed.

This is a take-home, open-book test administered on the honor system. In searching for answers, you may consult, not only your class notes, required texts, and DVDs, but the internet and other people as well, including other CARE Instructors.

There is no time limit in completing the test, which normally takes 60-80 hours spread out over a period of weeks or months. However, there is a two-year limit in completing the first 18 requirements toward becoming a CCI, measured from the date of your first CARE Raindrop Class. You may start working on the exam a few questions at a time any time after your first CARE Raindrop Class, but do not submit it to CARE until you have completed every other requirement (1–17) and are ready for Requirement 18 (Submission of your Application).

If you do not pass the exam the first time, the questions you answered incorrectly or incompletely will be noted and you will be given a second chance. Upon completion of the test with a score of 97% or above, you will receive a letter of congratulations and your CARE Intern (CI) Certificate, which is good for one year, or until you successfully complete your Internship Class (Requirement 19). It is then that you will receive your CCI pin and CCI Certificate.

1. **Name two books that describe raindrop technique in detail. Give titles and page numbers. Are these descriptions the same as the Raindrop on the CARE DVD and taught in CARE Classes?**
2. **Who developed the raindrop methodology and coined the term “raindrop technique”?**
3. **Name the Native American who collaborated in developing raindrop technique. (See the 1st or 2nd editions of the Essential Oils Desk Reference for this or ask someone who has a copy.)**
4. **Why is it called “raindrop”? What is the purpose of dropping the oils as is done in raindrop?**
5. **Why is the term “raindrop therapy” no longer used? In performing raindrop, why do we use the terms “facilitator,” “session,” “receiver” and “client” instead of “practitioner” or “therapist,” “treatment,” and “patient”?**
6. **What is the CARE Mission Statement and where do you find it stated?**
7. **List all the oils and oil blends used in raindrop, as taught by CARE. Give the family and botanical names of each single oil, and name the individual constituents of the blends. (i.e., Family, genus, species and chemotype where appropriate).**
8. **Describe the properties that make each single or blend of oil in raindrop of therapeutic value. i.e., How is each raindrop oil thought to support various systems of the human body. (Some of this may be in your Raindrop Notes passed out in class.)**
9. **What is an essential oil chemotype? (Clue: Not all oils have chemotypes.)**
10. **What chemotype of Thyme do we customarily use in raindrop? What chemotype of Basil do we customarily use in raindrop?**
11. **What is the difference between an essential oil and a fatty oil? Why is one called “aromatic” and the other not? Discuss what parts of the plant they come from, what purposes they serve in the plant, and to what extent each type of oil penetrates human skin and circulates in the body as a therapeutic substance.**
12. **Who coined the word “aromatherapy”? What was his nationality, and approximately when did he live?**
13. **What accidental experience led the 20th century originator of aromatherapy to dedicate his life in research and teaching others about the therapeutic qualities of essential oils?**
14. **Name the book with the Biblical Oils Program and give page numbers.**
15. **List all the oils used in the Biblical Oils Program (excluding those in the 7th Heaven Kit). Give the family and botanical names of each single oil, and name the constituents of the blends.**
16. **Give one example of how each oil was used for medicinal, spiritual and/or emotional purposes in ancient times as well as in modern times.**
17. **Which oil or oils of the Bible Program are used in raindrop?**
18. **Which oil or oils of the Bible Program, although not used in raindrop, are in the same botanical family (the mint family) as many of those used in raindrop. List the raindrop oils in this family and give their botanical names.**
19. **Name ten oils used in biblical times but not mentioned in the Bible. Give both the common and botanical names of each.**
20. **Discuss the meaning of the Bible verses, Mark 6:7, 10-13 with respect to Jesus’ instructions on healing.**
21. **Besides your vitaflex class notes, name two books that describe vitaflex and identify the original one (i.e., The one that came first) as well as its author. Give page numbers for each.**
22. **Why does CARE require the vitaflex class as pre-requisite to taking Raindrop?**
23. **Define or describe vitaflex.**
24. **Explain the electrical/physical basis of how and why vitaflex works, and define the word piezoelectric.**
25. **Based on the electrical nature of both oils and vitaflex, how does the use of vitaflex with essential oils increase the effectiveness of the oils? (Or conversely, how does the use of essential oils increase the effectiveness of vitaflex?)**
26. **List six different vitaflex applications, where and how applied on the body, and for what purpose. Mention any suggested oils that can be used in each case. Which vitaflex technique is your favorite.**
27. **List two vitaflex applications incorporated into the raindrop protocol.**
28. **List one or more vitaflex applications for colon clearing, which is usually optional with raindrop, and explain when you might include this as a part of raindrop for a particular client and why.**
29. **Name the twelve systems of the human body and briefly describe each.**

1. **Draw a picture of the spine. Indicate and name the six pairs of nerves that originate from the brain, plus those that originate from the spine, and describe what organs and body parts are served by each. (Answer this question on a separate sheet of paper.)**
2. **Draw a picture of the soles of the feet and show the various reflex points for the various areas and organs of the body. (Use a separate sheet of paper for this.)**
3. **Name three required texts that deal with emotional issues and indicate which of them include the use of essential oils. (Note: Healing Oils of the Bible also deals with this, but here we want the names of books that specializes on this topic. Some of the information for the next several questions can also be found in the Emotional Release Notes given to you in class.)**
4. **From a physiological point of view, why do essential oils have emotional impacts when inhaled? That is, what is the difference between smell and the other four senses with respect to how they connect to the brain? Explain your answer in detail.**
5. **How many cells are estimated to be in the human body and what is the potential memory capability of each cell (in the DNA) in terms of gigabytes?**
6. **How do emotions get stored in various body parts and what are some possible symptoms that can manifest when an emotion is stored (say in a joint, organ, muscle, etc.)?**
7. **Explain how or why placing a specific oil on a specific body location can bring a subconscious memory to consciousness and release an emotion stored there.**
8. **Why is it important for those doing raindrop technique to have some understanding of the emotional aspects of the oils?**
9. **Although it is not a required text, name the book mentioned in class (and available from CARE) that discusses the way receptor sites work and how hormones, peptides, neurotransmitters, steroids, enzymes, and other chemicals manufactured by the body serve as intercellular messengers.**
10. **The cells and tissues of the body communicate between each other in at least two ways. Describe two ways and what are the names of the two bodily systems involved?**
11. **Name a book that names various diseases and the emotions behind them and which also provides a personal script for releasing these emotions and healing their physiological manifestations.**
12. **List six diseases or conditions and their possible emotional basis.**
13. **List six emotions that have personal meaning for you and their emotional opposites.**
14. **In the self-releasing script of Karol Truman’s book, to whom or what is the script addressed? Write out the entire script.**
15. **Name a book that identifies emotional issues with each individual vertebra. List six vertebra of particular interest to you, their emotional-spiritual associations, and the affirmations that will bring healing.**
16. **List three books Recommended by CARE, but not required, which are, or would be, of personal interest to you and why.**
17. **What four thought patterns cause the most disease and what types of sicknesses do each of them correspond with? (see Hay)**
18. **Besides the Essential Oils Desk Reference, name three other required texts that describe and define the requirements for therapeutic grade oils?**
19. **For what purpose or purposes are most of the world’s supply of essential oils produced?**
20. **What constitutes a therapeutic grade of essential oil versus a food or fragrance grade? In your answer, explain what it takes to create a therapeutic grade of essential oil.**
21. **What is the meaning of the acronym, “AFNOR?” i.e., What do the letters, A, F, N, O, R stand for? (See Archives of Raindrop Messenger, Vol 3, No 3, April 2005 issue.) NOTE: The meaning of this acronym has been erroneously published in many sources, including the first printing of The *Chemistry of Essential Oils Made Simple*. In the second printing of this book (late 2006) the definition of AFNOR has been corrected.**
22. **If an oil is labeled as “AFNOR,” does that mean it is therapeutic grade? If yes, explain why. If not, then what does meeting AFNOR standards imply about the quality of the oil? In other words, can an oil be legitimately labeled as AFNOR and be a fragrance or food grade oil? (i.e. not therapeutic) NOTE: See Archive or 2nd printing of the book mentioned above.**
23. **Explain what an aromatherapy grade oil is as defined in England.**
24. **What are two meanings of the word “organic” when seen on essential oil labels? And which of these two meanings pertains to a therapeutic grade oil and which does not?**
25. **What is the commonly understood meaning of the word “natural” and the technical meaning accepted by the FDA?**
26. **Why does CARE officially endorse only Young Living essential oils?**
27. **What are some of the potential consequences of using non-therapeutic grade oils, and why are they not used in raindrop?**
28. **What oils are passed around at the beginning of a CARE Chemistry class and why?**
29. **What is the title of the CARE Certification Program booklet?**
30. **What is the purpose and main objective of the CCI program?**
31. **What is CARE’s relationship to Young Living Essential Oils, Inc.?**
32. **What is Requirement 11? To whom must you go to satisfy Requirement 11? What must you bring to show to the Examiner? What requirements must you have fulfilled before scheduling a session to fulfill Requirement 11? Can you use notes during this exam? If you don’t pass the first time, what are your recourses?**
33. **Upon fulfilling Req. 11, you are eligible to apply to become a CRTS and LSH. What is a CRTS and an LSH? To whom does one send their application form and fee to become a CRTS/LSH (Use the 21st edition of the CCI Handbook or ask a CARE Instructor)? While status as a CRTS/ LSH is available only through the CARE program, what two other organizations are involved in making this possible?**
34. **If one is both a CRTS and an LSH, or both a BCRS and LSH, how does this work to make it legal for you to practice raindrop throughout almost all the U.S. and Canada without any other kind of license?**
35. **Requirement 14 must be satisfied by assisting at a three-day CARE Intensive Seminar. While doing so you become a CCA. What is a CCA? What is a Qualified CCA? What can a Qualified CCA do that a CCI Candidate cannot do?**
36. **What is a “Basic Set of CARE Classes”? What is the minimum number of “Basic Sets” to be taught required (a) of a CI to become a CCI? (b) of a CCI to become a Supervising CCI? And (c) of a CCI to maintain their Active status on a yearly basis?**
37. **What is a CARE Intern? Do CARE Internship classes count for CARE credit to the students who take such classes? Besides the CARE Intern serving as instructor in a CARE class, who else is required to be there as an overseer? How does a CARE Intern become a CCI?**

1. **What is a Supervising CCI (SCCI) and how does a CCI become one? What are the additional privileges of a Supervising CCI, beyond those of a CCI? What must an SCCI do annually to maintain active status as a Supervisor?**
2. **What is a Chem-Authorized CCI, an ER-Authorized CCI and a Fully Authorized CCI? Do CCI’s qualify to become any of these three, or must one be a Supervising CCI to qualify?**
3. **Can a CCI organize and teach a full three/four-day CARE Intensive?**
4. **What are the requirements to maintain an active status as CCI?**
5. **What is an Inactive CARE Instructor (ICI) and what are several ways a CCI can become “Inactive”? What must an ICI do to regain “Active CCI Status” (depending on the way they became “Inactive”? Explain your answer.**
6. **What is a BCRS and how does one become a BCRS? Where in the *CCI Handbook* is the info on BCRS? Can anyone obtain BCRS status?**
7. **Which of the CARE classes are “hands-on” and which are lecture/demonstration? Why does CARE restrict class size for hands-on classes? Define and discuss the required minimums and maximums of CARE Class size.**
8. **Paraphrase six of the privileges of a CCI you consider to be the most important to you and why.**
9. **Paraphrase eight of the responsibilities of a CCI you consider to be the most significant and why.**
10. **Paraphrase and explain five points of the CARE philosophy you consider the most significant. Where possible, indicate how these points relate to scripture.**
11. **Under what circumstances could a CCI’s title and privileges be revoked and how could they be reinstated in such cases?**
12. **What is the procedure for obtaining certificates for students who take your CARE Classes?**
13. **CARE offers classes in Raindrop I and Raindrop II, each four hours in length. At this time, does one receive one or two certificates for completing both of these? Does one get a certificate for completing only one of the two RD Classes? What is the total number of credit hours for completing both RD-I and RD-II.**
14. **CARE also offers Chemistry I and Chemistry II. Does one get one or two certificates for completing both of these? Does one get a certificate for completing only one of the two Chem classes? What is the total number of credit hours for completing both Chem I and Chem II?**
15. **Does everyone attending a CARE Bible Oils class receive a certificate? If not, under what circumstances do people earn a certificate from a CARE Bible Oils class?**
16. **Name two book sources of information on essential oil chemistry among your required texts.**
17. **List five of the main classes (besides terpenes) of chemical constituents of essential oils discussed in class (examples: alcohols, ketones, oxides, etc.) and give one property generally attributable to each (such as antibacterial, stimulating, analgesic, etc.)**
18. **Typically, approximately how many individual compounds make up an essential oil? Two or Three? Dozens? Hundreds? Given a list of the main constituents in an essential oil, is it possible to predict the effects or healing properties of that oil on any specific person? Why or why not?**
19. **If an ingredient of an oil is toxic when administered alone, does that mean that a therapeutic grade oil containing this ingredient is toxic? Give at least two examples of toxic or noxious compounds found in essential oils. (Name the compound & an oil in which it is contained.)**
20. **Is every batch of an essential oil the same from crop to crop and from year to year and location to location? Mention at least four of the factors that cause each batch of oil to differ from all other batches of the same species grown at different times or locations.**
21. **What significance does the natural variability of essential oils have in their abilities to fight bacteria on a long-term basis? Compare this with pharmaceutically produced antibiotics.**
22. **Define the following: electron, proton, neutron, atom, element, molecule, compound, and mixture.**
23. **What is valence? Give the valence of Carbon, Hydrogen, Oxygen, Sulfur, and Nitrogen.**
24. **What is the Periodic Table and why is it called Periodic?**
25. **Define free radical, why they are undesirable in the human body, and how do oils affect them.**
26. **Define what an isomer is. Give three examples of isomers found in essential oils and name specific oils in which they are found.**
27. **What is a chiral isomer? Give two examples of chiral molecules found in essential oils and name specific oils in which they are found.**
28. **Define isoprene unit, terpene unit and how they relate to one another. Give their chemical formulas. (i.e., give number of carbon and hydrogen atoms in each unit.) Are either or both found in the CARE Logo? Draw a picture of an isoprene unit. (Use a separate sheet of paper for the drawing.)**
29. **What do terpenes have to do with essential oils?**
30. **Name the structural formula that is part of the design in the CARE logo, and explain what it has to do with essential oils.**
31. **What is the formula for a hydrocarbon monoterpene, a sesquiterpene, and a diterpene (i.e., give the number of carbon and hydrogen atoms for each case). List these three classes of terpene compounds in the order of their molecular weight from lightest to heaviest. List the molecular weight.**
32. **Which is the most aromatic? A large, heavy molecule or a tiny, light one?**
33. **Which molecules have the most therapeutic value in aromatherapy? The large, heavy ones, or the small, light ones? Explain your answer.**
34. **In terms of receptor sites and cellular memory (DNA), name three of the most important types of compounds found in essential oils (beginning with the letters P, S, and M) and explain how the actions of these three classes of compounds can work in conjunction to bring about rapid and permanent healing.**
35. **What can happen when essential oils are exposed to light? How is this problem prevented in the packaging and storage of oils?**
36. **What can happen to some of the constituents of an essential oil when they are mixed with water, such as in a water-based diffuser?**
37. **What can happen to an oil when exposed to air and how can this affect their therapeutic value?**
38. **What Bible scripture suggests that God’s nature is expressed in the molecules of essential oils? What is one of God’s principal qualities expressed through the molecules of essential oils?**

1. **What Bible scripture suggests that we can talk to plants and inanimate creation and learn from them directly? In light of this scripture, can knowledge of the therapeutic benefits of plants and their oils ever be truly lost? If not, how can this be? And if it can always be rediscovered, how and by whom can it be rediscovered?**
2. **Name two required texts where prescription drugs are discussed?**
3. **How do prescription and over-the-counter drugs work on a cellular level and why do they all have undesirable side effects? What does the Bible have to say about “drugs from a pharmacy?” (Give the Bible book and verses.) What is the Greek root for the New Testament word in English translated as, “sorcery”?**
4. **How do pharmaceutical chemists manipulate natural molecules into synthetic ones that can be patented? Why do synthetic molecules always have undesirable side effects whereas natural ones do not when applied or ingested with simple common-sense principles?**
5. **Why is it that when one takes several drugs at once there is a high probability of an adverse drug interaction?**
6. **How do essential oils work on a cellular level and why is it that even when many oils are used, simultaneously, there are rarely, if ever, any adverse interactions or side effects?**
7. **Define the meaning of true healing vs. symptomatic relief. Where does disease actually begin? In the mind and spirit, or in the physical body? In light of this, where does true healing have to begin? Can limiting oneself to working only from the physical/chemical side of our beings bring about true healing?**
8. **Explain how pharmaceuticals mask symptoms, block true healing, and interfere with our body’s natural defenses, while therapeutic oils facilitate true healing, enhance our body’s natural defenses, and enable our bodies to heal and repair themselves. In other words, discuss and contrast the actions of synthetic drugs vs. therapeutic grade essential oils.**
9. **What does New Testament scripture have to say about pharmaceuticals or drugs from a pharmacy? What is the Greek root of the words pharmaceutical and pharmacy? What is the usual Bible translation of this Greek root as found in Galatians?**
10. **Is Raindrop Technique as taught in CARE Classes, described in CARE Class notes, and presented on the CARE DVD the same as versions published in the Essential Oils Desk Reference (EODR) and/or the Reference Guide to Essential Oils (RGEO)?**
11. **Why, since its beginning in 2001, has CARE taught only one version of raindrop? What event caused them to preserve what is known as the “Dallas” version of raindrop?**
12. **How long must an official CARE Raindrop I class be (in hours) and what would be a course outline in terms of demonstration, lecture, and hands-on. How does a CARE Raindrop I Class differ from a CARE Raindrop II? Completing RD-1 and RD-II results in how many CE-hours credit?**
13. **Raindrop Technique, as taught by CARE, was originated and taught by whom in the year 2000 with over 1000 people trained in that session. Who sponsored the training and in what city did it take place?**
14. **Does CARE require that you use only the version of raindrop taught by CARE in your own private practice?**
15. **Name at least eight general sources of toxins in the body (such as prescription drugs, chlorinated water, shampoos, cosmetics, cigarette smoke, household cleaners, etc.).**
16. **Name at least four occupations that would be at high risk of exposure to toxins (such as hair dresser, auto body painter, etc.).**
17. **How would you explain to a potential raindrop client that, among other things, the procedure is a detoxifying process? In other words, how would you explain to them what to expect and the importance of drinking adequate amounts of good clean water, and the possible use of a cleansing regimen like the Cleansing Trio, etc. Specifically, how much daily drinking water should you recommend?**
18. **Besides the topic of detoxification (previous question), summarize the points and information you need to cover with a client before doing a raindrop.**
19. **What questions, if any, should you ask about a client’s medical or health history prior to raindrop?**
20. **“Release Forms” do not hold up in court, but “Informed Consent Forms” do. Do you think it is a good idea to have clients sign an Informed Consent form prior to raindrop? If so, what points should be on the Informed Consent form? Should all your clients sign such a form, or only selected clients? If only “selected clients,” whom would you exempt?**
21. **Before doing a raindrop, if you were to find out that the client has a history of allergies or skin sensitivities, what precautions could you take to minimize the possibility of a reaction to the oils in the form of a skin rash or other symptoms? Would muscle testing be of value in such situations?**
22. **Is it possible to have an allergic reaction to a pure, therapeutic grade essential oil? If not, then why not? What non-allergenic reactions can a person have following the administration of therapeutic grade essential oils?**
23. **What is an allergy? And how does an allergic reaction differ from a detox reaction?**
24. **Would there be a situation where you might advise a client to go through a month of cleansing (like the Cleansing Trio, Lemonade Master Cleanse, etc.), drinking of lots of water, avoidance of toxic fluids like coffee and soda, etc. before receiving a raindrop?**
25. **On a potentially toxic raindrop client, what procedures might you add or modify that would facilitate his or her colon functions? And what oils might you use with such procedures?**
26. **How would you explain the situation to the client if, afterwards, they had a problem (e.g. Rash, nausea, fatigue, headache, etc.) that seemed to result from the oils? What would you recommend for them to do, if anything, to remedy the situation? What prognosis would you suggest to them?**
27. **Define what is meant by these terms: “diagnosing”, “prescribing”, and “making medical claims”. You may illustrate by examples. Also, who or under what circumstances can one legally diagnose, prescribe or make a medical claim?**
28. **Explain how a person who is not licensed as a health professional can avoid legal problems when asked for information by clients about specific ailments or conditions? In other words, if you are not licensed to diagnose or prescribe, how do you answer people who ask you medical questions of a specific nature involving themselves and who want you to give them personal advice or recommendations?**
29. **What program offered exclusively through CARE enables an individual, who is not a licensed health professional, to legally practice raindrop, charge for their services, and to acquire liability insurance throughout Canada and the U.S.?**
30. **What additional titles can you acquire with the program discussed in question 133 that make it legal from a medical practice standpoint to practice Raindrop throughout the US and Canada?**
31. **When applying for CRTS or BCRS status from NTCB through CARE, NTCB requires that you also have some formal training in Human Physiology. Is this required for all candidate who apply or only certain applicants? If only certain ones, who is exempt?**
32. **When you apply to become a CRTS and LSH, there is a 5-week course to take via correspondence to complete the requirements for LSH and another 10-week course via telephone conference to complete within the next two years after becoming an LSH to make your eligibility for liability insurance permanent. What are the names of these two courses and what additional title do you acquire by completing the second one?**
33. **What three courses or programs will you be authorized to teach for credit in the name of CARE upon completion of your certification as a CCI?**
34. **Can CARE classes be taught entirely by showing one or more of the CARE videos/DVDs? Can one use projectors or power point presentations in an official CARE Class? If PowerPoints are permitted in teaching a CARE Class, what are the conditions under which they can be used?**
35. **If CARE audiovisuals are not intended to substitute for live teaching in official CARE classes, what is the intended function of the CARE videos/DVDs? i.e., How do the CARE videos on Raindrop and Vitaflex tie in with the live instruction in class?**
36. **How long (in hours) must an official CARE Raindrop class be? Outline the format of the class. i.e. What you would do first, second, third, etc. and what parts would be lecture, demonstration, and hands-on. What would be the most students a teacher could handle single-handedly?**
37. **How long (in hours) must an official CARE Vitaflex class be? Outline the format of the class. i.e. What you would do first, second, third, etc. and what parts would be lecture, demonstration, and hands-on. What would be the most students a teacher could handle single-handedly in a CARE Applied Vitaflex Class.**
38. **If, as a Supervising CCI, you have more students than you can handle (more than 10) desiring to take one of your raindrop or vitaflex classes, besides arranging for another CCI to assist you, whom else would qualify to help in an official CARE class for CARE credit? Would people qualify as assistants who have had raindrop training elsewhere, but not CARE classes? Would a CCI Candidate qualify to assist? How about a CCA? A Qualified CCA? A CI? With qualified assistants, how many additional students can you accept and stay within CARE guidelines on class size? Can a CCI (not a Supervising CCI) accept assistants?**
39. **When a Supervising CCI has CARE Class Assistants, who bears the responsibility that the students receive quality training and sufficient one-on-one attention?**

1. **In the return demonstration 3-4 hours are normally required. Besides Raindrop, what Vitaflex techniques are to be demonstrated? Would these be the same as those required in fulfilling Requirements 6 & 8? If so, list them. Can a CCI proctor a Return Demo? Or does it take a SCCI or FCCI to perform this function? In making the decision as to whether a CCI Candidate has passed or not, when must the CARE Support Services Committee (CARESS) be consulted and when can the decision simply be made by the Examining CCI?**
2. **In doing a return demonstration, is there customarily a fee paid to the Examining CCI? Whose responsibility is it to see that the oils, towels, sheets, massage table, and client are provided?**
3. **Name and list the four requirements, by number, necessary to become a CCI that are proctored or graded by SCCIs or by CARE Headquarters as pass/fail exams. In each instance, in the case of failure, what are the Candidates options if they still want to pursue completing the CARE certification program? Give details.**
4. **What are your responsibilities regarding notifying CARE of your upcoming classes so that CARE can include them in the CARE Calendar and web page in a timely manner?**
5. **What is CARE’s web page address? What is CARE’s email address? What is CARE’s mailing address?**
6. **What is the full title of the only study published, to date, on the Raindrop Technique of Aromatherapy? How many pages long it is?**
7. **How many respondents returned questionnaires in *Statistical Validation of Raindrop*? How many were women? How many were men? How many were licensed professionals? How many were massage therapists (either certified, licensed or registered)? How many were registered nurses? And how many were MDs, DOs, naturopaths, or chiropractors?**
8. **In *Statistical Validation of Raindrop*, how many respondents were receivers of raindrop, what was the average number of raindrops received, and what was the total number of raindrops received?**
9. **Among those receiving raindrop in *A Statistical Validation of Raindrop*, what were the percentages found in the following seven categories of responses: Positive, Pleasant, Resulted in a Healing, Felt better afterwards, State of health improved, Emotional state improved, and Would receive it again?**
10. **In the Validation of Raindrop Study, how many commentaries were tabulated? Select five of these commentaries that you consider the most significant and/or informative to you and explain why.**
11. **Explain how you might find practical uses for *A Statistical Validation of Raindrop* in your practice of Raindrop Technique or in making presentations or doing programs on Raindrop Technique.**
12. **What is the CCI Summit? Can CARE Interns attend the Summit? Are CIs required to do so? What are the annual requirements for attending the annual CCI Summit for CCIs? FCCIs? SCCIs? CARE Instructors can be excused for missing the Summit for extenuating circumstances, such as a death in the family, etc. Otherwise, what is the penalty for missing?**
13. **Define “Distant CARE Instructor.” Are requirements for attendance at the Annual CCI Summit the same for Distant CARE Instructors as for others? If not, what are the differences? Are there any other differences in the rules and policies that apply only to Distant CARE Instructors?**
14. **What is the “CARESS Committee?” What does the acronym stand for? What is its purpose and what are its responsibilities?**
15. **How soon do you intend to complete your certification and become a CCI? In other words, do you have prospective dates in mind for your Internship Class? If so, what are they and where would you like to do the class? Do you have a specific Supervising CCI chosen to be your mentor and Internship Class Proctor? If so, who? You have 12 months as a CI to complete your Internship Class. If you don’t do so within 12 months, what are your options?**
16. **What are your plans to organize, offer, publicize, and teach CARE courses during the first twelve months after becoming a CCI? Do you plan to become ER-authorized? Chem-Authorized? An SCCI? A FCCI? If so what sort of time frame do you have in mind for accomplishing your goals.**
17. **For the long term, what do you hope to accomplish as a Certified CARE Instructor over the next ten years, the people you want to reach, the places you want to teach, etc.?**

**END OF EXAM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), certify that the enclosed answers for this exam are my own work.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_