CURRICULUM AND PRODUCTION BLUEPRINT

Peptide Education Three-Level Syllabus

A 12-hour beginner pathway that turns hype into evidence, uncertainty into better questions, an

Prepared 29 August 2026 | Educational curriculum design - not medical advice

Program at a glance

A short, compelling, evidence-first education program for complete beginners. Designed for 12 hours over three weeks, with an optional self-paced route.

> **Core promise: From peptide hype to evidence in 12 hours: know what is approved, what is experimental, what is prohibited, and which questions protect you.**

Level	Student transformation	Time	Proof of learning
1 - Decode	From confused terminology to a reliable safety vocabulary	3.5 h	Status sort + 20-item quiz
2 - Evaluate	From mechanism stories to evidence-aware judgment	4 h	Two evidence passports
3 - Apply responsibly	From passive consumer to safer communicator	4.5 h	Capstone brief + referral script

Who it is for

- Complete beginners who have seen peptide content online and do not know how to judge it.
- Fitness, wellness, beauty, and health-content professionals who need clear educational boundaries.
- Athletes and support personnel who need an anti-doping awareness pathway.
- Prospective patients who want to prepare for a licensed clinician conversation.

Who it is not for

- It is not a prescriber course, injection workshop, reconstitution tutorial, sourcing guide, or stack-builder certification.
- Completion does not qualify a learner to diagnose, prescribe, compound, administer, sell, or recommend peptides.

The learner journey

1. Notice the hook: peptide content feels scientific because it uses pathways, acronyms, and precise numbers.
2. Learn the categories: a peptide can be a natural signal, approved medicine, trial molecule, non-approved compound, or marketing label.
3. Interrogate the claim: separate mechanism from patient-important outcomes and look for uncertainty.
4. Check the real world: jurisdiction, registration, prescription, formulation, supply chain, personal context, and sport rules.
5. Communicate safely: summarize evidence, name limits, identify red flags, and refer appropriately.

> **Teaching principle: A beginner does not need a larger list of molecules. A beginner needs a smaller set of reliable questions.**

LEVEL 1 - DECODE

Peptide literacy and safety | 3.5 hours | Understand the language, identify status, and avoid the most common category errors.

Learning outcomes

- Explain peptide, protein, amino acid, hormone, receptor, agonist, analog, half-life, and bioavailability in plain language.
- Separate endogenous peptides, approved medicines, compounded preparations, investigational products, and non-approved research compounds.
- Use a five-step safety pause before acting on a peptide claim.
- Recognize red flags: miracle language, anonymous credentials, vague COAs, missing indication, missing adverse effects, and dosing without assessment.

Module plan

Module	Time	What the newbie learns
1.1 One word, many worlds	45 min	Why 'peptide' describes a molecule class, not a safety rating. Food peptides, body signals, prescription medicines, trial drugs, and gray-market products.
1.2 The lock-and-message model	45 min	Amino-acid chains, receptors, agonists, selectivity, exposure, route, dose-response, metabolism, and why similar names can behave differently.
1.3 The status ladder	50 min	Approved for a named indication; off-label use; investigational; compounded; non-approved; counterfeit or unregistered. Malaysia-first verification workflow.
1.4 The safety pause	50 min	Who is speaking? What exactly is claimed? What evidence level? What product and jurisdiction? What would change the decision?

Teaching sequence

1. Cold open: show five statements using the word 'peptide' and ask whether they describe food, physiology, medicine, research, or marketing.
2. Build the lock-and-message model with a simple receptor analogy, then immediately show its limit: a plausible mechanism is not proof of benefit.
3. Run a status-sorting game using semaglutide, tesamorelin, retatrutide, BPC-157, and a collagen peptide food product.
4. Finish with the five-step safety pause and a one-page glossary quiz.

Level 1 assignment: Take one online peptide claim. Highlight the speaker, claim, product, status, evidence, and missing information. Do not judge efficacy yet - just classify accurately.

LEVEL 2 - EVALUATE

Evidence, risk, and real-world context | 4 hours | Read a claim like a careful reviewer instead of a customer.

Learning outcomes

- Distinguish mechanism, biomarker change, symptom change, functional outcome, and long-term clinical outcome.
- Rank evidence from cell studies through randomized trials and post-market safety.
- Interpret absolute versus relative effects, sample size, comparator, duration, endpoint, and uncertainty.
- Explain why approved indication, formulation, supply chain, contraindications, interactions, and monitoring are separate questions.

Module plan

Module	Time	What the newbie learns
2.1 The evidence ladder	55 min	Cell, animal, early human, randomized trial, systematic review, label, post-market signal. What each level can and cannot prove.
2.2 Mechanism is not outcome	45 min	How receptor or pathway stories become persuasive - and where translation fails.
2.3 Approved medicine case lab	60 min	Semaglutide, tirzepatide, tesamorelin, or bremelanotide: match product, population, indication, benefit, warning, and monitoring.
2.4 Experimental claim lab	60 min	BPC-157, CJC-1295, ipamorelin, MOTS-C, TB-500, Semax or Melanotan II: locate data gaps and regulatory concerns.

Teaching sequence

1. Start with a pathway animation, then ask: what patient outcome was actually measured?
2. Compare one approved label with one promotional protocol. Locate indication, population, comparator, duration, common adverse reactions, serious warnings, and unknowns.
3. Use a traffic-light evidence passport: green for verified facts, amber for uncertainty or indirectness, red for absent human evidence or regulatory concern.
4. End with a claim rewrite: change certainty into calibrated, sourced language.

Level 2 assignment: Complete two evidence passports - one approved medicine and one investigational or non-approved compound - using only primary sources.

LEVEL 3 - APPLY RESPONSIBLY

Communication, referral, and decision quality | 4.5 hours | Turn knowledge into safer questions, content, and professional boundaries.

Learning outcomes

- Use an evidence passport to summarize a peptide claim without recommending use.
- Apply pregnancy, breastfeeding, fertility, contraception, cancer history, cardiovascular, endocrine, psychiatric, and medication red flags.
- Complete Malaysia regulatory and athlete anti-doping checks.
- Communicate uncertainty and refer to a clinician without shaming or overpromising.

Module plan

Module	Time	What the newbie learns
3.1 Context changes everything	55 min	Female physiology and life stage; age; health conditions; medication; sport status; goal versus diagnosis.
3.2 Product and supply chain	50 min	Registration, prescription, pharmacy, approved label, cold chain, sterility, counterfeit risk, adverse-event reporting. Why COA alone is insufficient.
3.3 Anti-doping and ethics	45 min	WADA categories, strict liability, Global DRO limits, TUE pathway, coach boundaries, disclosure, and conflicts of interest.
3.4 Capstone: claim to conversation	80 min	Rewrite a high-hype protocol into a neutral evidence brief, risk checklist, and five questions for a licensed professional.

Teaching sequence

1. Open with the same molecule in three people: a pregnant adult, a competitive athlete, and a patient taking multiple medicines. Show how context changes the decision.
2. Practice the Malaysia verification chain: NPRA product search, licensed prescriber/pharmacy, approved label, and adverse-event reporting route.
3. Practice the athlete chain: ingredient check, current WADA list, ADAMAS/anti-doping guidance, and TUE conversation before use.
4. Convert a protocol video into a neutral brief with a boundary statement and referral questions.

Level 3 capstone: Produce a two-page public education brief and a 90-second explanation that informs without prescribing, sourcing, dosing, or overstating certainty.

Lesson architecture: the 8-minute learning loop

Beat	Purpose	Example
0:00-0:30 Hook	Create tension with a misconception	'Approved peptide' does not mean approved for your goal.
0:30-1:30 Plain-language model	Give one memorable mental picture	A receptor is a lock; a molecule can fit yet still produce different downstream effects.
1:30-3:30 Evidence	Show one primary source or label	Find the exact indication and population.
3:30-5:00 Trap	Reveal the common reasoning error	Animal healing data is not a human tendon-repair recommendation.
5:00-6:30 Real-world check	Add jurisdiction, product, person, and sport context	NPRA + label + clinician + ADAMAS.
6:30-7:30 Retrieval	Make the learner answer	Which evidence level and status label apply?
7:30-8:00 Next question	Create forward momentum	If status is clear, how do we judge the size and certainty of benefit?

Core teaching tools

Tool	Fields	Why it matters
Peptide Evidence Passport	Name; exact product/form; status; approved indication; evidence stage; human sample; endpoint; duration; benefits; harms; unknowns; source date	Prevents a mechanism or molecule name from becoming a blanket recommendation.
Five-Step Safety Pause	Speaker; claim; evidence; product/jurisdiction; personal/sport context	Works before the learner understands advanced pharmacology.
Status Ladder	Approved; off-label; investigational; compounded; non-approved; unregistered/counterfeit	Stops category mixing.
Claim Traffic Light	Green verified; amber uncertain/indirect; red unsupported, prohibited, or unsafe to act on	Makes uncertainty visible without pretending every question is binary.
Professional Question Card	What diagnosis? Why this product? What alternatives? What evidence? What monitoring? What stop rules? What interactions?	Turns uncertainty into a constructive appointment.
Content Boundary Checklist	No prescribing, dosing, sourcing, injection, credential inflation, or hidden affiliate interest	Protects educators and learners.

The evidence passport template

Question	Student entry
What exact molecule, product, formulation, and route is being discussed?	
What is its status in the relevant country today?	
Is there an approved indication? For whom?	
What is the highest human evidence level?	
What outcome was measured, over what duration, against what comparator?	
What common and serious harms are known?	

Question	Student entry
What remains unknown or indirect?	
What personal, medication, pregnancy, cancer, cardiovascular, or sport factors matter?	
What is the primary source and date?	
What is a safe one-sentence conclusion?	

Assessment and certification rules

Component	Weight	Pass standard	What is being assessed
Level 1 status quiz	15%	80%	Vocabulary and category accuracy
Level 2 evidence passports	30%	No critical status/source errors	Evidence hierarchy, indication, outcomes, risks, uncertainty
Level 3 scenario checks	20%	All red flags identified	Context, Malaysia verification, anti-doping, referral
Capstone brief + 90-second explanation	35%	Rubric score 75% and zero boundary breaches	Clear, accurate, sourced, engaging, non-prescriptive communication

Critical fail conditions

- Presenting an investigational or non-approved compound as proven safe or effective.
- Providing a dose, stack, injection, reconstitution, or sourcing instruction in the public capstone.
- Ignoring pregnancy, serious health, medication, or competitive-sport context when supplied in the case.
- Using a secondary influencer or vendor claim as the sole source for a non-trivial conclusion.
- Claiming professional credentials the presenter does not hold or cannot verify.

Certificate wording

Recommended: Certificate of Completion: Peptide Literacy, Evidence, and Safety Communication. This certificate does not confer clinical, prescribing, compounding, injection, nutrition, coaching, pharmacy, or anti-doping authority.

PDF content format

Section	Pages	Design job
1. Start here	1-4	Hook, promise, boundaries, how to use the guide
2. Level 1 - Decode	5-16	Big diagrams, glossary, status cards, misconception checks
3. Level 2 - Evaluate	17-30	Evidence ladder, two case passports, source-reading walkthrough
4. Level 3 - Apply	31-42	Context scenarios, Malaysia workflow, anti-doping, communication scripts
5. Practice	43-50	Quizzes, answer explanations, capstone brief
6. Reference	51-58	Glossary, source ledger, update log, educational notice

Page design rules

- One primary idea per spread; explain the diagram in words directly below it.
- Use a stable color code: blue = verified/approved fact; amber = uncertainty or clinician discussion; red = do not act / prohibited / serious concern.
- Every molecule mention carries a status tag and source date.
- Every case ends with 'What we know', 'What we do not know', and 'What to ask next'.

- Keep body copy near 10-11 pt, generous line spacing, and a plain-language glossary in the margin or footer.

MP4 content format and production map

Video set	Count / length	Narrative role
Prospect trailer	1 x 60-90 sec	Tension: the same word can mean medicine, experiment, or marketing. Promise the 12-hour transformation.
Program overview	1 x 5-7 min	Show the three levels, evidence ladder, Malaysia/sport checks, and student outcome.
Level 1 micro-lessons	4 x 6-8 min	Fast vocabulary, animations, status sorting, safety pause.
Level 2 micro-lessons	4 x 7-10 min	Evidence ladder, label walkthrough, approved case, experimental case.
Level 3 micro-lessons	4 x 7-10 min	Context, product/regulatory chain, anti-doping, communication capstone.
Knowledge checks	12 x 30-60 sec	Pause-and-answer prompts with explanation after a countdown.

Visual direction

- Editorial white canvas, deep navy typography, electric blue evidence accent, mint safety accent, amber uncertainty, and restrained red warnings.
- Use simple molecular chains, pathway arrows, labels, product-status stamps, source close-ups, and real interface screenshots from NPRA/WADA only when current and licensed for use.
- Avoid syringes as glamour imagery, bodybuilding transformations, laboratory-coat stock authority, vials without context, or before/after claims.
- On-screen source line for every non-trivial claim; full source in description and course ledger.

Retention pattern

- Cold open with a wrong-but-plausible statement.
- Reveal the category mistake within 30 seconds.
- Use one memorable analogy and one real primary source.
- End with a retrieval question that tees up the next lesson.

Prospect presentation structure

Slide	Takeaway title	Content job
1	Peptide Education	Minimal hook: 'The word is simple. The decisions are not.'
2	The problem	Online content mixes medicines, experiments, and marketing into one category.
3	The cost of confusion	Wrong status, wrong indication, unsafe product, anti-doping violation, or delayed care.
4	One word, three worlds	Body signals; regulated medicines; experimental/non-approved products.
5	What students will be able to do	Decode, evaluate, apply responsibly.
6	Level 1	Vocabulary, status ladder, safety pause.
7	Interactive moment	Sort five examples by status.
8	Level 2	Evidence ladder and claim laboratory.
9	Interactive moment	Mechanism vs outcome.
10	Level 3	Context, Malaysia checks, sport rules, communication.
11	Real case	Approved product for a narrow indication vs an experimental vial sold for a broad goal.
12	The 12-hour pathway	Three levels over three weeks.
13	What is deliberately excluded	No prescribing, sourcing, stacking, injection, or false certification.
14	Assessment	Learners prove judgment through passports and capstone.
15	Close	Leave with better questions, not a longer shopping list.

Facilitator guidelines

- State the educational boundary at the beginning, before every case with a named compound, and in the closing resources.
- Do not answer individualized 'what should I take?' questions. Redirect to status, evidence, risk, and a licensed clinician.
- Distinguish fact, inference, expert judgment, and unknown on screen and in speech.
- Use exact product labels and study populations. Do not generalize from one formulation or indication to another.
- Disclose affiliations, sponsorships, referral fees, product sales, and conflicts of interest.
- Update regulatory and anti-doping content at least quarterly and before each cohort launch.
- Create an adverse-event escalation protocol for live sessions: advise urgent local medical help for red-flag symptoms; do not troubleshoot treatment in class.

Language guide

Avoid	Prefer
Works / proven	Has evidence for [exact outcome] in [population], with these limitations
Safe	Known risks include...; important uncertainties remain...

Avoid	Prefer
Biohack / optimize	Potential effect being studied or approved for a named indication
Pharmaceutical grade	Registered product from a lawful supply chain; verify the exact product
Research peptide	Investigational or non-approved compound; status and evidence must be checked
Ask your doctor if this stack is right	Ask a licensed clinician to assess diagnosis, alternatives, evidence, interactions, monitoring, and stop rules

Launch checklist

- Named academic/clinical reviewer signs off on all health claims.
- Each molecule has a status tag, jurisdiction, source, and last-reviewed date.
- No public lesson includes dose, route, reconstitution, sourcing, or stack instructions.
- NPRA QUEST3+ and ADAMAS/WADA links are current.
- Speaker credentials and conflicts are verified and displayed accurately.
- Accessibility pass: captions, transcript, high contrast, readable type, plain-language glossary, and audio description for essential visuals.
- Assessment answer key explains why distractors are wrong.
- Version number and update log appear in both PDF and MP4 descriptions.

Launch recommendation: Pilot with 8-12 complete beginners. Measure status-classification accuracy, evidence confidence, and ability to name five professional questions before and after the program. Revise any lesson that increases confidence without increasing accuracy.

Authoritative source starter set

NPRA registered product search and QUEST3+: https://www.npra.gov.my/index.php/my/industry-2.html

ADAMAS WADA Prohibited List 2026: https://www.adamas.gov.my/en/athlete/prohibited-list.html

WADA 2026 Prohibited List PDF: https://www.wada-ama.org/sites/default/files/2025-09/2026list_en_final_clean_september_2025.pdf

FDA compounded peptide safety concerns: https://www.fda.gov/drugs/human-drug-compounding/certain-bulk-drug-substances-use-compounding-may-present-significant-safety-risks

FDA human drug compounding overview: https://www.fda.gov/drugs/guidance-compliance-regulatory-information/human-drug-compounding

FDA approved labeling portal: https://www.accessdata.fda.gov/scripts/cder/daf/

ClinicalTrials.gov: https://clinicaltrials.gov/

Educational notice: This syllabus teaches literacy, evidence appraisal, and safer communication. It does not provide medical advice, diagnosis, treatment, dosing, administration, sourcing, or legal/anti-doping advice.