California Acupuncture Board Public Meeting
September 18, 2015

Four Points LAX
9750 Airport Blvd
Los Angeles, CA 90045

Board Members

Michael Shi, L.Ac – President
Hildegarde Aguinaldo, J.D. – Vice President -- Public Member
Kitman Chan – Public Member
Mike Corradino, DAOM, L.Ac
Francisco Hsieh – Public Member
Jeannie Kang, L.Ac
Jamie Zamora – Public Member

Board Staff

Terri Thorfinnson, J.D. – Executive Officer
Ben Bodea – Education Coordinator
Cricket Borges – Enforcement Coordinator
Kristine Brothers – Enforcement Coordinator
Krystle Englehart – Exam Coordinator
Tammy Graver – Board Liaison
Marc Johnson – Policy Coordinator
Katie Le – Education Coordinator
Van Martini – Office Technician
Terry Sinkovich – Exam Coordinator

Legal Counsel

Tamara Colson, J.D.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

NOTICE OF ACUPUNCTURE BOARD MEETING

SEPTEMBER 18, 2015

FOUR POINTS SHERATON LAX
9750 AIRPORT BOULEVARD
LOS ANGELES, CA 90045

The Board plans to webcast this meeting on its website at https://thedcapage.wordpress.com/webcasts/. Webcast availability cannot, however, be guaranteed due to limitations on resources. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at a physical location.

https://thedcapage.wordpress.com/webcasts/

Acupuncture Board Members

Michael Shi, L.Ac, President, Licensed Member
Hildegarde Aguinaldo, Vice President, Public Member
Kitman Chan, Public Member
Francisco Hsieh, Public Member
Jeannie Kang, L.Ac, Licensed Member
Jamie Zamora, Public Member
Dr.Michael Corradino, DAOM, Licensed Member

AGENDA

FULL BOARD MEETING - 9:00 a.m.

1. **Call to Order and Establishment of a Quorum**
2. **Opening Remarks**
3. **Public Comment for items not on Agenda**
4. **Approval of Board Meeting Minutes for:**
   - **June 19, 2015**
   - **September 12, 2014 Revised Minutes**
5. **President's Report**
6. **Executive Officer's Report**
   - **Staff Update**
   - **Budget Update**
   - **Exam Update: Audit of NCCAOM exam**
   - **Enforcement: Data Report**
   - **Legislative Update**
   - **Regulations Update**
7. **Consideration and Possible Action to Adopt the Revised Administrative Manual**

8. Consideration and Possible Action to Adopt Proposed Regulation 16 CCR 1399.469.3 Regarding Consumer Notice Pursuant to Business and Professions Code section 138

9. Consideration and Possible Action to Adopt Proposed Regulation 16 CCR 1399.480, 1400.1 1400.2, and 1400.3 Regarding Sponsored Free Health Care Events Pursuant to Business and Professions Code section 901

10. School Compliance Site Visits: Consideration and Possible Action of Non-Compliance Exit Reports and Possible Action Related to Program Approval Pursuant to Regulation 16 CCR 1399.438

- **Alhambra University**
- **Kingston University**
- **Stanton University**
- **University of South Los Angeles**

11. Consideration and Possible Action of Proposed Regulatory Language to Amend 16 CCR 1399.469 Disciplinary Guidelines Including Incorporation of Uniform Standards Related to Substance Abuse Pursuant to Business and Professions Code section 315

12. Consideration and Possible Action Related to Potential Legislative Proposal Related to Foreign Credential Evaluators

13. Consideration and Possible Action to Approve the Sunset Review Report

14. Committee Reports: Education Committee
-Implementation of Senate Bill 1246

15. Future Agenda Items

16. Adjournment

All times are approximate and subject to change. The meeting may be canceled or changed without notice. For verification, please check the Board's website at www.acupuncture.ca.gov or call Tammy Graver at (916) 515-5204. Action may be taken on any item on the agenda. Items may be taken out of order, tabled or held over to a subsequent meeting. Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson.

THE AGENDA, AS WELL AS BOARD MEETING MINUTES, CAN BE FOUND ON THE ACUPUNCTURE BOARD'S WEBSITE AT

www.acupuncture.ca.gov

Please Note: Board meetings are open to the public and are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you need additional reasonable accommodations, please make your request no later than five (5) business days before this meeting. Please direct any questions regarding this meeting to the Board Liaison, Tammy Graver at (916) 515-5204; FAX (916) 928-2204

APPROVAL OF BOARD MEETING MINUTES

JUNE 19, 2015

SEPTEMBER 12, 2014 (REVISED)

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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NOTICE OF ACUPUNCTURE BOARD MEETING

Draft Minutes

June 19, 2015

HOTEL WHITCOMB
WHITCOMB BALLROOM
1231 MARKET STREET
SAN FRANCISCO, CA 94103

SAN FRANCISCO, CA

A webcast of this meeting can be viewed at:
https://www.youtube.com/watch?v=q8RdfVQjPIU

Board Members Present

Michael Shi, L.Ac, President, Licensed Member
Hildegarde Aguinaldo, Vice President, Public Member
Kitman Chan, Public Member
Jamie Zamora, Public Member
Francisco Hsieh, Public Member
Jeannie Kang, L.Ac, Licensed Member
Dr. Michael Corradino, DAOM, Licensed Member

Legal Council

Tamara Colson

Staff Present

Terri Thorfinnson - Executive Officer
Ben Bodea - Continuing Education Coordinator
Tammy Graver - Board Liaison

1. **Call to Order and Quorum established**

2. **Opening Remarks –**

Michael welcomed Dr. Corradino as the newest member of the board.
He resides in San Diego and brings with him extensive experience in the practice. He is also very active in teaching. Dr. Corradino will also be joining the Education Committee and the Examination Committee. We look forward to working with Dr. Corradino.

3. Public Comment for items not on Agenda

Public comment was made regarding AB758. Also many applicants that are not being approved to take the exam are asking for the board's help in being approved including foreign applicants. On July 10th there will be a big celebration of the 40th anniversary of legalization of acupuncture in California.

4. Approval of Board Meeting Minutes for February 20, 2015

Jeannie made the motion to approve the minutes as amended and Kitman seconded the motion. Vote: Michael-yes; Hildy-yes; Kitman-yes; Jamie-yes; Francisco-yes; Dr. Corradino-yes; Jeannie- yes. Motion passed.

5. President's Report

Michael encouraged the Board Members to attend school site visits.

6. Executive Officer's Report

- **Staff Update -** Another staff support person has been hired; in the process of interviewing for the open exam position. Jamie asked if we have a dedicated Breeze support person. The answer was no we don't, and we're not sure of a date yet when BreEze will be implemented for the Acupuncture Board. This remains a staffing concern. We currently have 13 staff, two of which are permanent intermittent. These employees can only work approximately 30 hours a week, 1500 hours total for the calendar year.
- **Budget Update –** In reviewing our expenditures over the past year to see where our increases are, we are over costs on travel, so staff attendance at Board meetings has been cut considerably. In addition, the cost drivers for increased office expenditures are as a result of two service contracts for copy machines and also a contract for a transcription company to help with meeting minutes. Investigative services and audit work with OPES has also caused some overages to the budget. Investigation costs as well as evidence fees, court reporter fees, investigative fees, hearing preparation and expert witness fees have also caused some overages in the budget. Enforcement recovery has been made a priority. Shipping costs are high due to mailing board packets, school site reports and mass mailings that need to be done throughout the year. A suggestion was made that possibly we could use flash drives to mail board packet materials. Christine Lally checked with the IT department during the meeting and informed Terri that a drop box solution has been reached and gave the contact name for staff to contact about this. She also said that the two DCA Hearing rooms are free of charge to use for meetings. We still have our "reserve" and 2016-2017 the loan to the General Fund will be repaid at some point in the future. BreEze allocation was also noted in the budget report. School site visits have increased, but the Board does not pay for travel.

- **Exam Update: Audit of NCCAOM exam, March 2015 Exam Statistics**
  The National Certification Exam-that audit has been continuing. There were some delays in contracting for security reasons. There will be an extensive legal review and writing of the report hopefully done around December/January timeframe.

  The March 2015 CALE results show a passing rate of 56%. The overall pass rate for first time test takers was 72% and the repeat test taker pass rate was 26%. Jamie asked that the cut score be included on the report going forward.
- **Enforcement: Data Report -** We have closed a lot of cases in the last quarter. Many of the cases were old cases. We are within our performance measures for processing internal complaints. Michael assigned to the Education Committee that ethic courses by providers be looked into for the purpose of CEU requirements.

7. Committee Reports:

- **Education Committee –** Kitman gave a report on the Education Committee. They reviewed a school application for Board approval and recommended CIIS/ ACTCM be approved. The Committee reviewed two applications for Board approval by EMS Safety Services, Inc. and Save–a–Life Educators Inc. as CPR and First Aid providers. The committee discussed and approved proposed regulatory language changing the Board's regulatory requirements related to CPR and First Aid.
- **Executive Committee -** Michael gave a report regarding the meeting that was held 5/29/15. Discussions included staffing, budget and shortfalls going forward. Also discussed were increasing fees, increasing CE providers. Hildy mentioned that they also looked at AB12 that would delete obsolete regulations and regulations that conflict. With legislation there would be a 2019 deadline but Terri suggested that we make that our own Board's responsibility and action. The enforcement committee will be taking a look into this.
- **Enforcement Committee -** Hildy gave the update that the committee assessed the National Practitioners Database and which package they want to use. They decided that out of state applicants will be checked and the contract would be revisited on an annual bases. The cost would be approximately $3,300.00.

8. Consideration of Recommendation from Enforcement Committee Regarding Proposal to Contract with National Practitioner Data Bank (Sunset Recommendation)

The Board discussed the proposal to contract with the National Practitioner Data Bank. Hildy made the motion to adopt the Enforcement Committee's recommendation to contract with the NPDB to have continuous query for out of state licensees, which is estimated to be $3,321.00 and to evaluate in a year to see where we areat. Jeannie seconded the motion. Francisco-yes; Kitman-yes; Michael-yes; Jeannie-yes, Hildy-yes; Dr. Corradino-yes. Motion passed.

9. Consideration of Recommendations By Education Committee Regarding School Seeking Approval of Acupuncture Training Program (Board Action)

Ben Bodea gave an overview of what a school site visit entails so Tamara and Dr. Corradino would have an understanding of the process. Most school visits take three days. During those three days, the Board inspects the school, clinics, reviews records, conducts interview and drafts an exit report, which is presented to the school on the final day of the visit.

- **American College of Traditional Chinese Medicine(ACTCM) at California Institute of Integral Studies (CIIS)**

Hildy made a motion that the Board approve the school with the stipulation that the Board revisit the school in six months for another site visit. Jeannie seconded the motion. Vote: Francisco-yes; Jamie-yes; Michael-yes; Hildy-yes; Kitman-yes; Jeannie-yes; Dr. Corradino-yes. An amended motion was made to make the as of date of 7/1/15. The votes were re-taken: Francisco-yes; Jamie-yes; Michael-yes; Hildy-yes; Kitman-yes; Jeannie-yes; Dr. Corradino-yes. Motion passed. Legal counsel advised that the above motion needed to be rescinded and a new motion needed to be made. Hildy made the motion to rescind the previous motion. Vote: Francisco-yes; Jamie-yes; Michael-yes; Hildy-yes; Kitman-yes; Jeannie-yes; Dr. Corradino-yes. Motion passed. A new motion was made by Hildy to make the approval of CIIS effective 7/1/15. Jeannie seconded the motion. Vote: Francisco-yes; Jamie-yes; Michael-yes; Hildy-yes; Kitman-yes; Jeannie-yes; Dr. Corradino-yes. Motion passed.

10. Review of School Compliance Site Visits: (Board Action)

Dr. Anyork Lee, Subject Matter Expert, joined the meeting for this portion via teleconference. These schools are seeking approval as a result of school site visits.

- **Alhambra Medical University –** Alhambra University had 38 finding in the curriculum and three items in the clinical that were not in compliance during the site visit. The school's corrective action has corrected all non-compliance and the school is now in full compliance. Comment was made from the school that the board needs to look at how the regulations are being applied in the field. SME's are coming up with their opinion of what should be in the charts.

- **Kingston University –** Kingston University had one finding of non-compliance in the curriculum and one finding of non-compliance in the clinical training. The corrective action has corrected all non-compliance and the school is in compliance. Representations of the school were present.

- **Stanton University –** Stanton University had several curriculum issues and a few clinical findings of non-compliance. The school's corrective action has brought the school into full compliance. Representatives of the school were present and spoke about their non-compliance issues.

- **Saint Luke University -** St. Luke's indicated their intention to close their acupuncture training program and thus end the Board approval of their program. They cited the need to get two accreditations – one for their theological program, which is a good portion of the school's curriculum, and one for the acupuncture program. The Board received a letter that the school is ending their acupuncture program. The Board should send the school a letter acknowledging that the school no longer wishes to seek approval and also note an end date for their program and Board approval.

- **University of South Los Angeles -** This school did not come into full compliance and we did receive a letter that they are still working on the non-compliance issues. Michael asked when this school was originally approved. The answer was 2006. This school was visited over half a year ago and they have made several attempts to come into compliance. He then asked what options the Board could take and legal counsel advised that one option is to utilize the section that allows you to suspend, revoke or put on probation and the Board would need to say that is what the Board is doing. The school needs to be notified of this action from the Board so that they have the opportunity to address the Board before the Board actually makes that decision or the Board could take no action.

It was decided by the Board to place this entire school review agenda item on September's Board meeting agenda. The schools will be notified and may attend to present any information and the Board will be taking action to approve or deny at that time.

11. Consideration of Education Committee Recommendation for Request for Board Approval of CPR and First Aid Curricula pursuant to Title16 California Code of Regulations (CCR) Sections 1399.434 (f) (3) and 1399.436 (a)
(14): (Board Action) - EMS Safety Services, Inc. & Save - A - Life Educators, Inc.

Legal counsel advised that the course work that EMS Safety Services, Inc. and Save-A-Life Educators, Inc. needs to be equivalent to the coursework approved by the Board for certification for students as stated in our regulations. This topic was passed back to the Education Committee to examine the course information to ensure that these two companies are able to teach students what is needed per our regulations. Staff needs to send a letter to both above companies notifying them that this is still being deliberated and no decision to approve has been made. The Board needs to be able to ensure that all approved providers will assist the Board in verifying fraudulent documents.

12. Consideration of Education Committee Recommendation for Proposed Regulatory Changes to CCR Sections 1399.434 (f) (3) and 1399.436 (a) (14) Regarding CPR and First Aid level certification (Board Action)

Legal counsel Dorothea Johnson, (Chief Legal Counsel and Deputy Director, DCA) recommended that the Board look at the regulations before certifying any company that their program meets our regulations: "I just wanted to point to what your council said when she indicated that it's very important that the Board refer back to your regulations and make sure each of the individual organizations that you certify have met the requirements as set forth in title 161399.434(f). That requires you to have a minimum of 40 hours. It's not just CPR but there are an additional five elements that each must be met before you and certify that they are equivalent. I have not seen anything in your materials that indicates that that has been done and I would request or urge you to make sure that that's been done before you take a vote to certify them as equivalent".

Michael directed that the staff needs to send a letter to both above companies notifying them that this is still being deliberated and no decision to approve has been made and when this will be revisited. They also need to send their curriculum details to the Board. The Education Committee will revisit this topic.

One of the issues discussed is that the regulations cite 8 hours requirement that is no longer the length of the course work, so the Board needs to address this issue. The choices of the various training levels have become more varied. The recommendation was to have legal counsel draft language to look at the points that talk about that CPR, AED and first aid requirements should be required at the health care provider certification level and not at the lay person certification. All courses must be "in person" training - no on-line training and eliminate the eight hour requirement in favor of healthcare provider certification from Board approved organizations and require that applicants and licensees must have current CPR, AED and first aid heath care provider certification and they must renew each time it expires as long as they are licensed or applying for licensure. Those seeking to be reissued a new license pursuant to the Business and Professions Code 4969b will also need to apply. It was recommended that the language stipulate exactly what is included in the course. A suggestion was made by Dr. Corradino that a breakdown in criteria instead of stipulating number of hours might be a solution so that the

regulation wouldn't have to be changed frequently. A suggestion was made also by the public noting that in curriculum design in the education field now they are moving away from specifying hours and moving towards "competency based language" and encouraged the board to look at that as an option. Michael mentioned that the site visit team, SMEs or an advisory board could look into this as an option for getting this information. Michael sent this issue back to the Education Committee for further work.

13. Implementation of SB 1246: Discussion and Assignment to Education Committee
These changes are due to become effective on January 1, 2017

Terri discussed that we want to move forward with implementation, so the discussion was taken in parts. She requested legal counsel to prepare a formal opinion interpreting SB 1246, since there has been some disagreement over the interpretation. Legal Counsel had indicated that such an opinion will take time and require additional legal review. She walked the Board through by editing just the regulations that are affected by SB 1246, so the Board could see what was going to be affected.

14. Sunset Review Update
Jamie asked if discussions have begun with the Accreditation Commission for Acupuncture (ACAOM) regarding the transition as stated in SB 1246. Terri explained that preliminary discussion had begun. Jamie requested having an update regarding this at the next Education Committee meeting or the next Board meeting, whichever happens first. Terri also indicated that the Board's role would be to consider what their expectations of ACAOM are going forward. The specifics have yet to be determined and should be scheduled for a future meeting.

15. Strategic Plan Update
Terri reviewed the update chart and informed the Board that we are on track for all our deliverables.

16. Review and Consideration of Legislation:
The Executive Committee reviewed the list of bills and recommended that the Board take a position on the bills in bold.

AB 12 (Cooley) State Government: administrative regulations: review
AB 19 (Chang) GO Biz: administrative review: review
AB 41 (Chau) Healing Arts Provider Discrimination

AB 85 (Wilk) Open Meetings Law: two member committees: public*
Kitman made the motion to oppose AB 85; Dr. Corradino seconded the motion. Vote: Francisco-yes; Jamie-abstain; Michael-yes; Hildy-yes; Kitman-yes; Jeannie-yes; Dr. Corradino-yes. Motion passed.

AB 483 (Patterson) Healing Arts Initial Licensure Proration Licensing Fees
AB 758 (Chau) Acupuncture and Training Programs
AB 333 (Melendez) Healing Arts: continuing education credit for CPR instructors

SB 800 (Committee on Business, Professions and Economic Development) **
Jamie made the motion to support SB 800; Hildy seconded the motion. Vote: Francisco-yes; Jamie-yes; Michael-yes; Hildy-yes; Kitman-yes; Jeannie-yes; Dr. Corradino-yes. Motioned passed.

AB 1351 (Eggman) Deferred Entry of Judgment: pre-trial diversion*

The Board did not take a position on this bill

AB 1352 (Eggman) Deferred Entry of Judgment: withdrawal of plea*

The Board did not take a position on this bill

***Bills that the Executive Committee recommends the Board consider taking a position**

****Executive Committee recommends a support position**

Other Bills Tracking

AB 351 (Jones-Sawyer) Public Contracts: small business
AB 611 (Dahle) Controlled substances: prescription reporting
AB 728 (Hadley) State Government: financial reporting
AB 750 (Low) Business and Professions License
AB 797 (Steinorth) Regulations: effective dates & legislative review
AB 1060 (Bonilla) Business and Professions Licensure

17. Regulatory Update

The status of regulatory packages was reviewed:

- Acupuncture Advertising Guidelines
- Continuing Education Ethics Requirement
- Consumer Protection Enforcement Initiative (CPEI)
  This was approved by the office of Administrative Law; effective date is 10/01/2015
- Sponsored Free Health Care Events - filed
- Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Conditions of Probation
- Hygiene guidelines
- Prostitution Prevention regulation
- BPC 138 Implementation of Notice to Consumers of Licensure by California Acupuncture Board - filed

18. Request for New License pursuant to Business and Professions Code 4967 (b): James Skoien

Hildy made a motion to adopt the Enforcement Committee recommendation that Mr. Skoien be issued a new license without having to take the exam. Jeannie seconded the motion. Vote: Francisco-yes; Jamie-yes; Michael-yes; Hildy-yes; Kitman-yes; Jeannie-yes; Dr. Corradino-yes. Motion passed.

19. Future Agenda Items

- Jeannie requested that at the next Board meeting there be a closed session for the Board to be briefed on the conclusion of two personnel complaints pursuant to page 9 of the Board Administration Manual
- Hildy requested that Michael formalize his report regarding any updates with meeting he has had with stakeholders.

20. Adjournment

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Draft (revised 9-18-15)

Acupuncture Board Meeting
Meeting Minutes
September 12, 2014

THE CONCOURSE HOTEL AT LOS ANGELES AIRPORT
6225 WEST CENTURY BOULEVARD
LOS ANGELES, CA 90045

Board Members Present

Michael Shi, L.Ac, President, Licensed Member
Kitman Chan, Vice President, Public Member
Hildegarde Aguinaldo, J.D., Public Member
Francisco Hsieh, Public Member
Jeannie Kang, L.Ac, Licensed Member
Jamie Zamora, Public Member

Board Legal Counsel Present

Spencer Walker

Staff Members Present

Terri Thorfinnson, Executive Officer
Tammy Graver, Board Liaison
Ben Bodea, Continuing Education Coordinator
Katie Le, Education Coordinator

FULL BOARD MEETING - 9:00 a.m.

1. **Call to Order and Quorum established.**

2. **Opening Remarks.** MS welcomed and thanked everyone for attending.

3. **Approval of Board Meeting Minutes**

May 23, 2014 – Motion was made but withdrawn by JK and accepted by JZ to table these minutes until November 14th Board Meeting.

June 13, 2014 – JK made the motion to approve as submitted and Jamie seconded the motion. The vote was unanimous to approve.

June 27, 2014 - JK made the motion to approve as submitted and JZ seconded the motion. The vote was unanimous to approve.

4. Chair's Report.

MS went to Taiwan this summer, hosted by the professional association in Taiwan. He was also invited to spend a few days in Korea and visited the Korean National Research Institute. He shared some of his observations. In both Taiwan and Korea they have a single payer system so it is not uncommon for practitioners to see up to 70 to 80 patients a day. Herbal services become a separate income for clinics and hospitals. After a licensee passes their exam, they have to join an association and show membership in order to be licensed. Schooling there is more centralized than in California.

5. Executive Officer's Report.

- **Staff Update –** Three staff: one education coordinator, one enforcement coordinator and one licensing technician have been hired. "Did You Know" tips for licensees were created and will be included in the letters to new licensees, renewals and exam participants pertaining to the rules, deadlines and processes. This was one of the Strategic Plan objectives—to create an informational series for licensees. Department of Investigation has offered to have one of their staff assist in inputting cases into the computer, assist with processing intake of cases and drafting citations so more citations will be done. The addition of a staff person in education will help us look at school applications, create files on where people are behind in giving us annual reports, pending applications, approvals for CE's, CE providers,or tutorials.

- **Budget Update** – TT pointed out that two years ago we were spending about 750,000 under our budget and now that number is reduced to 195,000. With the addition of new staff, which isn't reflected in these budget numbers, we may, expenditure-wise, go over our revenues in this next year. Budget-wise we're right on the verge of going beyond our budget. Going beyond our budget into our reserve, we will be working with DCA on fees and increases.

- **Exam: Occupational Analysis update** – September 21st is the last day for people to submit their occupational analysis. We need more completed responses. Putting the questionnaire on line, increasing the time period and the fact that it was sent out to 8,800 active licensees didn't seem to improve the number of responses received compared to 2008. Once completed the analysis of the actual survey will be written up and the report would be on target for being released to the board by February. MS requested that those in the audience are encouraged to impress the membership of the associations to complete the survey; it only takes about an hour to an hour and a half to complete.

- **Enforcement: Data Report** – Department of Investigation is lending one of their staff to do intake which is helping us to not fall behind in our intake. She is also capturing in real-time in the computer as opposed to retroactively putting into the computer.

CLOSED SESSION.

6. Pursuant to Government Code Section 827, the Board will meet in closed session to consider a petition for an order compelling a psychiatric evaluation and physical examination.

OPEN SESSION – Announcement Regarding Closed Session.

7. Western Association of Schools and Colleges, Senior College and University Commission (WASC) accreditation presentation by Melanie Booth, Vice President.

Melanie Booth gave a presentation on accreditation. She explained the difference between regional, national, institutional, and programmatic accreditation. She detailed the components of accreditation to understand the differences in structure and in the requirements. This also included the standards of accreditation and articulating how an institution becomes WSCUC accredited and why they might want to seek accreditation.

8. Accrediting Council for Independent Colleges and Schools (ACICS) accreditation presentation by Joseph E. Gurubatham, Ed.D., Senior Vice President.

Mr. Gurubatham presented information about what ACICS is, how they conduct their business, the business of accreditation and who can be considered for accreditation as well as highlights of their requirements. He explained that in contrast to WASC, ACICS took a prescriptive approach to accreditation. ACICS is the oldest accreditation organization.

9. Proposed regulatory change pursuant to Business and Professions Code Section 138.

The Board was presented with proposed language and a memo from staff explaining the requirements for implementation of BPC 138. This proposed regulation would require that all licensed acupuncturists post a consumer notice in their offices that states that they are licensed by the California Acupuncture Board and includes the contact information for the Board for consumers. MS noted there had been discussion about posting the notice in other languages. JZ asked about the difficulty in posting in others languages; TT noted there would be no standardization and that the Board would be required to then provide translation which would add cost. Board Counsel Walker agreed and then noted the proposed language was based directly upon BPC section 138.

KC made the motion that licensees post in English only. KC amended his motion to approve the proposed regulatory language, in English, as specified in the Board meeting packet. HA seconded the motion and the vote was passed unanimously. MS asked for comment from the Board Members or the public; no comments made. MS made a motion to direct staff to commence the rule-making process and to delegate to the Executive Officer the authority to make any non-substantive changes. JK seconded the motion and it passed unanimously. This was one of the recommendations from the Sunset Review Committee for the Board to complete by the next Sunset Review.

10. Strategic Plan Action Plan Update.

TT prepared a handout that reviewed the sunrise action plan for 2014-2017 highlighting what has been achieved. Also noted on the handout is the completion dates. Some of the Board members suggested that the issues brought up in the Sunrise Review be included in the Strategic Action Plan as well. No action taken on suggestion.

11. Legislative Update - SB 1246

Amendments to the bill that were done on August 19th and also on August 22nd were included in the board packet as well as the assembly appropriations analysis. TT reviewed the changes in both of the amendments for the Board. These changes won't be taking effect until 2017, so the Board will go through another Sunrise/Sunset Review process before these changes go into effect. Ongoing dialogue with the legislature and administration will continue.

12. Regulatory Update.

- **Acupuncture Advertising Guidelines -** Planned for OAL submission by spring 2015, with 45 day public comment period to follow.
- **Continuing Education Ethics Requirement** - Planned for OAL submission by Summer 2015, with 45 day public comment period to follow.
- **Consumer Protection Enforcement Initiative (CPEI)** – At the Agency; 45 day comment period ended 6/30/14 with public hearing held. Final rulemaking package submitted to DCA Director for approval with OAL submission to follow.
- **Sponsored Free Health Care Events** – Planned for OAL submission October 2014, with 45 day public comment period to follow.
- **Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Conditions of Probation** – At the Administration DCA stage before filing; date to Legal Counsel was changed to Sept. 11th.
- **Hygiene guidelines** – Package under staff development. Planned for OAL submission by Fall 2015.
- **Prostitution Prevention regulation** –Planned for OAL submission by December 2014, with 45 day public comment period to follow.

13. Future Agenda Items.

The Executive Officer evaluation should be put on the November agenda.

14. Public Comment on Items Not on the Agenda.

There was a comment about CAOMA and that every Chinese organization in Southern California works with CAOMA. They all want to work with the Acupuncture Board, the Legislator, the schools--.everybody working together. Additional comments were made regarding what Boards are able to approve schools.

Another member of the public brought up the fact that CPR recertification is not required for license renewal and requests that the Board address this issue. All other Boards do require this.

There was a comment about a proposed situation that a constituent Board member meets with their elected representative to discuss a bill that their legislator is authorizing which directly affects the Board, and during the meeting a staff meeting committee consultant who is developing the Board's language, calls-in and participates in the meeting. How would the Board view the member's conversation with the consultant? There was an intention expressed to follow up for clarification.

15. Adjournment

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THE AGENDA, AS WELL AS BOARD MEETING MINUTES, CAN BE FOUND ON THE ACUPUNCTURE BOARD'S WEBSITE AT
www.acupuncture.ca.gov

Please Note: Board meetings are open to the public and are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you need additional reasonable accommodations, please make your request no later than five (5) business days before this meeting. Please direct any questions regarding this meeting to the Board Liaison, Tammy Graver at (916) 515-5204; FAX (916) 928-2204

EO REPORT

0108 - Acupuncture
Analysis of Fund Condition

Prepared 09/11/2015

(Dollars in Thousands)

*** 5 million in outstanding GF loans**

		ACTUAL 2014-15	Governor's Budget CY 2015-16	BY 2016-17	BY+1 2017-18
BEGINNING BALANCE		$ 2,128	$ 1,922	$ 1,178	$ 1,473
Prior Year Adjustment		$ 85	$ -	$ -	$ -
Adjusted Beginning Balance		$ 2,213	$ 1,922	$ 1,178	$ 1,473
REVENUES AND TRANSFERS					
Revenues:					
125600	Other regulatory fees	$ 53	$ 47	$ 47	$ 47
125700	Other regulatory licenses and permits	$ 684	$ 1,086	$ 1,086	$ 1,086
125800	Renewal fees	$ 1,869	$ 2,073	$ 2,073	$ 2,073
125900	Delinquent fees	$ 16	$ 13	$ 13	$ 13
141200	Sales of documents	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ 5	$ -	$ -	$ -
150300	Income from surplus money investments	$ 5	$ 6	$ 1	$ 2
150500	Interest Income From Interfund Loans	$ -	$ -	$ -	$ -
160400	Sale of fixed assets	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 2	$ -	$ -	$ -
161400	Miscellaneous revenues	$ -	$ -	$ -	$ -
Totals, Revenues		$ 2,634	$ 3,225	$ 3,220	$ 3,221
Transfers from Other Funds					
Proposed GF 11-12 Loan Repayment				$ 1,000	
Totals, Revenues and Transfers		$ 2,634	$ 3,225	$ 4,220	$ 3,221
Totals, Resources		$ 4,847	$ 5,147	$ 5,398	$ 4,694
EXPENDITURES					
Disbursements:					
1110 - Program Expenditures (State Operations)		$ 2,923	$ 3,457	$ 3,557	$ 3,628
8880 - Financial Information System for California		$ 2	$ 5		
Total Disbursements		$ 2,925	$ 3,969	$ 3,925	$ 3,996
FUND BALANCE					
Reserve for economic uncertainties		$ 1,922	$ 1,178	$ 1,473	$ 698
Months in Reserve		5.8	3.6	4.4	2.3

NOTES: A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.
B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING BY+1.
C. ASSUMES INTEREST RATE AT 0.3%

Prepared on 9/11/15; 11:50 am

ACUPUNCTURE BOARD - 0108
BUDGET REPORT
FY 2014-15 EXPENDITURES
through June 30, 2015

FISCAL MONTH 13

OBJECT DESCRIPTION	FY 2013-14 ACTUAL EXPENDITURES (MONTH 13)	FY 2014-15 BUDGET ACT 2014-15	FM 13 EXPENDITURES	PERCENT SPENT	ACTUALS YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES						
Salary & Wages (Staff)	319,354	496,694	410,694	83%	410,694	86,000
Statutory Exempt (EO)	81,975	84,180	85,860	102%	85,860	(1,680)
Temp Help Reg (Seasonals)	61,344	19,000	42,019	221%	42,019	(23,019)
Board Member Per Diem	8,800	7,463	14,600	196%	14,600	(7,137)
Overtime	396	5,000	10,939	219%	10,939	(5,939)
Staff Benefits	171,986	330,638	245,071	74%	245,071	85,567
TOTALS, PERSONNEL SVC	643,855	942,975	809,184	86%	809,184	133,792
OPERATING EXPENSE AND EQUIPMENT						
General Expense	48,615	67,671	66,215	98%	66,215	1,456
Fingerprint Reports	2,374	20,045	1,813	9%	1,813	18,232
Minor Equipment	19,600	6,000	0	0%	0	6,000
Printing	9,771	17,331	19,235	111%	19,235	(1,904)
Communication	2,347	16,958	8,700	51%	8,700	8,258
Postage	24,411	26,773	38,916	145%	38,916	(12,143)
Travel In State	42,908	32,141	49,170	153%	49,170	(17,029)
Travel, Out-of-State	0	0	2,177	0%	2,177	(2,177)
Training	307	3,129	0	0%	0	3,129
Facilities Operations	120,750	65,195	113,693	174%	113,693	(48,498)
C & P Services - Interdept.	0	8,771	0	0%	0	8,771
C & P Services - External	0	3,965	0	0%	0	3,965
DEPARTMENTAL SERVICES:						
Departmental Pro Rata	111,043	135,867	135,055	99%	135,055	812
Admin/Exec	81,360	91,833	91,854	100%	91,854	(21)
Interagency Services	0	650	0	0%	0	650
IA w/ OPES	303,906	333,119	297,131	89%	297,131	35,988
DOI-ProRata Internal	2,608	2,863	2,682	94%	2,682	181
Public Affairs Office	3,014	2,808	3,120	111%	3,120	(312)
Consumer and Community	2,973	104,673	101,023	97%	101,023	3,650
INTERAGENCY SERVICES:						
Consolidated Data Center	370	2,604	626	24%	626	1,978
DP Maintenance & Supply	13,903	5,494	0	0%	0	5,494
Central Admin Svc-ProRata	108,549	141,674	141,674	100%	141,674	0
EXAM EXPENSES:						
Exam Freight	0	25	0	0%	0	25
C/P Svcs-External Expert Administrative	351,075	286,772	343,491	120%	343,491	(56,719)
C/P Svcs-External Expert Examiners	60,026	83,944	58,612	0%	58,612	25,332
C/P Svcs-External Subject Matter	2,565	0	2,170	0%	2,170	(2,170)
ENFORCEMENT:						
Attorney General	177,391	379,123	216,501	57%	216,501	162,622
Office Admin. Hearings	41,173	106,670	29,820	28%	29,820	76,850
Court Reporters	1,765	0	1,204	0%	1,204	(1,204)
Evidence/Witness Fees	30,792	10,795	55,360	513%	55,360	(44,565)
DOI - Investigations	309,938	405,713	394,578	97%	394,578	11,135
Major Equipment	20,866	18,000	0	0%	0	18,000
Other (Vehicle Operations)	0	2,650	0	0%	0	2,650
TOTALS, OE&E	1,894,400	2,383,256	2,174,821	91%	2,174,821	208,436
TOTAL EXPENSE	2,538,255	3,326,231	2,984,005	177%	2,984,005	342,228
Sched. Reimb.			0		0	
Sched. Reimb. - Fingerprints	(1,960)	(22,000)	(1,421)	6%	(1,421)	(20,579)
Sched. Reimb. - External/Private	(3,075)	(1,000)	(2,585)		(2,585)	1,585
Unsched. Reimb. - Other	(20,522)		(56,769)		(56,769)	56,769
NET APPROPRIATION	2,512,698	3,303,231	2,923,230	88%	2,923,230	380,003

ACUPUNCTURE BOARD ENFORCEMENT DATA REPORT

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

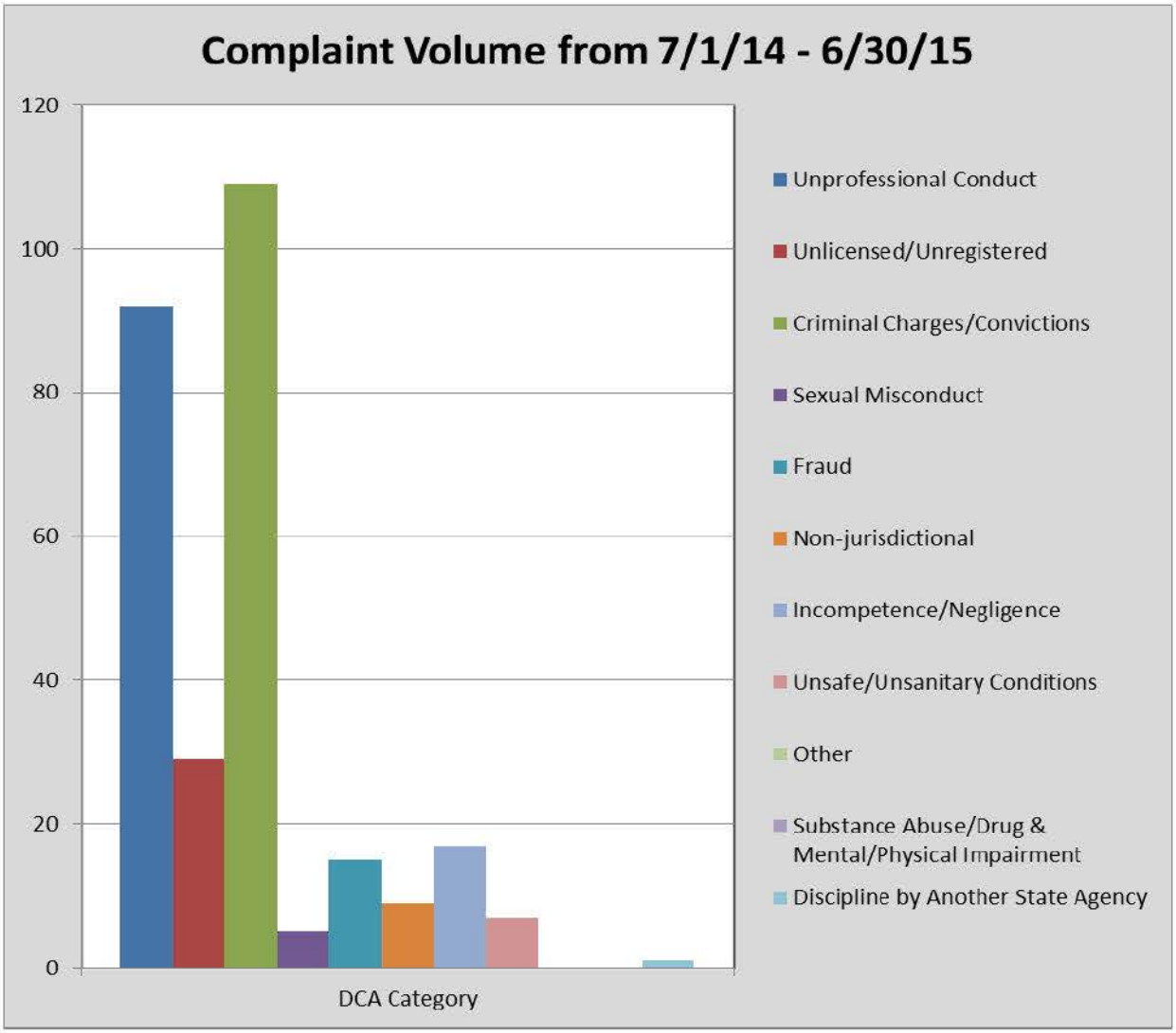
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

DATE	September 18, 2015
TO	All Board Members
FROM	Kristine Brothers Enforcement Coordinator
SUBJECT	**Enforcement Update for July 1, 2014 to June 30, 2015**

COMPLAINTS/CONVICTIONS & ARRESTS

DCA Category	Received	Closed/Referred to Investigation
Unprofessional Conduct	92	90
Unlicensed/Unregistered	29	30
Criminal Charges/Convictions	109	111
Sexual Misconduct	5	5
Fraud	15	15
Non-jurisdictional	9	9
Incompetence/Negligence	17	18
Unsafe/Unsanitary Conditions	7	7
Other	0	0
Substance Abuse/Drug & Mental/Physical Impairment	0	0
Discipline by Another State Agency	1	1
Total	**284**	**286**
Average Intake Time: 9 days		

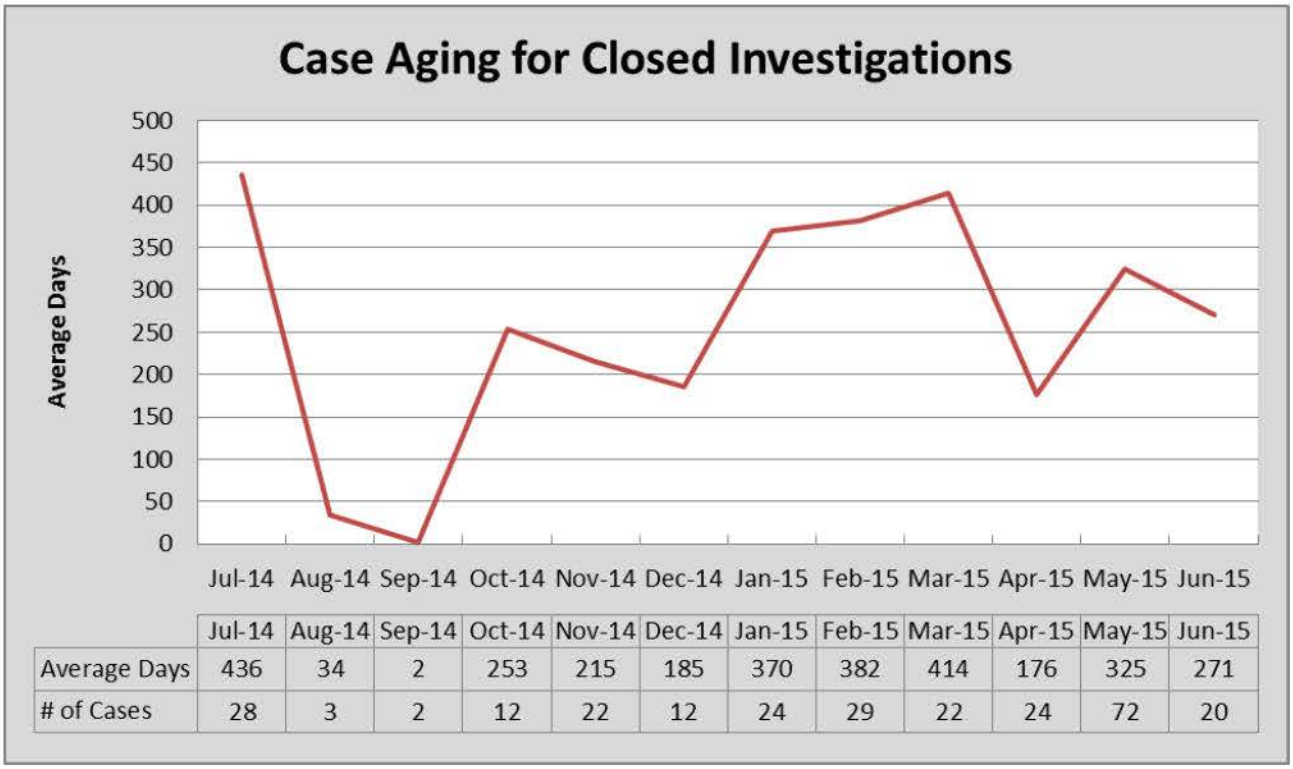


The bar graph above shows the number of complaints received by complaint type for this fiscal year. When each complaint is logged into the database it is assigned a complaint type based upon the primary violation.

***INVESTIGATIONS**

DCA Category	Initiated	Pending	Closed
Unprofessional Conduct	88	47	64
Unlicensed/Unregistered	29	28	40
Criminal Charges/Convictions	100	46	100
Sexual Misconduct	5	4	7
Fraud	15	21	11
Non-jurisdictional	5	1	6
Incompetence/Negligence	18	22	11
Unsafe/Unsanitary Conditions	7	2	8
Other	0	0	0
Substance Abuse/Drug & Mental/Physical Impairment	0	0	1
Discipline by Another State Agency	1	1	1
Total	**268**	**172**	**249**
Average days		**221**	**293**

*Includes formal investigations conducted by DOI and desk investigations conducted by staff



	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Average Days	436	34	2	253	215	185	370	382	414	176	325	271
# of Cases	28	3	2	12	22	12	24	29	22	24	72	20

The line graph above shows the number of investigations closed out each month of this fiscal year. It also shows the average number of days the case was open from receipt of complaint to the date the investigative phase was closed. After the investigation is closed the case is either referred for disciplinary action, issued a citation, or closed due to insufficient evidence or no violation. The time it takes during the discipline phase is not captured in these averages. Those averages are reflected in the "Average Overall Process Time" under the Disciplinary Actions chart.

DISCIPLINARY ACTIONS

Requested	**22**
Pending	**33**
Accusation/SOI Filed	**13**
Decisions	**9**
• Revoked	2
• Voluntary Surrender	1
• Probation	6
• License Denied	0
• Public Reprimand	0
Avg. Overall Process Time	**1,046 days**
Citations Issued	**65**
Open Probation Cases	**22**

ACUPUNCTURE BOARD LEGISLATION

ACUPUNCTURE BOARD - LEGISLATION
updated 9/10/2015

bill	author	subject	info	status	notes
AB 12	Cooley	State government: administrative regulations : review	This bill would require every state agency, department, board, bureau or other entity to review and revise regulations to eliminate inconsistent, overlapping, duplicative, and outdated provisions and adopt the revisions as emergency regulations by January 1, 2018. Additionally, this bill would require the Business, Consumer Services, and Housing Agency to submit a report to the Governor and Legislature affirming compliance with these provisions. Finally, this bill would require each Agency to compile and submit to the Legislature an overview of statutory law the Agency administers by January 1, 2017. These provisions would be repealed by January 1, 2019.	In Sen Appr. Held under submission	
AB 19	Chang	Governor's Office of Business and Economic Development: small business: regulations.	This bill would require the Governor's Office of Business and Economic Development, under the direction of the advocate, to review all regulations affecting small businesses adopted prior to January 1, 2016, in order to determine whether the regulations need to be amended in order to become more effective, less burdensome, or to decrease the cost impact to affected sectors.	In Asm Appr. Held under submission	
AB 41	Chau	Healing arts - provider discrimination	Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits certain discriminatory acts by health care service plans and health insurers. Existing federal law, beginning January 1, 2014, prohibits a group health plan and a health insurance issuer offering group or individual health insurance coverage from discriminating with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. Beginning January 1, 2016, this bill would prohibit a health care service plan or health insurer from discriminating against any health care provider who is acting within the scope of that provider's license or certification, as specified.	In Asm Appr. Held under submission	
AB 85	Wilk	Open Meetings	<u>As amended 4/16/15:</u> This urgency bill would require two-member advisory committees or panels of a "state body" (as defined in the Bagley-Keene Open Meeting Act) to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body and the advisory committee is supported, in whole or in part, by state funds.	Passed out of Legislature 8/31/15. To Governor for approval or veto	BOARD OPPOSE

ACUPUNCTURE BOARD - LEGISLATION
updated 9/10/2015

AB 159	Calderon	Investigational drugs	This bill would allow a physician to administer drugs that are still undergoing clinical trials and have not yet been approved for general use by the federal Food and Drug Administration. Additionally, this bill would allow manufacturers of such drugs to provide them to the patient; authorize health benefit plans to cover the cost of the drugs, and; prohibit state agencies from interfering with the distribution of the drugs or disciplining physicians for recommending them to qualified patients. This bill is similar to SB 149 (Stone, 2015), and would impact the Medical Board and Osteopathic Medical Board.	On Sen. Floor 3rd reading	
AB 269	Dababneh	Personal Info Privacy	This bill would require a public agency that is the source of a data breach to provide at least 12 months of appropriate identity theft prevention and mitigation services at no cost to the affected persons if the breach exposed unencrypted social security, driver's license, or California identification card numbers.	In Sen Appr. Held under submission	
AB 333	bonilla	Healing Arts: Continuing Education	This bill would allow specified healing arts licensees to apply one credit, as defined, of continuing education credit once per renewal cycle towards any required continuing education units for attending a course certain courses that results result in the licensee becoming a certified instructor of cardiopulmonary resuscitation (CPR) or the proper use of an automated external defibrillator (`AED), (AED), and would allow specified healing arts licensees to apply up to 2 units of continuing education credit once per renewal cycle towards any required continuing education units for conducting CPR or AED training sessions for employees of school districts and community college districts in the state. The bill would specify that these provisions would only apply if a licensing board's laws or regulations establishing continuing education requirements include the courses or activities mentioned above.	Passed out of Legislature 9/1/15. To Governor for approval or veto	
AB 351	Jones-Sawyer)	Public contracts: small business participation	This bill would require all state agencies, departments, boards, and commissions to establish and achieve an annual goal of 25% small business participation in state procurements and contracts, to ensure that the state's procurement and contract processes are administered in order to meet or exceed the goal, and to report to the director statistics regarding small business participation in the agency's procurements and contracts. This bill contains other related provisions.	In Asm Appr. Held under submission	
SB 467	Hill	Professions and Vocations	This bill would also require the Attorney General to implement performance measures regarding case referrals. In addition, this bill would direct the Division of Investigation (Division) to work cooperatively with healing arts boards regarding standard case referral to the Division. Finally, this bill would extend the sunset for the Board of Accountancy and the Contractors State License Board to January 1, 2020	On Asm floor	

ACUPUNCTURE BOARD - LEGISLATION
updated 9/10/2015

AB 483	Patterson	Healing arts - initial license fees - proration	*As amended 8/19:* This bill prorates the initial license fee on a monthly basis for a dentist, registered dental hygienist, registered dental hygienist in alternative practice, registered dental hygienist in extended functions, osteopathic physician and surgeon, occupational therapist, registered veterinary technician, veterinarian, acupuncturist, and architect.	On Sen. Floor 3rd reading	
AB 507	Olsen	DCA - Breeze - Annual report	This bill would have required the Department of Consumer Affairs to submit a report to the Legislature and the Department of Finance, on or before March 1, 2016, and annually thereafter when available, detailing the implementation status of the Department's enterprise-wide licensing system known as BreEZe. This report would have contained the Department's plan for implementing BreEZe for the remaining 19 programs on legacy licensing systems, the total remaining cost for BreEZe implementation, and a description of any increased efficiency achieved by implementing BreEZe.	In Sen BP&ED cmte. Hearling cancelled at request of author	
AB 611	Dahle	Controlled substances: prescriptions: reporting	As amended 4/15: This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license	In Asm B&P, set for hearing 4/28. hearing cancelled at request of author.	
AB 637	Campos	Physician orders for life sustaining treatment forms	This bill allows nurse practitioners and physician assistants to sign the Physician Orders for Life Sustaining Treatment form (Treatment form). This Treatment form allows terminally-ill patients to inform their loved ones and health care professionals of their end-of-life wishes. By expanding the number of people who are allowed to sign the Treatment Form, the intent of this bill is to assist terminally-ill patients in making their end-of-life wishes known to their families and health care providers. This bill impacts licensees of the Physician Assistant Board, and the Board of Registered Nursing.		

ACUPUNCTURE BOARD - LEGISLATION
updated 9/10/2015

AB 728	Hadley	State Government: financial reporting	This bill would require all state agencies to post biennial reviews of internal accounting, administrative control, and monitoring practices on the Department website within five days of finalization. This report is already subject to Public Records Act requests as the report is currently submitted to the Governor, Legislature, State Controller, Treasurer, and others, for inspection by the public.	On Assembly Floor awaiting final vote.	
AB 750	Low	Business and Professions: license	*As Amended 4/6:* This bill would allow the Department to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation, and would prohibit the holder of a retired license from engaging in any activity for which a license is required, unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive.	In Asm Appr. Held under submission	
AB 758	Chau	Acupuncture and Training programs	This bill would allow accreditation agencies, recognized by the United States Department of Education, other than the Accreditation Commission for Acupuncture and Oriental Medicine to approve schools of acupuncture. The bill would also require the board to conduct site visits to each site of a school or college of acupuncture to inspect or reinspect the school or college for purposes of approval or continued approval of its training program, and to impose a fee for the site visits in an amount to recover direct reasonable regulatory costs incurred by the board in conducting the inspection and evaluation of the school or college.	In Asm B&P, set for hearing 4/28. hearing cancelled at request of author.	
AB 797	Steinorth	Regulations: effective dates and Leg review	*As Amended 8/31/15:* This bill would prohibit any civil liability or cause of action against a person for damage to a motor vehicle, if the damage was caused while the person was rescuing or providing care to a minor or animal that was located inside the motor vehicle.	In Senate Rules cmte.	
AB 964	Chau	Civil: Privacy	This bill would define “encrypted” to mean rendered unusable, unreadable, or indecipherable to an unauthorized person through a security technology or methodology generally accepted in the field of information technology when used in provisions of law governing notification of a data breach by state agencies or businesses.	On Sen. Floor 3rd reading	
AB 1060	Bonilla	Professions and Vocations: Licensure	This bill would establish the Cancer Clinical Trails foundation in the Health and Human Services Agency.	On Sen. Floor 3rd reading	

ACUPUNCTURE BOARD - LEGISLATION
updated 9/10/2015

AB 1351	Eggman	Deferred entry of judgement: pretrial diversion	As amended 6/1/15: This bill changes the existing deferred entry of judgment (DEJ) program, for specified offenses involving personal use or possession of controlled substances, into a pretrial drug diversion program. To be eligible for diversion: a) the defendant must not have a prior conviction for any offense involving a controlled substance other than the offenses that may be diverted as specified; b) the offense charged must not have involved a crime of violence or threatened violence; c) there must be no evidence of a violation relating to narcotics or restricted dangerous drugs other than a violation of an offense that may be diverted; and d) the defendant must not have any prior convictions for a serious or violent felony, as defined, within five years prior to the alleged commission of the charged offense.	On Sen. Floor 3rd reading	companion bill to ab 1352
AB 1352	Eggman	deferred entry of judgement: withdrawl of plea	As Amended 5/19/15: This bill would require a court to allow a defendant who was granted deferred entry of judgment on or after January 1, 1997, after pleading guilty or nolo contendere to the charged offense, to withdraw his or her plea and enter a plea of not guilty, and would require the court to dismiss the complaint or information against the defendant, if the defendant performed satisfactorily during the deferred entry of judgment period and the defendant attest that the plea may result in the denial or loss to the defendant of any employment, benefit, license, or certificate, including, but not limited to, causing a noncitizen defendant to potentially be found inadmissable, deportable, or subject to any other kind of adverse immigration consequence s. The bill would require the Judicial Council to develop a form to allow the defendant to make this attestation. Pursuant to the bill, the completion, signing, and submission of the form with specified documentation would be presumed to satisfy the requirement for the withdrawal of the plea and dismissal of the complaint.	On Sen. Floor 3rd reading	companion bill to AB 1351
SB 137	Hernandez	Health Care coverage: provider directory	As amended 3/26/15: This bill would require health care service plans and insurers subject to regulation by the commissioner for services at alternative rates to make a provider directory available on its Internet Web site and to update the directory weekly. The bill would require the Department of Managed Health Care and the Department of Insurance to develop provider directory standards. By placing additional requirements on health care service plans, the violation of which is a crime, the bill would impose a state-mandated local program.	On Assembly Floor. Read first time. Held at desk.	

ACUPUNCTURE BOARD - LEGISLATION
updated 9/10/2015

SB 149	Stone	Investigational drugs: biological products or devices: right to try	This bill would allow a patient to be administered drugs that are still undergoing clinical trials and have not been approved for general use by the federal Food and Drug Adminitration. This bill would also allow manufacturers of such drugs to provide them to the patient, authorize health benefit plans to cover the cost of the drugs, and would prohibit state agencies from taking action against a health facility's license for participating in their use. finally, it would prohibit the Medical board and the OMD board from disciplining physician for providing these drugs to qualified patients. Substantially similar to AB 159 (Calderon, 2015) and SB 715 (Anderson, 2015).	On Assembly Floor. Read first time. Held at desk.	
SB 467	Hill	Professions and Vocations	Requires the Department of Consumer Affairs to receive approval of the Legislature to levy any pro rata charges against any of the boards, bureaus, or commission for administrative expenses of the Department; requires the Attorney General's Office to submit specified reports and information to the Legislature annually; provides that the Director or the Department, through its Division of Investigation, shall work with the health care boards to standardize referral of complaints; extends until January 1, 2020 the provisions establishing the California Accountancy Board and the term of the executive officer; and allows the Board to provide for certain practice restrictions on the license of an accountant for disciplinary reasons.	On Assembly Floor. Read first time. Held at desk.	
SB 560	Monning	Licensing boards: unemployment insurance	This bill would prohibit all programs in the Department from processing an application for licensure that does not include a federal employer identification number, social security number, or individual taxpayer identification number.	Passed out of Legislature 9/1/15. To Governor for approval or veto	
SB 570	Jackson	Personal Info: privacy: breach	This bill would modify current notification requirements for state agencies and businesses that own or license computerized data including personal information when disclosing a data breach of its system.	On Asm floor	
SB 799	Sen B&P	Business and professions	Omnibus Bill covering various DCA Boards and Bureaus. No sections specific to Acupuncture Board are listed.	In Asm. B&P cmte. No hearing date set.	
SB 800	Sen B&P	Healing Arts: Omnibus bill	Specific to Acupuncture Board: Amends BPC 4938 to remove Canada as domestic equivalent to the United States for purposes of establishing standards for the approval of educational training and clinical experience, eligibility for the CALE and licensure.	On Asm. Floor 3rd reading	BOARD SUPPORT

REGULATORY UPDATE

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
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CAB list of past and future regulations

Updated: September 15, 2015

Set out below are a list of past and future pending regulations. Please note this list may be incomplete and subject to change depending upon Legislative or Executive action.

Authority for regulatory changes is provided under California Business and Professions (B&P) Code Chapter 12, Article 1, Code section 4933.

Pending regulations

	Subject	B&P code sections referred	Date authorizing vote taken (vote)	Status
1	Consumer Protection Enforcement Initiative (CPEI). Amends regulations to strengthen board enforcement program pursuant to DCA's CPEI initiative (SB 1111)	Amends section 1399.405, 1399.419, 1399.469.1, 1399.468.2	8/19/2010 (5-0)	OAL approved rulemaking package. Regulation to be effective 10/1/15.
2	Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Conditions of Probation (SB 1441)	adopt sections 1399.469	10/25/2013 (5-0)	Proposed Uniform Standards and guidelines updated by staff for Board review and vote at 9/18/15 public meeting. Expected filing with OAL by October 2015.
3	Sponsored Free Health-Care Events (AB 2699)	Add Article 7 and Sections 1399.480, 1400.1, 1400.2 and 1400.3	11/17/2011 (5-0)	Public comment period closed 7/20/15. Rulemaking package complete and to Board for final approval at 9/18/15. To OAL for final rulemaking approval Spring 2016. If no OAL changes, regulation would be effective mid-2016.
4	Display of licensure by Acupuncture Board (BPC 138)	Add section 1399.463.3	11/14/14 (6-0)	Public comment period closed 7/20/15. Rulemaking package complete and to Board for final approval at 9/18/15. To OAL for final rulemaking approval Spring 2016. If no OAL changes, regulation would be effective mid-2016.
5	Prostitution enforcement and condition of office	Amends section 1399.450(b)	2/14/2014 (6-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.

6	Advertising guidelines – display of license numbers in advertising	Adopt section 1399.455	2/19/2013 (5-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.
7	Continuing education ethics requirement – change of "medical ethics" to "professional ethics"	Adopt section 1399.482.2	11/15/2012 (5-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.
8	Hand Hygiene requirements	Amends 1399.451 (a)	2/14/2014 (5-0)	Package under staff development. Planned for OAL submission by Summer 2016.

Adopted Regulations

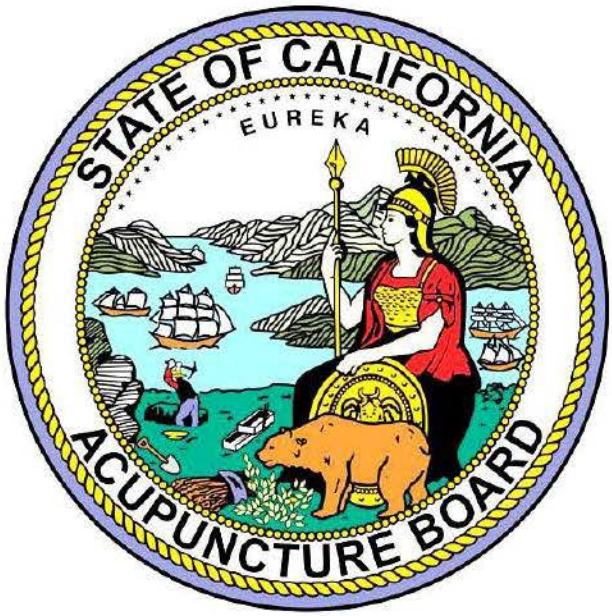
	Subject	B&P code sections referred	Date approved by Office of Administrative Law (effective one month later) with link to text of regulation
1	Educational Curriculum Requirements	amends Section 1399.415	*Approved by OAL 10/5/04* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art2.shtml#1399415
2	Cite and Fine enforcement	amends Section 1399.465	*Approved by OAL 4/17/06* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art6.shtml#1399465
3	Continuing education	amends Sections 1399.480 – 1399.489.1	*Approved by OAL on 8/25/08* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art8.shtml#1399480
4	Retroactive fingerprinting requirements	adopts Sections 1399.419.1 and 1399.419.2	*Approved by OAL 9/23/10* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art25.shtml#13994191

REVISED ADMINISTRATIVE MANUAL

State of California

California Acupuncture Board Board Member Administrative Manual

Adopted September 18, 2015



Edmund G. Brown Jr., Governor
State of California

Members of the Board

Michael Shi, L.Ac, President, Licensed Member
Hildegarde Aguinaldo, J.D., Vice President, Public Member
Kitman Chan, Public Member
Dr. Michael Corradino, DAOM, L.Ac, Licensed Member
Francisco Hsieh, Public Member
Jeannie Kang, L.Ac, Licensed Member
Jamie Zamora, Public Member

Executive Officer

Terri Thorfinnson, J.D.

This procedure manual is a general reference including a review of some important laws, regulations, and basic Board policies in order to guide the actions of the Board members and ensure Board effectiveness and efficiency.

This Administrative Procedure Manual, regarding Board Policy, can be amended by a majority of affirmative votes of any current or future Board.

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CHAPTER 1. Introduction

Mission Statement

To protect, benefit, and inform the people of California by exercising the licensing, regulatory, and enforcement mandates of the Acupuncture Licensure Act and Acupuncture Regulations.

Brief History

The Board of Medical Examiners (now called the Medical Board of California) began regulating acupuncture in 1972 under provisions that authorized the practice of acupuncture under the supervision of a licensed physician as part of acupuncture research in medical schools. Subsequently, the law was amended to allow acupuncture research to be conducted under the auspices of medical schools rather than just in medical schools.

In 1975, Senate Bill 86 (Chapter 267, Statutes of 1975) created the Acupuncture Advisory Committee (committee) under the Board of Medical Examiners and allowed the practice of acupuncture but only upon prior diagnosis or referral by a licensed physician, chiropractor or dentist. In 1976 California became the eighth state to license acupuncturists. Subsequent legislation in 1978 established acupuncture as a "primary health care profession" by eliminating the requirement for prior diagnosis or referral by a licensed physician, chiropractor or dentist; and Assembly Bill 2424 (Chapter 1398, Statutes of 1978) authorized MediCal payments for acupuncture treatment.

In 1980 the law was amended to: abolish the Acupuncture Advisory Committee and replace it with the Acupuncture Examining Committee within the Division of Allied Health Professions with limited autonomous authority; expanded the acupuncturists' scope of practice to include electroacupuncture, cupping, and moxibustion; clarified that Asian massage, exercise and herbs for nutrition were within the acupuncturist's authorized scope of practice; and provided that fees be deposited in the Acupuncture Examining Committee Fund instead of the Medical Board's fund. Most of these statutory changes became effective on January 1, 1982.

In 1982, the Legislature designated the Acupuncture Examining Committee as an autonomous body, and effective January 1, 1990, through AB 2367 (Chapter 1249, Statutes of 1989) the name was changed to the Acupuncture Committee to better identify it as a state licensing entity for acupuncturists. On January 1, 1999, the committee's name was changed to the Acupuncture Board (SB 1980, Chapter 991, Statutes of 1998) and removed the Committee from within the jurisdiction of the Medical Board of California (SB 1981, Chapter 736, Statutes of 1998).

Function of the Board

The Acupuncture Board's (Board) legal mandate is to regulate the practice of acupuncture and Asian medicine in the State of California. The Board established and maintains entry standards of qualification and conduct within the acupuncture profession, primarily through its authority to license. The Acupuncture Licensure Act commences with Business and Professions (B&P) Code, Section 4925 et seq. The Board's regulations appear in Title 16, Division 13.7, of the California Code of Regulations (CCR).

The primary responsibility of the Acupuncture Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Acupuncture Licensure Act and the Board's regulations. The Board promotes safe practice through the improvement of educational training standards, continuing education, enforcement of the B&P Code, and public outreach.

State of California Acronyms

ALJ	Administrative Law Judge
AG	Office of the Attorney General
APA	Administrative Procedure Act
B & P	Business and Professions Code
CCCP	California Code of Civil Procedure
CCR	California Code of Regulations
DAG	Deputy Attorney General
DOF	Department of Finance
DOI	Division of Investigation
DPA	Department of Personnel Administration
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
SAM	State Administrative Manual
SCIF	State Compensation Insurance Fund
SCO	State Controller's Office
SCSA	State and Consumer Services Agency
SPB	State Personnel Board

General Rules of Conduct

All Board Members shall act in accordance with their oath of office, and shall conduct themselves in a courteous, professional and ethical manner at all times. The Board serves at the pleasure of the Governor, and shall conduct their business in an open manner, so that the public that they serve shall be both informed and involved, consistent with the provisions of the Bagley-Keene Open Meeting Act and all other governmental and civil codes applicable to similar boards within the State of California.

- Board Members shall comply with all provisions of the Bagley-Keene Open Meeting Act.

- Board Members shall not speak or act for the Board without proper authorization.

- Board Members shall not privately or publicly lobby for or publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals, when those are in direct opposition to an official position adopted by the Board.

- Board Members shall not discuss personnel or enforcement matters outside of their official capacity in properly noticed and agendized meetings or with members of the public or the profession.

- Board Members shall never accept gifts from applicants, licensees, or members of the profession while serving on the Board.

- Board Members shall maintain the confidentiality of confidential documents and information related to Board business.

- Board Members shall commit the time and prepare for Board responsibilities including the reviewing of board meeting notes, administrative cases to be reviewed and discussed, and the review of any other materials provided to the Board Members by staff, which is related to official Board business.

- Board Members shall recognize the equal role and responsibilities of all Board Members.

- Board Members shall act fairly, be nonpartisan, impartial, and unbiased in their roles of protecting the public and enforcing the Acupuncture Licensure Act.

- Board Members shall treat all consumers, applicants and licensees in a fair, professional, courteous and impartial manner.

- Board Members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.

- Board Members shall not use their positions on the Board for personal, familial, or financial gain. Any employment subsequent to employment as a board member shall be consistent with Executive Order 66-2.

CHAPTER 2. Board Members & Meeting Procedures

Membership
(B & P Code Section 4929)

The Board consists of seven members. Three members are licensed acupuncturists and four are public members. The Governor appoints the three licensed members and two public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. All members appointed by the Governor are subject to Senate confirmation. The members serve a four-year term for a maximum of two terms.

Board Meetings
(B & P Code Section 101.7)
(Government Code Section 11120 et seq. – Bagley-Keene Open Meeting Act)

The full Board shall meet at least three times each calendar year. The Board shall meet at least once each calendar year in northern California and at least once each calendar year in southern California in order to facilitate participation by the public and its licensees.

The Board, as a statement of policy, shall comply with the provisions of the Bagley-Keene Open Meeting Act, and conduct their business in accordance with Robert's Rules of Order, as long as that does not conflict with any superseding laws or regulations.

Due notice of each meeting and the time and place thereof must be given to each member in the manner provided by the Bagley-Keene Open Meeting Act.

The Board may call a special meeting at any time in the manner provided by the Bagley-Keene Open Meeting Act, Government Code Section 11125.4.

Quorum
(Business and Professions Code Section 4933)

Four members of the Board, including at least one acupuncturist, shall constitute a quorum to conduct business. An affirmative vote of a majority of those present at a meeting of the Board is required to carry any motion.

Board Member Attendance at Board Meetings
(Board Policy)

Being a member of the Board is a serious commitment to the governor and the people of the State of California. Board members shall attend a minimum of 75% of all scheduled board meetings. If a member is unable to attend, he or she must contact the Board President or the Executive Officer, and provide a written explanation of their absence.

Public Attendance at Board Meetings
(Government Code Section 11120 et seq.)

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This Act governs meetings of the state regulatory Boards and meetings of committees of those Boards where committee consists of more than two members. It specifies meeting notice, agenda requirements, and prohibits discussing or taking action on matters not included on the agenda. If the agenda contains matters which are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Agenda Items
(Board Policy)

Board Members may submit agenda items for a future Board meeting during the "Future Agenda Items" section of a Board meeting or directly to the Board President 15 days prior to a Board meeting. To the extent possible, the Board President will calendar each Board Member's request on a future Board meeting.

In the event of a conflict, the Board President shall make the final decision. The Board President will work with the Executive Officer to finalize the agenda.

If a Board Member requests an item be placed on the agenda, and that request cannot be complied with at the immediate upcoming meeting, then the requested agenda item shall be placed on the next regularly scheduled meeting and shall never be postponed more than two meetings.

Notice of Meetings
(Government Code Section 11120 et seq,)

Meeting notices, including agendas, for Board meetings will be sent to persons on the Board's mailing list at least 10 calendar days in advance, as specified in the Bagley-Keene Open Meeting Act. The notice shall include a staff person's name, work address, and work telephone number who can provide further information prior to the meeting.

Notice of Meetings Posted on the Internet
(Government Code Section 11125 et seq,)

Meeting notices shall be posted on the Board's web site at least 10 days in advance of the meeting, and include the name, address, and telephone number of staff who can provide further information prior to the meeting.

Mail Ballots
(Government Code Section 11500 et seq,)

The Board must approve any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect.

Proposed stipulations and decisions are mailed to each Board Member for his or her vote. For stipulations, a background memorandum from the assigned deputy attorney general accompanies the mail ballot. A five calendar day deadline generally is given for the mail ballots for stipulations and proposed decisions to be completed and returned to the Board's office.

Holding Disciplinary Cases for Board Meetings

(Board Policy)

When voting on mail ballots for proposed disciplinary decisions or stipulations, a Board Member may wish to discuss a particular aspect of the decision or stipulation before voting. If this is the case, the ballot must be marked "hold for discussion," and the reason for the hold must be provided on the mail ballot. This allows staff the opportunity to prepare information being requested.

If two votes are cast to hold a case for discussion, the case is set aside and not processed (even if four votes have been cast on a decision). Instead the case is scheduled for a discussion during a closed session at the next Board meeting.

If the matter is held for discussion, staff counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

Record of Meetings

(Board Policy)

The minutes are a summary, not a transcript, of each Board meeting. They shall be prepared by Board staff and submitted for review by Board Members before the next Board meeting.

Board minutes must be approved or disapproved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting. The recordings of each Board meeting shall be maintained and not destroyed.

Tape Recording

(Government Code Section 11124.1(b))

The meeting may be audio and video tape recorded by the public or any other entity in accordance with the Bagley-Keene Open Meeting Act, the members of the public may tape record, videotape or otherwise record a meeting unless they are disruptive to the meeting and the President has specifically warned them of their being disruptive, then the President may order that their activities be ceased.

The Board may place the audio recorded public board meetings on its web site at www.acupuncture.ca.gov.

Meeting Rules
(Board Policy)

The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act or other state laws or regulations), as a guide when conducting the meetings. Questions of order are clarified by the Board's legal counsel.

Public Comment
(Board Policy)

Public comment is always encouraged and allowed, however, if time constraints mandate, the comments may be limited to five minutes per person. Due to the need for the Board to maintain fairness and neutrality when performing its adjudicative function, the Board shall not receive any information from a member of the public regarding matters that are currently under or subject to investigation, or involve a pending or criminal administrative action.

1. If, during a Board meeting, a person attempts to provide the Board with any information regarding matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the person shall be advised that the Board cannot properly consider or hear such substantive information and the person must be instructed to refrain from making such comments.

2. If, during a Board meeting, a person wishes to address the Board concerning alleged errors of procedure or protocol or staff misconduct involving matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the Board will address the matter as follows:

    a. Where the allegation involves errors of procedure or protocol, the Board may designate its Executive Officer to review whether the proper procedure or protocol was followed and to report back to the Board.

    b. Where the allegation involves significant staff misconduct, the Board may designate one of its members to review the allegation and to report back to the Board.

3. The Board may deny a person the right to address the Board and have the person removed if such person becomes disruptive at the Board meeting. The Board accepts the conditions established in the Bagley-Keene Open Meeting Act and appreciates that at times the public may disapprove, reprimand, or otherwise present an emotional presentation to the Board, and it is the Board's duty and obligation to allow that public comment, as provided by law.

CHAPTER 3. Travel & Salary Policies & Procedures

Travel Approval
(Board Policy)

Board members shall receive Executive Officer approval for all travel and salary or per diem reimbursement, except for regularly scheduled Board, committee, and conference meetings to which a Board member is assigned.

Travel Arrangements
(Board Policy)

Board members should attempt to make their own travel arrangements and are encouraged to coordinate with the Board Liaison on lodging accommodations.

Out-of-State Travel
(SAM Section 700 et seq.)

Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office.

Travel Claims
(SAM Section 700 et seq.)

Rules governing reimbursement of travel expenses for Board Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The Board Liaison maintains these forms and completes them as needed.

The Executive Officer's travel and per diem reimbursement claims shall be submitted to the Board President for approval.

It is advisable for Board Members to submit their travel expense forms immediately after returning from a trip and not later than thirty days following the trip.

Salary Per Diem
(B & P Code Section 103 and 4931)

Each member of the Board shall receive a per diem in the amount provided in Section 103 of the Business and Professions (B&P) Code. Board Members fill non-salaried positions, but are paid $100 per day for each meeting day and are reimbursed travel expenses.

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by the B&P Code Section 103. In relevant part, B&P Code Section 103 provides for the payment of salary per diem for Board Members "for each day actually spent in the discharge of official duties," and provides that the Board Member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

Salary Per Diem
(Board Policy)

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. No salary per diem or reimbursement for travel-related expenses shall be paid to Board Members except for attendance at official Board or committee meetings, unless a substantial official service is performed by the Board Member.

   Attendance at gatherings, events, hearings, conferences or meetings other than official Board or committee meetings in which a substantial official service is performed the Executive Officer shall be notified and approval shall be obtained from the Board President prior to Board Member's attendance.

2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board or committee meeting until that meeting is adjourned.

   If a member is absent for a portion of a meeting, hours are then reimbursed for time actually spent. Travel time is not included in this component.

3. For Board-specified work, Board Members will be compensated for time actually spent in performing work authorized by the Board President. This may also include, but is not limited to, authorized attendance at other events, meetings, hearings, or conferences. Work also includes preparation time for Board or committee meetings and reading and deliberating mail ballots for disciplinary actions.

4. Reimbursable work does not include miscellaneous reading and information gathering unrelated to board business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the members duties with the Board.

5. Board Members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official Board representative unless approved in writing by the President. Requests must be submitted in writing to the President for approval and a copy provided to the Executive Officer. However, Board Members should recognize that even when representing themselves as "individuals," their positions might be misconstrued as that of the Board.

CHAPTER 4. Selection of Officers & Committees

Officers of the Board

The Board shall elect at the first meeting of each year a President and Vice President.

Election of Officers

Elections of the officers shall occur annually at the first meeting of each year.

Officer Vacancies

If an office becomes vacant during the year, the President may appoint a member to fill the vacancy for the remainder of the term until the next annual election.

If the office of the President becomes vacant, the Vice President shall assume the office of the President. Elected officers shall then serve the remainder of the term.

Board Member Addresses

Board Member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority of the individual Board Member. A roster of Board Members is maintained for public distribution on the Board's web site using the Board's address and telephone number.

Board Member Written Correspondence and Mailings

All correspondence, press releases, articles, memoranda or any other communication written by any Board Member in his or her official capacity must be provided to the Executive Officer. The Executive Officer will retain a copy in a chronological file.

Communications: Other Organizations/Individuals/Media

All communications relating to any Board action or policy to any individual or organization, or a representative of the media shall be made only by the Board President, his or her designee, or the Executive Officer. Any Board Member who is contacted by any of the above should inform the Board President or Executive Officer of the contact.

Committee Appointments

The President shall establish committees as he or she deems necessary.

The composition of the committees and the appointment of the members shall be determined by the Board President in consultation with the Vice President and the Executive Officer.

Committee Meetings

Each committee will be comprised of at least two Board Members. The committees are an important venue for ensuring that staff and Board Members share information and perspectives in crafting and implementing strategic objectives.

The Board's committees allow Board Members, stakeholders and staff to discuss and conduct problem solving on issues related to the Board's strategic goals. They also allow the Board to consider options for implementing components for the strategic plan.

The committees are charged with coordinating Board efforts to reach Board goals and achieving positive results on its performance measures.

The Board President designates one member of each committee as the committee's chairperson.

The chairperson coordinates the committee's work, ensures progress toward the Board's priorities, and presents reports as necessary at each meeting.

During any public committee meeting, comments from the public are encouraged, and the meetings themselves are frequently public forums on specific issues before a committee. These meetings shall also be run in accordance with the Bagley-Keene Open Meeting Act.

Attendance at Committee Meetings

If a Board Member wishes to attend a meeting of a committee of which he or she is not a member, the Board Member must obtain permission from the Board President to attend and must notify the committee chair and staff.

Board Members who are not members of the committee that is meeting cannot vote during the committee meeting.

If there is a quorum of the Board at a committee meeting, Board Members who are not members of the committee must sit in the audience and cannot participate in committee deliberations.

The Board's legal counsel works with the Executive Officer to assure any meeting that fits the requirements for a public meeting is appropriately noticed.

CHAPTER 5. Board Administration & Staff

Executive Officer
(B & P Code Section 4934)

The Board may appoint an Executive Officer. The Executive Officer is responsible for the financial operations and integrity of the Board, and is the official custodian of records. The Executive Officer is an at will employee, who serves at the pleasure of the Board, and may be terminated, with or without cause, in accordance with the provisions of the Bagley-Keene Open Meeting Act.

Board Administration

Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Officer as an instrument of the Board.

Executive Officer Evaluation

On an annual basis, the Executive Officer is evaluated by the Board President during a closed session. Board members provide information to the President on the Executive Officer's performance in advance of this meeting.

Board Staff
(B & P Code Section 4934)

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements.

Because of this complexity, the Board delegates this authority and responsibility for management of the civil service staff to the Executive Officer as an instrument of the Board.

Board Members may express any staff concerns to the Executive Officer but shall refrain from involvement in any civil service matters. Board Members shall not become involved in the personnel issues of any state employee.

Board Budget

The Executive Officer or the Executive Officer's designee will attend and testify at the legislative budget hearings and shall communicate all budget issues to the Administration and Legislature.

Communications with Other Organizations & Individuals

All communications relating to any Board action or policy to any individual or organization shall be made only by the President of the Board, his or her designee, or the Executive Officer.

Any Board Member who is contacted by any of the above should inform the Board President or Executive Officer of the contact immediately.

All correspondence shall be issued on the Board's standard letterhead and will be disseminated by the Executive Officer's office.

Business Cards

Business cards will be provided to each Board Member with the Board's name, address, telephone and fax number, and website address.

CHAPTER 6. Other Policies & Procedures

Board Member Disciplinary Actions

If a Board Member violates any provision of the Administrative Procedure Manual, the President will provide in writing, notice to the member of the violation. If the member disagrees with the notice, the Board Member must provide a reply in writing. After giving the board member an opportunity to respond to the notice, the President, at his/her discretion may meet in person or discuss by telephone with the Board Member to discuss the violation. The President may ask a third person to be present during the meeting. If the matter is not resolved at the end of the meeting or it is resolved but the Board Member continues to violate the procedures in the manual, the President may agendize at the next board meeting an item asking for censure of the board member.

If the violation concerns the President's conduct, the Vice-President will handle the matter.

Terms and Removal of Board Members

(B & P Code Sections 4929 and 4930)

The Governor appoints three acupuncturist members and two public members of the Board. The Senate Rules Committee and the Speaker of the Assembly each appoint a public member. Each appointment shall be for the term of four years, except that an appointment to fill a vacancy shall be for the unexpired term only. No person shall serve more than two consecutive terms on the Board.

Each Governor appointee shall serve until his successor has been appointed and qualified or until 60 days has elapsed since the expiration of his term whichever first occurs. Each Senate Rules Committee and the Speaker of the Assembly appointee shall serve until his successor has been appointed and qualified or until one year has elapsed since the expiration of his term whichever first occurs.

The Governor has the power to remove any member from the Board appointed by him for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct.

Resignation of Board Members

(Government Code Section 1750(b))

In the event that it becomes necessary for a Board Member to resign, a letter shall be sent to the appropriate appointing authority (Governor's Office, Senate Rules Committee, or the Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the Board President and the Executive Officer.

Conflict of Interest
(Government Code Section 87100)

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest.

Any Board Member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision.

Any Board Member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Contact with Licensees and Applicants

Board Members shall not intervene on behalf of a licensee or applicant for licensure for any reason. They should forward all contacts or inquiries to the Executive Officer.

Contact with Respondents

Board Members should not directly participate in complaint handling and resolution or investigations. To do so would subject the Board Member to disqualification in any future disciplinary action against the licensee. If a Board Member is contacted by a respondent or his/her attorney, the Board Member should refer the individual to the Executive Officer.

Service of Legal Documents

If a Board Member is personally served as a party in any legal proceeding related to his or her capacity as Board Member, he or she must contact the Executive Officer immediately.

Serving as an Expert Witness
(Executive Order 66.2)

Pursuant to Executive Order 66-2, no employment, activity, or enterprise shall be engaged in by any gubernatorial appointee which might result in, or create the appearance of resulting in any of the following:

1. Using the prestige or influence of a State office for the appointee's private gain or advantage.

2. Using state time, facilities, equipment, or supplies for the appointee's private gain or advantage, or the private gain or advantage of another.

3. Using confidential information acquired by virtue of State involvement for the appointees private gain or advantage, or the private gain or advantage of another.

4. Receiving or accepting money or any other consideration from anyone other than the State for the performance of an act which the appointee would be required or expected to render in the regular course of hours of his or her State employment or as a part of the appointee's duties as a State officer.

Gifts from Licensees and Applicants

A gift of any kind to Board Members from licensees, applicants for licensure, continuing education providers or approved schools is not permitted. Gifts must be returned immediately.

Ex Parte Communications

(Government Code Section 11430.10 et seq.)

The Government Code contains provisions prohibiting ex parte communications. An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of section 11430.10, which states:

> "While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

Board Members are prohibited from an ex parte communication with Board enforcement staff while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board Members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Officer.

If a Board Member receives a telephone call from an applicant under any circumstances or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter and inform the Executive Officer and the Board's legal counsel.

If the person insists on discussing the case, he or she should be told that the Board Member will be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board Member believes that he or she has received an unlawful ex parte communication, he or she should contact the Executive Officer and the Board's legal counsel.

Honoraria Prohibition

(Government Code Section 89503 and FPPC Regulations, Title 2, Division 6)

As a general rule, members of the Board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state Board is precluded from accepting an honorarium from any source, if the member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

Board Members are required to report income from, among other entities, professional associations and continuing education providers. Therefore, a Board Member should decline all offers for honoraria for speaking or appearing before such entities.

There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances:

(1) when an honorarium is returned to the donor (unused) within 30 days;
(2) when an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and
(3) when an honorarium is not delivered to the Board Member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization.

In light of this prohibition, members should report all offers of honoraria to the Board President so that he or she, in consultation with the Executive Officer and staff counsel, may determine whether the potential for conflict of interest exists.

Board Member Orientation

The Board Member orientation session shall be given to new Board Members within one year of assuming office.

Ethics Training

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

Sexual Harassment Training

(Government Code Section 12950.1)

Board Members are required to undergo sexual harassment training and education once every two years.

BPC 138
FINAL RULEMAKING PACKAGE

- MEMO TO BOARD
- PROPOSED ORDER OF ADOPTION

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

DATE	September 18, 2015
TO	Board Members
FROM	Marc Johnson, Policy Coordinator
SUBJECT	BPC 138 – Notice to Consumers of Licensure by the Acupuncture Board – rulemaking package

Issue:
California Business and Professions Code (BPC) Section 138 requires all Boards to promulgate regulations that require all licensees to display a notice that they are licensed by the California Acupuncture Board and provide the Board's contact information. The rulemaking package has been completed by staff and is being returned to the Board for final approval before submittal to the Department and the Office of Administrative Law (OAL).

Action items for Board:
1. Discussion and recommended approval of revised Board minutes from September 12, 2014

2. Discussion and recommended approval of Order of Adoption for BPC 138.

Background and discussion:
BPC Section 138 reads as follows:

Every board in the department, as defined in Section 22, shall initiate the process of adopting regulations on or before June 30, 1999, to require its licentiates, as defined in Section 23.8, to provide notice to their clients or customers that the practitioner is licensed by this state. A board shall be exempt from the requirement to adopt regulations pursuant to this section if the board has in place, in statute or regulation, a requirement that provides for consumer notice of a practitioner's status as a licensee of this state.

The Board previously approved the proposed regulatory language at the September 12, 2014 public Board meeting. Staff then commenced the rulemaking process, filing the proposed package with OAL and then publically releasing the proposed language, Notice to Consumers and Initial Statement of Reasons. The 45-day public comment period began on June 5, 2015, and closed on July 20th. No public comments were received during the comment period, nor were any received at the public hearing held on July 20, 2015 in Sacramento.

Legal Counsel has determined that the September 12, 2014 Board Meeting minutes (previously approved and adopted by the Board at the February 20, 2015 public meeting) are need in of minor revisions to reflect the discussion and adoption of the language and memo specified in the Board packet. The revised minutes reflect those changes. This change is necessary to provide additional justification to OAL for final approval.

In addition, before final submission to the Department and OAL, the Board needs to adopt an Order of Adoption of the approved regulatory language. The proposed Order of Adoption is precisely the same as the approved language, and will become the actual text of the regulation once implemented.

CALIFORNIA ACUPUNCTURE BOARD

ORDER OF ADOPTION

(IMPLEMENTATION OF BPC 138)

Add Section 1399.469.3 to Article 6 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

1399.469.3. Notice to Consumers of Licensure by the Acupuncture Board.

(a) A licensed acupuncturist engaged in the practice of acupuncture shall provide notice to each patient of the fact that the acupuncturist is licensed and regulated by the California Acupuncture Board. This notice must be posted at each of the practice locations the licensee provides services. The notice shall include the following statement and information:

"NOTICE TO CONSUMERS
Acupuncturists are licensed and regulated
by the California Acupuncture Board
(916) 515-5200
http://www.acupuncture.ca.gov/"

(b) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the acupuncturist provides the licensed services, in which case the notice shall be at least 48-point type font.

Note: Authority cited: Section 4933, Business and Professions Code. Reference: Section 138, Business and Professions Code.

AB 2699

FINAL RULEMAKING PACKAGE

- MEMO TO BOARD
- PROPOSED ORDER OF ADOPTION

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

CALIFORNIA ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
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DATE	September 18, 2015
TO	Board Members
FROM	Marc Johnson, Policy Coordinator
SUBJECT	AB 2699 – Free and Sponsored Health Care events – rulemaking package

Issue:
AB 2699, regarding Free and Sponsored Health Care Events, is a rulemaking package approved by the Board on November 11, 2011. The rulemaking package has been completed by staff and is being returned to the Board for final approval before submittal to the Department and the Office of Administrative Law (OAL). Once this process is complete, the regulation will be in effect.

Action items for Board:
1. Discussion and direction of Board response to email received re: AB 2699 during public comment period

2. Discussion and recommended approval of Order of Adoption.

Background and discussion:
On September 23, 2010, Governor Arnold Schwarzenegger signed AB 2699 (Bass, Chapter 270, Statutes of 2010), enacting BPC section 901, which took effect January 1, 2011. This statute provides a regulatory framework for certain health-care events at which free care is offered to uninsured or under-insured individuals by volunteer health-care practitioners where those practitioners may include individuals who may be licensed in one or more states but are not licensed in California.

Prior to this enactment, licensing laws precluded the participation of volunteers licensed outside of California. BPC section 901 defines "sponsoring entities," "sponsored events," and "health-care practitioners," and sets forth requirements for registration of sponsoring entities and authorization for participation by practitioners licensed in other states by the various boards responsible for licensure and regulation of healing arts. Section 901 requires the out-of-state health care practitioner to seek authorization from the applicable healing arts board in California and provides the regulatory framework for the approval of an out-of-state health care practitioner and a sponsoring entity to seek approval from the applicable healing arts boards. However, each individual healing arts board is responsible for promulgating regulations to specify the requirements for the approval of an out-of-state practitioner and a sponsoring entity.

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Staff began work on the proposed AB 2699 rulemaking in late 2014, and received approval from Legal Counsel to file the package with OAL. In May 2015, the board filed the rulemaking package with OAL, and the public comment period on the proposed regulation began on June 5, 2015. The comment period ended on July 20, 2015 with a public hearing. No comments were received at the public hearing.

One comment on the proposed regulation was received via email. The comment is presented to the Board for discussion and direction on the Board's response. This response will be returned to the commenter and also incorporated in the final submission to OAL.

Comment from Richard Friberg – received June 16, 2015.

"Hi, you probably don't need any more work, but I have a suggestion. You are proposing to allow out of state non CAB licensed acupuncturists serve at "Free Health Care Events" because there were not enough volunteers at a "Free Health Care Event" to serve all the people that someone projected, could have been served. These events do not last more than a few days. Why is this is being proposed when we know that most acupuncture treatments are usually separated by two days to a week apart and need to be repeated three to four times before some of these treatments are fully effective? Getting one treatment at a "Free Health Care Event" does not make sense to me, but I guess it does to you. Anyway- how about supporting California first!

Why not allow graduated students from an ACAOM accredited college who have not taken the CAB licensing exam due to their date of graduation and the very next CAB exam, apply for a "Temporary License" to serve at a "Free Health Care Event," as defined, until the first upcoming CAB licensing exam is offered? Perhaps even under a CAB licensed acupuncturist. California has the highest standards for TCM. A few states have NO standards for licensing acupuncturists. California graduates could do less harm than the acupuncturist who comes from a state that has NO requirements even though these out of state people have taken and passed a national test! If there are four of these "Free Health Care Events" in a year as you predict and they are evenly spaced, this temporary license issued to the just graduated scholar would only be good for one of these events! Think about it. "

Proposed Board responses to questions raised:

Mr. Friberg has commented that most acupuncture treatments are usually separated by two days to a week apart and need to be repeated three to four times before some of these treatments are fully effective, so getting one treatment does not make sense to him.

The comment is rejected. Business and Professions Code section 901 provides for the provision of services by out of state licensees at health care events when meeting certain criteria. This proposed regulation is consistent with Section 901. Additionally, Section 901 indicates that a person not licensed in this state can only participate in any particular sponsored event for no more than 10 days. Hence, the number of days cannot be enlarged by the Board. However, if the length of the event allows, a person may be able to receive more than one treatment.

Mr. Friberg commented and recommended allowing graduated students from an ACAOM accredited college who have not taken the CAB licensing exam due to their date of graduation and the very next CAB exam, to apply for a "Temporary License" to serve at a "Free Health Care Event," as defined, until the first upcoming CAB licensing exam is offered. If the events are evenly spaced four times a year the license would only be good for one event.

This comment and recommendation is rejected. Business and Professions Code section 4938 sets out the requirements to obtain an acupuncture license. Business and Professions Code section 4937 sets out the scope of practice for a person holding an acupuncture license. As there is only one type of license currently established within the Acupuncture Act; at this time, a new license would need to be created by the Legislature in order to issue the license recommended. Therefore, it is outside the scope of the proposed regulation.

Mr. Friberg has commented that California has the highest standards and a few states have no standards for licensing acupuncturists; California graduates could do less harm than the acupuncturist from another state with no requirements even though they have passed the national exam.

The comment is rejected. Business and Professions Code section 901 allows for persons not licensed in California to participate in these events if certain criteria are met. The proposed regulation is consistent with, and cannot override, Section 901.

Finally, before final submission to the Department and OAL, the Board needs to adopt an Order of Adoption of the approved regulatory language. The proposed Order of Adoption is precisely the same as the approved language, and will become the actual text of the regulation once implemented.

CALIFORNIA ACUPUNCTURE BOARD

ORDER OF ADOPTION

Article 7.

Sponsored Free Health Care Events—Requirements for Exemption.

§1399.480. Definitions.

For the purposes of section 901 of the code:

(a) "Community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) "Out-of-state practitioner" means a person who is not licensed in California to engage in the practice of acupuncture but who holds a current valid license or certificate in good standing in another state, district, or territory of the United States to practice acupuncture.

NOTE: Authority cited: Sections 901 and 4933, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§1400.1. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed Form 901-A (DCA/2014 - revised), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process Form 901-A on behalf of the board. The board or its delegatee shall inform the sponsoring entity within 15 calendar days of receipt of Form 901-A in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegatee shall reject the registration if all of the identified deficiencies have

not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board.

(d) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval from the board.

(e) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

(1) The date(s) of the sponsored event;

(2) The location(s) of the sponsored event;

(3) The type(s) and general description of all health care services provided at the sponsored event; and

(4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

NOTE: Authority cited: Sections 901 and 4933, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§1400.2. Out-of-State Practitioner Authorization to Participate in Sponsored Event

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. An applicant shall request authorization by submitting to the board a completed Form 901-B (CAB/2014), which is hereby incorporated by reference, accompanied by a non-refundable processing fee of $25. The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The board shall deny a request for authorization to participate if:

(A) The submitted Form 901-B is incomplete and the applicant has not responded within 7 calendar days to the board's request for additional information.

(B) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the board.

(C) The applicant does not possess a current valid license in good standing. The term "good standing" means the applicant:

(i) Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;

(ii) Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;

(iii) Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern or negligence or incompetence.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than 20 calendars days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event.

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board.

(D) The applicant has participated in four (4) or more sponsored events during the 12 month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 1400.3.

NOTE: Authority cited: Sections 144, 901 and 4933, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§1400.3. Termination of Authorization and Appeal.

(a) Grounds for Termination. The Board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.

(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The board shall provide both the sponsoring entity and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the executive officer regarding the reasons for the termination of authorization to participate. The executive officer shall, within 30 days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the executive officer may affirm or dismiss the termination of authorization to participate. The executive officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

NOTE: Authority cited: Sections 901 and 4933, Business and Professions Code. Reference: Section 901, Business and Professions Code.

SCHOOL COMPLIANCE SITE VISITS

Alhambra University
Exit Report

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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Alhambra Medical University
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Non-Compliance Exit Report

PART I: INTRODUCTION

On January 20, 2015, the California Acupuncture Board conducted a compliance visit at Alhambra Medical University (AMU). The site team found issues of non-compliance with the California Acupuncture Board Training Program requirements.

PART II: ALHAMBRA MEDICAL UNIVERSITY'S TRAINING PROGRAM NON-COMPLIANCE

Finding: Multiple Chinese Student Enrollment Agreement forms were not in English.

California Acupuncture Board Training Program Requirement

CCR Section 1399.439(c):

"All student records shall be maintained in English."

Training Program Corrective Action Taken

The Director of Admission of AMU reorganized and combined the English and Chinese Enrollment Agreements into one form with English on one side and Chinese on the other.

This action brings AMU in compliance with CCR Section 1399.439(c).

PART III: ALHAMBRA MEDICAL UNIVERSITY'S MASTER OF SCIENCE IN ACUPUNCTURE AND ORIENTAL MEDICINE CURRICULUM NON-COMPLIANCE

Alhambra Medical University is approved for its Master of Science in Oriental Medicine training program. The program has a total of 3,300 curriculum hours. The following are findings of non-compliances of the curriculum.

Finding #1: The general psychology requirement is not met due to the lack of instruction of counseling skills.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(4):

"General Psychology, including counseling skills."

AMU's Curriculum

AMU listed course, BS 104 Psychology, on its curriculum requirement form to fulfill CCR Section 1399.434(a)(4). The course lacks instruction of counseling skills and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, BS 104 Psychology, to include counseling skills (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(a)(4).

Finding #2: The pathology and pathophysiology requirement is not met due to lack of instruction of microbiology, psychopathology, and epidemiology.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(7):

"Pathology and pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology".

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses fulfill CCR Section 1399.434(a)(7):

1. BS 311 Pathology I
2. BS 312 Pathology II
3. BS 313 Pathology III

However, the courses lack instruction of microbiology, psychopathology, and epidemiology, and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, BS 106 Microbiology & Immunology, PH 101 Public Health, and BS 313 Pathology III, to include microbiology, psychopathology, and epidemiology (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(a)(7).

Finding #3: The Chinese Herbal Medicine Principles and Theories requirement is not met due to the lack of instruction of at least 450 hours.

California Acupuncture Board Training Program

CCR Section 1399.434(b)(1)(D):

"Chinese Herbal Medicine Principles and Theory, including relevant botany concepts (This subject area shall consist of at least 450 hours of instruction)."

AMU's Curriculum

AMU listed the following courses to satisfy CCR Section 1399.434(b)(1)(D):

1. HB 100 Introduction to Botany and Herbs
2. HB 101 Chinese Herbology I
3. HB 102 Chinese Herbology II
4. HB 103 Chinese Herbology III
5. HB 104 Chinese Herbology IV
6. HB 201 Chinese Herbal Formula I
7. HB 202 Chinese Herbal Formula II
8. HB 203 Chinese Herbal Formula III
9. HB 204 Chinese Herbal Formula IV
10. HB 401 Advanced Formula Shang Han
11. HB 402 Jin Kui Yao Lue
12. HB 403 Wen Bing
13. HB 410 Formula Writing
14. HB 310 Clinical Herbology

Though the courses meet the curriculum requirement, they do not meet minimum hours of instruction. The courses have a total of 420 clock hours. AMU does have another Herbology course, but it is not listed on the curriculum requirement form under this section. Therefore, AMU is missing 30 clock hours and does not meet the Board's requirement.

Training Program Corrective Action Taken

AMU listed course, HB 300 TCM Nutrition to meet the Herbology requirement (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(1)(D).

Finding #4: The Acupuncture and Oriental Medicine Specialties requirement is not met due to the lack of instruction of pediatrics, ophthalmology, geriatrics, family medicine, and emergency care.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(1)(F):

"Acupuncture and Oriental Medicine Specialties, including dermatology, gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care."

AMU's Curriculum

AMU listed the following courses to satisfy CCR Section 1399.434(b)(1)(F):

1. OM 301 TCM Internal Medicine I
2. OM 302 TCM Internal Medicine II
3. OM 303 TCM Internal Medicine III
4. OM 304 TCM Internal Medicine IV
5. OM 401 TCM Dermatology
6. OM 402 TCM Gynecology
7. OM 405 TCM Orthopedics & Traumatology I
8. OM 406 TCM Orthopedics & Traumatology II
9. OM 404 Integration of Asian/Western Medicine

None of the courses have instruction of pediatrics, ophthalmology, geriatrics, family medicine, or emergency care, and therefore do not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, OM 301 TCM Internal Medicine I, OM 302 TCM Internal Medicine II, OM 303 TCM Internal Medicine III, and OM 304 TCM Internal Medicine IV, to include pediatrics, ophthalmology, geriatrics, family medicine, and emergency care (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(1)(F).

Finding #5: The classical acupuncture and Oriental Medicine literature requirement is not met due to the lack of instruction of Jin Gui, Wen Bing/Shang Han, and Nei Jing.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(1)(G):

"Classical acupuncture and Oriental Medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing."

AMU's Curriculum

AMU stated on its curriculum requirement form that the course, OM 100 Medical History & TCM Literatures, fulfills CCR Section 1399.434(b)(1)(G). However, the course lacks instruction of Jin Gui, Wen Bing/Shang Han, and Nei Jing and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, OM 100 Medical History & TCM Literatures, to include Jin Gui, Wen Bing/Shang Han, and Nei Jing (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(1)(G).

Finding #6: The herbal prescription, counseling and preparation requirement is not met due to lack of instruction of counseling and preparation.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(E):

"Herbal prescription, counseling and preparation."

AMU's Curriculum

AMU listed the course, HB 410 Formula Writing, to fulfill CCR Section 1399.434(b)(2)(E) on its curriculum requirement form. The course does not have instruction of counseling and preparation and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, HB 201 Chinese Herbal Formula I, HB 202 Chinese Herbal Formula II, HB 203 Chinese Herbal Formula III, HB 204 Chinese Herbal Formula IV, and HB 410 Formula Writing, to include counseling and preparation instruction (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(2)(E).

Finding #7: The Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling requirement is not met due to the lack of instruction of counseling.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(F):

"Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling."

AMU's Curriculum

AMU stated on its curriculum requirement form that the course, HB 300 TCM Nutrition, fulfills CCR Section 1399.434(b)(2)(F). However, the course lacks instruction of counseling and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, HB 300 TCM Nutrition, to include counseling (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(2)(F).

Finding #8: The cold and heat therapy requirement is not met due to the lack of instruction of ultrasound.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(G):

"Cold and heat therapy, including moxibustion and ultrasound."

AMU's Curriculum

AMU listed course, AC 301 Acupuncture Technique I, on its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(G). The course lacks instruction of ultrasound and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, AC 301 Acupuncture Technique, to include ultrasound (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(2)(G).

Finding #9: The lifestyle counseling, and self-care recommendations requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(H):

"Lifestyle counseling, and self-care recommendations."

AMU's Curriculum

AMU stated on its curriculum requirement form that the course, OM 204 Clinical Consulting Skills, fulfills CCR Section 1399.434(b)(2)(H). Yet the course lacks instruction of lifestyle counseling and self-care recommendations and does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, OM 204 Clinic Consulting Skills, to include lifestyle counseling and self-care recommendations (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(2)(H).

Finding #10: The adjunctive acupuncture procedures requirement is not met due to the lack of instruction of bleeding, gua sha, and dermal tacks.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(I):

"Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks."

AMU's Curriculum

AMU listed the course, AC 301 Acupuncture Technique I, to fulfill CCR Section 1399.434(b)(2)(I) on its curriculum requirement form. The course lacks instruction of bleeding, gua sha, and dermal tacks and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, AC 301 Acupuncture Technique I and AC 302 Acupuncture Technique II, to include bleeding, gua sha, and ultrasound (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(2)(I).

Finding #11: The adjunctive acupoint stimulation devices, including magnets and beads requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(M):

"Adjunctive acupoint stimulation devices, including magnets and beads."

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(b)(2)(M):

1. AC 301 Acupuncture Techniques I
2. AC 302 Acupuncture Technique II & Lab

None of the courses listed have instruction on magnets and beads and therefore do not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, AC 302 Acupuncture Technique II, to include magnets and beads (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(b)(2)(M).

Finding #12: The pharmacological assessment requirement is not met due to the lack of instruction of side-effects and herb-drug interactions.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(3):

"Pharmacological assessment, emphasizing side-effects and herb-drug interactions."

AMU's Curriculum

AMU listed the course, WM 304 Western Pharmacology, on its curriculum requirement form to fulfill CCR Section 1399.434(c)(3). This course does not fulfill the Board's requirement because it lacks instruction on side-effects and herb-drug interactions.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 304 Western Pharmacology, to include side effects and herb-drug interactions (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(c)(3).

Finding #13: The clinical impressions and the formation of a working diagnosis requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(7):

"Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization's international classification of disease (ICD-9)."

AMU's Curriculum

AMU stated on its curriculum requirement form that the course, WM 303 Differential Diagnosis, fulfills CCR Section 1399.434(c)(7). However, the course

lacks instruction of clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9). This course does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, WM 303 Differential Diagnosis, OM 202 TCM Diagnosis II, OM 203 TCM Diagnosis III, to include acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9) (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(c)(7).

Finding #14: The awareness of at-risk population requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(8):

"Awareness of at-risk population, including gender, age, indigent, and disease specific patients."

AMU's Curriculum

AMU stated on its curriculum requirement form that the course, WM 303 Differential Diagnosis, fulfills CCR Section 1399.434(c)(7). The course does not meet the Board's requirement because it lacks instruction of awareness of at-risk population, including gender, age, indigent, and disease specific patients.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 303 Differential Diagnosis, to include instruction of awareness of at-risk population, including gender, age, indigent, and disease specific patients (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(c)(7).

Finding #15: The clinical sciences requirement is not met due to the lack of instruction of radiology and public health.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(10):

"Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to fulfill CCR Section 1399.434(c)(10):

1. WM 401 Western Clinical Science I
2. WM 402 Western Clinical Science II
3. WM 403 Western Clinical Science III
4. WM 404 Western Clinical Science IV
5. WM 405 Western Clinical Science V

None of the courses listed above have instruction of radiology and public health and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 401 Western Clinical Sciences, to include radiology and public health (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(c)(10).

Finding #16: The Clinical medicine requirement is not met due to the lack of instruction of osteopathy, dentistry, psychology, nursing, podiatry, naturopathy, and homeopathy.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(11):

"Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners."

AMU's Curriculum

AMU stated on its curriculum requirement form that the course, WM 500 Survey of Clinical Medicine, satisfies CCR Section 1399.434(c)(11). The course does not meet the Board's requirement because it lacks instruction of osteopathy, dentistry, psychology, nursing, podiatry, naturopathy, and homeopathy.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 500 Survey of Clinical Medicine, to include instruction of osteopathy, dentistry, psychology, nursing, podiatry, naturopathy, and homeopathy (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(c)(11).

Finding #17: The primary care responsibilities requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(1):

"Primary care responsibilities."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(1):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

None of the courses have instruction of primary care responsibilities and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III to include primary care responsibilities (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(1).

Finding #18: Secondary and specialty care responsibilities requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(2):

"Secondary and specialty care responsibilities."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(2):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

The courses do not meet the Board's requirement because it lacks instruction of secondary and specialty care responsibilities.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, CM 303 Case Management III, to include secondary and specialty care responsibilities (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(2).

Finding #19: The psychosocial assessment requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(3):

"Psychosocial assessment."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(3):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

The courses lack instruction of psychosocial assessment and therefore do not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include psychosocial assessment (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(3).

Finding #20: The treatment of contraindications and complications, including drug and herbs interactions requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(4):

"Treatment of contraindications and complications, including drug and herb interactions."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(4):

1. CM 301 Case Management I

2. CM 302 Case Management II
3. CM 303 Case Management III

The courses lack instruction of treatment of contraindications and complications, and therefore do not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include instruction of treatment of contraindications and complications (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(4).

Finding #21: The treatment planning, continuity of care, referral and collaboration requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(5):

"Treatment planning, continuity of care, referral and collaboration."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(5):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

The courses do not meet the Board's requirement because it lacks instruction of treatment planning, continuity of care, referral, and collaboration.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include treatment planning, continuity of care, referral and collaboration (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(5).

Finding #22: The follow-up care, final review, and functional outcome measurements requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(6):

"Follow-up care, final review, and functional outcome measurements."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(6):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

The courses listed above lack instruction of follow-up care, final review, and functional outcome measurement and therefore do not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include follow-up care, final review, and functional outcome (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(6).

Finding #23: The prognosis and future medical care requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(7):

"Prognosis and future medical care."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(7):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

The courses do not have instruction of prognosis and future medical care and therefore do not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include prognosis and future medical care (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(7).

Finding #24: The case management for injured workers and socialized medicine patients requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(8):

"Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(8):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

The course does not meet the Board's requirement because it lacks instruction of case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include case management for injured workers and socialized medicine patient, including a knowledge of worker compensation/labor codes and procedures and qualified medical evaluations (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(8).

Finding #25: The coding procedures for the current procedural codes requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(9):

"Coding procedure for current procedural codes, including CPT and ICD-9 Diagnoses."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(9):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

None of the courses have instruction of coding procedure for current procedural codes, including CPT and ICD-9 diagnoses and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, CM 303 Case Management III, OM 203 TCM Diagnosis III, and WM 303 Differential Diagnosis, to include CPT and coding procedures for current procedural codes (ICD-9) (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR section 1399.434(d)(9).

Finding #26: The medical-legal report writing, expert medical testimony, and independent medical review requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(10):

"Medical-legal report writing, expert medical testimony, and independent medical review."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(10):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

None of the courses listed above have instruction of medical-legal report writing, expert medical testimony, and independent medical review and therefore does not adhere to the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III to include medical-legal report writing, expert testimony, and independent medical review (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(10).

Finding #27: The special care/seriously ill patients requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(11):

"Special care/seriously ill patients."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(11):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

The course does not meet the Board's requirement because it lacks instruction of special care/seriously ill patients.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include special care for seriously ill patients (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(11).

Finding #28: The emergency procedure requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(12):

"Emergency procedures."

AMU's Curriculum

AMU listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(d)(12):

1. CM 301 Case Management I
2. CM 302 Case Management II
3. CM 303 Case Management III

None of the courses have instruction on emergency procedures and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include emergency procedures (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(d)(12).

Finding #29: The record billing, insurance billing and collection requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(1):

"Record keeping, insurance billing and collection."

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(e)(1):

1. MG 401 Clinical Management
2. MG 402 Medical Ethics

These courses lack instruction of record keeping, insurance billing and collections, and therefore do not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, MG 401 Clinical Management, to include instruction in record keeping, insurance billing and collection (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(e)(1).

Finding #30: The business written communications requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(2):

"Business written communications."

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(e)(2):

1. MG 401 Clinical Management
2. MG 402 Medical Ethics

These courses do not meet the Board's requirement because it lacks instruction on business written communications.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, MG 401 Clinical Management, to include business written communications (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(e)(2).

Finding #31: The knowledge of regulatory compliance and jurisprudence requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(3):

"Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA)."

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(e)(3):

1. MG 401 Clinical Management
2. MG 402 Medical Ethics

These courses do not meet the Board's requirement because it lacks instruction of knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA)).

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, MG 402 Medical Ethics, to include a knowledge of the regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA) (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(e)(3).

Finding #32: The front office procedures requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(4):

"Front office procedures."

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(e)(4):

1. MG 401 Clinical Management
2. MG 402 Medical Ethics

None of the course has instruction of front office procedures and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, MG 401 Clinical Management and MG 402 Medical Ethics, to include front office procedures (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(e)(4).

Finding #33: The planning and establishing a professional office requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(5):

"Planning and establishing a professional office."

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(e)(5):

1. MG 401 Clinical Management
2. MG 402 Medical Ethics.

These courses do not meet the Board's requirement because it lacks instruction of planning and establishing a professional office.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, MG 401 Clinical Management, to include instruction of planning and establishing a professional office (See AMU's Corrective Action Plan).

This action brings AMU in compliance with CCR Section 1399.434(e)(5).

Finding #34: The practice growth and development requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(6):

"Practice growth and development."

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(e)(6):

1. MG 401 Clinical Management
2. MG 402 Medical Ethics

None of these courses have instruction of practice growth and development therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, MG 401 Clinical Management, to include the practice growth and development (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(e)(6).

Finding #35: The ability to practice in interdisciplinary medical settings, including hospitals requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(7):

"Ability to practice interdisciplinary medical settings including hospitals."

AMU's Curriculum

AMU stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(e)(7):

1. MG 401 Clinical Management
2. MG 402 Medical Ethics

These courses do not have instruction on the ability to practice in interdisciplinary medical settings including hospitals, and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, MG 401 Clinical Management and MG 402 Medical Ethics, to include the ability to practice

interdisciplinary medical settings, including hospitals (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(e)(7).

Finding #36: The knowledge of academic peer review process requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(g)(2):

"Knowledge of academic peer review process."

AMU's Curriculum

AMU stated on its curriculum requirement form that the course, RM 101 Research of AOM, satisfy CCR Section 1399.434(g)(2). However, the course lacks instruction of knowledge of academic peer review process and does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, RM 101 Research of AOM, to include knowledge of academic peer review process (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(g)(2).

Finding #37: The knowledge of critique of research method requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(g)(3):

"Knowledge of critique of research methods."

AMU's Curriculum

AMU listed the course, RM 101 Research of AOM, to fulfill CCR Section 1399.434(g)(3) on its curriculum requirement form. The course lacks instruction of knowledge of critique of research methods, and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, RM 101 Research of AOM, to include knowledge of critique of research methods (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(g)(3).

Finding #38: The history of medicine requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(g)(4):

"History of medicine."

AMU's Curriculum

AMU stated on its curriculum requirement form that the course, RM 101 Research of AOM, fulfills CCR Section 1399.434(g)(4). However, the course does not meet the Board's requirement because it lacks instruction of history of medicine.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, RM 101 Research of AOM, to include history of medicine (See AMU's Corrective Action Report).

This action brings AMU in compliance with CCR Section 1399.434(g)(4).

Summary of Alhambra Medical University Curriculum Non-Compliances

CCR Section 1399.434	Alhambra Medical University's Curriculum	Unsatisfied Requirement(s)	Corrective Action
1. (a)(4): "General Psychology, including counseling skills."	BS 104 Psychology	Counseling skills	Changes were made to the competencies covered in the course, BS 104 Psychology, to include counseling skills
2. (a)(7): "Pathology and pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology".	BS 311 Pathology I BS 312 Pathology II BS 313 Pathology III	Microbiology, psychopathology, and epidemiology	Changes were made to the competencies covered in the courses, BS 106 Microbiology & Immunology, PH 101 Public Health, and BS 313 Pathology III, to include microbiology, psychopathology, and epidemiology
3. (b)(1)(D): "Chinese Herbal Medicine Principles and Theory, including	HB 100 Introduction to Botany and Herbs HB 101 Chinese Herbology I	Missing 30 clock hours of Chinese Herbal Medicine Principles and	AMU listed course, HB 300 TCM Nutrition to meet the Herbology requirement

relevant botany concepts (This subject area shall consist of at least 450 hours of instruction)."	HB 102 Chinese Herbology II HB 103 Chinese Herbology III HB 104 Chinese Herbology IV HB 201 Chinese Herbal Formula I HB 202 Chinese Herbal Formula II HB 203 Chinese Herbal Formula III HB 204 Chinese Herbal Formula IV HB 401 Advanced Formula Shang Han HB 402 Jin Kui Yao Lue HB 403 Wen Bing HB 410 Formula Writing HB 310 Clinical Herbology	Theory, including relevant botany concepts	
4. (b)(1)(F): "Acupuncture and Oriental Medicine Specialties, including dermatology, gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care."	OM 301 TCM Internal Medicine I OM 302 TCM Internal Medicine II OM 303 TCM Internal Medicine III OM 304 TCM Internal Medicine IV OM 401 TCM Dermatology OM 402 TCM Gynecology OM 405 TCM Orthopedics & Traumatology I OM 406 TCM Orthopedics & Traumatology II OM 404 Integration of Asian/Western Medicine	Pediatrics, ophthalmology, geriatrics, family medicine, and emergency care	Changes were made to the competencies covered in the courses, OM 301 TCM Internal Medicine I, OM 302 TCM Internal Medicine II, OM 303 TCM Internal Medicine III, and OM 304 TCM Internal Medicine IV, to include pediatrics, ophthalmology, geriatrics, family medicine, and emergency care

5. (b)(1)(G): "Classical acupuncture and Oriental Medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing."	OM 100 Medical History & TCM Literatures	Jin Gui, Wen Bing/Shang Han, and Nei Jing	Changes were made to the competencies covered in the course, OM 100 Medical History & TCM Literatures, to include Jin Gui, Wen Bing/Shang Han, and Nei Jing
6. (b)(2)(E): "Herbal prescription, counseling and preparation."	HB 410 Formula Writing	Counseling	Changes were made to the competencies covered in the course, HB 201 Chinese Herbal Formula I, HB 202 Chinese Herbal Formula II, HB 203 Chinese Herbal Formula III, HB 204 Chinese Herbal Formula IV, and HB 410 Formula Writing, to include counseling and preparation instruction.
7. (b)(2)(F): "Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling."	HB 300 TCM Nutrition	Counseling	Changes were made to the competencies covered in the course, HB 300 TCM Nutrition, to include counseling
8. (b)(2)(G): "Cold and heat therapy, including moxibustion and ultrasound."	AC 301 Acupuncture Technique	Ultrasound	Changes were made to the competencies covered in the course, AC 301 Acupuncture Technique, to include ultrasound
9. (b)(2)(H): "Lifestyle counseling, and self-care recommendations."	OM 204 Clinical Consulting Skills	Lifestyle counseling, and self-care recommendations	Changes were made to the competencies covered in the course, OM 204 Clinic Consulting Skills, to include lifestyle counseling and self-care recommendations
10. (b)(2)(I): "Adjunctive acupuncture procedures, including bleeding, cupping,	AC 301 Acupuncture Technique I	Bleeding, gua sha, and dermal tacks	Changes were made to the competencies covered in the course, AC 301 Acupuncture Technique I and AC 302 Acupuncture

gua sha, and dermal tacks."			Technique II, to include bleeding, gua sha, and ultrasound
11. (b)(2)(M): "Adjunctive acupoint stimulation devices, including magnets and beads."	AC 301 Acupuncture Techniques I AC 302 Acupuncture Technique II & Lab	Magnets and beads	Changes were made to the competencies covered in the course, AC 302 Acupuncture Technique II, to include magnets and beads
12. (c)(3): "Pharmacological assessment, emphasizing side-effects and herb-drug interactions."	WM 304 Western Pharmacology	Side-effects and herb-drug interactions	Changes were made to the competencies covered in the course, WM 304 Western Pharmacology, to include side effects and herb-drug interactions
13. (c)(7): "Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization's international classification of disease (ICD-9)."	WM 303 Differential Diagnosis	Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization's international classification of disease (ICD-9)	Changes were made to the competencies covered in the courses, WM 303 Differential Diagnosis, OM 202 TCM Diagnosis II, OM 203 TCM Diagnosis III, to include acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9)
14. (c)(8): "Awareness of at-risk population, including gender, age, indigent, and disease specific patients."	WM 303 Differential Diagnosis	Awareness of at-risk population, including gender, age, indigent, and disease specific patients	Changes were made to the competencies covered in the course, WM 303 Differential Diagnosis, to include instruction of awareness of at-risk population, including gender, age, indigent, and disease specific patients
15. (c)(10): "Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public	WM 401 Western Clinical Science I WM 402 Western Clinical Science II WM 403 Western Clinical Science III WM 404 Western Clinical Science IV WM 405 Western	Radiology and public health	Changes were made to the competencies covered in the course, WM 401 Western Clinical Sciences, to include radiology and public health

health.	Clinical Science V		
16. (c)(11): "Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners."	WM 500 Survey of Clinical Medicine	Osteopathy, dentistry, psychology, nursing, podiatry, naturopathy, and homeopathy	Changes were made to the competencies covered in the course, WM 500 Survey of Clinical Medicine, to include instruction of osteopathy, dentistry, psychology, nursing, podiatry, naturopathy, and homeopathy
17. (d)(1): "Primary care responsibilities."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Primary care responsibilities	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III to include primary care responsibilities
18. (d)(2): "Secondary and specialty care responsibilities."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Secondary and specialty care responsibilities	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, CM 303 Case Management III, to include secondary and specialty care responsibilities
19. (d)(3): "Psychosocial assessment."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Psychosocial assessment	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include psychosocial assessment
20. (d)(4): "Treatment of contraindications and complications, including drug and	CM 301 Case Management I CM 302 Case Management II CM 303 Case	Treatment of contraindications and complications, including drug and herb interactions	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II,

herb interactions."	Management III		and CM 303 Case Management III, to include instruction of treatment of contraindications and complications
21. (d)(5): "Treatment planning, continuity of care, referral and collaboration."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Treatment planning, continuity of care, referral and collaboration	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include treatment planning, continuity of care, referral and collaboration
22. (d)(6): "Follow-up care, final review, and functional outcome measurements."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Follow-up care, final review, and functional outcome measurement	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include follow-up care, final review, and functional outcome
23. (d)(7): "Prognosis and future medical care."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Prognosis and future medical care	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include prognosis and future medical care
24. (d)(8): "Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor code and procedures and qualified medical evaluations	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include case management for injured workers and socialized medicine patient, including a knowledge of worker compensation/labor codes and procedures and

			qualified medical evaluations
25. (d)(9): "Coding procedure for current procedural codes, including CPT and ICD-9 Diagnoses."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Coding procedure for current procedural codes, including CPT and ICD-9 Diagnoses	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, CM 303 Case Management III, OM 203 TCM Diagnosis III, and WM 303 Differential Diagnosis, to include CPT and coding procedures for current procedural codes (ICD-9)
26. (d)(10): "Medical-legal report writing, expert medical testimony, and independent medical review	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Medical-legal report writing, expert medical testimony, and independent medical review	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III to include medical-legal report writing, expert testimony, and independent medical review
27. (d)(11): "Special care/seriously ill patients."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Special care/seriously ill patients	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include special care for seriously ill patients
28. (d)(12): "Emergency procedures."	CM 301 Case Management I CM 302 Case Management II CM 303 Case Management III	Emergency procedures	Changes were made to the competencies covered in the courses, CM 301 Case Management I, CM 302 Case Management II, and CM 303 Case Management III, to include emergency procedures
29. (e)(1): "Record keeping, insurance billing and collection."	MG 401 Clinical Management MG 402 Medical Ethics	Record keeping, insurance billing and collection	Changes were made to the competencies covered in the course, MG 401 Clinical Management, to include instruction in record keeping, insurance

			billing and collection
30. (e)(2): "Business written communications."	MG 401 Clinical Management MG 402 Medical Ethics	Business written communications	Changes were made to the competencies covered in the course, MG 401 Clinical Management, to include business written communications
31. (e)(3): "Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA)."	MG 401 Clinical Management MG 402 Medical Ethics	Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA)	Changes were made to the competencies covered in the course, MG 402 Medical Ethics, to include a knowledge of the regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA)
32. (e)(4): "Front office procedures."	MG 401 Clinical Management MG 402 Medical Ethics	Front office procedures	Changes were made to the competencies covered in the courses, MG 401 Clinical Management and MG 402 Medical Ethics, to include front office procedures
33. (e)(5): "Planning and establishing a professional office."	MG 401 Clinical Management MG 402 Medical Ethics	Planning and establishing a professional office	Changes were made to the competencies covered in the course, MG 401 Clinical Management, to include instruction of planning and establishing a professional office
34. (e)(6): "Practice growth and development."	MG 401 Clinical Management MG 402 Medical Ethics	Practice growth and development	Changes were made to the competencies covered in the course, MG 401 Clinical Management, to include the practice growth and development
35. (e)(7): "Ability to practice interdisciplinary medical settings including hospitals."	MG 401 Clinical Management MG 402 Medical Ethics	Ability to practice in interdisciplinary medical settings including hospitals	Changes were made to the competencies covered in the course, MG 401 Clinical Management and MG 402 Medical Ethics, to include the ability to practice interdisciplinary

			medical settings, including hospitals
36. (g)(2): "Knowledge of academic peer review process."	RM 101 Research of AOM	Knowledge of academic peer review process	Changes were made to the competencies covered in the course, RM 101 Research of AOM, to include knowledge of academic peer review process
37. (g)(3): "Knowledge of critique of research methods."	RM 101 Research of AOM	Knowledge of critique of research methods	Changes were made to the competencies covered in the course, RM 101 Research of AOM, to include knowledge of critique of research methods
38. (g)(4): "History of medicine."	RM 101 Research of AOM	History of medicine	Changes were made to the competencies covered in the course, RM 101 Research of AOM, to include history of medicine

PART IV: ALHAMBRA MEDICAL UNIVERSITY'S MASTER OF SCIENCE IN ACUPUNCTURE AND ORIENTAL MEDICINE CLINICAL NON-COMPLIANCE

The site visit team evaluated the clinic for compliance to ensure the curriculum requirements are reflected in the clinical training pursuant to CCR 1399.434.

Finding: Alhambra Medical University's clinical practicum for intern training did not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients.

California Acupuncture Board Training Program Clinical Requirement

CCR Section 1399.434(h)(2):

"Diagnosis and evaluation (minimum 275 hours) – the application of Eastern and Western diagnostic procedures in evaluating patients"

California Acupuncture Board Record Keeping Requirement

CCR Section 1399.453:

"An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments."

Department of Industrial Relations Worker's Compensation Requirement

Section 9785. Reporting Duties of the Primary Treating Physician:

"(h) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" form (DWC Form PR-3 or DWC Form PR-4) contained in section 9785.3 or section 9785.4, or in such other manner which provides all the information required by Title 8, California Code of Regulations, Section 10606. For permanent disability evaluation performed pursuant to the permanent disability evaluation schedule adopted on or after January 1, 2005, the primary treating physician's reports concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition (DWC Form PR-4). Qualified Medical Evaluators and Agreed Medical Evaluators may not use DWC Form PR-3 or DWC Form PR-4 to report medical-legal evaluations."

Alhambra Medical University's Clinic

1. Eastern Assessments were not applied to patients on multiple medical charts:
    a. Proposed Herbs/formulas were not listed on the medical charts. For teaching purposes, herbs/formulas should be discussed.
    b. No pharmacological assessment was conducted when an herbal formula was prescribed. For teaching and safety, herb-drug interactions must be considered.
2. Patient's records were not accurate and complete:
    a. Patient's records do not have page numbers.
3. The medical charts did not have a section for pain scale. However, when the pain scale was taken, it was not the two dimensional scale used in the California Worker's Compensation system. For worker's compensation, there must be four levels of severity and frequency of pain.

Training Program Corrective Action Taken

AMU submitted new medical charts to demonstrate corrective action of findings of clinical non-compliance found during the site visit. Upon review of the medical charts, AMU is in compliance with CCR Section 1399.434(h)(2).

This action brings AMU in compliance with CCR Section 1399.434(h)(2).

SUMMARY

For the purposes of a training clinic, all of the above should be included in a patient medical chart with Differential Diagnosis/Assessment so that the intern learns all aspects of the training program.

PART V: PEER REVIEW RECOMMENDATION

1. Clinical reasoning and problem solving could be more emphasized to highlight the fundamentals of differential diagnosis during clinical training.

PART VI: CONCLUSION

"The board may deny, place on probation, suspend or revoke the approval granted to any acupuncture training program for any failure to comply with the regulations in this article, the Acupuncture Regulations or the Acupuncture Licensure Act". CCR Section 1399.438 Suspension or Revocation of Approval

Alhambra Medical University is in full compliance with the Board's Regulations.

Kingston University
Exit Report

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
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(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

Kingston University
12100 Imperial Hwy
Norwalk, CA 90650
Non-Compliance Exit Report

PART I: INTRODUCTION

On January 22, 2015, the California Acupuncture Board conducted a compliance visit at Kingston University. The site team found the following issues of non-compliance with the California Acupuncture Board Training Program requirements.

PART II: KINGSTON UNIVERSITY'S TRAINING PROGRAM

Kingston University is in **full compliance** with CCR Section 1399.435 Criteria for Acupuncture and Oriental Medicine Training Programs.

PART III: KINGSTON UNIVERSITY'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CURRICULUM NON-COMPLIANCE

Kingston University is approved for its Master of Science in Oriental Medicine training program. The program has a total of 3,120 curriculum hours.

Finding #1: The knowledge of critique of research methods requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(g)(3):

"Knowledge of critique of research methods."

Kingston University's Curriculum

Kingston listed course, PM 1911 World History of Medicine and Professional Development, on its curriculum requirement form to fulfill CCR Section 1399.434(g)(3) The course lacks instruction of knowledge of critique of research methods and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 1911 World History of Medicine, to include knowledge of critique of research methods (See Kingston University's Corrective Action Report).

This action brings Kingston University in compliance with CCR Section 1399.434(g)(3).

PART IV: KINGSTON UNIVERSITY'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CLINICAL NON-COMPLIANCE

The site visit team evaluated the clinic for compliance to ensure the curriculum requirements are reflected in the clinical training pursuant to CCR 1399.434.

Finding: Kingston University's clinical practicum for intern training did not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients.

California Acupuncture Board Training Program Clinical Requirement

CCR Section 1399.434(h)(2):

"Diagnosis and evaluation (minimum 275 hours) – the application of Eastern and Western diagnostic procedures in evaluating patients"

California Acupuncture Board Record Keeping Requirement

CCR Section 1399.453:

"An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments."

Department of Industrial Relations Worker's Compensation Requirement

Section 9785. Reporting Duties of the Primary Treating Physician:

"(h) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" form (DWC Form PR-3 or DWC Form PR-4) contained in section 9785.3 or section 9785.4, or in such other manner which provides all the information required by Title 8, California Code of Regulations, section 10606. For permanent disability evaluation performed pursuant to the permanent disability evaluation schedule adopted on or after January 1, 2005,

the primary treating physician's reports concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition (DWC Form PR-4). Qualified Medical Evaluators and Agreed Medical Evaluators may not use DWC Form PR-3 or DWC Form PR-4 to report medical-legal evaluations."

Kingston University's Clinic

1. Eastern assessments were not applied to patients on multiple inspected medical charts:
    a. Although there is a section for Eight Principles on the medical chart, it is rarely filled out.
    b. Some patient's initial intake history forms are blank. This does not allow for pharmacological assessments to be performed.
    c. ICD-9 not used in Patient Medical records. Instead, it is replaced by the differential diagnosis. Both are needed.
    d. Treatment plans do not indicate frequency or duration of treatment.
2. Western assessments were not applied to patients on multiple inspected medical charts:
    a. Medical charts do not include the location and type of condition
    b. The Orthopedic exam is not always used when called for. For teaching purposes, the Orthopedic Exam needs to be incorporated into the patient form.
3. The lack of information collected in the Eight Principles and Pulse pattern reading leads to incomplete differential diagnosis and treatment planning.
4. Patient records are not accurate and complete:
    a. No page number is listed on the patient files.
5. The two dimension pain scale is not used and therefore cannot account or record the frequency of the pain.

Training Program Corrective Action Taken

Kingston University submitted new medical charts to demonstrate corrective action of findings of clinical non-compliance found during the site visit (See Kingston University's Corrective Action Report). Upon review of the medical charts, Kingston University is in compliance with CCR Section 1399.434(h)(2).

This action brings Kingston University in compliance with CCR Section 1399.434(h)(2).

SUMMARY

The above clinical non-compliance indicates a lack of preparation, training and mastery of the necessary knowledge for interns to properly enter into clinical training. Kingston University does not meet the California Acupuncture Board's clinical training program requirement.

PART V: PEER REVIEW RECOMMENDATION

1. The Progress notes have a section for the supervisor to sign off on but it is only labeled as 'L.Ac'. It is recommended that Kingston University replace this with 'Clinic Supervisor'.
2. One Patient Medical chart states 'diagnostic plan'. This should read 'Treatment Plan'.
3. It is recommended Intern Hours list total accumulated hours for all periods as opposed to listing totals for just each period.
4. The clinic director is also a clinic supervisor and demonstrates both western and eastern exam and diagnosis. However, in the charts reviewed, interns are also led by other clinic supervisors, and all of these diagnostic methods are not reflected in those patient records. The Clinic Director's approach should be reflected in the forms so that all clinic supervisors adhere to the same standard.
5. There are two designs for pulse pattern. One distinguishes between left and right side. This creates confusion as to which chart to fill out and can lead to omission of information if the chart distinguishing the sides is not used. Only the chart distinguishing the sides should be used on the form.

PART VI: CONCLUSION

"The board may deny, place on probation, suspend or revoke the approval granted to any acupuncture training program for any failure to comply with the regulations in this article, the Acupuncture Regulations or the Acupuncture Licensure Act". CCR Section 1399.438 Suspension or Revocation of Approval

Kingston University is in full compliance with the Board's Regulations.

Stanton University
Exit Report

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Stanton University
9618 Garden Grove Blvd, Suite #201
Garden Grove, CA 92844
Non-Compliance Exit Report

PART I: INTRODUCTION

On December 3, 2014, the California Acupuncture Board conducted a compliance visit at Stanton University. The site team found several issues of non-compliance with the California Acupuncture Board Training Program requirements.

PART II: STANTON UNIVERSITY'S TRAINING PROGRAM NON-COMPLIANCE

Finding: Multiple Student Enrollment Agreement forms were not in English.

California Acupuncture Board Training Program Requirement

CCR Section 1399.439(c):

"All student records shall be maintained in English."

Training Program Corrective Action Taken

Stanton University re-examined student files and made sure that "Student Enrollment Agreement" forms were signed and in English.

This action brings Stanton University in compliance with CCR Section 1399.439(c).

OBSERVATION

Multiple student records had incomplete documents:

a) Insurance Policy document was signed and acknowledged by students but one option was not selected.
b) Acknowledgement of Distribution document signed and acknowledged by student but one or more options were not selected.
c) Students did not initial school's Performance Fact Sheet.

PART III: STANTON UNIVERSITY'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CURRICULUM NON-COMPLIANCE

Finding #1: The general psychology requirement is not met due to lack of instruction of counseling skills.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(4):

"General Psychology, including counseling skills."

Stanton University's Curriculum

Stanton University listed on its curriculum requirement form that course, BS 212 Psychology, satisfies CCR Section 1399.434(a)(4), but the course lacks instruction of counseling skills. This course does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CS 212 Psychology, to include counseling skills (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(a)(4).

Finding #2: The physiology requirement due to lack of instruction of neurophysiology and neurochemistry.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(6):

"Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry."

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form that the courses listed below fulfills CCR Section 1399.434(a)(6). However, the courses lack instruction of neurophysiology and neurochemistry and therefore does not meet the Board's requirement.

1. BS 323 Anatomy & Physiology III
2. BS 324 Anatomy & Physiology IV

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, BS 323 Anatomy & Physiology III and BS 324 Anatomy & Physiology IV, to include neurophysiology and neurochemistry (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(a)(6).

Finding #3: The pathology and pathophysiology requirement is not met due to the lack of instruction of microbiology, psychopathology, and epidemiology.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(7):

"Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology."

Stanton University's Curriculum

Stanton University listed the courses below on its curriculum requirement form to fulfill CCR Section 1399.434(a)(7). The courses do not meet the Board's requirement because they lack instruction of microbiology, psychopathology, and epidemiology.

1. BS 431 Pathology I
2. BS 432 Pathology II

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, BS 431 Pathology I and BS 342 Pathology II, to include microbiology, psychopathology, and epidemiology (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(a)(7).

Finding #4: The acupuncture and Oriental Medicine specialties requirement is not met due to lack of instruction of geriatrics, traumatology, orthopedics, and emergency care.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(1)(F):

"Acupuncture and Oriental Medicine Specialties, including dermatology gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care."

Stanton University's Curriculum

Stanton University listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(b)(1)(F):

1. OM 531 Oriental Internal Medicine I
2. OM 532 Oriental Internal Medicine II
3. OM 533 Oriental Internal Medicine III
4. OM 534 Oriental Internal Medicine IV

The courses lack instruction of geriatrics, traumatology, orthopedics, and emergency care and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, OM 531 Oriental Internal Medicine I, OM 532 Oriental Internal Medicine II, OM 533 Oriental Internal Medicine III, and OM 534 Oriental Internal Medicine IV, to include geriatrics, traumatology, orthopedics, and emergency care (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(b)(1)(F).

Finding #5: The herbal prescription, counseling and preparation requirement is not met due to the lack of instruction of counseling.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(E):

"Herbal prescription, counseling and preparation."

Stanton University's Curriculum

Stanton University listed course, CL 500 Practice Observation, on its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(E), but it lacks instruction on counseling and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, HB 531 Herbal Prescription and HB 420 Herbal Practice, to include herbal counseling (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(b)(2)(E).

Finding #6: The Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling requirement is not met due to lack of instruction on counseling.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(F):

"Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling."

Stanton University's Curriculum

Stanton University listed courses: 1) HB 430 Nutrition in Oriental Medicine and 2) BS 311 Nutrition and Vitamins on its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(F). The courses lack instruction on counseling and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, BS 311 Nutrition and Vitamins and HB 430 Nutrition in Oriental Medicine, to include counseling (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(b)(2)(F).

Finding #7: The cold and health therapy requirement is not met due to the lack of instruction of ultrasound.

California Acupuncture Board Training Requirement

CCR Section 1399.434(b)(2)(G):

"Cold and heat therapy, including moxibustion and ultrasound."

Stanton University's Curriculum

Stanton University listed course, AC 522 Acupuncture Techniques II, on its curriculum requirement form to satisfy CCR Section 1399.434(b)(2)(G). The course does not meet the Board's requirement because it lacks instruction of ultrasound. However, ultrasound is taught in another course but that course is not listed on the curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(G).

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 420 Lab Test/Radiology, to include ultrasound (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(b)(2)(G).

Finding #8: The lifestyle counseling, and self-care recommendations requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(H):

"Lifestyle counseling, and self-care recommendations."

Stanton University's Curriculum

Stanton University listed the following courses on its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(H):

1. OM 421 Oriental Medicine Diagnosis I
2. OM 422 Oriental Medicine Diagnosis II
3. AC 531 Acupuncture Therapeutics I
4. AC 532 Acupuncture Therapeutics II

None of the courses have instruction on lifestyle counseling and self-care recommendations and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, OM 531 Oriental Internal Medicine I, OM 532 Oriental Internal Medicine II, OM 533 Oriental Internal Medicine III, and OM 534 Oriental Internal Medicine IV, to include lifestyle counseling and self-care recommendations (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(b)(2)(H).

Finding #9: The adjunctive acupuncture procedures requirement is not met due to the lack of instruction of cupping or gua sha.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(J):

"Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks."

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form that the course, AC 522 Acupuncture Techniques II, satisfies CCR Section 1399.434(b)(2)(J).

However, the course lacks instruction of cupping and gua sha and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, AC 522 Acupuncture Techniques II, to include cupping and gua sha (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(b)(2)(J).

Finding #10: The adjunctive acupoint stimulation devices requirement is not met due to the lack of instruction of magnets and beads.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(M):

"Adjunctive acupoint stimulation devices including magnets and beads."

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form that the course, AC 521 Acupuncture Techniques I, satisfies CCR Section 1399.434(b)(2)(M). However, the course lacks instruction of magnets and beads and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, AC 522 Acupuncture Technique II, to include magnets and beads (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(b)(2)(M).

Finding #11: The standard physical examination and assessment requirement is not met due to the lack of instruction of neuromusculoskeletal, orthopedic, neurological, ear, and nose examinations, and functional assessment.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(2):

"Standard physical examination and assessment, including neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment."

Stanton University's Curriculum

Stanton University listed the following courses on its curriculum requirement form to fulfill CCR Section 1399.434(c)(2):

1. WM 430 Western Physical Assessment
2. WM 531 Western Clinical Medicine I
3. WM 532 Western Clinical Medicine II
4. WM 533 Western Clinical Medicine III

None of the courses above have instruction of neuromusculoskeletal, neurological, ear and nose examinations and functional assessment. Therefore, the courses do not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 430 Western Physical Assessment, to include neuromusculoskeletal, neurological, ear and nose examinations, and functional assessment (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(c)(2).

Finding #12: The patient/practitioner rapport, communication skills, including multicultural sensitivity requirement is not met.

California Acupuncture Board Training Program

CCR Section 1399.434(c)(4):

"Patient/practitioner rapport, communication skills including multicultural sensitivity."

Stanton University's Curriculum

Stanton University listed courses: 1) CL 400 Pre-Clinical Procedure and 2) WM 430 Western Physical Assessment on its curriculum requirement form to fulfill CCR Section 1399.434(c)(4). However, the courses do not meet the Board's requirement because they lack instruction of patient/practitioner rapport, communication skills, including multicultural sensitivity.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, WM 430 Western Physical Assessment and CL 400 Pre-Clinical Procedure, to include patient/practitioner rapport, communication skills, including multicultural sensitivity (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(c)(4).

Finding #13: The clinical impressions and the formation of a working diagnosis requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(7):

"Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9)."

Stanton University's Curriculum

Stanton University listed the following courses to fulfill CCR 1399.434(c)(7) on its curriculum requirement form:

1. WM 430 Western Physical Assessment
2. WM 531 Western Clinical Medicine I
3. WM 532 Western Clinical Medicine II
4. WM 533 Western Clinical Medicine III
5. OM 421 Oriental Medicine Diagnosis I
6. OM 422 Oriental Medicine Diagnosis II

None of the courses have instruction on clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9). Stanton University does have a course that fulfills this requirement but it is not listed on the curriculum requirement form for CCR Section 1399.434(c)(7).

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, WM 531 Western Clinical Medicine I, WM 532 Western Clinical Medicine II, WM 533 Western Clinical Medicine III, OM 531 Oriental Internal Medicine I, OM 532 Oriental Internal Medicine II, OM 533 Oriental Internal Medicine III, OM 531 Oriental Internal Medicine IV, WM 633 Case Management III, to include acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9).

This action brings Stanton University in compliance with CCR Section 1399.434(c)(7).

Finding #14: The awareness of at-risk population requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(8):

"Awareness of at-risk population, including gender, age, indigent, and disease specific patients."

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form that the course, WM 430 Western Physical Assessment, fulfills CCR Section 1399.434(c)(8). The course lacks instruction of awareness of at-risk population, including gender, age, indigent, and disease specific patients and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 430 Western Physical Assessment, to include awareness of at-risk population, including gender, age, indigent, and disease specific patients (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(c)(8).

Finding #15: The clinical sciences requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(10):

"Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health."

Stanton University's Curriculum

Stanton University listed the following courses on its curriculum requirement form to fulfill CCR Section 1399.434(c)(10):

1. WM 531 Western Clinical Medicine I
2. WM 532 Western Clinical Medicine II
3. WM 533 Western Clinical Medicine III

The courses do not meet the Board's requirement because they lack instruction of a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, WM 531 Western Clinical Medicine I, WM 532 Western Clinical Medicine II, and WM 533 Western Clinical Medicine III, to include internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(c)(10).

Finding #16: The clinical medicine requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(11):

"Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners."

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form the following courses fulfills CCR Section 1399.434(c)(11):

1. WM 520 Survey of Healthcare Systems
2. WM 531 Western Clinical Medicine I
3. WM 532 Western Clinical Medicine II
4. WM 533 Western Clinical Medicine III

None of the courses have a survey of dentistry and podiatry and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 520 Survey of Healthcare Systems, to include dentistry and podiatry (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(c)(11).

Finding #17: The primary care responsibilities requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(1):

"Primary care responsibilities."

Stanton University's Curriculum

Stanton University listed course, WM 631 Case Management, on its curriculum requirement form to fulfill CCR Section 1399.434(d)(1). The course does not have instruction of primary care responsibilities and therefore does not meet the Board's requirement. Stanton University does have a course that teaches primary care responsibilities but it is not listed on the curriculum requirement form for CCR Section 1399.434(d)(1).

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 631 Case Management I, to include primary care responsibilities (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(d)(1).

Finding #18: The secondary and specialty care responsibilities requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(2):

"Secondary and specialty care responsibilities."

Stanton University's Curriculum

Stanton University listed course, WM 631 Case Management, on its curriculum requirement form to fulfill CCR Section 1399.434(d)(2). The course does not have instruction of primary care responsibilities and therefore does not meet the Board's requirement. Stanton University does have a course that teaches secondary and specialty care responsibilities but it is not listed on the curriculum requirement form for CCR Section 1399.434(d)(2).

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 631 Case Management I, to include secondary and specialty care responsibilities (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(d)(2).

Finding #19: The psychosocial assessment requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(3):

"Psychosocial assessment".

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form that the course, WM 631 Case Management I, fulfills CCR Section 1399.434(d)(3). However, the course lacks instruction of psychosocial assessment and does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 631 Case Management I, to include psychosocial assessment (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(d)(3).

Finding #20: The follow-up care, final review, and functional outcome measurement requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(6):

"Follow-up care, final review, and functional outcome measurements."

Stanton University's Curriculum

Stanton University listed course, WM 632 Case Management II, on its curriculum requirement form to fulfill CCR Section 1399.434(d)(6). However, the course does not meet the Board's requirement because it lacks instruction of follow-up care, final review, and functional outcome measurements.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 632 Case Management II, to include follow-up care, final review, and functional outcome measurement (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(d)(6).

Finding #21: The prognosis and future medical care requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(7):

"Prognosis and future medical care."

Stanton University's Curriculum

Stanton University listed course, WM 632 Case Management II, on its curriculum requirement form to fulfill CCR Section 1399.434(d)(7). The course does not have instruction of prognosis and future medical care and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 632 Case Management II, to include prognosis and future medical care (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(d)(7).

Finding #22: The medical-legal report writing, expert medical testimony, and independent medical review requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(10):

"Medical-legal report writing, expert medical testimony, and independent medical review."

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form that the course, WM 633 Case Management III, satisfies CCR Section 1399.434(d)(10). The course lacks instruction of medical-legal report writing, expert medical testimony, and independent medical review and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 633 Case Management III, to include medical legal report writing, expert medical testimony, and independent medical review (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(d)(10).

Finding #23: The special care/seriously ill patients requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(11):

"Special care/seriously ill patients."

Stanton University's Curriculum

Stanton University listed course, WM 633 Case Management III, to fulfill CCR Section 1399.434(d)(12). However, the course does not have instruction on special care/seriously ill patients, and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 633 Case Management III, to include special care/seriously ill patients (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(d)(12).

Finding #24: The business written communications requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(2):

"Business written communications."

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form that the course, WM 521 Clinic Management, fulfills CCR Section 1399.434(e)(2). However, the course lacks instruction of business written communications and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 521 Clinic Management, to include business written communications (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(e)(2).

Finding #25: The knowledge of regulatory compliance and jurisprudence requirement is not met due to the lack of instruction of labor code.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(3):

"Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA)"

Stanton University's Curriculum

Stanton University listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(e)(3):

1. CL 400 Pre-Clinical Procedure
2. WM 522 Ethics

3. WM 631 Case Management I

None of the courses have instruction of labor code and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, WM 321 CNT and WM 631 Case Management I, to include Labor Code (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(e)(3).

Finding #26: The treatment of chemical dependency requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(f)(4):

"Treatment of chemical dependency."

Stanton University's Curriculum

Stanton University stated on its curriculum requirement form that the course, WM 310 Public Health, fulfills CCR Section 1399.434(f)(4). However, the course does not have instruction of treatment of chemical dependency and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 310 Public Health, to include treatment of chemical dependency (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(f)(4).

Finding #27: The research and evidence based medicine requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(g)(1):

"Research and evidence based medicine."

Stanton University's Curriculum

Stanton University listed course, WM 302 Research Methodology, on its curriculum requirement form to fulfill CCR Section 1399.434(g)(1). However, this

course lacks instruction of research and evidence based medicine and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 302 Research Methodology, to include research and evidence based medicine (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(g)(1).

Finding #28: The knowledge of academic peer review process requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(g)(2):

"Knowledge of academic peer review process."

Stanton University's Curriculum

Stanton University listed course, WM 302 Research Methodology, on its curriculum requirement for to fulfill CCR Section 1399.434(g)(2). However, the course lacks instruction of knowledge of academic peer review process and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 302 Research Methodology, to include academic peer review process (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(g)(2).

Finding #29: The knowledge of critique of research method requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(g)(3):

"Knowledge of critique of research methods."

Stanton University's Curriculum

Stanton University listed course, WM 302 Research Methodology, on its curriculum requirement form to fulfill CCR Section 1399.434(g)(3). However, the

course lacks instruction of knowledge of critique of research method and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 302 Research Methodology, to include knowledge of critique of research methods (See Stanton University's Corrective Action Report).

This action brings Stanton University in compliance with CCR Section 1399.434(g)(3).

Summary of Stanton University's Curriculum Non-Compliances

CCR Section 1399.434	Stanton University's Curriculum	Unsatisfied Requirement	Corrective Action
1. (a)(4): "General Psychology, including counseling skills."	BS 212 Psychology	Counseling skills	Changes were made to the competencies covered in the course, CS 212 Psychology, to include counseling skills
2. (a)(6): "Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry."	BS 323 Anatomy & Physiology III BS 324 Anatomy & Physiology IV	Neurophysiology and neurochemistry	Changes were made to the competencies covered in the courses, BS 323 Anatomy & Physiology III and BS 324 Anatomy & Physiology IV, to include neurophysiology and neurochemistry
3. (a)(7): "Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology."	BS 431 Pathology I BS 432 Pathology II	Microbiology, psychopathology, and epidemiology	Changes were made to the competencies covered in the courses, BS 431 Pathology I and BS 342 Pathology II, to include microbiology, psychopathology, and epidemiology
4. (b)(1)(F): "Acupuncture and Oriental Medicine Specialties, including dermatology gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics,	OM 531 Oriental Internal Medicine I OM 532 Oriental Internal Medicine II OM 533 Oriental Internal Medicine III OM 534 Oriental Internal Medicine IV	Geriatrics, traumatology, orthopedic	Changes were made to the competencies covered in the courses, OM 531 Oriental Internal Medicine I, OM 532 Oriental Internal Medicine II, OM 533 Oriental Internal Medicine III, and OM 534 Oriental Internal Medicine IV, to

family medicine, traumatology, and emergency care."			include geriatrics, traumatology, orthopedics, and emergency care
5. (b)(2)(E): "Herbal prescription, counseling and preparation."	CL 500 Practice Observation	Counseling	Changes were made to the competencies covered in the courses, HB 531 Herbal Prescription and HB 420 Herbal Practice, to include herbal counseling
6. (b)(2)(F): "Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling."	HB 430 Nutrition in Oriental Medicine BS 311 Nutrition and Vitamins	Counseling	Changes were made to the competencies covered in the courses, BS 311 Nutrition and Vitamins and HB 430 Nutrition in Oriental Medicine, to include counseling
7. (b)(2)(G): "Cold and heat therapy, including moxibustion and ultrasound."	AC 522 Acupuncture Techniques II	Ultrasound	Changes were made to the competencies covered in the course, WM 420 Lab Test/Radiology, to include ultrasound
8. (b)(2)(H): "Lifestyle counseling, and self-care recommendations."	OM 421 Oriental Medicine Diagnosis I OM 422 Oriental Medicine Diagnosis II AC 531 Acupuncture Therapeutics I AC 532 Acupuncture Therapeutics II	Lifestyle counseling and self-care recommendations	Changes were made to the competencies covered in the courses, OM 531 Oriental Internal Medicine I, OM 532 Oriental Internal Medicine II, OM 533 Oriental Internal Medicine III, and OM 534 Oriental Internal Medicine IV, to include lifestyle counseling and self-care recommendations
9. (b)(2)(J): "Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks."	AC 522 Acupuncture Techniques II	Cupping and gua sha	Changes were made to the competencies covered in the course, AC 522 Acupuncture Techniques II, to include cupping and gua sha
10. (b)(2)(M): "Adjunctive acupoint stimulation devices including magnets and beads."	AC 521 Acupuncture Techniques I	Magnets and beads	Changes were made to the competencies covered in the course, AC 522 Acupuncture Technique II, to include magnets and beads
11. (c)(2): "Standard physical examination and	WM 430 Western Physical Assessment WM 531 Western	Neuromusculoskeletal, neurological, ear and nose	Changes were made to the competencies covered in the course, WM 430

assessment, including neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment."	Clinical Medicine I WM 532 Western Clinical Medicine II WM 533 Western Clinical Medicine III	examinations and functional assessment	Western Physical Assessment, to include neuromusculoskeletal, neurological, ear and nose examinations, and functional assessment
12. (c)(4): "Patient/practitioner rapport, communication skills including multicultural sensitivity."	CL 400 Pre-Clinical Procedure WM 430 Western Physical Assessment	Patient/practitioner rapport, communication skills, including multicultural sensitivity	Changes were made to the competencies covered in the courses, WM 430 Western Physical Assessment and CL 400 Pre-Clinical Procedure, to include patient/practitioner rapport, communication skills, including multicultural sensitivity
13. (c)(7): "Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9)."	WM 430 Western Physical Assessment WM 531 Western Clinical Medicine I WM 532 Western Clinical Medicine II WM 533 Western Clinical Medicine III OM 421 Oriental Medicine Diagnosis I OM 422 Oriental Medicine Diagnosis II	Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9)	Changes were made to the competencies covered in the courses, WM 531 Western Clinical Medicine I, WM 532 Western Clinical Medicine II, WM 533 Western Clinical Medicine III, OM 531 Oriental Internal Medicine I, OM 532 Oriental Internal Medicine II, OM 533 Oriental Internal Medicine III, OM 531 Oriental Internal Medicine IV, WM 633 Case Management III, to include acupuncture and Oriental medicine diagnoses and the World Health Organization's internal classification of disease (ICD-9).
14. (c)(8): "Awareness of at-risk population, including gender, age, indigent, and disease specific patients."	WM 430 Western Physical Assessment	Gender, age, indigent, and disease specific patients	Changes were made to the competencies covered in the course, WM 430 Western Physical Assessment, to include awareness of at-risk population, including gender, age, indigent, and disease specific patients
15. (c)(10): "Clinical sciences – a	WM 531 Western Clinical Medicine I	A review of internal medicine,	Changes were made to the competencies covered in

review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health."	WM 532 Western Clinical Medicine II WM 533 Western Clinical Medicine III	pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health	the courses, WM 531 Western Clinical Medicine I, WM 532 Western Clinical Medicine II, and WM 533 Western Clinical Medicine III, to include internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health
16. (c)(11): "Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners."	WM 520 Survey of Healthcare Systems WM 531 Western Clinical Medicine I WM 532 Western Clinical Medicine II WM 533 Western Clinical Medicine III	A survey of dentistry and podiatry	Changes were made to the competencies covered in the course, WM 520 Survey of Healthcare Systems, to include dentistry and podiatry
17. (d)(1): "Primary care responsibilities."	WM 631 Case Management	Primary care responsibilities	Changes were made to the competencies covered in the course, WM 631 Case Management I, to include primary care responsibilities
18. (d)(2): "Secondary and specialty care responsibilities."	WM 631 Case Management	Secondary and specialty care responsibilities	Changes were made to the competencies covered in the course, WM 631 Case Management I, to include secondary and specialty care responsibilities
19. (d)(3): "Psychosocial assessment".	WM 631 Case Management	Psychosocial assessment	Changes were made to the competencies covered in the course, WM 631 Case Management I, to include psychosocial assessment
20. (d)(6): "Follow-up care, final review, and functional outcome measurements."	WM 632 Case Management II	Follow-up care, final review, and functional outcome measurements	Changes were made to the competencies covered in the course, WM 632 Case Management II, to include follow-up care, final review, and functional outcome measurement
21. (d)(7): "Prognosis and future medical care."	WM 632 Case Management II	Prognosis and future medical care	Changes were made to the competencies covered in the course, WM 632 Case

			Management II, to include prognosis and future medical care
22. (d)(10): "Medical-legal report writing, expert medical testimony, and independent medical review."	WM 633 Case Management III	Medical-legal report writing, expert medical testimony, and independent medical review	Changes were made to the competencies covered in the course, WM 633 Case Management III, to include medical legal report writing, expert medical testimony, and independent medical review
23. (d)(11): "Special care/seriously ill patients."	WM 633 Case Management III	Special care/seriously ill patients	Changes were made to the competencies covered in the course, WM 633 Case Management III, to include special care/seriously ill patients
24. (e)(2): "Business written communications."	WM 521 Clinic Management	Business written communications	Changes were made to the competencies covered in the course, WM 521 Clinic Management, to include business written communications
25. (e)(3): "Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA)"	CL 400 Pre-Clinical Procedure WM 522 Ethics WM 631 Case Management I	Labor code	Changes were made to the competencies covered in the courses, WM 321 CNT and WM 631 Case Management I, to include Labor Code
26. (f)(4): "Treatment of chemical dependency	WM 310 Public Health	Treatment of chemical dependency	Changes were made to the competencies covered in the course, WM 310 Public Health, to include treatment of chemical dependency
27. (g)(1): "Research and evidence based medicine."	WM 302 Research Methodology	Research and evidence based medicine	Changes were made to the competencies covered in the course, WM 302 Research Methodology, to include research and evidence based medicine
28. (g)(2): "Knowledge of academic peer review process."	WM 302 Research Methodology	Knowledge of academic peer review process	Changes were made to the competencies covered in the course, WM 302 Research Methodology, to

			include academic peer review process
29. (g)(3): "Knowledge of critique of research methods"	WM 302 Research Methodology	Knowledge of critique of research methods	Changes were made to the competencies covered in the course, WM 302 Research Methodology, to include knowledge of critique of research methods

PART IV: STANTON UNIVERSITY'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CLINICAL NON-COMPLIANCE

The site visit team evaluated the clinic for compliance to ensure the curriculum requirements are reflected in the clinical training pursuant to CCR 1399.434.

Finding: Stanton University's clinical practicum for intern training did not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients.

California Acupuncture Board Training Program Clinical Requirement

CCR Section 1399.434(h)(2):

"Diagnosis and evaluation (minimum 275 hours) – the application of Eastern and Western diagnostic procedures in evaluating patients"

California Acupuncture Board Record Keeping Requirement

CCR Section 1399.453:

"An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments."

Department of Industrial Relations Worker's Compensation Requirement

Section 9785. Reporting Duties of the Primary Treating Physician:

"(h) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" form (DWC Form PR-3 or DWC Form PR-4) contained in section 9785.3 or section 9785.4, or in such other manner which provides all the information required by Title 8, California Code of Regulations, section 10606. For permanent disability evaluation performed pursuant to the

permanent disability evaluation schedule adopted on or after January 1, 2005, the primary treating physician's reports concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition (DWC Form PR-4). Qualified Medical Evaluators and Agreed Medical Evaluators may not use DWC Form PR-3 or DWC Form PR-4 to report medical-legal evaluations."

Stanton University's Clinic

1. Western assessments were not applied to patients in multiple inspected medical charts:
    a. Some medical charts did not have accurate Standard Medical Terminology.
2. Patient's records were not accurate and complete:
    a. Some medical records were not translated into English.
    b. Patient's records do not have page numbers.
3. Although the charts did list a section for a pain scale, it was not the two dimensional scale used in California's Worker's Compensation system. It did not have severity and frequency.

Training Program Corrective Action Taken

Stanton University submitted new medical charts and patient records to demonstrate corrective action of findings of clinical non-compliance found during the site visit (See Stanton University's Corrective Action Report). Upon review of the medical charts, Stanton University is in compliance with CCR Section 1399.434(h)(2).

This action brings Stanton University in compliance with CCR Section 1399.434(h)(2).

SUMMARY

For the purposes of a training clinic, all of the above should be included in a patient medical chart with Differential Diagnosis/Assessment so that the intern learns all aspects of the training program.

PART IV: PEER REVIEW RECOMMENDATION

1. For training purposes, list the 8 principles and Zang Fu on the medical charts for interns to circle. This will help the interns develop differential diagnosis.
2. For teaching purposes, instructors should encourage interns to use individual herbs and customized formulas based on differential diagnosis.
3. The orthopedic exam was only minimally performed and not documented in the medical charts. The orthopedic exam should be performed with more detail and documented in the medical charts.

4. Medical charts do not document all aspect of the findings and exams in details. For teaching purposes, students should be exposed to proper and adequate medical documentation.

PART V: CONCLUSION

"The board may deny, place on probation, suspend or revoke the approval granted to any acupuncture training program for any failure to comply with the regulations in this article, the Acupuncture Regulations or the Acupuncture Licensure Act". CCR Section 1399.438 Suspension or Revocation of Approval

Stanton University is in full compliance with the Board's regulations.

University of South Los Angeles Exit Report

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
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University of South Los Angeles
(Formerly Life University)
555 W Redondo Beach Blvd
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Non-Compliance Exit Report

PART I: INTRODUCTION

On December 4, 2014, the California Acupuncture Board's conducted a compliance visit at University of South Los Angeles. The site team found several issues of non-compliances with the California Acupuncture Board Training Program requirements.

PART II: UNIVERSITY OF SOUTH LOS ANGELES' TRAINING PROGRAM NON-COMPLIANCE

Finding #1: Some student records were missing official transcripts that are needed to show the required minimum qualifications.

California Acupuncture Board Training Program Requirement

CCR Section 1399.435(a):

"Candidates for admission shall have successfully completed at least two (2) academic years (60 semester credit/90 quarter credits) of education at the baccalaureate level that is appropriate preparation for graduate level work, or the equivalent from an institution accredited by an agency recognized by the U.S. Secretary of Education."

Finding #2: Some foreign student's transcripts were not evaluated and translated in English.

California Acupuncture Board Training Program Requirement

CCR Section 1399.439(c):

"All student records shall be maintained in English."

California Acupuncture Board Training Program Requirement

CCR Section 1399.416:
"In order for documented educational training and clinical experience to qualify for licensure under Section 4938, subdivision (b)(3) of the Code, the applicant shall document that such education and experience meets the requirements of Section 1399.436, subsections (a), (b), and (c) or, if applicable, Section 1399.434. All foreign trained applicants shall submit documentation of his or her education to a credentials evaluation service that is a member of the National Association of Credentials Evaluation Services, Inc. for review and a report to that board. This report shall be filed by the applicant with his or her application for examination."

OBSERVATION

1. All student records inspected were missing personal statement or had incomplete personal statement as required per University of South Los Angeles.
2. All student records are missing Letter of Recommendations.
3. Multiple student records were missing student signatures from the following forms:
    a. Acknowledgement of Receipt
    b. Acknowledgment of Distribution
    c. Drug Free Policy – Awareness Statement
    d. Student Right Disclosure
    e. Notice of Right to Cancel
    f. Sexual Harassment Policy
    g. Standards of Conduct and Disciplinary Policy

PART III: UNIVERSITY OF SOUTH LOS ANGELES'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CURRICULUM NON-COMPLIANCE

University of South Los Angeles is approved for its Master of Science in Oriental Medicine training program. The program has a total of 3,300 curriculum hours.

Finding #1: General Biology requirement is 30 clock hours instead of 60 clock hours as stated on the University of South Los Angeles' curriculum requirement form.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(1):

"General Biology."

University of South Los Angeles' Curriculum

University of South Los Angeles listed courses: 1) GS 500 General Biology I and 2) GS 501 General Biology II, which accumulates to 60 clock hour, to satisfy CCR Section 1399.434(a)(1) on its curriculum requirement form. However, the syllabus for GS 500 and GS 501 are identical and therefore can only be listed as one course of 30 clock hour.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, GS 501 General Biology I and GS 501 General Biology II so they are no longer identical (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(a)(1).

Finding #2: The general physics requirement is not met due to the lack of instruction of biophysics.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(3):

"General Physics, including a general survey of biophysics."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, GS 520 General Physics, to fulfill CCR Section 1399.434(a)(3) but the course lacks instruction of biophysics. This course does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, GS 520 General Physics, to include biophysics (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(a)(3).

Finding #3: The general psychology requirement is not met due to the lack of instruction of counseling skills.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(4):

"General Psychology, including counseling skills."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, GS 525 General Psychology, to fulfill CCR Section 1399.434(a)(4). However, the course lacks instruction of counseling skills. This course does not meet the Board's requirement

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, GS 525 General Psychology, to include counseling skills (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(a)(4).

Finding #4: The physiology requirement is not met due to the lack of instruction in neurophysiology, endocrinology, and neurochemistry.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(6):

"Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry."

University of South Los Angeles' Curriculum

University of South Los Angeles listed the following courses below to satisfy CCR Section 1399.434(a)(6). The courses lack instruction of neurophysiology, endocrinology, and neurochemistry and does not meet the Board's requirement.

1) GS 531 Anatomy & Physiology II
2) GS 532 Anatomy & Physiology III

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, GS 531 Anatomy & Physiology II and GS 532 Anatomy & Physiology III, to include neurophysiology, endocrinology, and neurochemistry (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(a)(6).

Finding #5: The pathology and pathophysiology requirement is not met due to lack of instruction in microbiology, psychopathology, and epidemiology.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(7):

"Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology and epidemiology."

University of South Los Angeles' Curriculum

University of South Los Angeles listed the following courses: 1) GS 550 Pathology I and 2) GS 232 Pathology II to fulfill CCR Section 1399.434(a)(7). The

courses lack instruction of microbiology, psychopathology, and epidemiology, and therefore does meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, GS 550 Pathology I and GS 551 Pathology II, to include microbiology, psychopathology, and epidemiology (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(a)(7).

Finding #6: The Chinese Herbal Medicine Principles and Theory requirement is not met due to the lack of at least 450 hours of instruction.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(1)(D):

"Chinese Herbal Medicine Principles and Theories, including relevant botany concepts (This subject area shall consist of 450 hours of instruction)."

University of South Los Angeles' Curriculum

University of South Los Angeles listed the following courses to fulfill CCR Section 1399.434(b)(1)(D):

1. OH 550 Botany
2. OH 551 Herb Making
3. OH 601 Oriental Herbal Pharmacopeia I: Herbology I
4. OH 602 Oriental Herbal Pharmacopeia II: Herbology II
5. OH 603 Oriental Herbal Pharmacopeia III: Herbology III

These five courses have a total of 170 clock hours. University of South Los Angeles' curriculum is missing 280 clock hours on Chinese Herbal Medicine Principles and Theories.

Training Program Corrective Action Taken

USOLA added the following courses to make up the missing 280 hours: OH 604, OH 605, OH 606, OH 607, OH 608, OH 609, and OH 610.

This action brings USOLA in compliance with CCR Section 1399.434(b)(1)(D).

Finding #7: The Acupuncture and Oriental Medicine Specialties requirement is not met due to the lack of instruction in dermatology, pediatrics, ophthalmology, orthopedics, geriatrics, family medicine, traumatology, and emergency care.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(1)(F):

"Acupuncture and Oriental Medicine Specialties, including dermatology, gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care."

University of South Los Angeles' Curriculum

University of South Los Angeles stated that the following courses fulfill CCR Section 1399.434(b)(1)(F):

1. OM 615 Oriental Internal Medicine I
2. OM 616 Oriental Internal Medicine II
3. OM 617 Oriental Internal Medicine III
4. OM 618 Oriental Internal Medicine IV
5. OM 619 Oriental Internal Medicine V

The courses lack instruction of dermatology, pediatrics, ophthalmology, orthopedics, geriatrics, family medicine, traumatology, and emergency care and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, OH 615 Oriental Medicine I, OM 616 Oriental Medicine II, OM 617 Oriental Medicine III, OM 618 Oriental Medicine IV, and OM 619 Oriental Internal Medicine V, to include dermatology, pediatrics, ophthalmology, geriatrics, family medicine, traumatology, and emergency care (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(1)(D).

Finding #8: The classical acupuncture and Oriental Medicine literature requirement is not met due to lack of instruction in Jin Gui and Wen Bing/Shang Han.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(1)(G):

"Classical acupuncture and Oriental Medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, HT 500 Ancient Writings and the History of Medicine, on the curriculum requirement form to satisfy CCR Section 1399.434(b)(1)(G). The course does not have instruction of Jin Gui and Wen Bing/Shang Han and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, HT 500 Ancient Writings and History of Medicine, to include Jin Gui and Wen Bing/Shang Han (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(1)(G).

Finding #9: The Modern acupuncture Oriental medicine literature requirement is not met due to its lack of instruction.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(1)(H):

"Modern acupuncture and Oriental medicine literature."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, HT 500 Ancient Writings and the History of Medicine, on the curriculum requirement form to satisfy CCR Section 1399.434(b)(1)(H).This course lack instruction of modern acupuncture and Oriental medicine literature and does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, HT 500 Ancient Writings and History of Medicine, to include modern acupuncture and Oriental medicine literature (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(1)(H).

Finding #10: The herbal prescription, counseling, and preparation requirement is not met due to lack of instruction of counseling.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(E):

"Herbal prescription, counseling and preparation."

University of South Los Angeles' Curriculum

University of South Los Angeles listed the following courses below its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(E):

1. OH 607 Oriental Herbal Prescription I: Formula I
2. OH 608 Oriental Herbal Prescription II: Formula II
3. OH 609 Oriental Herbal Prescription III: Formula III
4. OH 610 Oriental Herbal Prescription IV: Formula IV

However, all courses lack instruction of counseling and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses, OH 607 Oriental Herbal Prescription I, OH 608 Oriental Herbal Prescription II, OH 609 Oriental Herbal Prescription III, and OH 610 Oriental Herbal Prescription IV, to include counseling (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(2)(E).

Finding #11: The Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling requirement is not met due to the lack of instruction of counseling.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(F):

"Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, GS 540 Nutrition, on its curriculum requirement form to satisfy CCR Section 1399.434(b)(2)(F). However, the course lacks instruction of counseling and does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, GS 540 Nutrition, to include counseling (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(2)(F).

Finding #12: The cold and heat therapy requirement is not met due the lack of instruction of moxibustion and ultrasound.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(G):

"Cold and health therapy, including moxibustion and ultrasound."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, OM 640 Acupuncture V: Point Locations V, on its curriculum requirement form to fulfill CCR Section

1399.434(b)(2)(G). However, the course lacks instruction of moxibustion and ultrasound and does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include moxibustion and ultrasound (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(2)(G).

Finding #13: The lifestyle counseling, and self-care recommendation requirement is not met due its lack of instruction.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(H):

"Lifestyle counseling, and self-care recommendations."

University of South Los Angeles' Curriculum

University of South Los Angeles stated on its curriculum requirement form that course, GS 550 Breathing Techniques and Oriental Exercise fulfills CCR Section 1399.434(b)(2)(H). However, the course lacks instruction of lifestyle counseling, and self-care recommendations and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, OM 550 Breathing Techniques and Oriental Exercise, to include lifestyle counseling and self-care recommendations (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section (b)(2)(H).

Finding #14: The adjunctive acupuncture procedure requirement is not met due to lack of instruction of bleeding, cupping, gua sha, and dermal tacks.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(I):

"Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks".

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, OM 640 Acupuncture Points V: Point Locations V, on its curriculum requirement form to satisfy CCR Section

1399.434(b)(2)(I). The course lacks instruction of bleeding, cupping, gua sha and dermal tacks and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include bleeding, cupping, gua sha, and dermal tacks (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(2)(I).

Finding #15: The equipment maintenance and safety requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(L):

"Equipment maintenance and safety."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, OM 640 Acupuncture V: Points Location V, on its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(L). However, the course lacks instruction of equipment maintenance and safety and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include equipment maintenance and safety (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(2)(L).

Finding #16: The adjunctive acupoint stimulation device requirement is not met due to its lack of instruction of magnets and beads.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(b)(2)(M):

"Adjunctive acupoint stimulation devices, including magnets and beads."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, OM 640 Acupuncture V: Points Location V, on its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(M). However, the course lacks instruction of magnets and beads and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V to include magnets and beads (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(b)(2)(M).

Finding #17: The comprehensive history taking requirement is not met due to its lack of instruction.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(1):

"Comprehensive history taking."

University of South Los Angeles' Curriculum

University of South Los Angeles stated course, WM 651 Western Internal I, on its curriculum requirement form to fulfill CCR Section 1399.434(c)(1). Yet, the course lack instruction of comprehensive history taking and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include comprehensive history taking (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(c)(1).

Finding #18: The standard physical examination and assessment requirement is not met due to the lack of instruction of neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(2):

"Standard physical examination and assessment, including neuromusuculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment.

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, WM 651 Western Internal I, on its curriculum requirement form to fulfill CCR Section 1399.434(c)(2). The course lack instruction of neuromusculoskeletal, orthopedic, neurological, abdominal,

and ear, nose and throat examinations, and functional assessment and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(c)(2).

Finding #19: The patient/practitioner rapport, communication skills, including multicultural sensitivity requirement is not met due to lack of instruction of multicultural sensitivity.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(4):

"Patient/practitioner rapport, communication skills, including multicultural sensitivity."

University of South Los Angeles' Curriculum

University of South Los Angeles stated on its curriculum requirement form that course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment fulfills CCR Section 1399.434(c)(4). However, the course lacks instruction of multicultural sensitivity and does not meet the Board's requirement and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation, and Treatment, to include multicultural sensitivity (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(c)(4).

Finding #20: The procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports requirement is not met.

California Acupuncture Board Curriculum Requirement

CCR Section 1399.434(c)(5):

"Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports."

University of South Los Angeles' Curriculum

University of South Los Angeles listed course, WM 651 Western Internal I, on its curriculum requirement form to fulfill CCR Section 1399.464(c)(5). The course does not meet the Board's requirement because it lacks instruction of procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(c)(5).

Finding #21: The awareness of at-risk population requirement is not met due to the lack of instruction of gender, age, indigent, and disease specific patients.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(8):

"Awareness of at-risk population, including gender, age, indigent, and disease specific patients."

University of South Los Angeles' Curriculum

University of South Los Angeles stated on its curriculum requirement form that course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, satisfy CCR Section 13993.434(c)(8). However, the course lacks instruction of gender, age, indigent, and disease specific patients and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment to include gender, age, indigent, and disease specific patients (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(c)(8).

Finding #22: The clinical sciences requirement is not met due to the lack of instruction of pharmacology, neurology, surgery, urology, radiology, nutrition, and public health.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(10):

"Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health."

University of South Los Angeles' Curriculum

University of South Los Angeles listed the following courses on its curriculum requirement form to fulfill CCR Section 1399.434(c)(10):

1. WM 651 Western Internal I
2. WM 652 Western Internal Medicine II
3. WM 653 Western Internal Medicine III

The courses lack instruction of pharmacology, neurology, surgery, urology, radiology, nutrition, and public health and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 652 Western Internal Medicine II and WM 653 Western Internal Medicine III, to include pharmacology, neurology, surgery, urology, radiology, nutrition, and public health (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(c)(10).

Finding #23: The clinical medicine requirement is not met due to the lack of instruction of a survey of clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(11):

"Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners."

University of South Los Angeles' Curriculum

University of South Los Angeles stated on its curriculum requirement form that the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment satisfies CCR Section 1399.434(c)(11) requirement. However, the course lack instruction of a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy, and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(c)(11).

Finding #24: The case management for injured workers and socialized medicine patients requirement is not met due to the lack of instruction a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(8):

"Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations."

University of South Los Angeles' Curriculum

University of South Los Angeles stated on its curriculum requirement form that the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment meets satisfies CCR Section 1399.434(d)(8) but the course lacks instruction of a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations. This course does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include knowledge of workers compensation/labor codes and qualified medical evaluation (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(d)(8).

Finding #25: The special care/seriously ill patients requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(11):

"Special care/seriously ill patients."

University of South Los Angeles' Curriculum

The course, CIT 651 Advanced Diagnosis, Evaluation and Treatment listed on University of South Los Angeles' curriculum requirement form does not meet fulfill CCR Section 1399.434(d)(11) due to its lack of instruction of special care/seriously ill patients. This course does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include special care/seriously ill patients (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(d)(11).

Finding #26: The emergency procedures requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(12):

"Emergency procedures."

University of South Los Angeles' Curriculum

University of South Los Angeles stated on its curriculum requirement form that the course, CIT 651 Advanced Diagnosis, Evaluation and Treatment, satisfies CCR Section 1399.434(d)(12). The course lack instruction of emergency procedures and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include emergency procedures (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(d)(12).

Finding #27: The record keeping, insurance billing and collection requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(1):

"Record keeping, insurance billing and collections."

University of South Los Angeles' Curriculum

The course, PM 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(e)(1), lacks instruction of record keeping, insurance billing and collections, and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include record keeping, insurance billing, and financial collection (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(1).

Finding #28: The business written communications requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(2):

"Business written communications."

University of South Los Angeles' Curriculum

The course, PM 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(e)(2), lacks instruction of business written communications, and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include business written communications (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(2).

Finding #29: The knowledge of regulatory compliance and jurisprudence requirement is not met due to the lack of instruction of OSHA, Labor Code, and Health Insurance Portability and Accountability Act of 1966 (HIPAA).

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(3):

"Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA)."

University of South Los Angeles' Curriculum

The course, PME 500 Laws, Ethics, and Professional Issues, listed on University of South Los Angeles' curriculum requirement form lack instruction of OSHA, Labor, and Health Insurance Portability and Accountability Act of 1966 (HIPAA), as required by CCR Section 1399.464(e)(3), and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 500 Laws, Ethics, and Professional Issues, to include OSHA, Labor Code, and Health Insurance Portability and Accountability Act of 1966 (HIPAA) (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(3).

Finding #30: The practice growth and development requirement is not met due to its lack of instruction.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(4):

"Front office procedures."

University of South Los Angeles' Curriculum

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of front office procedures as required by CCR Section 1399.434(e)(4) and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PME 501 Practice Management Visiting and Planning to include front office procedures (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(4).

Finding #31: The planning and establishing a professional office requirement is not met due to its lack of instruction.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(5):

"Planning and establishing a professional office."

University of South Los Angeles' Curriculum

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of planning and establishing a professional office, as required, CCR Section 1399.434(e)(5), and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include planning and establishing a professional office (see USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(5).

Finding #32: The practice growth and development requirement is not met due to its lack of instruction.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(6):

"Practice growth and development."

University of South Los Angeles' Curriculum

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of practice growth and development, as required by CCR Section 1399.434(e)(6), and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include practice growth and development (see USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(6).

Finding #33: The ability to practice interdisciplinary medical settings including hospital is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(7):

"Ability to practice interdisciplinary medical settings including hospitals."

University of South Los Angeles' Curriculum

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of ability to practice interdisciplinary medical settings including hospitals, as required by CCR Section 1399.434(e)(7) and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include ability to practice interdisciplinary medical settings including hospitals (see USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(7).

Finding #34: The risk management and insurance issues requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(8):

"Risk management and insurance issues."

University of South Los Angeles' Curriculum

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of risk management and insurance issues, as required by CCR Section 1399.434(e)(8), and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include risk management and insurance issues (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(8).

Finding #35: The ethics and peer review requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(9):

"Ethics and peer review."

University of South Los Angeles' Curriculum

University of South Los Angeles stated on its curriculum requirement form that the course, PME 500 Laws, Ethics, and Professional Issue fulfills CCR Section 1399.434(e)(9) but it lacks instruction of peer review. The course does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, PM 500 Laws, Ethics, and Professional Issues, to include peer review (see USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(e)(9).

Finding #36: The public and community health and disease prevention requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(f)(1):

"Public and community health and disease prevention."

University of South Los Angeles' Curriculum

The course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(f)(1) lacks instruction of public and community health and disease prevention, and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include public communication health and disease prevention (See USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(f)(1).

Finding #37: The public health education requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(f)(2):

"Public health education."

University of South Los Angeles' Curriculum

The course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(f)(2) lack instruction of public health education and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include public health education (see USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(f)(2).

Finding #38: The treatment of chemical dependency requirement is not met.

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(f)(4):

"Treatment of chemical dependency."

University of South Los Angeles' Curriculum

The course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(f)(4) lacks instruction of treatment of chemical dependency and therefore does not meet the Board's requirement.

Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include treatment of chemical dependency (see USOLA's Corrective Action Report).

This action brings USOLA in compliance with CCR Section 1399.434(f)(4).

Summary of University of Los Angeles' Curriculum Non-Compliances

CCR Section 1399.434 Curriculum Requirement	University of South Los Angeles' Curriculum	Unsatisfied Requirement	Corrective Action Taken
1. (a)(1) "General Biology."	GS 500 General Biology I GS 501 General Biology II	Clock hour should be 30 instead of 60	Changes were made to the competencies covered in the course, GS 501 General Biology I and GS 501 General Biology II so they are no longer identical
2. (a)(3) "General Physics, including general survey of biophysics."	GS 520 General Physics	Biophysics	Changes were made to the competencies covered in the course, GS 520 General

			Physics, to include biophysics
3. (a)(4) "General Psychology, including counseling skills."	GS 525 General Psychology	Counseling skills	Changes were made to the competencies covered in the course, GS 525 General Psychology, to include counseling skills
4. (a)(6) "Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry."	GS 531 Anatomy & Physiology II GS 532 Anatomy & Physiology III	Neurophysiology, endocrinology, and neurochemistry	Changes were made to the competencies covered in the courses, GS 531 Anatomy & Physiology II and GS 532 Anatomy & Physiology III, to include neurophysiology, endocrinology, and neurochemistry
5. (a)(7): "Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology and epidemiology.	GS 550 Pathology I GS 232 Pathology II	Microbiology, psychopathology, and epidemiology	Changes were made to the competencies covered in the course, GS 550 Pathology I and GS 551 Pathology II, to include microbiology, psychopathology, and epidemiology
6. (b)(1)(D): "Chinese Herbal Medicine Principles and Theories, including relevant botany concepts (This subject area shall consist of 450 hours of instruction)."	OH 550 Botany OH 551 Herb Making OH 601 Oriental Herbal Pharmacopeia I: Herbology I OH 602 Oriental Herbal Pharmacopeia II: Herbology II OH 603 Oriental Herbal Pharmacopeia III: Herbology III	280 clock hours missing	USOLA added the following courses to make up the missing 280 hours: OH 604, OH 605, OH 606, OH 607, OH 608, OH 609, and OH 610.
7. (b)(1)(F): "Acupuncture and Oriental Medicine Specialties, including dermatology,	OM 615 Oriental Internal Medicine I OM 616 Oriental Internal Medicine II OM 617 Oriental	Dermatology, pediatrics, ophthalmology, orthopedics, geriatrics, family	Changes were made to the competencies covered in the courses, OH 615 Oriental Medicine I, OM 616

gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care.	Internal Medicine III OM 618 Oriental Internal Medicine IV OM 619 Oriental Internal Medicine V	medicine, traumatology, and emergency care.	Oriental Medicine II, OM 617 Oriental Medicine III, OM 618 Oriental Medicine IV, and OM 619 Oriental Internal Medicine V, to include dermatology, pediatrics, ophthalmology, geriatrics, family medicine, traumatology, and emergency care
8. (b)(1)(G): "Classical acupuncture and Oriental Medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing."	HT 500 Ancient Writings and the History of Medicine	Jin Gui and Wen Bing/Shang Han	Changes were made to the competencies covered in the course, HT 500 Ancient Writings and History of Medicine, to include Jin Gui and Wen Bing/Shang Han
9. (b)(1)(H): "Modern acupuncture and Oriental medicine literature."	HT 500 Ancient Writings and the History of Medicine	Modern acupuncture and Oriental medicine literature	Changes were made to the competencies covered in the course, HT 500 Ancient Writings and History of Medicine, to include modern acupuncture and Oriental medicine literature
10. (b)(2)(E): "Herbal prescription, counseling and preparation."	OH 607 Oriental Herbal Prescription I: Formula I OH 608 Oriental Herbal Prescription II: Formula II OH 609 Oriental Herbal Prescription III: Formula III OH 610 Oriental Herbal Prescription IV: Formula IV	Counseling	Changes were made to the competencies covered in the courses, OH 607 Oriental Herbal Prescription I, OH 608 Oriental Herbal Prescription II, OH 609 Oriental Herbal Prescription III, and OH 610 Oriental Herbal Prescription IV, to include counseling
11. (b)(2)(F): "Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling."	GS 540 Nutrition	Counseling	Changes were made to the competencies covered in the course, GS 540 Nutrition, to include counseling
12. (b)(2)(G):	OM 640	Moxibustion and	Changes were made to

"Cold and health therapy, including moxibustion and ultrasound."	Acupuncture V: Point Locations V	ultrasound	the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include moxibustion and ultrasound
13. (b)(2)(H): "Lifestyle counseling, and self-care recommendations."	GS 550 Breathing Techniques and Oriental Exercise	lifestyle counseling, and self-care recommendations	Changes were made to the competencies covered in the course, OM 550 Breathing Techniques and Oriental Exercise, to include lifestyle counseling and self-care recommendations
14. (b)(2)(I): "Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks".	OM 640 Acupuncture V: Point Locations V	Bleeding, cupping, gua sha and dermal tacks	Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include bleeding, cupping, gua sha, and dermal tacks
15. (b)(2)(L): "Equipment maintenance and safety."	OM 640 Acupuncture V: Point Locations V	Equipment maintenance and safety	Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include equipment maintenance and safety
16. (b)(2)(M): "Adjunctive acupoint stimulation devices, including magnets and beads."	OM 640 Acupuncture V: Point Locations V	Magnets and beads	Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V to include magnets and beads
17. (c)(1): "Comprehensive history taking."	WM 651 Western Internal I	Comprehensive history taking	Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include comprehensive history taking
18. (c)(2): "Standard physical examination and assessment, including neuromusuculoskeletal, orthopedic,	WM 651 Western Internal I	neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat	Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include

neurological, abdominal, and ear, nose and throat examinations, and functional assessment.		examinations, and functional assessment	neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment
19. (c)(4): "Patient/practitioner rapport, communication skills, including multicultural sensitivity."	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Multicultural sensitivity	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation, and Treatment, to include multicultural sensitivity
20. (c)(5): "Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports."	WM 651 Western Internal I	Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports.	Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports
21. (c)(8): "Awareness of at-risk population, including gender, age, indigent, and disease specific patients."	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Gender, age, indigent, and disease specific patients	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment to include gender, age, indigent, and disease specific patients
22. (c)(10): "Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health."	WM 651 Western Internal I WM 652 Western Internal Medicine III WM 653 Western Internal Medicine III	Pharmacology, neurology, surgery, urology, radiology, nutrition, and public health	Changes were made to the competencies covered in the course, WM 652 Western Internal Medicine II and WM 653 Western Internal Medicine III, to include pharmacology, neurology, surgery, urology, radiology, nutrition, and public health

23. (c)(11): "Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners."	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy
24. (d)(8): "Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations."	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Knowledge of workers compensation/labor codes and qualified medical evaluations	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include knowledge of workers compensation/labor codes and qualified medical evaluation
25. (d)(11): "Special care/seriously ill patients."	CIT 615 Advanced Diagnosis, Evaluation and Treatment	Special care/seriously ill patients	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include special care/seriously ill patients
26. (d)(12): "Emergency procedures."	CIT 615 Advanced Diagnosis, Evaluation and Treatment	Emergency procedures	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include emergency procedures
27. (e)(1): "Record keeping, insurance billing and collections."	PM 501 Practice Management: Visiting and Planning	Record keeping, insurance billing and	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include

			record keeping, insurance billing, and financial collection
28. (e)(2): "Business written communications."	PM 501 Practice Management: Visiting and Planning	Business written communications	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include business written communications
29. (e)(3): "Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA)."	PM 500 Laws, Ethics, and Professional Issues	OSHA, Labor Code, and Health Insurance Portability and Accountability Act of 1996 (HIPAA)	Changes were made to the competencies covered in the course, PM 500 Laws, Ethics, and Professional Issues, to include OSHA, Labor Code, and Health Insurance Portability and Accountability Act of 1966 (HIPAA)
30. (e)(4): "Front office procedures."	PM 501 Practice Management: Visiting and Planning	Front office procedures	Changes were made to the competencies covered in the course, PME 501 Practice Management Visiting and Planning to include front office procedures
31. (e)(5): "Planning and establishing a professional office."	PM 501 Practice Management: Visiting and Planning	Planning and establishing a professional office	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include planning and establishing a professional office
32. (e)(6): "Practice growth and development."	PME 501 Practice Management: Visiting and Planning	Practice growth and development	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include practice growth and development
33. (e)(7): "Ability to practice interdisciplinary	PME 501 Practice Management: Visiting and	Ability to practice interdisciplinary medical settings,	Changes were made to the competencies covered in the course,

medical settings including hospitals."	Planning	including hospitals	PM 501 Practice Management Visiting and Planning, to include ability to practice interdisciplinary medical settings including hospitals
34. (e)(8): "Risk management and insurance issues."	PME 501 Practice Management: Visiting and Planning	Risk management and insurance issues	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include risk management and insurance issues
35. (e)(9): "Ethics and peer review."	PME 500 Laws, Ethics, and Professional Issues	Peer review	Changes were made to the competencies covered in the course, PM 500 Laws, Ethics, and Professional Issues, to include peer review
36. (f)(1): "Public and community health and disease prevention."	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Public and community health and disease prevention	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include public communication health and disease prevention
37. (f)(2): "Public health education."	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Public health education	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include public health education
38. (f)(4): "Treatment of chemical dependency."	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Treatment of chemical dependency	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include treatment of chemical dependency

PART IV: UNIVERSITY OF SOUTH LOS ANGELES' MASTER OF SCIENCE IN ORIENTAL MEDICINE CLINICAL NON-COMPLIANCE

The site visit team evaluated the clinic for compliance to ensure the curriculum requirements are reflected in the clinical training pursuant to CCR 1399.434.

Finding: University of South Los Angeles' clinical practicum for intern training did not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients.

California Acupuncture Board Training Program Clinical Requirement

CCR Section 1399.434(h)(2):

"Diagnosis and evaluation (minimum 275 hours) – the application of Eastern and Western diagnostic procedures in evaluating patients"

California Acupuncture Board Record Keeping Requirement

CCR Section 1399.453:

"An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments."

Clean Needle Technique Reference

Finkelstein, Malvin, et al. *Clean Needle Technique Manual for Acupuncturists: Guidelines and Standards for the Clean and Safe Clinical Practice of Acupuncture*. Ed. Steve Given. 6th ed. Trans. Anita Chang. Chaplin, Connecticut: National Acupuncture Foundation, 2009. Print.

University of South Los Angeles' Clinic

1. Eastern assessment was not applied to patients:
    a. Although the medical charts included tongue, differential diagnosis, and plan, it was not performed.
        i. Tongue and Pulse pattern were not performed on each examination.
    b. Most inspected medical charts lacked documentation of 8 principles, Zang Fu, and Oriental Medicine theories.
    c. The treatment plan was not written in the medical charts.
    d. Pharmacological Assessments were not conducted.
    e. Proposed Herbs/Formulas not listed in the charts. An indicated herbs/formulas should be included even if only for teaching purposes.
        i. Proposed herbs did not include a section for dosage.

2. Western assessments were not applied to patients:
    a. Some medical records did not include progress notes. In some cases, progress notes were based on patient's subjective statements not objective findings.
    b. Orthopedic exam was not performed for the muscular disorder case observed. When orthopedic exam was performed, it was very minimally performed.
    c. Although the medical charts included pain, frequency, severity, duration, physical function, range of motion, and test, the examinations were not performed.
    d. Some medical charts did not have accurate Standard Medical Terminology
3. Patient's records were not accurate and complete:
    a. Patient's height and weight was not noted.
    b. Patient's files did not have page number.
    c. Some medical charts are missing signature of supervisors and interns.
    d. Some medical records were not translated into English.
4. The Clean Needle Technique was not properly applied:
    a. Hand/fingers touched the needle during insertion.
    b. Two treatment rooms did not have a biohazard container.

Training Program Corrective Action Taken

USOLA submitted medical charts, intern's manual and CNT manual to demonstrate corrective action of non-compliances found during the site visit (See USOLA's Corrective Action Report). Upon review, USOLA clinical practicum for intern training does not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients evidenced by the following findings:

1. Standard physical assessments, such as orthopedic exam, were performed but incomplete. For example, the pain description from the patient and the findings are not correctly documented in the patient charts.

SUMMARY

The above clinical non-compliance indicates a lack of preparation, training and mastery of the necessary knowledge for interns to properly enter into clinical training. University of South Los Angeles does not meet the California Acupuncture Board's clinical training program requirement.

PART V: PEER REVIEW RECOMMENDATION

1. For teaching purposes, poisonous herbs should be clearly labeled in the herb room.
2. Record billing, insurance, and financial tracking should be available for teaching purposes.

PART VI: CONCLUSION

"The board may deny, place on probation, suspend or revoke the approval granted to any acupuncture training program for any failure to comply with the regulations in this article, the Acupuncture Regulations or the Acupuncture Licensure Act". CCR Section 1399.438 Suspension or Revocation of Approval

University of South Los Angeles is not in compliance with the Board's Regulations.

SB 1441 UNIFORM STANDARDS & UPDATED DISCIPLINARY GUIDELINES RULE MAKING PACKAGE

- SB 1441 MEMO TO BOARD
- PROPOSED REGULATORY LANGUAGE
- UPDATED DISCIPLINARY GUIDELINES
- SACC HANDBOOK

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

CALIFORNIA ACUPUNCTURE BOARD
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DATE	September 15, 2015
TO	Board Members
FROM	Marc Johnson Policy Coordinator
SUBJECT	SB 1441 – Uniform Standards and Updated Disciplinary Guidelines

Issue: The Board is proposing to amend the 1996 Disciplinary Guidelines to include the Uniform Standards as mandated by SB 1441 (Ridley-Thomas, Chapter 548, September 28, 2008). The Board previously approved regulatory language on October 25, 2013, including all of the changes staff had completed on the new disciplinary guidelines incorporated by reference that included the SB 1441 standards and other updates to the 1996 guidelines. However, upon review of the completed draft regulatory package, Legal Counsel made the recommendation to take a simpler approach to the revisions. The revisions presented today incorporate changes recommended by the SB 1441 Substance Abuse Coordination Council (SACC) and also make other minor changes to the 1996 guidelines. The revised disciplinary guidelines and new regulatory language are presented to the Board for discussion and possible approval.

Background: In 2008, the Legislature passed and Governor Schwarzenegger signed into law SB 1441 Ridley-Thomas, Chapter 548, September 28, 2008). This bill established the Substance Abuse Coordination Committee (SACC) within the Department of Consumer Affairs, which required the SACC to formulate, by January 1, 2010, uniform and specific standards in specified areas that each healing arts board would be required to use in dealing with substance-abusing licensees. The SACC developed sixteen uniform standards as required by SB 1441and published the Uniform Standards Regarding Substance Abusing Licensees (April 2011). For each healing arts Board to implement the uniform standards, adoption of the standards through a regulatory change is necessary

Staff then began work on implementing this regulatory change and presented proposed language and Guidelines to the Board for the October 25, 2013 public meeting. The Board approved the proposed language and guidelines at the meeting, and staff completed the rulemaking package for submission to the Office of Administrative Law (OAL). However, upon further review by Legal Counsel, it was recommended that the disciplinary guidelines originally created by staff and approved by the Board be simplified to only incorporate the SACC's uniform standards, plus minor editing and formatting changes. This was deemed necessary in order for the Board to comply with the Legislature's Sunset Review requirement for 2016, and to make the rulemaking submission to OAL more successful.

Discussion and Implementation: The revised proposed language is similar to the version the Board approved in 2013, however upon recommendation from Legal Counsel the new proposed language further details how a substance-abusing licensee would be defined. In addition, the proposed changes would amend the 1996 Disciplinary Guidelines and update them to the Disciplinary Guidelines and Conditions of Probation (September 2015). In addition to the

changes mandated by SB 1441, further changes are necessary due to statutory and regulatory changes that have occurred since 1996.

Many of the proposed changes are based on best practices exemplified by the Department of Consumer Affairs' various Boards and Bureaus that have proven to be effective and in the best interest for consumers and the licensees receiving discipline. The anticipated benefit of this proposed regulatory action is enhanced and improved administration, coordination, and enforcement of disciplinary matters where licensees have been found to have used or abused controlled substances and/or alcohol in an illegal or dangerous manner. This proposed regulation will protect the public by establishing consistent and uniform standards on how the Board deals with substance-abusing licensees.

The Board is proposing to implement Uniform Standards 1-12 in its proposed 2015 Disciplinary Guidelines through the regulatory process. Uniform Standards 13, 14, and 15 only apply to Boards with diversion programs and are not incorporated in these guidelines because the Acupuncture Board does not have a diversion program. Uniform Standard 16 is also omitted because it is each Board's reporting criteria to the Department and not pertinent to the Disciplinary Guidelines. The sixteen SACC Uniform Standards are as follows (as numbered in the SACC document):

Uniform Standard #1: Clinical Diagnostic Evaluation. This standard lists specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

Uniform Standard #2. Practice Restrictions. This standard lists specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation and any treatment recommended by the evaluator and approved by the board. It also lists specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

Uniform Standard #3. Notification to Employer. This standard sets out specific requirements that govern the ability of the Board to communicate with the licensee's employer about the licensee's status or condition.

Uniform Standard #4. Drug Testing. This standard governs all aspects of required testing, including, but not limited to, frequency of testing, randomnicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test. This standard further details various outcomes and amendments and data collection requirements as well.

Uniform Standard #5. Group meeting requirements. This standard sets out requirements governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

Uniform Standard #6. Treatment programs. This standard determines whether inpatient, outpatient, or other type of treatment is necessary.

Uniform Standard #7. Worksite monitoring requirements. This standard sets out various Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

Uniform Standard #8. Test positive for banned substances. Sets forth procedures to be followed when a licensee tests positive for a banned substance.

Uniform Standard #9. Procedures to be followed when a licensee is confirmed to have ingested a banned substance. When the Board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

Uniform Standard #10. Specific consequences for major and minor violations. This standard details how the Board shall consider the use of a "deferred prosecution" stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered.

Uniform Standard #11. Return to practice. This standard details the criteria that a licensee must meet in order to petition for return to practice on a full time basis.

Uniform Standard #12. Petittions for reinstatement. This standard sets out criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

Uniform Standard #13. Usage of diversion services. If a board uses a private-sector vendor that provides diversion services, (1) standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; (3) standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and (4) standards for a licensee's termination from the program and referral to enforcement.

Uniform Standard #14. Diversion service program confidentiality. If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

Uniform Standard #15. Diversion service audits. Sets out a schedule for external independent audits of a diversion service's performance.

Uniform Standard #16. Criteria and Standards to determine a Board's method in dealing with substance abusing licensees. This standard sets out criteria and standard to determine whether each board's method of dealing substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

The proposed 2015 Guidelines include standard language that must be included in every probationary order for substance-abusing licensees. This standard language includes information regarding Business and Professions Code Section 315 and the standards established by the SACC. The language specifies that Administrative Law Judges, parties and staff are required to use the standard language that has been developed in accordance with the

standards developed by the SACC. The language specifies that the probationary terms and conditions within the incorporated document are to be used in every case where the individual is determined to be a substance-abusing licensee. Any reference to the Board also means staff working for the Board or its designee. The document also specifies that the Board's updated Guidelines should still be used in formulating the penalty and in considering additional terms or conditions of probation appropriate for greater public protection. The proposed substance-abusing conditions contained within this document are required to be used in lieu of any similar standard or optional term or condition within the Board's 2015 Disciplinary Guidelines in cases where the licensee meets the definition of a substance-abusing licensee.

In addition to the changes derived from the SACC standards as detailed above, the proposed 2015 Guidelines also make the following changes:

1. Changing any reference to Committee or AC to Board.

2. Update the 2015 Guidelines cover page and introduction.

3. Adding a cover page to delineate the Uniform Standards Related to Substance-Abusing Licensees section from the Recommended Guidelines for Disciplinary Orders and Conditions of Probation section.

4. Detailing in plain language the new SACC requirements related to the 12 uniform standards.

5. Adding a cover page to delineate the Recommended Guidelines for Disciplinary Orders and Conditions of Probation section from the Uniform Standards Related to Substance-Abusing Licensees section

6. Minor formatting and labeling changes to Optional Probation Conditions numbers 1-12. Specifically, the label 'Optional' is being added to each condition number.

7. Amending Option 9 - Abstain from Drugs and Alcohol and Submit to Tests and Samples – to update the Business and Professions Code section 4022, list of dangerous drugs reference; add an exception for lawfully prescribed drugs to abstained substances; and update language that further strengthens the condition. This condition is being retained in cases where the licensee successfully rebuts the presumption that he or she is a substance-abusing licensee. This would still allow the Board to test the licensee at a frequency determined by the Board.

8. Minor formatting changes to Standard Probation Conditions numbers 13-22. Adding the label 'Standard' and restarting the numbering.

9. Adding a new condition category labeled Substance-Abusing Conditions where all the proposed conditions related to cases involving substance-abusing licensees are located.

10. Adding Condition: Substance-Abusing 1 – Clinical Diagnostic Evaluation – to reflect language as set out in SB 1441.

11. Adding Condition: Substance-Abusing 2. – Notice to Employer -- to reflect language as set out in SB 1441.

12. Adding Condition: Substance-Abusing 3. – Biological Fluid Testing and Abstaining from Drugs and Alcohol – to reflect language as set out in SB 1441.

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13. Adding Condition: Substance-Abusing 4. – Facilitated Support Group Meetings – to reflect language as set out in SB 1441.

14. Adding Condition: Substance-Abusing 5. – Treatment Program for Cases Involving Substance-Abusing Licensees – to reflect language as set out in SB 1441.

15. Adding Condition: Substance-Abusing 6. – Worksite Monitor – to reflect language as set out in SB 1441.

California Acupuncture Board
Specific Language of Proposed Changes – SB 1441
Uniform Standards Related to Substance-Abusing Licensees and Disciplinary Guidelines and Conditions of Probation

Amend section 1399.469 to read as follows:

1399.469. Disciplinary Guidelines and Conditions of Probation

(a) In reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.), the Acupuncture Board shall ~~consider~~ comply with the ~~disciplinary guidelines entitled "Department of Consumer Affairs, "~~Acupuncture Board ~~'~~Disciplinary Guidelines~~'~~ and Conditions of Probation" [September 2015], which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Acupuncture Board in its sole discretion determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for the purposes of section 315 of the Business and Professions Code. If the licensee does not rebut that presumption, in addition to any and all relevant terms and conditions contained in the "Disciplinary Guidelines and Conditions of Probation" [September 2015], the Board's Uniform Standards Related to Substance-Abusing Licensees shall apply and the substance-abusing conditions shall be used in the order as written. Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection. Neither the Board nor an administrative law judge may impose any conditions or terms of probation that are less restrictive than the Board's Uniforms Standards Related to Substance-Abusing Licensees in cases involving substance-abusing licensees.

NOTE: Authority cited: Sections 315, 315.2, 315.4 and 4933, Business and Professions Code; and Section~~s~~ 11400.20 and ~~11400.21~~, Government Code. Reference: Sections 11400.20~~, 11400.21~~ and 11425.50(e), Government Code;

DEPARTMENT OF CONSUMER AFFAIRS

MEDICAL BOARD OF CALIFORNIA

ACUPUNCTURE COMMITTEE

DISCIPLINARY GUIDELINES

1996

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Acupuncture Board

Disciplinary Guidelines and Conditions of Probation

Additional copies of this document may be obtained by contacting the Board at its office in Sacramento, California or from its web site at www.acupuncture.ca.gov.

Revised September 2015

INTRODUCTION

The Acupuncture ~~Committee (AC)~~ Board* (Board) is a consumer protection agency with the primary mission of protecting consumers of acupuncture services from potentially harmful licensees. In keeping with its obligation to protect the consumer, the ~~AC~~ Board has adopted the ~~following recommended guidelines for disciplinary orders~~ Disciplinary Guidelines and Conditions of Probation for violations of the Acupuncture Licensure Act.

This document, designed for use by attorneys, administrative law judges, acupuncturists, others involved in the disciplinary process, and ultimately the Board, may be revised from time to time and shall be distributed to interested parties upon request.

These guidelines include general factors to be considered, probationary terms, and guidelines for specific offenses. The guidelines for specific offenses reference the applicable statutory and regulatory provision(s).

The terms and conditions of probation are divided into three general categories:

1) Optional Conditions are those conditions of probation which may be used to address the sustained violations and any significant mitigating or aggravating circumstances of a particular case;
2) Standard Conditions are those conditions of probation which should be used in all cases; and
3) Substance-Abusing Conditions are those conditions of probation that are required to be used in cases related to substance-abusing licensees.

Except as provided in the Board's Uniform Standards Related to Substance-Abusing Licensees, the ~~AC~~ Board recognizes that a rare individual case may necessitate a departure from these guidelines for disciplinary order. However, in such a rare case, the mitigating circumstances must be detailed in the "Findings of Fact" which is in every Proposed Decision or Stipulation. As the Board's highest priority in exercising its disciplinary function is public protection, additional terms and conditions of probation which would provide greater public protection may be imposed.

If at the time of hearing, the Administrative Law Judge finds that the respondent, for any reason, is not capable of safe practice, the ~~AC~~ Board expects outright revocation of the license. This is particularly true in cases of patient sexual abuse or bodily harm. In less egregious cases, a stayed revocation with probation pursuant to the attached Penalty Guidelines would be expected.

Following Section 1, The Board's Uniform Standards Related to Substance-Abusing Licensees, you will find the probation and penalty guidelines that apply to all cases.

* Pursuant to Senate Bill 1980, effective January 1, 1999, the Acupuncture Committee is renamed the Acupuncture Board.

I.
THE BOARD'S UNIFORM STANDARDS RELATED TO SUBSTANCE-ABUSING LICENSEES

THE BOARD'S UNIFORM STANDARDS RELATED TO SUBSTANCE ABUSE

Pursuant to Business and Professions Code §315, the following standards are adopted by the Board and shall be adhered to for all cases involving a substance-abusing licensee.

1. Clinical Diagnostic Evaluations:

If a healing arts board orders a licensee who is either in a diversion program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:

- holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation;
- has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,
- is approved by the board.

2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

3. The clinical diagnostic evaluation report shall:

- set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;
- set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,
- set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

2. Removal from Practice Pending Clinical Diagnostic Evaluation

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.

2. While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a probation manager shall determine, whether or not the licensee is safe to return to either part-time or full-time practice. However, no licensee shall return to practice until he or she has at least 30 days of negative drug tests.

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the scope, pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public.

3. Board Communication with Probationer's Employer:

If the licensee who is either in a board diversion program or whose license is on probation has an employer, the licensee shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

4. Drug Testing Standards:

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation or in a diversion program due to substance use:

TESTING FREQUENCY SCHEDULE

A board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	**Segments of Probation/Diversion**	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation or diversion.

Nothing precludes a board from increasing the number of random tests for any reason. Any board who finds or has suspicion that a licensee has committed a violation of a board's testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

EXCEPTIONS TO TESTING FREQUENCY SCHEDULE

I. PREVIOUS TESTING/SOBRIETY
In cases where a board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the board, the board may give consideration to that testing in altering the testing frequency schedule so that it is equivalent to this standard.

II. VIOLATION(S) OUTSIDE OF EMPLOYMENT
An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

III. NOT EMPLOYED IN HEALTH CARE FIELD
A board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee

shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

IV. TOLLING

A board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

V. SUBSTANCE USE DISORDER NOT DIAGNOSED

In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed.

Prior to vacation or absence, alternative drug testing location(s) must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

A board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

PETITIONS FOR REINSTATEMENT

Nothing herein shall limit a board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that contains different provisions for reinstatement or reduction of penalty.

OUTCOMES AND AMENDMENTS

For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:

Historical Data - Two Years Prior to Implementation of Standard

Each board should collect the following historical data (as available), for a period of two years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.

Post Implementation Data- Three Years

Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.

Data Collection
The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

Probationer/Diversion Participant Unique Identifier
License Type
Probation/Diversion Effective Date
General Range of Testing Frequency by/for Each Probationer/Diversion Participant
Dates Testing Requested
Dates Tested
Identify the Entity that Performed Each Test
Dates Tested Positive
Dates Contractor (if applicable) was informed of Positive Test
Dates Board was informed of Positive Test
Dates of Questionable Tests (e.g. dilute, high levels)
Date Contractor Notified Board of Questionable Test
Identify Substances Detected or Questionably Detected
Dates Failed to Appear
Date Contractor Notified Board of Failed to Appear
Dates Failed to Call In for Testing
Date Contractor Notified Board of Failed to Call In for Testing
Dates Failed to Pay for Testing
Date(s) Removed/Suspended from Practice (identify which)
Final Outcome and Effective Date (if applicable)

5. Participation in Group Support Meetings

If a board requires a licensee to participate in group support meetings, the following shall apply:

When determining the frequency of required group meeting attendance, the board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must have a minimum of three (3) years experience in

the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.

2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.

3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

4. The facilitator shall report any unexcused absence within 24 hours.

6. Determining What Treatment is Necessary

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- Recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, severity of substance abuse, and
- threat to himself/herself or the public.

7. Work Site Monitor Requirements:

A board may require the use of worksite monitors. If a board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the board.

1. The worksite monitor shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

3. If the worksite monitor is a licensed healthcare professional he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.

5. The worksite monitor must adhere to the following required methods of monitoring the licensee:

    a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.

    b) Interview other staff in the office regarding the licensee's behavior, if applicable.

    c) Review the licensee's work attendance.

Reporting by the worksite monitor to the board shall be as follows:

1. Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.

2. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:

    - the licensee's name;
    - license number;
    - worksite monitor's name and signature;
    - worksite monitor's license number;
    - worksite location(s);
    - dates licensee had face-to-face contact with monitor;
    - staff interviewed, if applicable;
    - attendance report;
    - any change in behavior and/or personal habits;

- any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor.

8. Procedure for Positive Testing

When a licensee tests positive for a banned substance:

1. The board shall order the licensee to cease practice;

2. The board shall contact the licensee and instruct the licensee to leave work; and

3. The board shall notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the board shall immediately lift the cease practice order.

In determining whether the positive test is evidence of prohibited use, the board should, as applicable:

1. Consult the specimen collector and the laboratory;

2. Communicate with the licensee and/or any physician who is treating the licensee; and

3. Communicate with any treatment provider, including group facilitator/s.

9. Procedures for a Confirmed Ingested Banned Substance

When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

10. Major and Minor Violations & Consequences

Major Violations include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;

3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Consequences for a major violation include, but are not limited to:

1. Licensee will be ordered to cease practice.

   a) the licensee must undergo a new clinical diagnostic evaluation, and

   b) the licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.

2. Termination of a contract/agreement.

3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

Minor Violations include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to**:**

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the board.

11. Petition for Return to Practice

"Petition" as used in this standard is an informal request as opposed to a "Petition for Modification" under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program;
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse; and
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

12. Petition for Reinstatement

"Petition for Reinstatement" as used in this standard is an informal request as opposed to a "Petition for Reinstatement" under the Administrative Procedure Act.

The licensee must meet the following criteria to request (petition) for a full and unrestricted license:

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable;
2. Demonstrated successful completion of recovery program, if required;
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities;
4. Demonstrated that he or she is able to practice safely; and
5. Continuous sobriety for three (3) to five (5) years.

II.
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS AND CONDITIONS OF PROBATION

TERMS AND CONDITIONS

Terms and conditions of probation are divided into ~~two~~ three categories. The first category consists of **optional terms and conditions** that may be appropriate as demonstrated in the Penalty Guidelines depending on the nature and circumstances of each particular case. The second category consists of the **standard terms and conditions** which must appear in all proposed decisions and proposed stipulated settlements. The third category consists of **substance-abusing terms and conditions** which must appear in all proposed decisions and proposed stipulated settlements involving substance-abusing licensees.

To enhance the clarity of a proposed decision or stipulation, the ~~AC~~ Board requests that all optional and substance-abusing conditions that are being imposed be listed first in sequence followed immediately by all of the standard terms and conditions.

OPTIONAL TERMS AND CONDITIONS

Listed below are optional conditions of probation which the Board would expect to be included in any proposed decision as appropriate. The terms are not mutually exclusive, but can and should be combined with each other, as appropriate to a particular case. Other terms and conditions may be specified in stipulations for inclusion at the request of the ~~AC~~ Board depending on the unique aspects of an individual case.

Optional 1. Actual Suspension

As part of the probation, respondent is suspended from the practice of acupuncture for ____ days beginning with the effective date of this decision.

Optional 2. Psychological Evaluation

Within 90 days of the effective date of this decision and on a periodic basis thereafter as may be required by the ~~AC~~ Board or its designee, respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by an ~~AC~~ Board appointed California licensed psychologist. The Board shall receive a current DSM-III-R diagnosis and a written report regarding the respondent's judgment and/or ability to function independently as an acupuncturist with safety to the public, and whatever other information the ~~AC~~ Board deems relevant to the case. Respondent shall execute a release authorizing the evaluator to release all information to the ~~AC~~ Board. The completed evaluation is the sole property of the ~~AC~~ Board.

If the ~~AC~~ Board concludes from the results of the evaluation that respondent is unable to practice independently and safely, he/she shall immediately cease practice and shall not resume practice until notified by the ~~AC~~ Board. If the Board concludes from the results of the evaluation that respondent would benefit from ongoing psychotherapy, respondent shall comply with the Board's directives in that regard.

Respondent shall pay all costs associated with the psychological evaluation. Failure to pay costs will be considered a violation of the probation order.

NOTE: *Psychological evaluations shall be utilized when an offense calls into question the judgment and/or emotional and/or mental condition of the respondent or where there has been a history of abuse or dependency of*

alcohol or controlled substances. When appropriate, respondent shall be barred from rendering acupuncture services under the terms of probation until he or she has undergone an evaluation, the evaluator has recommended resumption of practice, and the ~~AC~~ Board has accepted and approved the evaluation.

Optional 3. Physical Examination

Within 90 days of the effective date of this decision, respondent shall undergo a physical examination by a licensed physician and surgeon approved by the ~~AC~~ Board. Respondent shall bear all costs of such an examination. The ~~AC~~ Board shall receive the physician's report which shall provide an assessment of respondent's physical condition and capability to safely provide acupuncture services. If medically determined, a recommended treatment program will be instituted and followed by the respondent with the physician providing written progress reports to the Board on a quarterly basis or as otherwise determined by the ~~AC~~ Board.

It shall be the respondent's responsibility to assure that the required progress reports are filed in a timely manner.

NOTE: *This condition permits the ~~AC~~ Board to require the probationer to obtain appropriate treatment for physical problems/disabilities which could affect safe practice of acupuncture. The physical examination can also be conducted to ensure that there is no physical evidence of alcohol/drug abuse.*

Optional 4. Practice Monitor

Within 90 days of the effective date of this decision, respondent shall submit to the ~~AC~~ Board for its prior approval, the name and qualifications of one or more California licensed acupuncturists whose license is clear (no record of complaints) and current and who has agreed to serve as a practice monitor. Once approved, the monitor shall submit to the ~~AC~~ Board a plan by which respondent's practice shall be monitored. The monitor's education and experience shall be in the same field of practice as that of the respondent. The monitor shall submit written reports to the ~~AC~~ Board on a quarterly basis verifying that monitoring has taken place and providing an evaluation of respondent's performance. It shall be respondent's responsibility to assure that the required reports are filed in a timely fashion. The respondent shall provide access to the monitor of respondent's fiscal and client records and shall be permitted to make direct contact with patients. Further, the monitor shall have no prior business, professional, personal or other relationship with respondent. Respondent shall execute a release authorizing the monitor to divulge any information that the ~~AC~~ Board may request.

Respondent shall notify all current and potential patients of any term or condition of probation which will affect their treatment or the confidentiality of their records (such as this condition which requires a practice monitor). Such notification shall be signed by each patient prior to continuing or commencing treatment.

If the monitor quits or is otherwise no longer available, respondent shall not practice until a new monitor has been approved by the ~~AC~~ Board. All costs of monitoring shall be borne by the respondent. Monitoring shall consist of at least one hour per week of individual face to face meetings.

NOTE: *Monitoring shall be utilized when respondent's ability to function independently is in doubt, as a result of a deficiency in knowledge or skills, or as a result of questionable judgment.*

Optional 5. Restriction of Patient Population

NOTE: *In cases wherein some factor of the patient population at large (e.g. age, gender) may put a patient at risk if in treatment with the respondent, language appropriate to the case may be developed to restrict such a population. The language would vary greatly by case.*

Optional 6. Examination(s)

Respondent shall take and pass the written and/or clinical licensing examination(s) prior to the termination of probation. The examinations shall be taken on regularly scheduled exam dates. Respondent shall pay the established examination fee.

If respondent fails the examination three times, his/her license to practice acupuncture is suspended until the examination is successfully passed.

NOTE: *In cases involving evidence of severe deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require the respondent to take and pass both the written and clinical examinations during the course of the probation period. In some instances, it may be appropriate for practice to be suspended until the examination is passed (condition precedent).*

Optional 7. Restitution

Within 90 days of the effective date of this Decision, respondent shall provide proof to the ~~AC~~ Board of restitution in the amount of $_____ paid to _____.

NOTE: *In offenses involving breach of contract, restitution is an appropriate term of probation. The amount of restitution shall be the amount of actual damages sustained as a result of breach of contract. Evidence relating to the amount of restitution would have to be introduced at the Administrative hearing.*

Optional 8. Alcohol and Drug Abuse Treatment

Effective 30 days from the date of this Decision, respondent shall enter an inpatient or outpatient alcohol or other drug abuse recovery program (a minimum of six (6) months duration) or an equivalent program as approved by the ~~AC~~ Board.

Quitting the program without permission or being expelled for cause shall constitute a violation of probation by respondent. Subsequent to the program, respondent shall participate in on-going treatment such as receiving individual and/or group therapy from a psychologist trained in alcohol and drug abuse treatment; and/or attend Twelve Step meetings or the equivalent as approved by the Board at least three times a week during the first year of probation; and/or other substance abuse recovery programs approved by the ~~AC~~ Board. Respondent shall pay all costs of treatment and therapy, and provide documentation of attendance at Twelve Step meetings or the equivalent as approved by the Board. The psychologist shall confirm that respondent has complied with the requirements of this Decision and shall notify the ~~AC~~ Board immediately if he or she believes the respondent cannot safely render acupuncture services. Respondent shall execute a release authorizing the psychologist to divulge the aforementioned information to the ~~AC~~ Board.

NOTE: *Alcohol and other drug abuse treatment shall be required in addition to other terms of probation in cases where the use of alcohol or other drugs by respondent has impaired respondent's ability to safely provide acupuncture services to patients. This condition must be accompanied by condition ~~#9~~ Optional 9.*

Optional 9. Abstain from Drugs and Alcohol and Submit to Tests and Samples

Respondent shall completely abstain from the personal use or possession of alcohol and controlled substances as defined in the California Uniform Controlled Substances Act ~~(Division 10, commencing with section 11000, Health and Safety Code)~~ and dangerous drugs as defined in Section ~~4211~~ 4022 of the Business and Professions Code, or any drugs requiring a prescription~~.~~ except when lawfully prescribed by a licensed practitioner for a bona fide illness. ~~Respondent shall abstain completely from the use of alcoholic beverages.~~

Respondent shall undergo random biological fluid testing as determined by the ~~AC~~ Board. Respondent shall bear all costs of such testing. The length of time and frequency will be determined by the ~~AC~~ Board. Any confirmed positive finding will be considered a violation of probation.

***NOTE**: This condition provides documentation that the probationer is substance or chemical free. It also provides the ~~AC~~ Board with a mechanism through which to require additional laboratory analyses for the presence of narcotics, alcohol and/or dangerous drugs when the probationer appears to be in violation of the terms of probation or appears to be under the influence of mood altering substances.*

Optional 10. Reimbursement for Probation Surveillance Monitoring

Respondent shall reimburse the ~~AC~~ Board for the hourly costs it incurs in monitoring the probation to ensure compliance for the duration of the probation period.

***NOTE**: This condition can only be included in a proposed stipulation, since there is no legal authority to include it in proposed decisions.*

Optional 11. Coursework

Respondent shall take and successfully complete not less than twenty (20) semester units or thirty (30) quarter units of coursework in the following area(s) _____. All coursework shall be taken at the graduate level at a school approved by the ~~AC~~ Board. Classroom attendance must be specifically required. Course content shall be pertinent to the violation and all coursework must be completed within the first 3 years of probation. The required coursework must be in addition to any continuing education courses that may be required for license renewal.

Within 90 days of the effective date of this decision, respondent shall submit a plan for the ~~AC~~ Board's prior approval for meeting the educational requirements. All costs of the coursework shall be borne by the respondent.

Optional 12. Community Service

***NOTE**: In addition to other terms of probation, community service work may be required for relatively minor offenses which do not involve deficiencies in knowledge, skills or judgment. Community service may be appropriately combined with restitution or other conditions as a term of probation. Specific language applicable to the case shall include the requirement that services rendered shall be professional in nature and under the auspices of a governmental entity or a non-profit corporation tax exempt under the Internal Revenue Code.*

STANDARD TERMS AND CONDITIONS

(To be included in all Decisions)

~~13.~~ Standard 1. Obey All Laws

Respondent shall obey all federal, state and local laws and all regulations governing the practice of acupuncture in California. A full and detailed account of any and all violations of law shall be reported by the respondent to the ~~AC~~ Board in writing within seventy-two (72) hours of occurrence.

~~14.~~ Standard 2. Quarterly Reports

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the ~~AC~~ Board, stating whether there has been compliance with all the conditions of probation.

~~15.~~ Standard 3. Surveillance Program

Respondent shall comply with the Board's probation surveillance program and shall, upon reasonable notice, report to the assigned investigative district office. Respondent shall contact the assigned probation surveillance monitor regarding any questions specific to the probation order. Respondent shall not have any unsolicited or unapproved contact with **1**) victims or complainants associated with the case; **2**) ~~AC~~ Board members or members of its staff; or **3**) persons serving the ~~AC~~ Board as expert examiners.

~~16.~~ Standard 4. Interview with the ~~AC~~ Board or Its Designee

Respondent shall appear in person for interviews with the ~~AC~~ Board or its designee upon request at various intervals and with reasonable notice.

~~17.~~ Standard 5. Changes of Employment

Respondent shall notify the ~~AC~~ Board in writing, through the assigned probation surveillance compliance officer of any and all changes of employment, location and address within 30 days of such change.

~~18.~~ Standard 6. Tolling for Out-of-State Practice or Residence

In the event respondent should leave California to reside or to practice outside the State, respondent must notify the ~~AC~~ Board in writing of the dates of departure and return. Periods of residency or practice outside California will not apply to the reduction of this probationary period.

~~19.~~ Standard 7. Employment and Supervision of Trainees

Respondent shall not employ or supervise or apply to employ or supervise acupuncture trainees during the course of this probation. Respondent shall terminate any such supervisorial relationship in existence on the effective date of this probation.

~~20.~~ Standard 8. Cost Recovery

Respondent shall pay to the ~~AC~~ Board its costs of investigation and enforcement in the amount of $_____.

~~21.~~ Standard 9. Violation of Probation

If respondent violates probation in any respect, the ~~AC~~ Board may, after giving respondent notice and the opportunity to be heard, revoke probation and carry out the disciplinary order that was stated. If an accusation or petition to revoke probation is filed against respondent during probation, the ~~AC~~ Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final. No petition for modification or termination of probation shall be considered while there is an accusation or petition to revoke probation pending against respondent.

~~22.~~ Standard 10. Completion of Probation

Upon successful completion of probation, respondent's license will be fully restored.

SUBSTANCE-ABUSING TERMS AND CONDITIONS

(To be included in Decisions involving substance-abusing licensees)

Substance-Abusing 1. Clinical Diagnostic Evaluation (CDE)

Within twenty (20) days of the effective date of the Decision and at any time thereafter upon order of the Board, Respondent shall undergo a clinical diagnostic evaluation. Any time the Respondent is ordered to undergo a clinical diagnostic evaluation, Respondent shall cease any practice of acupuncture pending the results of the clinical diagnostic evaluation and review by the Board. While awaiting the results of the clinical diagnostic evaluation, Respondent shall submit to random drug testing at least two (2) times per week.

The clinical diagnostic evaluation shall be conducted by a licensed practitioner who: holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation; has three (3) years of experience in providing evaluations of health professionals with substance abuse disorders; and, is approved by the Board. The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five (5) years. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations. Respondent shall provide the evaluator with a copy of the Board's Decision prior to the clinical diagnostic evaluation being performed.

Respondent shall cause the evaluator to submit to the Board a written clinical diagnostic evaluation report no more than ten (10) days from the date the evaluator was assigned to the matter, unless an extension, not to exceed thirty (30) days, is granted to the evaluator by the Board. The evaluator shall provide an objective, unbiased, and independent evaluation. The clinical diagnostic evaluation report shall set forth, at least, the evaluator's opinions as to: whether the licensee has a substance abuse problem; whether the licensee is a threat to himself/herself or others; and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice. Cost of such evaluation shall be paid by the Respondent.

Respondent may return to either full-time or part-time work if he/she has had at least 30 days of negative drug tests and the Board determines that he/she is safe to practice upon review of the clinical diagnostic evaluation and the following criteria:

- License type;
- Licensee's history;
- Documented length of sobriety/time that has elapsed since the last substance use;
- Scope and pattern of use;
- Treatment history;
- Medical history and current medical condition;
- Nature, duration and severity of substance abuse; and
- Whether the licensee is a threat to himself/herself or others.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the Board within 24 hours of such a determination. Respondent shall comply with any restrictions or recommendations made as a result of the clinical diagnostic evaluation.

SOURCE: Uniform Standards #1 and #2 of the Board's Uniform Standards Related to Substance-Abusing Licensees.

Substance-Abusing 2. Notice to Employer

Respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone number of all employers and supervisors and shall give specific, written consent that the licensee authorizes the Board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring. Monitoring includes, but is not limited to, conduct which may violate any probationary condition.

Respondent shall provide his/her employer, supervisor, director, or contractor and all subsequent employers, supervisors, directors, or contractors with a copy of the Decision and Accusation in this matter prior to the beginning of, or return to, employment or within 14 calendar days from each change in a supervisor or director. The Respondent must ensure that the Board receives written confirmation from the employer that Respondent has complied with this requirement. Respondent must ensure that all written confirmations required herein are submitted from the employer directly to the Board.

[Optional language: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance-abusing licensee.]

SOURCE: Uniform Standard #3 of the Board's Uniform Standards Related to Substance-Abusing Licensees.

Substance-Abusing 3. Abstain from Alcohol, Controlled Substances, and Dangerous Drugs

Respondent shall completely abstain from the use of alcoholic beverages. Respondent shall abstain completely from the personal use, possession, injection, consumption by any route, including inhalation of all controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined in Business and Professions Code section 4022, and any drugs requiring a prescription. This probation does not apply to medications lawfully prescribed by a practitioner, licensed to prescribe such medications, for a bona fide illness or condition. Within fifteen (15) calendar days of receiving any lawful prescription medications, Respondent shall notify the Board in writing of the following: prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name, address, and telephone number, and specific medical purpose for

medication. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. Respondent shall provide the Board with a signed and dated medical release covering the entire probation period.

Respondent shall identify for the Board's approval a single coordinating physician and surgeon who shall be aware of Respondent's history of substance abuse and who will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances, psychotropic or mood altering drugs. Once a Board-approved physician and surgeon has been identified, Respondent shall provide a copy of the Accusation and Decision to the physician and surgeon. The coordinating physician and surgeon shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of such substances.

The Board may require that only a physician and surgeon who is a specialist in addictive medicine be approved as the coordinating physician and surgeon.

If Respondent has a positive drug screen for any substance not legally authorized, Respondent shall be ordered by the Board to cease any practice and may not practice unless and until notified by the Board. If the Board files a petition to revoke probation or an accusation based upon the positive drug screen, Respondent shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

[Optional language: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance-abusing licensee.]

SOURCE: Uniform Standards #4 and #8 of the Board's Uniform Standards Related to Substance-Abusing Licensees.

Substance-Abusing 4. Alcohol and Drug Testing

Respondent shall immediately submit to and pay for any random and directed biological fluid or hair sample, breath alcohol or any other mode of testing required by the Board or its designee. The Respondent shall be randomly drug tested at least 52 times per year within the first year of probation, at least 36 times per year thereafter for the duration of the probationary term up to five (5) years, and at least one (1) time per month in year of probation after the fifth year provided there have been no positive test results during the previous five (5) years. The Board or its designee may require less frequent testing if any of the following applies:

- Where respondent has previously participated in a treatment or monitoring program requiring testing, the Board or its designee may consider that prior testing record in applying the testing frequency schedule above;
- Where the basis for probation or discipline is a single incident or conviction involving drugs or alcohol, or two incidents or convictions involving alcohol or drugs that were at least seven (7) years apart, that did not occur at work on the way to or from work, the Board or its designed may skip the first-year testing frequency requirement(s);
- Where the respondent is not employed in any health care field, frequency of testing may be reduced to a minimum of twelve tests per year. If Respondent wishes to thereafter return to employment in a health care field, Respondent shall be required to test at least once a week for a period of 60 days before commencing such employment, and shall thereafter be required to test at least once a week for a full year, before Respondent may be reduced to a testing frequency of at least 36 tests per year;
- Where respondent has demonstrated a period of sobriety and/or non-use, the Board or its

designee may reduce the testing frequency to no less than 24 tests per year.

- Respondent's testing requirement may be suspended during any period of tolling of the probationary period.

Any requests from Respondent to modify testing frequency shall be submitted to the Board in writing.

Respondent shall make daily contact as directed by the Board to determine if he/she must submit to drug testing. Testing may be required on any day, including weekends and holidays. Respondent shall have the test performed by a Board approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he/she is notified that a test is required. This shall ensure that that the test results are sent immediately to the Board. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitutes a violation of probation. If the test results in a determination that the urine was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If a positive result is obtained, the Board may require respondent to immediately undergo a physical examination and to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result. If a positive result is obtained, Respondent shall be ordered by the Board to immediately cease any practice of acupuncture and may not practice unless and until notified by the Board. Any such examination or laboratory or testing costs shall be paid by Respondent. A positive result is one which, based on scientific principles, indicates Respondent attempted to alter the test results in order to either render the test invalid or obtain a negative result when a positive result should have been the outcome. If it is determined that Respondent altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and Respondent must cease practicing. Respondent shall not resume practice until notified by the Board. If Respondent tests positive for a banned substance, Respondent shall be contacted and instructed to leave work and ordered to cease proactive. Respondent shall not resume practice until notified by the Board. All alternative drug testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

[Optional language: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance-abusing licensee.]

SOURCE: Uniform Standards #4, #8 and #9 of the Board's Uniform Standards Related to Substance-Abusing Licensees.

Substance-Abusing 5. Facilitated Support Group Meetings

Within fifteen (15) days from the effective date of the decision, Respondent shall submit to the Board or its designee for prior approval the name of one or more meeting facilitators. Respondent shall participate in facilitated group support meetings within fifteen (15) days after notification of the Board's approval of the meeting facilitator.

When determining the type and frequency of required support group meeting attendance, the Board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by Respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations;
2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years;
3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress; and
4. The facilitator shall report any unexcused absence within 24 hours.

[Optional language: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance-abusing licensee.]

SOURCE: Uniform Standard #5 of the Board's Uniform Standards Related to Substance-Abusing Licensees.

Substance-Abusing 6. Treatment Program for Cases Involving Substance-Abusing Licensees

Within thirty (30) days of the effective date of the Decision, Respondent shall enter a treatment program specified by the Board. Respondent, at his/her expense, shall successfully complete an inpatient, outpatient or any other type of recovery and relapse prevention treatment program as directed by the Board. When determining if Respondent should be required to participate in inpatient, outpatient or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to himself or herself or others. All costs associated with completion of the treatment program shall be paid by the Respondent.

The program director, psychiatrist, or psychologist shall confirm that Respondent has complied with the requirement of this Decision and shall notify the Board immediately if he/she believes the Respondent cannot safely practice. Respondent shall sign a release authorizing the treatment program to report all aspects of participation in the treatment program as requested by the Board or its designee.

Failure to comply with requirements of the treatment program, terminating participation in the treatment program without permission, or being expelled for cause from the treatment program shall constitute a violation of probation by Respondent who shall be immediately suspended from the practice of acupuncture. Probation shall be automatically extended until Respondent successfully completes the treatment program.

[Optional language: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance-abusing licensee.]

SOURCE: Uniform Standard #6 of the Board's Uniform Standards Related to Substance-Abusing Licensees.

Substance-Abusing 7. Worksite Monitor

Respondent shall have a worksite monitor as required by this term. The worksite monitor shall not have any current or former financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee's employer or supervising physician to serve as the worksite monitor, this requirement may be waived by the Board. However, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

Respondent shall submit the name of a licensed acupuncturist as the proposed worksite monitor within 20 days of the effective date of the Decision. The worksite monitor's scope of practice shall include the scope of practice of the licensee who is being monitored or be another healthcare professional if no monitor with like practice is available. The worksite monitor shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

The worksite monitor shall sign an affirmation that he/she has reviewed the terms and conditions of the Decision and agrees to monitor the licensee as set forth by the Board. The licensee shall provide written consent and sign an agreement with the worksite monitor and the Board allowing the Board to communicate with the worksite monitor. Once a worksite monitor is approved, Respondent may not practice unless the monitor is present at the worksite.

The worksite monitor must adhere to the following required methods of monitoring the licensee:

a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week;
b) Interview other staff in the office regarding the licensee's behavior, if applicable; and
c) Review the licensee's work attendance.

Any suspected substance abuse must be verbally reported to the Board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within 48 hours of occurrence. The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had face-to-face contact with monitor; staff interviewed, if applicable; attendance report; any change in behavior and/or personal habits; and any indicators that can lead to suspected substance abuse.

If the worksite monitor terminates the agreement with the Board and the Respondent, the Respondent shall not resume practice until another worksite monitor is approved by the Board.

[Optional language: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance-abusing licensee.]

SOURCE: Uniform Standard #7 of the Board's Uniform Standards Related to Substance-Abusing Licensees.

Substance-Abusing 8. Major Violations

This provision applies if the Respondent commits a violation of the treatment program for substance-abusing licensees or any other condition applying the uniform standards specific to controlled substance.

If Respondent commits a major violation, Respondent shall immediately upon notification by the Board, cease practice until notified otherwise in writing by the Board.

Major Violations include, but are not limited to, the following:

1. Failure to complete a Board-ordered program;
2. Failure to undergo a required CDE;
3. Committing multiple minor violations of probation conditions;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code or state or federal law;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive for a banned substance; and
8. Knowingly using, making, altering, or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

SOURCE: Uniform Standards #9 and #10 of the Board's Uniform Standards Related to Substance-Abusing Licensees.

PENALTY GUIDELINES

The following is an attempt to provide information regarding the range of offenses under the Acupuncture Licensure Act and the appropriate penalty for each offense. Examples are given for illustrative purposes, but no attempt is made to catalog all possible offenses. The ~~AC~~ Board recognizes that the penalties and conditions of probation listed are merely guidelines and that individual cases will necessitate variations, which take into account each case's unique circumstances.

If there are deviations or omissions from the guidelines in formulating a Proposed Decision, the ~~AC~~ Board always appreciates it if the Administrative Law Judge hearing the case will include some explanation of this in the Proposed Decision so that the circumstances can be better understood by the ~~AC~~ Board during its review and consideration of the Proposed Decision for final action.

All references are to the specified subsections of section **4955** of the Business and Professions Code.

A. SECURING A CERTIFICATE BY FRAUD OR DECEIT

Revocation is the only suitable penalty inasmuch as the license would not have been issued but for the fraud or deception. If the fraud is substantiated prior to issuance of the license or registration, then denial of the application is the only suitable penalty.

B. COMMITTING A FRAUDULENT OR DISHONEST ACT AS AN ACUNCTURIST RESULTING IN INJURY TO ANOTHER

MAXIMUM: Dishonest or fraudulent act resulting in substantial harm to patient(s)
Penalty: Revocation; denial of license.

MINIMUM: Dishonest or fraudulent t resulting in minimal harm to patient(s)
Penalty: 5 years probation, minimum 60 days suspension [1], psychological evaluation and ongoing therapy if appropriate [2], full restitution [7], written and clinical examination [6], coursework in ethics [11], community service [12], and standard terms and conditions [13 - 22].

C. USING ANY CONTROLLED SUBSTANCE, OR DANGEROUS DRUG, OR ALCOHOLIC BEVERAGE TO AN EXTENT OR IN A MANNER DANGEROUS TO HIMSELF OR HERSELF, OR TO ANY OTHER PERSON, OR THE PUBLIC, AND TO AN EXTENT THAT SUCH USE IMPAIRS HIS OR HER ABILITY TO ENGAGE IN THE PRACCE OF ACUPUNCTURE WITH SAFETY TO THE PUBLIC

MAXIMUM: Abuse of alcohol or a controlled substance resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Abuse of alcohol or controlled substance to the extent that ability to safely perform acupuncture services is impaired.
Penalty: 5 years probation, actual suspension [1], participation in an alcohol/drug abuse treatment program and continuing therapy with a psychologist trained in substance abuse treatment [8], biological fluid testing [9], practice monitor [4], physical examination (if appropriate) [3], and standard terms and conditions [13 - 22].

D. CONVICTION OF A CRIME SUBSTANTIALLY RELATED TO THE FUNCTIONS OF AN

ACUPUNCTURIST, THE RECORD OF CONVICTION BEING CONCLUSIVE EVIDENCE THEREOF

MAXIMUM: Convictions of a crime of violence against person or property or economic crime resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Conviction of other crime resulting in little or no harm to patient(s).
Penalty: 5 years probation, minimum 30 day suspension [1], ethics course [11], restitution (if appropriate) [7], community service [12], and standard terms and conditions [13 - 22].

E. IMPROPER ADVERTISING

Repeated infraction of statute regarding advertising.
Penalty: 5 years probation, written and clinical examination [6], coursework in ethics [11], community service [12], and standard terms and conditions [13 - 22].

F. VIOLATING OR CONSPIRING TO VIOLATE THE TERMS OF THIS CHAPTER

No guidelines drafted.
Refer to underlying statute or regulation.

G. GROSS NEGLIGENCE IN THE PRACTICE OF ACUPUNCTURE

MAXIMUM: Gross negligence resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Gross negligence resulting in minimal harm to patient(s).
Penalty: 5 years probation, minimum 60 days suspension [1], psychological evaluation prior to resumption of practice (condition precedent) [2], practice monitor [4], clinical examination [6], coursework [11], and standard terms and conditions [13 - 22].

H. REPEATED NEGLIGENT ACTS

MAXIMUM: Repeated negligent acts resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Repeated negligent acts resulting in minimal harm to patient(s).
Penalty: 5 years probation, minimum 90 days suspension [1], psychological evaluation prior to resumption of practice (condition precedent) [2], practice monitor [4], clinical examination [6], coursework [11], and standard terms and conditions [13 - 22].

I. INCOMPETENCE

MAXIMUM: Incompetence resulting in harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Incompetence resulting in minimal harm to patient(s).
Penalty: 5 years probation, minimum 60 days suspension [1], psychological evaluation prior to resumption of practice (condition precedent) [2], practice monitor [4], clinical examination

[6], coursework [11], and standard terms and conditions [13 - 22].

The following makes reference to **4935** and are in conjunction with **4955(f)** of the Business and Profession Code.

J. IMPERSONATING ANOTHER PERSON HOLDING AN ACUPUNCTURE LICENSE OR ALLOWING ANOTHER PERSON TO USE HIS OR HER LICENSE

MAXIMUM: Impersonation or use resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license, or written and clinical examination application.

MINIMUM: Impersonation or use resulting in little or no harm to patient(s).
Penalty: 5 years probation / actual suspension [1], coursework in ethics [11], community service [12], and standard terms and conditions [13 - 22].

K. AIDING OR ABETTING UNLICENSED PRACTICE

MAXIMUM: Aiding or abetting unlicensed practice which results in harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Aiding or abetting unlicensed practice which results in minimal harm to patient(s).
Penalty: 5 years probation / actual suspension [1], oral examination [6], coursework [11], and standard terms and conditions [13 - 22].

ACCUSATIONS

The ~~AC~~ Board has the authority, pursuant to Section 125.3 of the Business and Professions Code, to recover costs of investigation and prosecution of its cases. The ~~AC~~ Board requests that this fact be included in the pleading and made part of the accusation.

STATEMENTS OF ISSUES

The ~~AC~~ Board will file a Statement of Issues to deny an application of a candidate for the commission of an act which if committed by a licensee would be cause for license discipline.

STIPULATED SETTLEMENTS

The ~~AC~~ Board will consider agreeing to stipulated settlements to promote cost effective consumer protection and to expedite disciplinary decisions. The respondent should be informed that in order to stipulate to a settlement with the ~~AC~~ Board, he/she must admit to the violations set forth in the accusation. All proposed decisions must be accompanied by a memo from the Deputy Attorney General addressed to ~~AC~~ Board members explaining the background of the case, defining the allegations, mitigating circumstances, admissions and proposed penalty along with a recommendation.

PROPOSED DECISIONS

The Board requests that proposed decisions include the following:

1. Names and addresses of all parties to the action.
2. Specific code section violated with the definition of the code in the Determination of Issues.
3. Clear description of the acts or omissions which caused the violation.
4. Respondent's explanation of the violation if he/she is present at the hearing in the findings of fact.
5. Explanation of deviation from ~~AC~~ Board's Disciplinary Guidelines.

When a probation order is imposed, the ~~AC~~ Board requests that the order first list any combination of the Optional Terms and Conditions as they may pertain to the particular case followed by **all** of the Standard Terms and Conditions [13 - 22].

If the respondent fails to appear for his/her scheduled hearing or does not submit a Notice of Defense form, such inaction shall result in a default decision to revoke licensure or deny application.

REINSTATEMENT/PENALTY RELIEF HEARINGS

The primary concerns of the ~~AC~~ Board at reinstatement or penalty relief hearings are that the evidence presented by the petitioner of his/her rehabilitation. The ~~AC~~ Board is not interested in retrying the original revocation or probation case.

The ~~AC~~ Board will consider the following criteria of rehabilitation:

1. Nature and severity of the act(s) or offense(s)
2. Total criminal record
3. The time that has elapsed since commission of the act(s) or offense(s)
4. Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person
5. If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the **Penal Code**
6. Evidence, if any, of rehabilitation submitted by the licensee or registration holder.

In the Petition Decision, the ~~AC~~ Board would appreciate a summary of the offense and the specific codes violated which resulted in the revocation, surrender or probation of the license.

The ~~AC~~ Board requests that comprehensive information be elicited from the petitioner regarding his/her rehabilitation. The petitioner should provide details which include:

A. Continuing education pertaining to the offense and its effect on the practice of acupuncture.

B. Specifics of rehabilitative efforts and results which should include programs, psychotherapy, medical treatment, etc., and the duration of such efforts.

C. If applicable, copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanctions.

D. If applicable, copy of Certificate of Rehabilitation or evidence of expungement proceedings.

E. If applicable, evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.

F. A culpability or non-culpability statement.

If the ~~AC~~ Board should deny a request for reinstatement of licensure or penalty relief, the Board requests that the Administrative Law Judge provide technical assistance in the formulation of language clearly setting forth the reasons for denial. Such language would include methodologies or approaches which would demonstrate rehabilitation.

If a petitioner fails to appear for his/her scheduled reinstatement or penalty relief hearing, such action shall result in a default decision to deny reinstatement of the license or reduction of penalty.

######

Uniform Standards Regarding Substance-Abusing Healing Arts Licensees

Senate Bill 1441 (Ridley-Thomas)

Implementation by Department of Consumer Affairs, Substance Abuse Coordination Committee

Brian J. Stiger, Director
April 2011

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Substance Abuse Coordination Committee

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Stephanie Nunez
Respiratory Care Board of California

Annemarie Del Mugnaio
Speech-Language Pathology & Audiology & Hearing Aid Dispenser Board

Susan Geranen
Veterinary Medical Board

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#1 SENATE BILL 1441 REQUIREMENT

Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

#1 Uniform Standard

If a healing arts board orders a licensee who is either in a diversion program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:

    - holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation;

    - has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,

    - is approved by the board.

2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

3. The clinical diagnostic evaluation report shall:

    - set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;

    - set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,

    - set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

#2 SENATE BILL 1441 REQUIREMENT

Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

#2 Uniform Standard

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.

2. While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a diversion or probation manager shall determine, whether or not the licensee is safe to return to either part-time or fulltime practice. However, no licensee shall be returned to practice until he or she has at least 30 days of negative drug tests.

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use
- the scope and pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public.

#3 SENATE BILL 1441 REQUIREMENT

Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition.

#3 Uniform Standard

If the licensee who is either in a board diversion program or whose license is on probation has an employer, the licensee shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

#4 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomnicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

#4 Uniform Standard

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation or in a diversion program due to substance use:

TESTING FREQUENCY SCHEDULE

A board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	Segments of Probation/Diversion	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation or diversion.

Nothing precludes a board from increasing the number of random tests for any reason. Any board who finds or has suspicion that a licensee has committed a violation of a board's testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

EXCEPTIONS TO TESTING FREQUENCY SCHEDULE

I. PREVIOUS TESTING/SOBRIETY
In cases where a board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the board, the board may give consideration to that testing in altering the testing

frequency schedule so that it is equivalent to this standard.

II. VIOLATION(S) OUTSIDE OF EMPLOYMENT
An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

III. NOT EMPLOYED IN HEALTH CARE FIELD
A board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

IV. TOLLING
A board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

V. SUBSTANCE USE DISORDER NOT DIAGNOSED
In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed.

Prior to vacation or absence, alternative drug testing location(s) must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

A board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

PETITIONS FOR REINSTATEMENT

Nothing herein shall limit a board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that contains different provisions for reinstatement or reduction of penalty.

OUTCOMES AND AMENDMENTS

For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:

Historical Data - Two Years Prior to Implementation of Standard

Each board should collect the following historical data (as available), for a period of two years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to

appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.

Post Implementation Data- Three Years

Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.

Data Collection

The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

Probationer/Diversion Participant Unique Identifier
License Type
Probation/Diversion Effective Date
General Range of Testing Frequency by/for Each Probationer/Diversion Participant
Dates Testing Requested
Dates Tested
Identify the Entity that Performed Each Test
Dates Tested Positive
Dates Contractor (if applicable) was informed of Positive Test
Dates Board was informed of Positive Test
Dates of Questionable Tests (e.g. dilute, high levels)
Date Contractor Notified Board of Questionable Test
Identify Substances Detected or Questionably Detected
Dates Failed to Appear
Date Contractor Notified Board of Failed to Appear
Dates Failed to Call In for Testing
Date Contractor Notified Board of Failed to Call In for Testing
Dates Failed to Pay for Testing
Date(s) Removed/Suspended from Practice (identify which)
Final Outcome and Effective Date (if applicable)

#5 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

#5 Uniform Standard

If a board requires a licensee to participate in group support meetings, the following shall apply:

When determining the frequency of required group meeting attendance, the board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.

2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.

3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

4. The facilitator shall report any unexcused absence within 24 hours.

#6 SENATE BILL 1441 REQUIREMENT

Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

#6 Uniform Standard

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to himself/herself or the public.

#7 SENATE BILL 1441 REQUIREMENT

Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

#7 Uniform Standard

A board may require the use of worksite monitors. If a board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the board.

1. The worksite monitor shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

3. If the worksite monitor is a licensed healthcare professional he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.

5. The worksite monitor must adhere to the following required methods of monitoring the licensee:

    a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.

    b) Interview other staff in the office regarding the licensee's behavior, if applicable.

    c) Review the licensee's work attendance.

Reporting by the worksite monitor to the board shall be as follows:

1. Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.

2. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:

    - the licensee's name;
    - license number;
    - worksite monitor's name and signature;
    - worksite monitor's license number;
    - worksite location(s);
    - dates licensee had face-to-face contact with monitor;
    - staff interviewed, if applicable;
    - attendance report;
    - any change in behavior and/or personal habits;
    - any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor.

#8 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee tests positive for a banned substance.

#8 Uniform Standard

When a licensee tests positive for a banned substance:

1. The board shall order the licensee to cease practice;

2. The board shall contact the licensee and instruct the licensee to leave work; and

3. The board shall notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the board shall immediately lift the cease practice order.

In determining whether the positive test is evidence of prohibited use, the board should, as applicable:

1. Consult the specimen collector and the laboratory;

2. Communicate with the licensee and/or any physician who is treating the licensee; and

3. Communicate with any treatment provider, including group facilitator/s.

#9 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

#9 Uniform Standard

When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

#10 SENATE BILL 1441 REQUIREMENT

Specific consequences for major and minor violations. In particular, the committee shall consider the use of a "deferred prosecution" stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered.

#10 Uniform Standard

Major Violations include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Consequences for a major violation include, but are not limited to:

1. Licensee will be ordered to cease practice.
    a) the licensee must undergo a new clinical diagnostic evaluation, and
    b) the licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.
2. Termination of a contract/agreement.
3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

Minor Violations include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the board.

#11 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for return to practice on a full time basis.

#11 Uniform Standard

"Petition" as used in this standard is an informal request as opposed to a "Petition for Modification" under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program.

2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse.

3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

#12 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

#12 Uniform Standard

"Petition for Reinstatement" as used in this standard is an informal request (petition) as opposed to a "Petition for Reinstatement" under the Administrative Procedure Act.

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.

2. Demonstrated successful completion of recovery program, if required.

3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.

4. Demonstrated that he or she is able to practice safely.

5. Continuous sobriety for three (3) to five (5) years.

#13 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, (1) standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; (3) standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and (4) standards for a licensee's termination from the program and referral to enforcement.

#13 Uniform Standard

1. A vendor must report to the board any major violation, as defined in Uniform Standard #10, within one (1) business day. A vendor must report to the board any minor violation, as defined in Uniform Standard #10, within five (5) business days.

2. A vendor's approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors is as follows:

   (a) Specimen Collectors:

   (1) The provider or subcontractor shall possess all the materials, equipment, and technical expertise necessary in order to test every licensee for which he or she is responsible on any day of the week.

   (2) The provider or subcontractor shall be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances.

   (3) The provider or subcontractor must provide collection sites that are located in areas throughout California.

   (4) The provider or subcontractor must have an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the participant to check in daily for drug testing.

   (5) The provider or subcontractor must have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the State of California.

   (6) The provider or subcontractor must have a secure, HIPAA compliant, website or computer system to allow staff access to drug test results and compliance reporting information that is available 24 hours a day.

(7) The provider or subcontractor shall employ or contract with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.

(8) A toxicology screen will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance.

(9) Must undergo training as specified in Uniform Standard #4 (6).

(b) Group Meeting Facilitators:

A group meeting facilitator for any support group meeting:

(1) must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse;

(2) must be licensed or certified by the state or other nationally certified organization;

(3) must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year;

(4) shall report any unexcused absence within 24 hours to the board, and,

(5) shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

(c) Work Site Monitors:

The worksite monitor must meet the following qualifications:

(1) Shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

(2) The monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no

monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

(3) Shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

(4) Shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.

2. The worksite monitor must adhere to the following required methods of monitoring the licensee:

   a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.

   b) Interview other staff in the office regarding the licensee's behavior, if applicable.

   c) Review the licensee's work attendance.

3. Any suspected substance abuse must be verbally reported to the contractor, the board, and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.

4. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:

   - the licensee's name;
   - license number;
   - worksite monitor's name and signature;
   - worksite monitor's license number;
   - worksite location(s);
   - dates licensee had face-to-face contact with monitor;
   - staff interviewed, if applicable;
   - attendance report;
   - any change in behavior and/or personal habits;

- any indicators that can lead to suspected substance abuse.

(d) Treatment Providers

Treatment facility staff and services must have:

(1) Licensure and/or accreditation by appropriate regulatory agencies;

(2) Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency;

(3) Professional staff who are competent and experienced members of the clinical staff;

(4) Treatment planning involving a multidisciplinary approach and specific aftercare plans;

(5) Means to provide treatment/progress documentation to the provider.

(e) General Vendor Requirements

The vendor shall disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services as follows:

(1) The vendor is fully responsible for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them. No subcontract shall relieve the vendor of its responsibilities and obligations. All state policies, guidelines, and requirements apply to all subcontractors.

(2) If a subcontractor fails to provide effective or timely services as listed above, but not limited to any other subcontracted services, the vendor will terminate services of said contractor within 30 business days of notification of failure to provide adequate services.

(3) The vendor shall notify the appropriate board within five (5) business days of termination of said subcontractor.

#14 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

#14 Uniform Standard

The board shall disclose the following information to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program.

- Licensee's name;
- Whether the licensee's practice is restricted, or the license is on inactive status;
- A detailed description of any restriction imposed.

#15 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

#15 Uniform Standard

1. If a board uses a private-sector vendor to provide monitoring services for its licensees, an external independent audit must be conducted at least once every three (3) years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. In addition, the reviewer shall not be a part of or under the control of the board. The independent reviewer or review team must consist of individuals who are competent in the professional practice of internal auditing and assessment processes and qualified to perform audits of monitoring programs.

2. The audit must assess the vendor's performance in adhering to the uniform standards established by the board. The reviewer must provide a report of their findings to the board by June 30 of each three (3) year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection.

3. The board and the department shall respond to the findings in the audit report.

#16 SENATE BILL 1441 Requirement

Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

#16 Uniform Standard

Each board shall report the following information on a yearly basis to the Department of Consumer Affairs and the Legislature as it relates to licensees with substance abuse problems who are either in a board probation and/or diversion program.

- Number of intakes into a diversion program
- Number of probationers whose conduct was related to a substance abuse problem
- Number of referrals for treatment programs
- Number of relapses (break in sobriety)
- Number of cease practice orders/license in-activations
- Number of suspensions
- Number terminated from program for noncompliance
- Number of successful completions based on uniform standards
- Number of major violations; nature of violation and action taken
- Number of licensees who successfully returned to practice
- Number of patients harmed while in diversion

The above information shall be further broken down for each licensing category, specific substance abuse problem (i.e. cocaine, alcohol, Demerol etc.), whether the licensee is in a diversion program and/or probation program.

If the data indicates that licensees in specific licensing categories or with specific substance abuse problems have either a higher or lower probability of success, that information shall be taken into account when determining the success of a program. It may also be used to determine the risk factor when a board is determining whether a license should be revoked or placed on probation.

The board shall use the following criteria to determine if its program protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

- At least 100 percent of licensees who either entered a diversion program or whose license was placed on probation as a result of a substance abuse problem successfully completed either the program or the probation, or had their license to practice revoked or surrendered on a timely basis based on noncompliance of those programs.

- At least 75 percent of licensees who successfully completed a diversion program or probation did not have any substantiated complaints related to substance abuse for at least five (5) years after completion.

PROPOSED LEGISLATION FOR FOREIGN CREDENTIAL EVALUATORS

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

DATE	September 18, 2015
TO	Acupuncture Board
FROM	Terri Thorfinnson Executive Officer
SUBJECT	Foreign Credential Evaluators Proposed Legislation

Issue: The Board lacks the authority to choose from which Foreign Credential Evaluators to accept foreign training evaluation. The Board wants the authority to choose which Foreign Credential Evaluators to have applicants utilize for verification of foreign equivalency training.

Problem: The Board has been detecting fraudulent documents from foreign applicants despite having been reviewed by Foreign Credential Evaluators. The Board would like to be able to determine which Foreign Credential Evaluators to use, but does not have the authority to do so. This bill would solve this problem by providing the Board the authority to establish quality criteria that would allow the board to evaluate what standards the Foreign Credential Evaluators have in place that assures accuracy and reliability and ultimately verification of foreign equivalency training.

Background: As part of the implementation of SB 1246, the Board staff researched what additional statutory and regulatory language it needed to ensure that it can verify foreign equivalency training. One of the areas the Board identified as needing improvement is being able to choose which Foreign Credential Evaluators to recommend to applicants. The first step in verifying foreign equivalency is receiving foreign transcripts that are translated and evaluated by Foreign Credential Evaluators. The Board relies on Foreign Credential Evaluators to indicate whether the school is regionally accredited. It also relies on the evaluators to translate the transcript into English.

Through the years, the Board has observed a wide variation in accuracy, reliability and verification among Foreign Credential Evaluators. In researching the industry, the Board discovered that the Foreign Credential Evaluators did not have industry standards that ensure quality of their evaluation. The only industry standard appears to be fee paying membership to a national organization. The Board has made the following observations that raise concern for the Board: 1) Fraudulent documents detected by the Board were not detected by the Foreign Credential Evaluators; 2) Two separate evaluators had conflicting evaluations about whether the same foreign school was accredited or not. Both raise concerns of the credibility of Foreign Credential Evaluation.

Discussion: To protect public safety, the Board needs the ability to verify foreign equivalency training. That verification includes whether the transcript is genuine or fake, whether the course work is properly translated, and whether the school is regionally accredited. Being able to approve its Foreign Credential Evaluators would improve the Board's verification process and ensure that evaluation of training equivalency is accurate. Membership in the National Association of Credential Evaluation Services (NACES) is the only criteria or standard that the Board currently has in its regulations. Membership is not a standard nor does membership to an organization ensure quality. There is huge variation in quality among Foreign Credential Evaluators and the Board needs the authority to choose evaluators based on standards standards to ensure that they are reliable.

The Board of Accountancy encountered this same issue and sought statutory authority for approving evaluators and promulgated regulations setting forth the process for approval. The Acupuncture Board is proposing to use this same statutory language as a model. This proposed language would provide the Board with the authority to establish criteria for Foreign Credential Evaluators and set up a process for approval.

Recommendation: Approve the proposed statutory language. This language would be included in the Sunset Review Report with a request that it be include in the Board's sunrise bill.

Proposed Statutory Authority Language for Approval of Foreign Credential Evaluation Services*

The board shall adopt regulations specifying the criteria and procedures for approval of credential evaluation services. These regulations shall, at a minimum, require that the credential evaluation service (1) furnish evaluations directly to the board, (2) furnish evaluations written in English, (3) be a member of the American Association of Collegiate Registrars and Admission Officers, the National Association of Foreign Student Affairs, or the National Association of Credential Evaluation Services, (4) be used by accredited colleges and universities, (5) be reevaluated by the board every five years, (6) maintain a complete set of reference materials as specified by the board, (7) base evaluations only upon authentic, original transcripts and degrees and have a written procedure for identifying fraudulent transcripts, (8) include in the evaluation report, for each degree held by the applicant, the equivalent degree offered in the United States, the date the degree was granted, the institution granting the degree, an English translation of the course titles, and the semester unit equivalence for each of the courses, (9) have an appeal procedure for applicants, and (10) furnish the board with information concerning the credential evaluation service that includes biographical information on evaluators and translators, three letters of references from public or private agencies, statistical information on the number of applications processed annually for the past five years, and any additional information the board may require in order to ascertain that the credential evaluation service meets the standards set forth in this subdivision and in any regulations adopted by the board.

* This proposed language is based on BPC section 5094 *Standard for Qualifying Education*.

Proposed Statutory Authority Language for Approval of Foreign Credential Evaluation Services*

The board shall adopt regulations specifying the criteria and procedures for approval of credential evaluation services. These regulations shall, at a minimum, require that the credential evaluation service:

(1) furnish evaluations directly to the board

(2) furnish evaluations written in English

(3) be a member of the American Association of Collegiate Registrars and Admission Officers, the National Association of Foreign Student Affairs, or the National Association of Credential Evaluation Services

(4) be used by accredited colleges and universities

(5) be reevaluated by the board every five years

(6) maintain a complete set of reference materials as specified by the board

(7) base evaluations only upon authentic, original transcripts and degrees and have a written procedure for identifying fraudulent transcripts

(8) include in the evaluation report, for each degree held by the applicant, the equivalent degree offered in the United States, the date the degree was granted, the institution granting the degree, an English translation of the course titles, and the semester unit equivalence for each of the courses

(9) have an appeal procedure for applicants

(10) furnish the board with information concerning the credential evaluation service that includes biographical information on evaluators and translators, three letters of references from public or private agencies, statistical information on the number of applications processed annually for the past five years, and any additional information the board may require in order to ascertain that the credential evaluation service meets the standards set forth in this subdivision and in any regulations adopted by the board.

* This proposed language is based on BPC section 5094 Standard for Qualifying Education.

SUNSET REVIEW

- 2016 Sunset Review
- Appendix A-D
- Attachments A-E

California Acupuncture Board
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of September 18, 2015

Section 1 –
Background and Description of the Board and Regulated Profession

Mission Statement

To protect, benefit, and inform the people of California by exercising the licensing, regulatory, and enforcement mandates of the Acupuncture Licensure Act and Acupuncture Regulations.

Brief History

The Board of Medical Examiners (now called the Medical Board of California) began regulating acupuncture in 1972 under provisions that authorized the practice of acupuncture under the supervision of a licensed physician as part of acupuncture research in medical schools. Subsequently, the law was amended to allow acupuncture research to be conducted under the auspices of medical schools rather than just in medical schools.

In 1975, Senate Bill 86 (Chapter 267, Statutes of 1975) created the Acupuncture Advisory Committee under the Board of Medical Examiners and allowed the practice of acupuncture but only upon a prior diagnosis or referral by a licensed physician, chiropractor or dentist. In 1976, California became the eighth state to license acupuncturists. Subsequent legislation in 1978 established acupuncture as a "primary health care profession" by eliminating the requirement for prior diagnosis or referral by a licensed physician, chiropractor or dentist. Assembly Bill 2424 (Chapter 1398, Statutes of 1978) authorized Medi-Cal payments for acupuncture treatment.

In 1980, the law was amended to abolish the Acupuncture Advisory Committee and replace it with the Acupuncture Examining Committee within the Division of Allied Health Professions with limited autonomous authority; expanded the acupuncturists' scope of practice to include electroacupuncture, cupping, and moxibustion; clarified that Asian massage, exercise and herbs for nutrition were within the acupuncturist's scope of practice; and provided that fees be deposited in the Acupuncture Examining Committee Fund instead of the Medical Board's fund. Most of these statutory changes became effective on January 1, 1982.

In 1982, the Legislature designated the Acupuncture Examining Committee as an autonomous body. Effective January 1, 1990, through AB 2367 (Chapter, 1249, Statutes of 1989) the name was changed to Acupuncture Committee to better identify it as a state licensing entity for acupuncturists. The legislation further provided that, until January 1, 1995, the California Acupuncture Licensing Examination (CALE) would be developed and administrated by an independent consultant, which was later extended to June 2000.

On January 1, 1999, the committee's name was changed to Acupuncture Board (SB 1980, Chapter 991, Statutes of 1998) and the Committee removed from within the jurisdiction of the Medical Board of California (SB 1981, Chapter 736, Statutes of 1998).

In 1988, legislation was signed into law (Chapter 1496, Statutes of 1988), which included acupuncturists as "physicians" only in the Workers Compensation system for purposes of treating injured workers. The bill permitted acupuncturists to treat workplace injuries without first obtaining a referral, but limited the role of acupuncturists by not authorizing them to evaluate disability. The bill went into effect in 1989 with a four-year sunset clause. AB 400 (Chapter 824, Statutes of 1992) extended the inclusion of acupuncturists as "physicians" in the Workers' Compensation system until December 1996 and AB 1002 (Chapter 26, Statutes of 1996) further extended the inclusion of acupuncturists as "physicians" in the Workers' Compensation system until January 1, 1999. Legislation passed in 1997 (Chapter 98, Statutes of 1997) deleting the 1999 sunset date on the Workers' Compensation system.

In 2002, AB 1943 (Chapter 781, Statutes of 2002) was signed into law that raised the acupuncture training program curriculum standards requirement to 3,000 hours, which included 2,050 hours of didactic training and 950 hours of clinical training. The Board promulgated regulations to implement this bill, which become effective January 1, 2005. In 2006, SB 248 (Chapter 659, Statutes of 2005) repealed the nine-member Board and reconstituted it as a seven-member board with four public members and three licensed acupuncture members. The quorum requirements were changed to four members including at least one licensed member constituted a quorum.

In 2014 (SB 1246, Chapter 397), the sunset legislation expanded the definition of "approved training programs" to include training programs that were accredited, approved by the Bureau of Private and Post-Secondary (BPPE) and met the Board's curriculum requirements; and provided the Board authority to set foreign equivalency standards for training and licensure. The bill also eliminated the Board's inspection authority, fees for inspection and training approval application fees, which become effective January 1 2017.

Acupuncture Scope of Practice

Acupuncture is defined in Business and Professions Code Section 4927 (d) as the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibusion (Chapter 655, sec 56, Statutes of 1999).

Function of the Board

The Acupuncture Board's (Board) legal mandate is to regulate the practice of acupuncture and Asian medicine in the State of California. The Board established and maintains entry standards of qualification and conduct within the acupuncture profession, primarily through its authority to license. The Acupuncture Licensure Act commences with Business and Professions Code (BPC), Section 4925 et seq. The Board's regulations appear in Title 16, Division 13.7, of the California Code of Regulations (CCR).

The primary responsibility of the Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Acupuncture Licensure Act and the Board's regulations. The Board promotes safe practice through improvement of education training standards, continuing education, enforcement of the BPC and public outreach.

1. *Describe the make-up and functions of each of the Board's committees.*

Committees of the Board

Committees serve as an essential component of the full Board to address specific issues referred by the public or recommended by staff. Committees are composed of two or more Board Members who are charged with gathering public input, exploring alternatives to the issues and making recommendations to the full Board. The Board has four committees as follows:

Education Committee – addresses issues related to acupuncture educational standards, school application and approval process, tutorial programs, and continuing education.

Examination Committee – addresses issues related to development and administration of the examination, exam policy, and miscellaneous exam related issues.

Enforcement Committee – addresses issues related to scope of practice, standard of care, competency, complaints, disciplinary decisions, probation monitoring, reinstatement of licensure, and miscellaneous issues.

Executive Committee – addresses issues related to expenditures/ revenue/fund condition, Executive Officer selection/evaluation, legislation/regulations, committee policy/ procedures, and special administrative projects.

Table 1a Attendance

Please see Appendix A

Table 1b Board/Committee Member Roster

Please see Appendix A

Board/Committee Member Roster

Member Name	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Aguinaldo, Hildegarde	08/21/13		06/01/17	Governor	Public
Chan, Kitman	08/21/13		06/01/17	Governor	Public
Corradino, Dr. Michael	05/21/15		06/01/17	Governor	Professional
Hsieh, Francisco	08/21/13		06/01/17	Assembly Speaker	Public
Kang, Jeannie	08/21/13		06/01/17	Governor	Professional
Shi, Michael	12/03/12	07/02/13	06/01/17	Governor	Professional
Zamora, Jamie	08/21/13		06/01/17	Senate Rules Committee	Public

2. *In the past four years, was the Board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?*

   The Board has not had any difficulty with holding Board meetings or establishing quorum. All of the seven Board Members have been appointed, so there are no vacancies on the Board.

3. *Describe any major changes to the Board since the last Sunset Review, including:*

   - *Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning).*
   - *All legislation sponsored by the Board and affecting the Board since the last sunset review.*
   - *All regulation changes approved by the Board since the last sunset review. Include the status of each regulatory change approved by the Board.*

   - CPEI regulations are implemented and effective October 1, 2015.
   - New Board Member appointed, no vacancies on the Board.
   - Worked with Senate Business and Professions Committee to address the complete exclusion of Canadian acupuncture training programs. The change will allow Canadian acupuncture graduates to apply as foreign applicants effective January 1, 2016.

- Filed the following regulatory packages with the Office of Administrative Law: AB 2699 Free and Sponsored Health Events and Business and Professions Code Section 138 implementation.
- SB 1441 is expected to be filed Fall 2015.
- Disciplinary Guidelines update is expected to be filed Spring 2016.
- SB 1246 foreign equivalency standards regulation are being promulgated with the goal of having them in place by January 1, 2017. It is unclear whether that goal will be met.
- Proposed legislation providing the Board authority to approve which Foreign Credential Evaluators they use based on criterion by the Board. This would address concerns about the ability to verify foreign education and identify fraudulent documentation.
- The following regulatory packages have been approved by the Board and are pending: Hygiene Guidelines update, Prostitution Prevention, Advertising Guidelines, and Continuing Education Ethics requirement.
- With additional new staff, we were able to conduct 28 school site visits in FY 2014/15. Completed all site visits for schools seeking Board approval of their training programs; completed all compliance visits for Board approved schools in California and some out of state schools.
- With additional new staff, we streamlined the licensing process, eliminated fingerprint delays, added outreach to licenses related to the status of their license and fingerprint compliance.
- With additional new staff, we were able to address the backlog in Enforcement caseload, and either close or refer aging cases for prosecution. The Board increased the number of citations issued.
- We completed and released the results of the Occupational Analysis (OA) for the California Acupuncture Licensing Exam (CALE) in February 2015. The March 2016 exam will be the first exam that is based on this new OA.
- We are auditing the national certification exam and the results will be the basis of the policy decisions about which exam(s) should be used in the future as the basis for testing competency.
- The Board has created Board meeting updates for Legislation, regulatory packages, strategic plan and sunset review issues which are included in Board packet materials posted on the website and for members.

CAB list of past and future regulations

Updated: August 12, 2015

Set out below are a list of past and future pending regulations. Please note this list may be incomplete and subject to change depending upon Legislative or Executive action. Authority for regulatory changes is provided under California Business and Professions (B&P) code Chapter 12, Article 1, BPC 4933.

Pending regulations				
	Subject	**B&P code sections referred**	**Date authorizing vote taken (vote)**	**Status**
1	Consumer Protection Enforcement Initiative (CPEI). Amends regulations to strengthen Board enforcement program pursuant to DCA's CPEI initiative (SB 1111)	Amends section 1399.405, 1399.419, 1399.469.1, 1399.468.2	8/19/2010 (5-0)	OAL approved rulemaking package. **Regulation effective 10/1/15.**
2	Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Conditions of Probation (SB 1441)	adopt sections 1399.469(a), 1399.469(b)	10/25/2013 (5-0)	Legal Counsel reviewed and returned to staff for further revisions. Expected filing with OAL by Spring 2016.
3	Sponsored Free Health-Care Events (AB 2699)	Add Article 7 and Sections 1399.480, 1400.1, 1400.2 and 1400.3	11/17/2011 (5-0)	45-day public comment period complete. Comments received for Board review at Sept. Board meeting. Staff preparing rulemaking submission to Agency for final OAL approval.
4	Display of licensure by Acupuncture Board (BPC 138)	Add section 1399.463.3	11/14/14 (6-0)	45-day public comment period complete. Staff preparing rulemaking submission to Agency for final OAL approval.
5	Prostitution enforcement and condition of office	Amends section 1399.450(b)	2/14/2014 (6-0)	Package being completed by staff. Expected submittal to OAL by December 2016
6	Advertising guidelines – display of license numbers in advertising	Adopt section 1399.455	2/19/2013 (5-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.

7	Continuing education: Course in Professional Ethics	Adopt section 1399.482.2	11/15/2012 (5-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.
8	Hand Hygiene requirements	Amends 1399.451 (a)	2/14/2014 (5-0)	Package being completed by staff. Expected submittal to OAL by Spring 2016.

Adopted Regulations

	Subject	B&P code sections referred	Date approved by Office of Administrative Law (effective one month later) with link to text of regulation
1	Educational Curriculum Requirements	amends Section 1399.415	*Approved by OAL 10/5/04* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art2.shtml#1399415
2	Cite and Fine enforcement	amends Section 1399.465	*Approved by OAL 4/17/06* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art6.shtml#1399465
3	Continuing education	amends Sections 1399.480 – 1399.489.1	*Approved by OAL on 8/25/08* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art8.shtml#1399480
4	Retroactive fingerprinting requirements	adopts Sections 1399.419.1 and 1399.419.2	*Approved by OAL 9/23/10* http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art25.shtml#13994191

ACUPUNCTURE BOARD -- BILLS TRACKED

2014

BILL #	AUTHOR	SUBJECT	BOARD POSITION
AB 1702	Patterson	Delay of Denial of License	No position
AB 2396	Bonta	Denial of License	No position
AB 2720	Ting	Agency meetings	No position
SB 1159	Lara	Professions and Vocations	No position
SB 1246	Lieu	Acupuncture Board	SUPPORT IF AMENDED (version as amended 6/15/14)
SB 1256	Mitchell	Medical Services	No position

2015

BILL #	AUTHOR	SUBJECT	BOARD POSITION (DATE ADOPTED)
AB 12	Cooley	State Government	No position
AB 19	Chang	Small Business Regulations	No position
AB 41	Chau	Healing Arts	No position
AB 85	Wilk	Open Meetings	OPPOSE (version as amended 4/15/15)
AB 351	Jones-Sawyer	Public Contracts	No position
AB 483	Patterson	Healing Arts	No position
AB 611	Dahle	Controlled Substances	No position
AB 728	Hadley	State Government	No position
AB 750	Low	Business and Professions	No position
AB 758	Chau	Acupuncture and Training	No position
AB 797	Steinorth	Regulations	No position
AB 1060	Bonilla	Professions and Vocations	No position
AB 1351	Eggman	Deferred Entry of Judgment	No position
AB 1352	Eggman	Deferred Entry of Judgment	No position
SB 137	Hernandez	Health Care Coverage	No position
SB 467	Hill	Professions and Vocations	No position
SB 799	Sen. BP&ED	Business and Professions	No position
SB 800	Sen BP&ED	Healing Arts: Omnibus bill	SUPPORT (version as amended 4-20-15)

4. *Describe any major studies conducted by the Board (cf. Section 12, Attachment C).*

   The Board completed its Occupational Analysis that surveyed and updated practice and competencies for the profession. This analysis will change the outline for the California Acupuncture Licensing Exam. The March 2016 will be the first exam that will be constructed based on the new Occupational Analysis.

5. *List the status of all national associations to which the Board belongs.*
   - *Does the Board's membership include voting privileges?*
   - *List committees, workshops, working groups, task forces, etc., on which Board participates.*
   - *How many meetings did Board representative(s) attend? When and where?*

- *If the Board is using a national exam, how is the Board involved in its development, scoring, analysis, and administration?*

There are no membership organizations for the Board. There were in the past, but none exist today. If the Board used the national certification exam for acupuncture, then it would explore its participation role with that organization.

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. *Provide each quarterly and annual performance measure report for the Board as published on the DCA website.*

   See Appendix C

7. *Provide results for each question in the Board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.*

   The Board offers customer satisfaction surveys through our website and through SOLID for Enforcement. There we no responses for the Enforcement satisfaction survey since the last sunset review. However, there are responses that we received through our website customer satisfaction survey. **See Appendix D**

Section 3 – Fiscal and Staff

Fiscal Issues

8. *Describe the Board's current reserve level, spending, and if a statutory reserve level exists.*

   The current reserve level for the Board is $1.456 million in addition to a $5 million outstanding loan to the G.F. which is not included in reserves until it's paid to the Board. The current spending level is $3.4 million for FY 15/16.

9. *Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the Board.*

Table 2. Fund Condition

(Dollars in Thousands)	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Beginning Balance	$5830	$1,367	$2,090	$1,881	$1,459	$1,226
Revenues and Transfers	-$2,594	$2636	$2,555	$2,635	$3,225	$4,223
Total Revenue	$2,406	$2,636	$2,555	$2,635	$3,225	$3,223
Budget Authority	$2564	$2751	$2797	$3,256	$2,853	$3,457
Expenditures	$1860	$1,935	$2,797	$3,303	$2,853	$4,229
Loans to General Fund	-$5000	0	0	0	0	0
Accrued Interest, Loans to General Fund	0	0	0	0	0	0
Loans Repaid From General Fund	0	0	0	0	0	0
Fund Balance	$1,367	$2,090	$1,881	$1,456	$1,226	$1,898
Months in Reserve	8.4	8.9	7.9	5.0	4.1	6.3

10. *Describe the history of general fund loans. When were the loans made? When have payments been made to the Board? Has interest been paid? What is the remaining balance?*

The Board loaned the General Fund $1.5 million in FY 2003/2004*. This loan was repaid in 2006. In FY 2011/2012 a $5 million loan was made to the General Fund. That loan was planned to be repaid with interest in FY 2015/16. However, no such payment has been scheduled.

The Board continues to have reserves; however, the Board has increased its expenditure level beyond its annual revenue level, so this reserve will begin to be reduced. As a result, the Board is exploring fee increases and new fees to support current expenditure levels. The Board has not increased its fees in decades, so an increase in fees is timely and needed.

* Fiscal Year (FY) for the state is July 1 through June 30th.

11. *Describe the amounts and percentages of expenditures by program component. Use Table 3. Expenditures by Program Component to provide a breakdown of the expenditures by the Board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.*

Table 3. Expenditures by Program Component (list dollars in thousands)

	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	85,786	509,966	58,284	513,111	147,862	1,038,193	114,665	852,654
Examination	85,786	425,567	97,140	473,193	147,862	604,619	114,665	856,595
Licensing	42,893	54,859	48,570	67,601	147,862	231,257	114,665	155,191
Administration *	243,692	165,228	217,682	203,243	154,331	115,628	230,525	155,191
Education**	42,893	54,859	38,856	54,081	73,931	115,628	114,665	155,191
DCA Pro Rata		174,655		182,667	$0	203,520	$0	630,865
Diversion (if applicable)	NA	NA	NA	NA	NA	NA	NA	NA
TOTALS	$501,050	1,385,134	$460,532	1,493,896	671,846	2,308,845	809,183	2,805,685

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
** Education line added to chart to reflect Education Program expenditures

12. *Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.*

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
Other Regulatory Fees							1.8%
Duplicate Renewal Fee	$10	$10	$1	$1	$1	$1	
Endorsement	$10	$10	$1	$1	$1	$1	
Duplicate-Additional Office	$15	$15	$5	$5	$6	$6	
Duplicate pocket license	$10	10					
CE Approval Fee	$150	$150	$42	$40	$38	$44	
Licenses & Permits							30.8%
App Fee- Schools,	1500	3000	$6	$3	$0	$3	
App Fee- CALE	$75	$75	$59	$69	$62	$62	
Re-Exam Fee-CALE	$550	$550	$189	$221	$235	$223	
App Fee- Tutorial Supervisor	$200	$200	$3	$3	$3	$2	
App Fee--Trainee	$50	$50	$0	$0	$0	$0	
Exam Fee- CALE	$550	$550	$366	$424	$373	$290	
Initial Licensure Fee	$325	$325	$144	$156	$145	$140	
Renewal Fees							66.7%
Biennial Licensure Renewal Fee	$325	$325	$1,590	$1,720	$1,696	$1,869	
Annual Renewal- Tutorial Supervisor	$50	$50	$1	$1	$1	$1	
Annual Renewal Fee-Tutorial Trainee	$10	$10	$0	$0	$0	$0	
Delinquent Fees							0.5%
Delinquent Renewal Fee—Licensure	$25	$25	$12	$13	$14	$16	
Delinquent Renewal Fee—Tutorial Supervisor	$25	$25	$0	$0	$0	$0	
Delinquent Renewal Fee—Tutorial Trainee	$5	$5	$0	$0	$0	$0	

*Fee pro-rated based on the date the license is issued and the birth month of the applicant. Fee varies from $176 for 13 months to $325 for 24 months.

Fees are set either through statutory and/or regulatory authority. The statutory authority for fees is set forth in BPC Sections 4970, 4971, 4972. The regulatory authority for fees is set forth in Sections 1399.460, 1399.461, 1399.462.

13. Describe Budget Change Proposals (BCPs) submitted by the Board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
	14/15	Address Enforcement Workload	1 SSM1 2 AGPAs 1 SI 2 OT	none				
	14/15	SB 1246 implementation school oversight	1 SSM1 2 AGPAs 1OT	pending				

Staffing Issues

14. Describe any Board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Board requested position authority for 3.0 permanent full-time positions, as well as Budget authority for $280,000 in FY 2014/15 and $256,000 in FY 2015/16 and ongoing to address the Board's continual increase in workload. Specifically, the Board requested 1.0 Associate Governmental Program Analyst for enforcement, 1.0 Associate Governmental Program Analyst for education oversight and one 1.0 Office Technician for licensing. Without the increase in staff, the Board will continue to fall further behind in its ongoing enforcement workload which will be detrimental to the public and the licensees. The Board also would not be able to conduct mandatory school oversight and site visits, and meaningful oversight of mandated education process. In licensing, the increase in staff will assist with the steady rise in call volume concerning complaints, questions and other workload assignments.

The Board has not had many vacancies and for the most part has remained fully staffed. The Board has reclassified staff and created permanent intermittent positions to address workload deficiencies. This provides immediate short-term assistance in addressing workload deficiencies, but the Board remains understaffed for all of its functions and continues to seek additional staff through the BCP process to provide a long-term solution to its staffing needs to ensure the Board is appropriately staffed for all functions.

Among the changes the Board has made to address workload deficiencies are to re-classify an OT into an analyst level to address the more complex and increased exam workload.

While the Board has had some success in receiving additional staff, the Board is only at the 2001 staffing levels with three times the workload. Additional staffing to address current workload remains an issue for the Board. The SB 1246 BCP will address some but not all of the workload issues.

Additionally, the Executive Officer (E.O.) is the only manager classification, which leaves the Board without a backup manager or assistance for the E.O. to run daily operations. This continues to be an unwieldy workload for an EO to perform and manage.

The three additional positions the Board received in FY 14/15 have had a tremendously positive impact on addressing workload deficiencies. The additional licensing staff has enabled the Board to reduce its license processing times, increase its communication and outreach to licensees compared with when the Board had only one staff person handling licensing. The pending BCP will address some of the remaining workload issues through the creation of a Licensing Compliance Unit. It will also allow the Board to move to a more traditional staffing structure for licensure compliance.

The new Education Coordinator position is responsible for creating a new school oversight and enforcement unit that resulted in eliminating the backlog of schools applying for Board approval of their training program and follow-up compliance visits to all of the approved schools. This year the Board visited 28 schools and will complete the remaining compliance visits this fiscal year. This oversight will provide the Board and ACAOM with an exact assessment of curriculum and clinical compliance going into 2017 when the school oversight will shift to ACAOM. The additional staff also allowed for the existing staff to be devoted to Continuing Education (CE) oversight and enforcement that has resulted in increased regulatory CE audits and audits of problem CE providers identified through the audit of licensees. The Board has dramatically increased the number of citations and fines issued, which is primarily the work of the dedicated CE staff performing regular audits. This increase in citations and fines was not possible with only one staff for both schools and CE oversight.

The new Enforcement staff has addressed some of the enforcement workload and backlogs, but not entirely. Just as the new staff was hired, the exiting staff went out on maternity leave, so the Board has only recently had the benefit of having two staff addressing workload. But the additional staff has generated increased enforcement activity overall.

One area that relates to staffing is the increased demand for data collection, reporting and analysis without additional staff. These are complex functions that require a skill set above the analyst classification. For small Boards such as the Acupuncture Board, we do not have the staff and skills to meet these data reporting demands. This remains an issue for the Board.

Another staffing issue is BreEze implementation. The BreEze project is requiring dedicated and full-time staff assigned for two years or more for the Breeze testing and implementation. The Board does not have the staff devoted to this project and would need additional staff to meet this demand. The Board is in release three, so it is not an issue now. Release three has yet to be designed, but the Board would need some type of staff assigned to the Board to address this issue. Whatever the solution, implementation will cause severe workload disruptions and potential backlogs if frontline staff is re-assigned to BreEze.

15. *Describe the Board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).*

The Board has a small training budget for staff and primarily relies on the training provided by SOLID within DCA. Generally, the Board supports staff training.

Section 4 – Licensing Program

16. *What are the Board's performance targets/expectations for its licensing[1] program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?*

With the addition of the licensing OT last year, the licensing unit has improved its performance time for licensing. This second staff has allowed the Board to better manage potential areas of delay such as fingerprint results and following up with licensees to resolve deficiencies that are causing delays. This was not possible with one staff. The average processing days prior to the second licensing staff was 14.6 days. Fingerprint delays were eliminated. Processing time improved in FY2013-14 from 14.6 days to 11.46 days. After receiving an additional licensing staff and as a result of streamlining our licensing systems, the processing time dropped to 9.26 days in FY 2014/15. This is a tremendous improvement and not unexpected because the deficiencies were due to insufficient staffing levels.

17. *Describe any increase or decrease in the Board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications, what has been done by the Board to address them? What are the performance barriers and what improvement plans are in place? What has the Board done and what is the Board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?*

With the additional staff received, workload issues have been partially resolved. The Board needs additional higher classification staff to increase its outreach and improve its licensing processing. In analyzing systems for processing licenses, there were issues related to central cashiering that have been unable to be resolved due to the freezes in ATS for BreEze; they remain as barriers to improving our licensing system.

For licensing, processing time has been reduced as much as it can be reduced. If the Board had online cashiering, processing time would be further reduced. The Board still uses ATS and CAS for its processing—so it does not have online cashiering yet. DCA control board denied the Board's request for online cashiering due to the freeze on changes to ATS and CAS during BreEze implementation. The Board has requested additional staff through BCPs and if approved, those staff would address some of the workload issues.

Increased staffing levels will require the Board to increase or create new fees through legislation in the future. The Board is currently studying fees and fee levels.

18. *How many licenses or registrations does the Board issue each year? How many renewals does the board issue each year?*

Table 6. Licensee Population

		FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Acupuncture	Active	10,313	10,706	11,111	11,477*
	Out-of-State	895	1041	856	903*
	Out-of-Country	249	271	211	222*
	Delinquent	893	1026	992	931*

*as of 7/1/15

[1] The term "license" in this document includes a license certificate or registration.

Table 7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2011/12	(Exam)	1173	1083			-	-	-	-	-	-
	(License)	570	570		570	-	-	-	-	-	-
	(Renewal)			n/a		-	-	-	-	-	-
FY 2012/13	(Exam)	1342	1232								
	(License)	600	600		600						
	(Renewal)			n/a							
FY 2013/14	(Exam)	1210	1157								
	(License)	595	595		595						
	(Renewal)			n/a							

* Optional. List if tracked by the board.

Table 7b. Total Licensing Data

	FY 2012/13	FY 2013/14	FY 2014/15
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	1942	1805	1723
Initial License/Initial Exam Applications Approved	1832	1752	1673
Initial License/Initial Exam Applications Closed			
License Issued	600	595	565
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)			
Pending Applications (outside of board control)*			
Pending Applications (within the board control)*			
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)	14.6	11.46	9.26
Average Days to Application Approval (incomplete applications)*			
Average Days to Application Approval (complete applications)*			
License Renewal Data:			
License Renewed	5215	5402	5570

* Optional. List if tracked by the board.

19. *How does the Board verify information provided by the applicant?*

    a. *What process does the Board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?*

Applicants are required to report or disclose disciplinary actions or criminal history on their application for exam and licensure. Each applicant for licensure is required to be fingerprinted prior to obtaining a license. If the applicant has a criminal record, whether disclosed or not, the information is sent to the Board. The Board requests further information from the applicant for Board review. Certified court records, law enforcement arrest/incident reports are also obtained. If the applicant failed to disclose a conviction that shows up, the Board follows-up with applicant requesting an explanation. The omission is taken into consideration in determining whether to grant or deny a license. Additionally, the Board has begun to issue citations and fines for non-disclosure.

b. *Does the Board fingerprint all applicants?*

Yes, all applicants for licensure are required to complete fingerprint or live scans pursuant to Title 16, California Code of Regulations Section 1399.419.2. It requires all acupuncturists that were licensed prior to January 1, 2001 or for whom a record of the submission of fingerprint no longer exists, to submit a complete set of fingerprints to the California Department of Justice (DOJ) as a condition of licensure or licensure renewal.

c. *Have all current licensees been fingerprinted? If not, explain.*

All newly licensed acupuncturists licensed after 2001 have been fingerprinted. This past fiscal year, the Board conducted manual queries for current licensees that have not been fingerprinted and individually reviewed all acupuncturists licensed before January 1, 2001 to make sure those licensees have complied with the fingerprint requirement. The licensees who were identified as non-compliant were sent a letter explaining the requirement and that their license will not be renewed unless they comply with this requirement. The result has been an increase in the number of outstanding fingerprints completed by current licensees. We expect over the next two years when renewals are due that more if not all of the remaining licensees will come into compliance with this requirement.

d. *Is there a national databank relating to disciplinary actions? Does the Board check the national databank prior to issuing a license? Renewing a license?*

Yes, the Board now contracts with the National Practitioner Data Bank (NPDB). The Board currently is contracting for new licensees and out of state licensed applicants, for which the Board may not receive critical reports including police reports. The Board receives online reports on an ongoing basis through the NPDB.

e. *Does the Board require primary source documentation?*

Yes, the Board requires that all diplomas or certified diplomas and transcripts be original documents submitted from the issuing institution when submitted to the Acupuncture Board. The Board does not accept transcripts or copies from applicants to avoid the potential for fraudulent documents.

All foreign language documents must be accompanied by an English translation certified by the translator as to the accuracy of such translation under the penalty of perjury. A foreign evaluator translates foreign transcripts and verifies that the school is accredited.

20. *Describe the Board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.*

Out of state applicants must have graduated from a Board approved training program in order to be eligible to take the CALE. If they are graduates of Board approved training programs, the Board reviews their transcripts to determine if they have met the Board's training program requirements. If they have, they are approved to take the licensure exam, and if they pass, they are eligible for licensure.

Foreign applicants are not required to graduate from a Board approved training program, but they are required to meet the same training program standards as those who have graduated from Board approved training programs. Foreign applicants are required to arrange to have their schools send two

original transcripts: one to the Board; and one to the foreign evaluator that reviews, translates and notarizes the translation, evaluates the original transcripts, and indicates whether the school has regional accreditation. Upon receipt of all documents, the Board reviews the translated transcript and determines whether the applicant has met the Board's curriculum and clinical requirements.

21. *Describe the Board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.*

    a. *Does the Board identify or track applicants who are veterans? If not, when does the Board expect to be compliant with BPC § 114.5?*

    The Board is fully compliant with BPC 114.5. The Board identifies and tracks applicants for license renewal who are veterans using our CAS database system. A question regarding military service is included with all renewal applications and is entered into our CAS database when the renewal is processed.

    b. *How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the Board?*

    None as of July 2015.

    c. *What regulatory changes has the Board made to bring it into conformance with BPC § 35?*

    Legal Counsel has determined such a regulatory change is not needed. Hence, the Board has not made any regulatory changes to be in compliance with BPC 35, as there are no known U.S. military college programs in Acupuncture and Oriental Medicine. Applicants for the exam with prior collegiate military education, who have completed a Board approved training program, are reviewed and processed like normal applicants.

    d. *How many licensees has the Board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on Board revenues?*

    As of July 1, 2015, the Board has waived fees for two licensees pursuant to BPC 114.3. The impact on Board revenue has been minimal.

    ($325 biannual renewal fee x 2 licensees = $700.00 in lost revenue).

    e. *How many applications has the Board expedited pursuant to BPC § 115.5?*

    As of July 1, 2015, the Board has not had any applications for licensure pursuant to BPC 115.5.

22. *Does the Board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.*

    Since the last sunset review report, the Board has eliminated its "No Longer Interested" notifications backlog as part of its streamlining of licensing systems. The notification is now done as part of our licensing process and notification to DOJ is done by mail, not electronically, per DOJ.

Examinations

Table 8. Examination Data				
California Examination (include multiple language) if any: English, Chinese, Korean				
	License Type: Acupuncture	English	Chinese	Korean
	Exam Title	CALE	CALE	CALE
FY 2011/12	# of 1st Time Candidates	273	96	79
	Pass %	76%	73%	75%
FY 2011/12	# of Ret-taker Candidates	178	87	134
FY 2011/12	Pass %	29%	37%	40%
FY 2012/13	# of 1st Time Candidates	313	140	100
	Pass %	78%	80%	78%
FY 2012/13	# of Re-taker Candidates	237	115	448
FY 2012/13	Pass %	30%	34%	29%
FY 2013/14	# of 1st Time Candidates	412	170	135
	Pass %	68%	68%	72%
FY 2013/14	# of Re-taker Candidates	194	72	69
FY 2013/14	Pass%	24%	26%	14%
FY 2014/15	# of 1st time Candidates	405	93	104
	Pass %	70%	72%	82%
FY 2014/15	# of Re-taker Candidates	244	84	78
FY 2014/15	Pass%	33%	27%	29%
	Date of Last OA	2015	2015	2015
	Name of OA Developer	OPES	OPES	OPES
	Target OA Date			
National Examination (include multiple language) if any: NA				
	License Type			
	Exam Title			
FY 2011/12	# of 1st Time Candidates			
	Pass %			
FY 2012/13	# of 1st Time Candidates			
	Pass %			
FY 2013/14	# of 1st Time Candidates			
	Pass %			
FY 2014/15	# of 1st time Candidates			
	Pass %			
	Date of Last OA			
	Name of OA Developer			
	Target OA Date			

23. *Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?*

The California Acupuncture Licensure Exam (CALE) is the only exam that is required and accepted for licensure in California. The national certification exam in acupuncture is not accepted for licensure in California. The Board is currently auditing the national certification exam to determine whether it meets California standards. The CALE is developed by the Office of Professional Examination Services within DCA.

24. *What are pass rates for first time vs. retakers in the past 4 fiscal years? (Refer to Table 8: Examination Data)*

See Table 8: Examination Data. Generally, there is a significant difference in pass rates for first-time test takers and re-takers in all years. First-time test takers pass at consistently higher rates than re-takers who pass at substantially lower rates. The scoring methodology used by OPES, sets the passing score based on the evaluated difficulty of each individual exam. This methodology causes variations in passing scores, and can influence pass rates since the difficulty varies from exam to exam.

Overall Pass rates for First Time Test Takers vs. Re-Takers for the past four years:

2011/12 75% vs. 35%

2012/13 78% vs. 29%

2013/14 69% vs. 22%

2014/15 72% vs. 31%

25. *Is the Board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?*

The Board has approved going forward with computerized testing because it would be a significant cost savings and mutually convenient for both Board staff and candidates. The Board has tried unsuccessfully to offer computer testing. The barrier has been DCA approval. The latest reason for denial is programming and the uncertainty of whether the CALE will remain the exam for licensure in California.

Currently, the exam is offered twice a year, in March and August, one in Northern and one in Southern California. All three languages: English, Chinese and Korean exams are offered at the same time and location.

Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Yes, under the current Acupuncture Licensure Act, Canadian Acupuncture Training programs are not considered foreign or domestic. As a result, Canadian graduates of Acupuncture Training programs are ineligible to be approved to sit for the CALE. This issue has caused the Board to be threatened with lawsuits. This issue was raised with the Committee last sunset review and the Committee is revising the statute to designate Canadian programs as foreign training programs. SB 800, if signed, will become effective January 1, 2016.

SB 1246 imposes a 30-day approval for school curriculum approval that will be difficult to meet when it goes into effect 2017. Removing the 30 day requirement in BPC 4927.5 (a) (3) (C) (b) would reduce workload pressure on staff.

School approvals

26. *Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the Board work with BPPE in the school approval process?*

Pursuant to Business and Profession Code Section 4939, the Board has established curriculum and clinical training program standards. Under this authority, the Board approves curriculum and clinical training and charges fees for schools in-state and out-of-state applying for Board approval of their training program. The Board has the authority to conduct site visits to verify curriculum and evaluate the clinical training program for compliance with it curriculum and clinical training standards for which the Board receives reimbursement for its travel expenses from schools. There are two types of site visits: new training program approval; and compliance visit of Board approved school. The process for schools seeking Board approval of their training program includes an application of 1000 or more pages that the Board reviews and analyzes for compliance with curriculum standards. Next, the Board conducts a site visit to the school to verify records, policies included in the application, and to evaluate the clinical program through medical chart review, clinical observation, and student clinical records, which are only available on site. At the end of the site visit, the Board provides the school with a written exit report that details all curriculum and clinical non-compliance. The school is provided the opportunity to submit corrective action reports to the Board for review and analysis as to whether they have corrected the non-compliance items. This correction action process typically ranges from two to six months. Next the Education Committee reviews the exit report and any corrective action report submitted to the Board and makes a recommendation to the full Board, which reviews and makes the final determination about whether the training program is approved or denied; or revoked, suspended or put on probation for compliance visits.

BPPE's involvement in this process is that schools typically seek BPPE and secure BPPE approval prior to applying to the Board for training program approval. For in-state schools, the school must obtain BPPE approval. For out-of-state schools, they must obtain the equivalent to BPPE approval in their respective state.

SB 1246, the Board's last Sunset Review bill, changed this process beginning January 1, 2017. After that date, the Board's authority for school oversight and enforcement has been shifted to ACAOM and BPPE and the Board's authority is narrowed to approving curriculum only. The Board will no longer have the authority to conduct site visits to evaluate the clinical training program nor have any ongoing enforcement authority over schools. The Board retains the monitoring authority to maintain current curriculum from each Board approved school. The Board will be required upon request from an accredited school, within 30 days and without a fee, to evaluate school curriculum for non-Board approved schools. Site visits will be conducted by ACAOM and BPPE to check for ongoing training program compliance. The licensure requirements of section BPC 4938 have been revised to include this new school approval process.

27. *How many schools are approved by the Board? How often are approved schools reviewed? Can the Board remove its approval of a school?*

Currently the Board has 38 schools (22 in-state and 16 out-of-state) that have received Board approval. In FY 14-15, the Board had eight pending school applications and one new school application. The Board conducted six school site visits that resulted in two training program approvals, one training program denial, and has three remaining that are awaiting final Board decisions. Three of the eight training programs withdrew their applications. Currently, there are no pending applications for training program approval.

School Site Visit Statistics

New School Approval Compliance Visit	
	FY 14-15
Total Completed School Site Visit	**6**
Withdrew Application	3
In-State Site Visit Completed	4
Out-of-State Site Visit Completed	2
Total Pending School Application	**0**

Re-Inspection of Approved Training Program Compliance Visit	
	FY 14-15
Total Completed Compliance Visits of Approved Training Programs	**22**
In-State Compliance Visit	20
Out-of State Compliance Visit	2
Pending In-State Compliance Visit	**0**
Pending Out-of-State Compliance Visit	**14**

The Board has observed the beginning of a trend in existing schools merging with non-acupuncture schools that has caused an increase in the number of applications for training program approvals. We expect to see more of these mergers in the future. The Board follows the same rule as the Bureau of Private and Post-Secondary Education (BPPE) uses, which requires schools that change their name or ownership to re-apply to both BPPE and the Board for approval.

Prior to 2012, the Board had not conducted follow-up compliance site visits to Board approved training programs to check for compliance. For in-state schools, that meant that no in-state training program had had their clinical training program evaluated by the Board for compliance with the Board's clinical training program standards. Since 2012, the Board has corrected this and began conducting site visits for training programs applying for Board approval and approved training programs that had not received a follow-up

compliance visit. Over the past two years, the Board has conducted 28 school site visits. All of the schools that had been waiting for Board approval have been visited. All of the in-state approved schools have received compliance visits. Several of the out of state compliance visits have been completed, and the remaining compliance visits to out of state schools will be completed by June 30, 2016. This will provide the Board, ACAOM and BPPE with a current list of curriculum and clinical training program evaluation for ACAOM and BPPE to follow-up on in their future site visits. Since all of the schools visited have had substantial non-compliances, the Board is requiring a follow-up site visit within six months to a year to verify compliance. Those site visits will have to take place prior to 2017 or be taken over by ACAOM to complete.

The Board, pursuant to CCR Section 1399.438, has the authority to suspend or revoke Board approval of an individual school training program or put schools on probation. Over the past two years, the Board has denied two schools seeking approval of their training programs. The Board is considering what action to take beyond requiring a follow-up visits to schools that had a significant number of non-compliances in their training programs. Pursuant to CCR 1399.439 (b), if determined necessary, an on-site visit by the Board will be conducted to review and evaluate the compliance of the school with the Board's curriculum and clinical training program standards. The frequency of site visits remains on an "as necessary" or Board ordered frequency.

In addition to compliance site visits, the Board monitors and reviews approved training programs through evaluating their annual reports, which are required to be submitted to the Board annually pursuant to CCR Section 1399.439. The annual reports require schools to submit the following:

1) A copy of the current course catalog

2) Any courses added/deleted or significantly changed from the previous year's curriculum

3) Any changes in faculty, administration or governing body

4) A list of all instructors who supervise students' clinical training including their license number

5) Any major changes in school facilities

28. *What are the Board's legal requirements regarding approval of international schools?*

Currently, the Board does not have the authority to approve foreign training programs. However, in the Board's early history, it approved foreign training programs. In 1992, it hired a consulting firm to evaluate training programs in China, Taiwan, Korean and Japan. At that time, some training programs received approval, but those programs eventually closed.

Currently, foreign applicants are allowed to apply to take the CALE without having to graduate from a Board approved school. The foreign graduates must meet the same curriculum and clinical training program requirements as domestic schools and graduates are required to meet. However, there has been some difficulty in verifying course work and equivalency, and there have been some fraudulent documents detected by the Board. The Board has observed that the foreign evaluators are not always a credible source of evaluation of foreign course work. For this reason, foreign school approval may be something the Board should explore in the future as a way to verify course work and assess clinical training. Additionally, creating authority for the Board to approve specific foreign credential evaluators is being proposed for consideration during this sunset review.

SB 1246, provides the Board the authority to establish foreign standards, but fails short of authorizing school approval of foreign training programs. The Board would have to seek statutory authority to approve foreign schools. In the meantime, the Board is undergoing the process of establishing standards for foreign

equivalency with the goal of having these standards in place by January 1, 2017. There is some concern about whether those standards will be in place by January 1, 2017, but the Board is trying its best to meet the deadline set by SB 1246.

Continuing Education/Competency Requirements

29. *Describe the Board's continuing education/competency requirements, if any. Describe any changes made by the Board since the last review.*

    a. *How does the Board verify CE or other competency requirements?*

    At the end of a licensee's two-year renewal period, the licensee must submit a declaration under the penalty of perjury that they have completed the minimum requirement of 50 CE hours. At this stage there is no verification of completion of the required CE credits. They are not required to submit certificates of completion. License renewals are only approved with completion of the minimum number of required CE hours.

    Those who fail to submit this declaration of 50 CE hours have a hold put on their license that is not removed until they have submitted their renewal form with appropriate CE course work. If they fail to renew, they are notified by letter that they are no longer eligible to practice acupuncture and must cease from practicing acupuncture until they renewal is completed.

    b. *Does the Board conduct CE audits of licensees? Describe the Board's policy on CE audits.*

    Auditing is the stage in which the Board verifies actual completion of the required CE credits. Licensees renew their license every two years. As such, the Board requires two fiscal years to audit an accurate sample of the actively practicing licensee population. Each year the Board sends out notices of CE Audit to the licensee population that has renewed that year. In this manner, the Board audits 10% of the licensing population each year.

    The Board has significantly increased its oversight of CE courses, licensee compliance and CE providers since the last sunset review. Prior to the last sunset review, the Board was having difficulty regularly completing random audits of 5% of the licensing population due to a staffing shortage. With the additional staff, the Board has been able to redesign its audit system to create a schedule of random audits, new audit templates for enforcement, increasing enforcement of those who fail the audit and identifying non-compliant CE providers. To adequately staff the audit function of courses, licensees, and CE providers, the Board needs an additional staff person dedicated just to audits.

    c. *What are consequences for failing a CE audit?*

    Licensees found to not be in compliance are subject to enforcement action in the form of disciplinary action or citation, fine and abatement.

    d. *How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?*

    The Board has audited 1707 Licensees in the last four fiscal years. The total number of licensees that have failed is 119. The CE Audit failure rate is 15% for the 13/14 FY. The Board has issued Notice of Audits in the 14/15 FY and is awaiting licensee submissions.

    This is a significant improvement in CE oversight since the last sunset review. With the additional staff the Board received in FY 2014/15, the Board has been able to regularly conduct audits of licensees in significant higher volume than in the past when the Board had only one staff performing both school and CE oversight. This was an overwhelming and unmanageable workload for one staff.

    e. *What is the Board's course approval policy?*

All CE courses must be approved by the Board. Courses must be offered by Board-approved CE providers. The policy restricts distance-learning courses to no more than 50 percent. Courses are categorized into two categories, which delineates courses that deal with patient care from courses that do not. No more than five hours of non-patient care course work can be applied to the CE requirement each renewal cycle. The focus of the Board's continuing education policy is on course work that deals with patient care.

f. *Who approves CE providers? Who approves CE courses? If the board approves them, what is the Board application review process?*

Providers may not offer a course for CE hours without prior approval from the Board. Continuing education providers are evaluated for compliance with the following Board requirements:

1) CE instructors must be licensed acupuncturists or authorized as "guest acupuncturists" in accordance with section 4949 of the Business and Professions code.

2) The licensed CE instructor must have a "current valid license" that has not been subject to revocation, suspension or probation.

3) The CE instructor must hold a BA degree or higher from a college or university and written documentation of experience in the subject matter of the course or two years of experience teaching the course within the last five years preceding the course.

To obtain approval for a course, a CE provider must first be approved by the Board to offer CE. In order to be a provider, those persons, organizations, schools or other entities seeking approval must submit a Continuing Education Provider Application to the Board accompanied by the fee. Once approved, the provider may offer as many classes as he/she wishes within a two-year period; however, each class must be approved by the Board. The approval of the provider by the Board shall expire two years after it is issued by the Board and may be renewed upon the filing of the required application and fee.

Once approved, providers must submit an application for course approval at least 45 days prior to the course being offered. The Board requires that all course content be relevant to the practice of acupuncture and Asian medicine. If Board staff questions any content of a CE course, the Board consults a subject matter expert to assist the Board in making the final determine of approval or denial.

g. *How many applications for CE providers and CE courses were received? How many were approved?*

There are currently 924 approved CE Providers. 69 of these providers received approval in the 2014-2015 FY. There were no provider denials.

The Board received 3627 CE Course Applications in the 2014-2015 FY.

There were 146 CE Course Application denials and 3481 CE Course Application approvals.

As long as the CE Provider meets the requirements for being a provider and the provider is offering courses within the scope of Acupuncture Practice or in Biomedicine, the Board approves the provider. The Board reviews and approves each course for approval as a CE course, and denies courses and providers that do not meet the Board's guidelines.

h. *Does the Board audit CE providers? If so, describe the Board's policy and process.*

Pursuant to CCR 1399.482 (g) the Board retains the right and authority to audit or monitor courses given by any provider. Due to staff shortages, the Board has not recently audited any CE provider. However, our audit of licensee compliance has identified non-compliant CE providers. During the Board's audits of licensees CE records, we review Provider certificates to ensure they are in compliance with our requirements. If violations are found, they are referred to enforcement for disciplinary action. As a result of this combined audit, the Board has begun to take disciplinary action against CE providers.

The Board submitted an Enforcement BCP last fall which included a dedicated CE audit staff. The BCP was denied.

i. *Describe the Board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.*

The Board's Education Committee is continuing to look at "continuing competency," for purposes of moving toward performance-based assessments.

Section 5 – Enforcement Program

30. *What are the Board's performance targets/expectations for its enforcement program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?*

The Board has the following targets set: 10 days average for complaint intake cycle time; 200 days average for days to complete cases not resulting in formal discipline; 540 days average for days to complete cases resulting in formal discipline; 10 days average for a probation monitor to make first contact; and 10 days average for the Board to take appropriate action on a probation violation.

In the FY 2013/14 Performance Measures Annual Report, it shows that we are meeting our performance targets for all quarters on intake cycle time, with the exception of being slightly over on quarter 3 by two days. For FY 2013/14, we did not meet our target for PM3, Intake and Investigation, which is the measure that takes into account the average cycle time from complaint receipt to closure of the investigation process. The measure does not include cases that are sent to the Attorney General or other forms of formal discipline. This measure includes the time it takes for desk investigations performed by staff, cases sent to DOI for formal investigations, and the subject matter and Board review process that occurs after an investigation is complete. More of our complaints are requiring formal investigations with DOI, which can last up to a year. Additionally, our complaint volume is increasing so staff is working more desk investigations. With the extra caseload, the time for the intake and investigation phase is increasing. The target for the performance measure was set five years ago when this was a more attainable goal.

The Board did not meet our target for PM4, Formal Discipline in FY 2013/14, which is the measure that tracks the average number of days to complete the entire enforcement process for cases resulting in formal discipline. This target average was set by DCA for all healing arts Boards. Most complaints that go on for formal discipline are the complaints that are most complex and have gone through a formal investigation, been reviewed by a subject matter expert, Board staff, and then an Attorney General. These processes alone, take about a year to a year and a half to complete. Then there is the time the case spends with the Attorney General, mostly waiting for a hearing date with the Office of Administrative Hearings, that is typically booked six months to a year out. The Board's goal is to process each case as

efficiently as possible, but not with the quality and level of consumer protection compromised. The Board is only a day or two over our target for the PM7, Probation Intake, which is a measure of the average number of days from monitor assignment to the date the monitor makes first contact with the probationer. The Board expects to meet this target in the future due to our increased enforcement staff this year. The Board is currently meeting its target for PM8, Probation Violation Response, which is the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

As enforcement staff works through older investigations and closes out older disciplinary cases, the Board's cycle times will be more significantly over our target, but will eventually come down to be more in line with the targets. The EO meets with the staff weekly to prioritize cases and daily to make decisions on cases. Both staff and EO are mindful of process times and are prioritizing complaint intake in addition to working older cases first. The organization and labeling of complaints has been improved, and the use of a log for pending complaints and cases has been implemented. The Board now has two enforcement positions, so even through caseload has increased, the load can be divided between the two, resulting in faster process times. Staff is also prioritizing checking on the status of disciplinary cases pending with the DOJ on a regular basis. Direction has been given to all deputy attorney generals to set cases for hearing as soon as a Notice of Defense is received. Additionally, negotiations are started on cases suited for stipulated settlements soon after a Notice of Defense is received. Once the backlog of disciplinary cases close out, the Board's overall process times will start to decrease.

Overall process times for cases that result in discipline will be decreased with the adoption of Consumer Protection Enforcement Initiative (CPEI) regulations that go in effect October 1, 2015. These new regulations allow the Executive Officer to approve settlement agreements for revocation, surrender, or interim suspension orders. CPEI regulations allow the Board to deny a license to any applicant who is unable to perform as an acupuncturist safely due to a mental or physical illness. The regulations allow the Board to deny or revoke a license when the applicant or licensee is a registered sex offender. The Board will also be able to take disciplinary action against a licensee for failing to cooperate with a Board investigation. The CPEI regulations provide enforcement tools to more efficiently and effectively protect consumers.

31. *Explain trends in enforcement data and the Board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the Board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?*

The Board is meeting some but not all of its performance targets. For intake and probation, it is meeting its targets, but for all other measures it is not. The performance measures show improvement that is the result of eliminating the backlog in cases. There remains a small backlog of cases from 2012 and 2013 that is negatively impacting the performance measures. The newer cases within the past two years have improved performance measures.

One change the Board made is to prioritize aging cases, which has resulted in cases being completed. In the short term the closure of aging cases increases the performance measure, but the prioritization of aging cases has significantly reduced the number of cases older than 1-2 years, which alone will improve overall performance measures.

The overall number of complaints has increased. We have closed a significant number of cases in the past 2 years. To illustrate the progress in improving overall enforcement, 91% of investigation cases closed were closed within 2 years; we have only 9% of aging cases closed that are older than 2 years. The cases closed by the AG show that 84 % were aging cases 3 or more years old, while 17% of cases closed were less

than 2 years. These statistics reflect significant progress in completing discipline for the backlog of cases as well as making progress on newer cases as well.

However, as a result of closing such a high volume of aging cases, our performance measures have increased. The increase in disciplinary days has direct relation to the older cases that distort the performance measures. Our intake remains within the performance targets. The fact that 91% of investigations are closed in less than 2 years reflects the fact that enforcement staff are processing newer caseload significantly faster than in the past. Additionally, the Board has dramatically increased the volume of citations in the past 2 years; the amount of fines has dramatically increased from $7,900 2 years ago to $57,000 last year. Having an additional staff person since FY 2014/15 has made a huge impact in processing both old and new caseload.

The biggest barrier is that the Board still needs additional enforcement staff to address the increasing workload. The additional staff the Board received FY 2014/15 has helped with performance measures; but caseload has increased, so workload still exceeds staffing levels. The Board has requested additional enforcement staff in BCPs, but those requests have been denied. The Board's enforcement workload is being performed by 1.7PYs with no administrative support. Additional staff would address the performance measures. The Board will continue to seek additional enforcement staff. The Board received approval to hire a part time Special Investigator last month. This position has been in limbo since 2011. If a part time position can be filled, it will assist the Board in its unlicensed activity surveillance and enforcement.

Table 9a. Enforcement Statistics			
	FY 2012/13	FY 2013/14	FY 2014/15
COMPLAINT			
Intake (Use CAS Report EM 10)			
Received	73	119	175
Closed	3	8	8
Referred to INV	87	109	168
Average Time to Close	78	7	7
Pending (close of FY)	1	3	2
Source of Complaint (Use CAS Report 091)			
Public	39	64	62
Licensee/Professional Groups	13	19	23
Governmental Agencies	4	14	47
Other	142	93	152
Conviction / Arrest (Use CAS Report EM 10)			
CONV Received	126	71	109
CONV Closed	196	64	111
Average Time to Close	132	9	11
CONV Pending (close of FY)	0	7	5
LICENSE DENIAL (Use CAS Reports EM 10 and 095)			
License Applications Denied	0	0	3
SOIs Filed	0	0	1
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	1
Average Days SOI	0	0	197
ACCUSATION (Use CAS Report EM 10)			
Accusations Filed	4	14	12
Accusations Withdrawn	0	0	0
Accusations Dismissed	0	0	0
Accusations Declined	2	3	3
Average Days Accusations	528	565	902
Pending (close of FY)	9	16	19

Table 9b. Enforcement Statistics (continued)			
	FY 2012/13	FY 2013/14	FY 2014/15
DISCIPLINE			
Disciplinary Actions (Use CAS Report EM 10)			
Proposed/Default Decisions	7	5	3
Stipulations	4	4	6
Average Days to Complete	988	1083	1132
AG Cases Initiated	6	21	22
AG Cases Pending (close of FY)	18	26	33
Disciplinary Outcomes (Use CAS Report 096)			
Revocation	4	3	2
Voluntary Surrender	0	0	1
Suspension	0	0	0
Probation with Suspension	0	2	0
Probation	5	4	5
Probationary License Issued	0	0	1
Other	0	0	0
PROBATION			
New Probationers	5	6	9
Probations Successfully Completed	6	5	4
Probationers (close of FY)	18	18	21
Petitions to Revoke Probation	0	1	0
Probations Revoked	0	0	1
Probations Modified	0	0	0
Probations Extended	0	0	0
Probationers Subject to Drug Testing	8	7	5
Drug Tests Ordered	141	161	138
Positive Drug Tests	0	0	1
Petition for Reinstatement Granted	0	0	1
DIVERSION			
New Participants	n/a	n/a	n/a
Successful Completions	n/a	n/a	n/a
Participants (close of FY)	n/a	n/a	n/a
Terminations	n/a	n/a	n/a
Terminations for Public Threat	n/a	n/a	n/a
Drug Tests Ordered	n/a	n/a	n/a
Positive Drug Tests	n/a	n/a	n/a

Table 9c. Enforcement Statistics (continued)			
	FY 2012/13	FY 2013/14	FY 2014/15
INVESTIGATION			
All Investigations (Use CAS Report EM 10)			
First Assigned	282	168	268
Closed	125	212	270
Average days to close	213	419	313
Pending (close of FY)	222	178	176
Desk Investigations (Use CAS Report EM 10)			
Closed	114	136	173
Average days to close	206	311	218
Pending (close of FY)	135	95	97
Non-Sworn Investigation (Use CAS Report EM 10)			
Closed	n/a	n/a	n/a
Average days to close	n/a	n/a	n/a
Pending (close of FY)	n/a	n/a	n/a
Sworn Investigation			
Closed (Use CAS Report EM 10)	11	76	97
Average days to close	293	612	482
Pending (close of FY)	87	83	79
COMPLIANCE ACTION (Use CAS Report 096)			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	0	0	0
Other Suspension Orders	1	0	0
Public Letter of Reprimand	2	0	0
Cease & Desist/Warning	0	0	0
Referred for Diversion	n/a	n/a	n/a
Compel Examination	0	0	2
CITATION AND FINE (Use CAS Report EM 10 and 095)			
Citations Issued	0	7	65
Average Days to Complete	0	995	276
Amount of Fines Assessed	0	7900	57900
Reduced, Withdrawn, Dismissed	0	2150	4700
Amount Collected	0	1600	35950
CRIMINAL ACTION			
Referred for Criminal Prosecution	1	4	6

Table 10. Enforcement Aging						
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year		0	0	1	1	3
2 Years		2	1	1	4	14
3 Years		5	3	0	8	28
4 Years		3	3	2	8	28
Over 4 Years		1	2	5	8	28
Total Cases Closed		11	9	9	29	
Investigations (Average %)						
Closed Within:						
90 Days		28	28	65	121	20
180 Days		32	34	45	111	18
1 Year		45	33	67	145	24
2 Years		19	83	71	173	29
3 Years		1	27	20	48	8
Over 3 Years		0	7	2	9	1
Total Cases Closed		125	212	270	607	

32. *What do overall statistics show as to increases or decreases in disciplinary action since last review.*

Statistics are showing an increase in consumer complaints since 2012/13. There was, however, a decrease in convictions/arrests received in 2013/14. Formal discipline stemming from complaints are being resolved by stipulated settlements more so than by proposed decisions. Statistics also show that the Board is closing out more investigations thereby decreasing the pending investigations. The volume of citations being issued has increased significantly. The Board is also seeing an increase in disciplinary actions resulting in probation; therefore, staff has to monitor more probationers.

With the volume of consumer complaints increasing, the Board is investigating more complex complaints, which could possibly tack on more time for the investigative and review phases. The Board is managing this performance barrier by assigning one of its enforcement staff to focus on backlog. There is also a pending complaint log that is used regularly when managing caseload. Staff has clear direction to prioritize cases that are categorized as high or urgent. These cases are sent to DOI immediately. The Board has also received assistance from DOI's enforcement support unit to manage caseload and the various functions associated with obtaining evidentiary documents. The Board's EO prioritizes the review of enforcement cases and provides clear direction for enforcement staff so there is no hold up with in-house processing. The additional probationers the Board is monitoring are being managed by dividing the probationers between the two enforcement staff. One analyst oversees the monthly probation reports of compliance and the probationers who are required to undergo biological fluid testing. By making clear assignments to enforcement staff, workload is more streamlined.

33. *How are cases prioritized? What is the Board's compliant prioritization policy? Is it different from DCA's Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009)? If so, explain why.*

The Board uses DCA's Complaint Prioritization Guidelines policy. Cases are prioritized by the nature and severity of the complaint. The priorities are assigned during complaint intake and are assigned the following labels: routine, high priority, and urgent. Cases are then prioritized by age of the case.

34. *Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the Board receiving the required reports? If so, what could be done to correct the problems?*

Under Business and Professions code section 801, insurers and uninsured licensees are required to report malpractice settlements and judgments of $3,000 or more. The Board requires statutory authority to mandate a form and the Board approved seeking such statutory authority. The Board hopes to have this authority placed in its sunrise legislation next year to resolve this issue and satisfy the Committee's recommendation from the 2011 Sunset Review.

New this year, the Board has enrolled each new applicant and out-of-state licensees into the National Practitioner Databank's (NPDB) query system. All new licensees are checked through the NPDB prior to licensure. The Board continues to receive reports from mandated reporters via the mail and NPDB report forwarding process. Since this is new and the Board does not have a mandated reporting form, it is unclear whether there are barriers to receiving reports. The Board is monitoring whether we receive any increases in reports next year.

Contracting with the NPDB was also a former Sunset Review recommendation that the Board has completed.

Does the Board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the Board's policy on statute of limitations?

No, the Board does not have statute of limitations nor does it have any policy regarding statute of limitations. The Board uses complaint prioritization policy to address more urgent cases and cases involving criminal offenses. These cases are expedited with higher priority.

35. *Describe the Board's efforts to address unlicensed activity and the underground economy.*

Unlicensed activity complaints are submitted to the Division of Investigation (DOI) for formal investigations. If an investigation provides substantial evidence to support a criminal violation, DOI submits the case to the District Attorney for criminal prosecution. In addition, or if a criminal conviction doesn't occur, the Board issues citations and fines for unlicensed practice. Since DCA has ended its Unlicensed Activity Program, the Board does not have the resources to proactively seek out unlicensed activity. Instead, the Board is reactive to complaints and information provided the Board.

The Board has been working closely with local police departments around the state to combat unlicensed activity, prostitution and human trafficking. The Board approved a pending regulatory package that would create an administrative cause of action for which the Board would have jurisdiction to discipline acupuncturists who engage in prostitution or let their license be used for a business that is a front for prostitution. When this regulation is implemented, the Board will be able to discipline licensees involved in prostitution and human trafficking without a conviction in these cases.

Cite and Fine

36. *Discuss the extent to which the Board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the Board increased its maximum fines to the $5,000 statutory limit?*

The Board uses its cite and fine, in cases in which there is no risk to the public and the violation can be remedied through an order of abatement and fine. The Board has authority to issue a citation with a maximum of $5,000. This limit is appropriate for most types of cases except unlicensed activity. However,

unlicensed activity may require an increased statutory limit to provide deterrence. The Board has had cases that involve repeat citations for unlicensed activity and the issuance of maximum amount fines have not seemed to stopped the unlicensed activity.

37. *How is cite and fine used? What types of violations are the basis for citation and fine?*

The Board uses citations for the purpose of educating the recipient and bringing him or her into compliance with the laws and regulations. A fine is most often used as a deterrent for future violations. Citations cannot be used for any cases involving patient harm; therefore, citations are generally issued for more administrative type violations, i.e. failure to register a business address, failure to keep adequate records, etc. The Board predominately uses cite and fine for failed CE audits. The Board also uses citations to address minor probation violations. In addition, citations are used for unlicensed practice of an individual holding him or herself out as engaging in the practice of acupuncture through advertisements. Although unlicensed cases generally pose a risk to public safety, the Board lacks jurisdiction over a non-licensed person performing acupuncture, so citations are the only recourse available to the Board to prevent unlicensed activity involving acupuncture.

The Board has significantly increased the number of cite and fines issued over the past two years. The majority of cite and fines are issued for CE audit violations for licensees and some CE providers. The other types of violations that result in cite and fines include unlicensed practice, poor record keeping, failure to register address change, failure to have and display license for each practice location.

38. *How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?*

There have been 28 informal administrative hearings, formal administrative hearings, and written appeal reviews conducted in the last three fiscal years.

39. *What are the 5 most common violations for which citations are issued?*

Citations are predominately used for failed CE audits. The more recent common violations are failure to register business locations, unlicensed activity, violations occurring on business premises, and failure to keep adequate records.

40. *What is average fine pre- and post- appeal?*

The average fine pre-appeal is $920 and the average fine post appeal is $947. The higher number for post appeal is based on the way the statistics are gathered in point of time and calculated. Generally, the Board does not reduce citations on appeal.

41. *Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.*

If the board has a social security number for a cited person, licensed or unlicensed, the individual is sent three demand for payment letters, with the last being certified. If no payment is received, then the Board sends the person's information to the accounting office to forward to the Franchise Tax Board's (FTB) Interagency Interception Program (IIP).

Cost Recovery and Restitution

42. *Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.*

Since the last Sunset Review, the Board has included more specific language detailing when cost recovery is due in its stipulations. This allows the board to seek a violation of probation action for probationers who do not pay the ordered cost recovery. The Board is also monitoring its probationers more closely about fulfilling cost recovery probation terms.

In probationary cases, the Board's probation monitor ensures that the cost recovery is paid in full by the end of the licensee's probation term. If there is any unpaid balance, the Board can file a petition to revoke the probationer's license for a violation of the terms and conditions of their probation. In revocation and surrender cases where cost recovery was ordered and respondent failed to pay, the Board submits his or her information to the accounting office to forward to FTB's IIP.

43. *How many and how much is ordered by the Board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.*

Thirty (30) cases ordering cost recovery were established in the last four fiscal years totaling $186,134. Thirteen (13) of those cases are probation orders with cost recoveries, from which we typically receive full recovery. One of those cases is a revocation with costs already paid off. The remaining 16 cases will likely be forwarded to FTB for recovery. FTB's IIP has only returned about 3% of the total unrecovered costs reported. Based on this return rate for the remaining cases, it is estimated that $112,581.37 will be uncollectible.

44. *Are there cases for which the Board does not seek cost recovery? Why?*

Business and Professions Code section 4959 (a) authorizes cost recovery only in cases where a licensee has been found guilty of unprofessional conduct. It does not allow it for statements of issues. Therefore, the Board does not seek cost recovery for decisions involving applicants for licensure. Business and Professions Code section 125.3 also only allows cost recovery for violations of the Acupuncture Licensure Act.

45. *Describe the Board's use of Franchise Tax Board intercepts to collect cost recovery.*

The Board submits all outstanding cost recovery cases to the FTB IIP for collection purposes. The Board relies on FTB IIP for all of its outstanding recovery costs that it has not received in a timely manner in the normal course of business. Future outstanding cases will be submitted to FTB IIP on a continual basis. Even though the recovery rate is low, it is still considered a valuable tool for cost recovery.

46. *Describe the Board's efforts to obtain restitution for individual consumers, any formal or informal Board restitution policy, and the types of restitution that the Board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the Board may seek restitution from the licensee to a harmed consumer.*

The Board's disciplinary guidelines provide that the Board may order restitution for offenses involving breach of contract. It states the amount of restitution shall be the amount of actual damages sustained as a result of breach of contract. Evidence relating to the amount of restitution would have to be introduced at the Administrative hearing. The Board has not had a decision ordering restitution in the last four fiscal years; therefore, there have been no attempts to collect any restitution. If a future decision orders restitution, the Board will enforce the condition of probation just like cost recovery is collected and enforced. If the probationer or respondent has failed to pay the consumer full restitution by the probation end date or date specified, the Board has the jurisdiction to revoke his or her probation for violation of probation.

Table 11. Cost Recovery				(list dollars in thousands)
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Total Enforcement Expenditures	509966	513111	364461.89	309947.43
Potential Cases for Recovery *	30	33	54	45
Cases Recovery Ordered	8	9	7	6
Amount of Cost Recovery Ordered	48428	54911	41773.50	41021.50
Amount Collected	29051.17	31534.05	17858.04	17099.28
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution				(list dollars in thousands)
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Amount Ordered	0	0	0	0
Amount Collected	0	0	0	0

Section 6 – Public Information Policies

47. *How does the Board use the internet to keep the public informed of Board activities? Does the Board post Board meeting materials online? When are they posted? How long do they remain on the Board's website? When are draft meeting minutes posted online? When does the Board post final meeting minutes? How long do meeting minutes remain available online?*

    Agendas for all meetings are posted on the website at least ten days in advance of the meetings. Materials appear on the website 3-5 days prior to the meeting and for convenience are merged into a single downloadable file. The notice of the meeting is also sent to the list serve with the link to the agenda 10 days prior to the meeting. Draft minutes are included in the meeting materials packet posted to the website. All meeting materials remain on the website indefinitely. Approved minutes are posted on the website after the meeting. For convenience, the agenda has the link to the DCA website location where all webcasts reside.

48. *Does the Board webcast its meetings? What is the Board's plan to webcast future Board and committee meetings? How long to webcast meetings remain available online?*

    All of the Board meetings are webcast, committee meetings generally are not due to limited DCA webcasting resources. The Board recently requested webcasting of its committee meetings. DCA has indicated they will provide webcast of committee meetings.

49. *Does the Board establish an annual meeting calendar, and post it on the Board's web site?*

    Yes, the Board sets meetings a year in advance for quarterly meetings in Sacramento, San Francisco, Los Angeles and San Diego. Additional meetings are scheduled if needed to take action on deadline specific issues and are scheduled based on Board member availability. Board meetings with specific dates and locations are posted on the website. Committee meetings are scheduled on an as needed basis and are posted 1-2 months in advance of the meeting.

50. *Is the Board's complaint disclosure policy consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure? Does the Board post accusations and disciplinary actions consistent with DCA's Web Site Posting of Accusations and Disciplinary Actions (May 21, 2010)?*

    Yes, the Board follows DCA's recommended Minimum Standards for Consumer Complaint Disclosure. The Board posts all PC23 orders, accusations and final orders on the website.

51. *What information does the Board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?*

The Board posts licensure status and any disciplinary actions. It does not post education, awards, certifications, or specialty areas.

52. *What methods are used by the Board to provide consumer outreach and education?*

The Board provides outreach in several ways. The Board has Frequently Asked Questions for all of their functions on the website. The Board redesigned the website to increase usability for mobile users and traditional users. Every link has three ways that one can navigate to the information: mobile link, drop down menu, and categories by user type. The Board has begun sending extra notices for important deadlines with an explanation of those deadlines and instructions about what action is needed. Those new notices include delinquency notices of cancellation that warn licensees that if their license remains delinquent for 3 years that their license will be automatically cancelled. The Board has created a manual query of all delinquent licenses 1 year prior to cancellation, 6 months prior and 3 months prior to cancellation and sends a letter that notifies them that they are delinquent and what they need to do to become current; their license will be cancelled on a specific date; their options if their license is cancelled.

Similarly, the Board created a manual query of all licensees that have not complied with the fingerprint requirement that explains the requirement, the action to become compliant and that if they do not comply their license will not be renewed in the future.

The Board has developed tips about regulatory requirements such as fingerprints, CE requirements, and licenses can be cancelled after 3 years of delinquency that are included in the exam application materials and licensure application materials sent to exam candidates who pass the CALE.

The Board President has been attending meetings around the state providing outreach to various professional associations. The Board visited 28 schools this fiscal year and in the process met with school officials. The EO and staff have attended events and meetings sponsored by various professional associations upon invitation.

Section 7 – Online Practice Issues

53. *Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the Board regulate online practice? Does the Board have any plans to regulate internet business practices or believe there is a need to do so?*

The Board has not observed a trend toward online practice in acupuncture. However, the Board has had disciplinary cases involving providing advice from a radio show for which disciplinary action was taken. So far, online practice has not been observed as a problem in acupuncture, so the Board has not addressed it.

Section 8 – Workforce Development and Job Creation

54. *What actions has the Board taken in terms of workforce development?*

The Board requested additional demographic questions be included on the 2015 Occupational Analysis that provided data on workplace trends in acupuncture. Since there is no other source for annual data for the acupuncture profession, the Occupational Analysis data from the Board provides some insight into the

profession. One trend is more practitioners are working in group practices and taking insurance. With the new opportunities in California under the Affordable Care Act, acupuncturists should be signing up with insurance companies and medical groups to meet the high demand for care. It is not the Board's role to provide workforce related training—that is the role of professional associations.

55. *Describe any assessment the Board has conducted on the impact of licensing delays.*

As described earlier, the Board has been re-evaluating its licensing process and has created systems that streamline the licensing process. The delays have been eliminated. The Board had intermittent delays due to a staffing shortage and fingerprint delays. Since the last Sunset Review, the Board received an additional licensing staff and personnel resolved the issues behind the fingerprint delays, and remains fully staffed. Additionally, the Board has been proactive in reminding exam applicants to get their fingerprints completed prior to the exam so they can submit them with their application for licensure. Additional reminders are included in the licensure packet sent to candidates who pass the CALE. These reminders have resulted in fewer applications that are missing fingerprints and as a result, there are no delays in processing licenses.

New, since the last Sunset Review, the Board has conducted manual queries of ATS and CAS to verify that various status codes of licenses are correct. Since the Board shares cashiering with DCA, there is the potential for errors. These manual queries provide the Board the tool for identifying errors and correcting them. This manual verification has increased the workload and was only possible with the addition of staff. Next, the Board will begin outreach to licenses that are delinquent to remind them to renew their license. The Board has observed that there are a significant number of delinquent licenses. The delinquent licensees may just need more reminders to get them to renew.

Since the last Sunset Review, the Board has a better understanding of the license processing time statistics. The Board found from working with DCA that the 40 days reported in the last report was in fact a combined weighted average of both licensing and exam processing time. The combined number inaccurately captures both performance time frames. For example, the actual licensing processing time is not 40 days, it was 14 days last Sunset Review. Since 2013, the licensing processing time has continued to decrease and this year it is nine days and that includes the time that DCA cashiering takes to process licensing renewals as well. It should be noted that the majority of cashiering is processed through DCA cashiering, not the Board, and the Board does not have control over DCA processing time. The common reason that many licensees submit their payments directly to DCA is most renewal notices are mailed with a return mailing address with the DCA's P.O. Box, which in turn are delivered to and processed by central cashiering. Having the ability to process credit card payments would further decrease the processing time for licensing. The Board has requested online payment from DCA but has been rejected due to the freeze on ATS/CAS during BreEze implementation. DCA has told the Board that it will have to wait until the Board implements BreEze.

The Board has however, met with DCA cashiering several times to understand their process and try to resolve problems. This continues to be an ongoing dialog with DCA.

56. *Describe the Board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.*

The Board works closely with schools on a daily basis dealing with graduates that do not meet Board requirements. Additionally, as part of each of the site visits to schools, the Board has been meeting with schools officials and part of those meetings includes discussion about what they are doing to inform students about curriculum requirements for licensure. As part of our compliance visits, the Board evaluates whether the school lists licensure requirements in their catalogs and materials provided to students, and adequately councils them on licensure requirements. In those meetings, we discuss specific

issues that the Board has observed that the school is not doing correctly. We are pro-active in reviewing their records, to see whether they require original documentation of training and pre-requisites. We also specifically discuss their understanding or misunderstanding of the course transfer policy. The documentation of training and transfer credit are the areas of non-compliance that we see during the exam application process, which allows for a specific conversation with each school. We also have stressed that we see some fraudulent documentation in the exam application process, so they need to prevent fraud by strictly adhering to the policy of only accepting original documentation from issuing entities, not students, without exception. The Board completed visits to all of its approved schools in California, so California schools and some out of state schools now understand what they need to change or address. This has been a positive process for both schools and the Board.

57. *Provide any workforce development data collected by the Board, such as:*

    a. *Workforce shortages*

    b. *Successful training programs.*

    The Board does not collect data on workforce development beyond its exam pass/fail statistics that are analyzed by school, language, first-time test takers vs. re-takers, and pass/fail. The staff has explored collecting such data, but there is no mechanism beyond the Occupational Analysis of the profession that is conducted every 5 years. In the last OA, it did add additional workforce related questions to the demographic questions to provide some workforce data. The staff has been exploring what type of data we have access to and how we could gather workforce data related to exam outcomes that would provide an evaluation of the success of training programs.

    There is no annual workforce survey done for acupuncture, so there is no annual data to analyze. The Board would have to either develop its own workforce survey that it administrated or contract such a survey out. This will cost more money and has not been discussed by the Board.

    The Board has looked at the data collected by BPPE required to be reported by schools, but has found that most of the acupuncture schools do not report data so none is available. The Board has looked into the Federal Bureau of Labor Statistics (BLS) that tracks and collects workforce data and found that all health professions but acupuncture have workforce data. The reason acupuncture is not included in the BLS is because there is no source of annually collected workforce data to report to BLS. This lack of workforce data remains a gap for the acupuncture profession.

    The recently implemented Federal Gainful Employment Regulations require specific workforce data be collected and reported by schools, so there may be future data from schools available. These regulations require that schools track income and debt load and debt ratio for graduates, which is required to be posted on their website and materials. Schools with debt load ratios in excess of the regulations will lose their financial aid. This regulation may produce some missing workforce data for acupuncture.

Section 9 – Current Issues

58. *What is the status of the Board's implementation of the Uniform Standards for Substance Abusing Licensees?*

    The Board is in the Implementation stage. Several revisions have had to be made during the past year that it has undergone preliminary review. The revisions needed have related to the updating of the Board's Disciplinary Guidelines and the recent Attorney General's Advisory Opinion. One of the delays is related to the fact that it is a combined package that both implements SB 1441 and updates the Board's disciplinary Guidelines. As a result, the Board is separating its SB 1441 package from the update of its Disciplinary

Guidelines and it is revising SB 1441 to address issues raised in the AG Opinion. As a separate regulatory package, it is anticipated that it will be approved for filing with Office of Administrative Law (OAL) later this fall.

59. *What is the status of the Board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?*

The Board received approval from OAL for its CPEI regulations that become effective October 1, 2015.

60. *Describe how the Board is participating in development of BreEZe and any other secondary IT issues affecting the Board.*

The Board has identified several issues related to the current database that need to be fixed. The DCA process for addressing these issues are the control board for which the Board has requested fixes and been denied. So, the Board remains in limbo dealing with the daily impact of not being able to fix its operational issues related that involve either automatic functions including ATS and CAS databases. The problems with the databases increase staff workload because they are manually identifying problems that otherwise should be detected by the computer. Much of the streamlined work in licensing has all been performed manually. One of the barriers the staff has overcome is learning the database software enough that it can detect problems and find solutions.

The Board is in release three which is still being redesigned, so few details are available on implementation at this time. DCA has hosted several meetings with Executives and Board Presidents explaining and updating them on status, new plans, costs, the need for staff etc. As a result, the Board is aware that it will be required to dedicate its best and brightest front line staff to BreEZe for two years or more. This will cause severe disruptions in the Board's enforcement and licensing functions. The Board has raised this issue with DCA and asked that part of their design for release three include staffing for the Board to avoid such disruptions in operations during implementation.

Section 10 – Board Action and Response to Prior Sunset Issues

Include the following:

1. *Background information concerning the issue as it pertains to the Board.*
2. *Short discussion of recommendations made by the Committees/Joint Committee during prior sunset review.*
3. *What action the Board took in response to the recommendation or findings made under prior sunset review.*
4. *Any recommendations the Board has for dealing with the issue, if appropriate.*

STAFFING ISSUES

ISSUE #1: What can be done to assist the Board in increasing their staff to reduce backlog?

Background: The Committee identified the following deficiencies:

- Minimal CE audits have been conducted
- Board has not met enforcement performance targets

- Inconsistent intake and investigation timelines
- Late posting of Board materials and agendas to the website
- Regulatory implementation work is backlogged
- Education site visits have been severely limited
- Little to no consumer outreach and education efforts have been initiated
- No participation in national organizations
- Inability to process licenses in a timely manner

The Board reported that these deficiencies were directly related to a lack of staff. At the time, the Board had eight staff. The board had requested 10.5 staff in their fall and spring BCPs, but only 3 were granted. With the exception of exams, all functions are performed by only one staff and there is no back-up manager to act as back-up for the Executive Officer.

Staff Recommendation: The Board should confer with DCA to review whether staffing levels are adequate to manage workload. The Board should hire permanent intermittent staff to address workload and backlog in the meantime.

Board Response: The Board has followed the Committees' recommendation in addressing these deficiencies**.** The Board did confer with DCA about its need for staff and DCA has been very supportive**.** The Board hired three new staff and created two permanent intermittent positions. The Board now has 11 PYs and 3 part time staff. As a result, the Board has addressed all of the above-listed deficiencies. The Board has reduced its enforcement backlog of aging cases while increasing its overall enforcement caseload. Ninety-one percent of closed investigations are less than two years old and 84% of Attorney General closed cases are more than two years old. The board has also increased the number of citations it's issued.

The Board's Education staff has resulted in 28 school site visits being conducted last year, eliminating all pending school applications for Board approval and conducting compliance visits for all California Board approved training programs. The remaining out of state school visits are to be completed this year. Additionally, the new education staff allowed the Board to create a dedicated CE staff that has conducted random audits of 5%-8% of licensees over the past two years. Those audits have resulted in citations issued to licensees and non-compliant CE providers identified through the audit process. The staff created a system to randomly audit licensees, an audit template for enforcement and a system to work with enforcement staff in the enforcement process.

The additional licensing staff has allowed the Board to eliminate all processing delays and increase its outreach to licensees. As a result of new staff, the Board has created outreach materials, templates for contacting and educating licensees, tips for new licensees and revised website with new Frequently Asked Questions, and more outreach information related to all Board functions. The licensing processing time has been reduced to an average of nine days. The Board has instituted manual status checks on licensees and created information letters that are sent to identified licensees informing them of their status, problems, delinquency, and impending cancelation. The Board created an outreach letter about the new law that allows the use of either a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The website has new law changes related to military and ITIN new policies. The Board President and Executive Officer have been attending outreach meetings and events to educate licensees about key issues and best practices.

The Board implemented Consumer Protection Enforcement Initiative (CPEI) regulations. The Board has filed the AB 2699 Sponsored Free Health Care Events and the BPC 138 regulatory packages with the Office of Administrative Law. The Board is finalizing its SB 1441 and SB 1246 regulatory packages, as well as AB 2699 and Notice to Consumers BPC 138 regulatory packages.

The Board has improved its overall Board meeting organization. The Board routinely arranges for webcasts of all its Board meetings and some of its committee meetings. It has also re-activated its list serve that provides updates and meeting notices that link to the website. The Board materials posted on the website are consolidated into one document for ease of use. The Board's overall governance has improved. The President has eliminated two person committees of the past Board and instituted committees with three or more members that handle issues prior to full Board review. The committee makes recommendations to the full Board, which did not occur with the previous Board. The overall policy discussion has shifted to evidence-based policy discussion that is supported by comprehensive detailed meeting materials for each agenda item. Meeting materials include information memos that provide background information, discussion points and recommendations. As a result, the Board is making informed decisions and the public is well informed about issues being decided. This was implemented under the current Board President and Executive Officer.

TECHNOLOGY ISSUES

ISSUE #2: What is the status of Breeze implementation by the Board?

Staff Recommendation: The Board should update the Committees about the current status of its implementation of BreEze. Have there been any challenges in working to implement this new system? What are the anticipated costs of implementing this system?

Board Response: The Board is not scheduled for BreEze implementation until release three. No date or details on release three are available at this time. One looming challenge ahead is the fact that BreEze requires the Board's best and brightest staff to be dedicated full time for at least two years to implement this new system. The Board must be given staff support for this project, otherwise, the Board's daily functions will be severely disrupted due to lack of staffing. Gains made from additional staffing could be reversed. The Board staff continues to be involved with DCA planning on BreEze.

ISSUE #3: What has prevented the Board from providing information to the public via its list serve, website and webcast?

Background:
The Board has difficulty posting agendas to the website and publicizing meetings notices at least ten days prior to Board meetings as required by law. Since the report, the Board has shown improvement

in this area. It has taken down old materials from the website, began posting exam scores and meeting agendas in a timely fashion. However, the Board acknowledged in their 2014 that this was an area in which they struggled. Notices for meetings are not always sent out on the list serve on a consistent basis and there is a delay in how long it takes before webcasts are uploaded to the Board's website. In addition, not every meeting is webcast.

Staff Recommendation: The Board should inform the Committees what issues have led to the lack of consistency and timeliness with utilizing technology to provide materials to the public.

Board Response: The Board followed the Committees' recommendation and has addressed this deficiency since the last sunset review. All meetings are webcast and for convenience the link to the webcast is included on the agendas posted on the website. The list serve has been re-activated and meeting notices and other update information are sent to the list serve. The Board re-designed their website to make it more user-friendly and mobile user-friendly. The website links were mapped and redesigned so all information is reachable within 2-3 clicks. New outreach materials for each function, forms or process were created to better explain rules and processes. The information can be reached through at least three different routes: by user type, subject and most popular links. The graphics were redesigned to be more attractive.

DCA had increased its staff that support the webcasting, so meetings are posted much sooner than in the past.

ENFORCEMENT ISSUES

Issue #4: Should the Board use the National Practitioner Data Bank to check the background of applicants for licensure?

Background: The Board requires both FBI and DOJ fingerprint results prior to licensing. The Board also requires license verification from all healing arts boards that issued a license or certificate to the applicant as one of the verification requirements to identify prior disciplinary actions. The applicant is also compelled to disclose prior convictions, pending convictions and disciplinary actions taken by any healing arts licensing authority on the application for licensure. The Board does not use the NPDB prior to issuing or renewing a license. The Committees are concerned with the protection of the public and effective operation of the profession. As such, it is imperative that methods, such as utilizing the NPDB, be employed to thoroughly examine potential licensee professional background and criminal history.

Staff Recommendation: The Board should set procedures in place to begin checking the NPDB. If the cost of continuous query serves is too high, the Board may consider conducting periodic checks of sets of licensees. The Board should confer with other Boards to gain insight about how other Boards utilize the NPDB.

Board Response: The Board followed the Committees' advice and is now contracting with the NPDB. The Board is checking all new licensees and out of state licensees and conducting random checks in the

general licensee population. The Board did confer with other Boards on how they were utilizing the NPDB. The Enforcement Committee will review the results to see whether this has led to in an increase in reports to the Board.

Issue #5: Why is there a delay in promulgating the consumer protection regulations?

Staff Recommendation: Consumer protection is the utmost concern of the Committees and should be the priority of the Board. The Board should explain why these regulations have not been promulgated.

Board Response: The Board followed the Committees' recommendation. The Board reclassified a position to create a dedicated regulatory staff position to promulgate regulations. As a result, over the last two years, the Board has drafted five regulatory packages that are in final implementation or review stages. The CPEI regulations have been promulgated and become effective October 1, 2015

Issue #6: Why has it taken the Board over 2 years to establish guidelines and training manuals?

Background: The Committee was concerned about a comment made by the Board that it was creating training manuals for new staff.

Staff Recommendation: Public protection should be the primary concern of the Board. As such, an adequate enforcement program is critical. The Board should explain why the guidelines for case assignment have not been finished.

Board Response: The committee misinterpreted the Board's initial statement and scope of what staff did not have training manuals. The enforcement staff has had training manuals since 2010 and has guidelines that it follows for case assignment. The enforcement staff follows DCA guidelines for all enforcement activities, case prioritization, assignment, and procedures. At the time of last sunset review, the enforcement staff was the only staff that had training manuals during the last sunset review. Now all of the staff and all other functions have training manuals.

CONSUMER NOTICE ISSUE

Issue #7: Should the Board promulgate regulations pursuant to a statute enacted in 1991, to require acupuncturists to inform patients that they are licensed by the Acupuncture Board?

Background: BPC section 138 requires that DCA boards and bureaus, including the healing arts boards such as the acupuncture board, initiate the process of adopting regulations on or before June 30, 1999. There is an exemption if a Board has regulations in place. MBC implemented regulations in 2012 that the Committee recommends the Board do the same.

Staff Recommendation: Pursuant to BPC Section 138, the Board should adopt regulations to require acupuncturists to inform their patients that they are licensed by the Acupuncture Board.

Board Response: The Board followed the Committees' recommendation. The Board has filed its BPC 138 regulatory package with the Office of Administrative Law (OAL) and is its final stages of submitting it for final approval with OAL.

ADMINSTRATIVE ISSUES

Issue #8: Should the Board join professional regulatory associations?

Background: In the Sunset Review Report, the Board noted that it does not belong to any national, regional or local professional regulatory associations. The Committees believe that membership in such organizations is of value to the Board and the profession. Considering California has the largest population of acupuncturists in the nation, it is important for the Board to have a presence at these forums in order to ensure that the Board is well aware of current trends and practices in the profession.

Staff Recommendation: The Board should advise the Committees' why it does not belong to any regional regulatory associations. The Board should consider joining professional associations.

Board Response: There are no national or regional regulatory associations for acupuncture Boards. There used to be a national regulatory boards organization, but it ceased to exist years ago. Unlike other professions that have national and regional regulatory associations, there are no such regulatory associations for acupuncture boards. The Board consulted legal counsel about joining professional

associations such as ACAOM, NCCAOM and acupuncture associations and were advised that legally the Board could not become a member of such associations because they were non-governmental organizations. However, individual Board members could become members as individuals only, not as Board members.

Issue #9: What is contributing to cashiering delays?

Background: In the Board's 2013-17 Strategic Plan, the Board set a goal to work with DCA to resolve cashiering delays. However, this issue was not highlighted in the Sunset Review Report.

Staff Recommendation: The Board should advise the Committees' about what has led to the cashiering delays.

Board Response: This issue was placed in the strategic plan as part of the Board's overall streamlining of its licensing process. As mentioned in the licensing section, the Board has been meeting with DCA to resolve cashiering problems. The problems that we identified would require a freeze exemption, which was denied. So, there is nothing further the Board can do to resolve these software issues until the Board implements BreEze. There are no delay issues with licensing. Our processing time has been significantly reduced over the past 2 years. The Board continues to explore ways to improve its licensing process.

Issue #10: What are the impediments to the Board's Oversight Functions?

Background: In the 2012 Background Paper, the Board was asked to review its CE course approval and auditing processes to determine if it has sufficient resources to operate an effective CE oversight program. The Board was also asked to seek legislative authority to assess a fee for CE course approvals.

In the Board's Sunset Review Report, it indicated that there is still no verification of completion of the required CE credits for licensees. The reason for not requiring any verification documents is because there are space issues at the Board. This past year, the Board only audited 600 CE applications of its licensee population (16,874 acupuncturists) due to staffing issues. At the time of their Sunset Review Report, the Board had not completed the audit.

Regarding the legislative authority to assess a fee for CE course approval, the Board responded in its Sunset Review Report that it has not sought legislative authority to assess a fee for course approvals. However, upon review of BPC section 4945, it appears that the Board already has legislative authority to assess a fee for courses. As the expense that is charged to CE provider for offering course is only $150, which permits the provider the ability to offer an unlimited number of courses, the Board may need to begin charging additional fees for courses.

Staff Recommendation: The recent approval for additional staff should help the Board begin to operate more efficiently in the area of CE oversight. The Board should establish fees for individual courses that a provider offers.

Board Response: The Board agrees with the Committees' recommendation and is in the process of exploring the appropriate fee level for CE providers, courses and monitoring based on costs of approval and monitoring by the Board. Both the Education Committee and Executive Committees have discussed fee increases in this area and had a preliminary discussion about increasing the provider fee and making it an annual fee. The Board would need statutory authority to charge fees by individual courses or credits, which the Board is also considering.

Since the last Sunset Review, the Board has made a number of changes to improve its CE oversight. First, it hired a CE Coordinator who is dedicated to CE oversight including auditing licensees. Second, the Board has created a system of random audits that more accurately reflect the number of active licensees and their renewal cycles. Third, the Board has significantly increased the number of citations to licensees and CE providers based on these audits.

To address the concern about whether the Board is auditing enough licensees and providing oversight, yes, the board has created a new auditing system that provides meaningful oversight of the CE function. At the time of the last Sunset Review, the Board was beginning the process of random audits with a goal of auditing 5% of the population. So, our audit in 2013 audited 14,500, which was all licensees not cancelled. In evaluating our audit universe, we realized that we were auditing inactive and new licensees. So, for the 2014 audit, we removed the inactive licensees and new licensees which gave a total of 10,000 licensees of which our random audit produced 647 licensees, which resulted in an audit of 6.4%. Based on the results of the prior two year audits, we realized we need to further perfect our auditing system by changing the audit cycle and removing delinquent licensees. By auditing in a 2-year cycle, we found some licensees had not completed their cycle, so we decided to audit only those whose cycle was complete at the date of the audit. Since the renewal cycle was every 2 years, only 50% of the 8,000 active licensees had completed their renewal cycle at the time of the 2015 audit, so we took our random sample from 4,000 licensee that produced 438 audits, which is a sample size of 11%. Going forward, this is the system the Board will use that will result in a more accurate sample size and a higher percentage of audits.

As a result of our increased auditing, the board has identified a significant amount of non-compliance. Since the last Sunset Review, the Board has issued a significant increase in CE related citations addressing non-compliance. We are also detecting CE providers who are non-compliant in these audits and have begun issuing citations to CE providers as well. The workload required for auditing, and monitoring both courses and CE providers, exceed the current staffing levels. The Board requested additional staff for this auditing function, which was denied. Overall, the Board has put a system in place that provides oversight and enforcement over the CE process. We feel confident that we have a good CE auditing system in place.

EXAMINATION ISSUE

Issue #11: When will the Board conduct an audit of the NCCAOM Examination?

Background: The Board develops and administers its own licensing examination, the California Acupuncture Licensing Examination (CALE). The Board spent approximately $571,000 on the examination, which is offered only twice a year; once in Northern California and once in southern California. Conversely, most states automatically accept applicants who have passed the national examination administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). The NCCAOM examination(s) are offered in English, Chinese and Korean, they are computerized and are offered at multiple locations in states in which it is provided. California is the only state that does not utilize the national examination.

Staff Recommendation: Because of the problems the Board has encountered with providing the CALE, the associated costs of this examination and the existence of a national examination that appears to be adequate to test entry-level practitioners, the Board should take strides to move towards the goal of utilizing the national examination. The Board should first conduct an occupational analysis of the acupuncture workforce, conduct an audit of the NCCAOM examination(s), and pursue legislation that will allow students to take either the CALE or NCCAOM examination(s) until 2016. If the NCCAOM examination(s) are found to be valid and reliable, the Board should pursue legislative changes to require the use of the NCCAOM examination for licensure instead of the CALE.

Board Response: The Board conducted a recent occupational analysis of the acupuncture profession and released it in February 2015. The Board began its audit of the NCCAOM exam soon after in the spring when the final security agreements were agreed upon for the study. The Board hired a panel of national experts that includes the Office of Professional Examination Services. These national experts are currently conducting the audit. Upon completion, the Board will release the results and begin discussion about whether the NCCAOM is suitable at all or in part. The results of the audit will drive the Board's discussion and final determination.

The Board was advised by its legal counsel that it was precluded by Business and Professions Code (BPC) Section 139 from complying with the Committees' recommendation to allow the choice of the CALE or NCCAOM. Similarly, the Board was precluded by BPC 139 from making any changes to the examination without completing the OA and audit. Thus, the Board has complied with the Committees' recommendations as much as it is legally permitted.

SCHOOL OVERSIGHT /ACCREDITATION ISSUE

Issue #12: Should the Board continue to be responsible for the approval of schools and colleges offering education and training in the practice of acupuncture and should schools of acupuncture be required to be accredited?

Background: BPC 4939(a) requires the Board, on or before January 1, 2004, to "establish standards for the approval of schools and colleges offering education and training the practice of an acupuncturist, including standards for the faculty in those schools and colleges and tutorial programs." Section 4939 (b) states that the training program shall include a minimum of 3,000 hours of study.

There are approximately 65 acupuncture schools throughout the U.S., 36 of which are approved by the Board. Twenty one of the California approved schools are located in California and 15 are located in other states. Sixty of the 65 schools are accredited by the Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM).

The Board approves the schools' Acupuncture Training Programs, in particular their curriculum programs, to ensure they meet the standards adopted by the Board. The school Training Program approval process requires review of the application, governance, program curriculum, catalogs, admission policies, student and faculty policies and procedures, and financial solvency. An onsite visit is performed to review implementation of policies and procedures, facilities and clinical training. According to the Board's 2012 Sunset Review Report, the Board and Bureau of Private and Post-Secondary Education (BPPE) "may perform joint onsite visits, if the institution has applied to both entities for approval." In the 2012 Background Paper to the Board, the Committees suggested that the Board create an MOU with the BPPE regarding school site visits. The Board reported in its 2014 Sunset Review that it is in the process of working with the BPPE.

The ACAOM is the nationally recognized accrediting agency for the field of acupuncture and Oriental medicine (Asian) medicine. While many other states defer to ACAOM accreditation as being a sufficient condition for applicants to take the licensing exam in their states, California does not accept accreditation by ACAOM, nor does it require graduation from an accredited school as a condition of being eligible to take the licensing exam. Instead, it conducts its own school evaluation and approvals.

In 2004, the Little Hoover Commission (LHC) conducted a comprehensive comparative analysis of the school approval process of the ACAOM, the approval process of the Board of Post-Secondary and Private Education (BPPE) and the Board approval process. The LHC's report concluded that the processes used by ACAOM appeared to be superior to the school approval process used by the Board and could be used by the state to ensure the quality of education for potential licensees.

The Committee cites the following concerns about the Board's school approval process:

- Students who are educated in accredited schools that are not approved by California receive only partial credit for their training. If they wish to gain licensure in California, they must complete a Board approved training program.
- The Board is slow to approve applications for schools located outside of California due to budget constraints.

- The Board has recently begun conducting ongoing site reviews. However, because of staff vacancies, this has been a slow process.

Staff Recommendation: Considering the Board's demonstrated difficulty with approving schools and the significant amount of resources that it takes for the Board to oversee this process, the Board should act on recommendations made during prior Sunset Review Hearings and seek legislative changes to require all schools of acupuncture to obtain accreditation from an agency approved by the U.S. Department of Education.

Board Response: The Board supports the legislative change that SB 1246 made to require all schools to be accredited. The Board did not support other aspects of SB 1246 that removed the Board's authority to inspect training programs, eliminated all fees for schools approval and review, and site visit reimbursement.

At the time of the prior two Sunset Reviews, the Board was not conducting any site visits or approving schools applying for approval of their training programs. At the last Sunset Review, the Board indicated that they were understaffed and could not perform school oversight properly. However, since the Board received new staff, it has been able to create a high quality professional standards based training program review process, with trained Subject Matter Expert (SMEs) on site visits who review corrective actions, and exit reports that detail non-compliance. During this past year, the Board conducted 28 site visits completing all compliance visits for California based schools and all of the pending applications for Board approval of the training program. The result of these site visits found major non-compliance even among accredited schools.

The Board is however, moving forward with full implementation of SB 1246 as required. The Board is in the process of promulgating the regulations that establish foreign equivalency standards as required by SB 1246. In that process, the Board has identified problems with fraudulent documents and verification and has proposed some statutory and regulatory language to address these issues.

Issue #13: Should the licensing and regulation of acupuncturists be continued and be regulated by the current Board?

Background: The health, safety and welfare of consumers are protected by a well-regulated acupuncture profession. Despite a quickly growing profession and the impact of the lack of staff, the newly formed Board has stated a strong commitment to protecting, ameliorating past deficiencies and improving efficiency in its operation. As has been recommended to prior Board members, the current Board should make every effort to ensure that its primary concern be the protection of the public and not over-involvement with the profession.

The Committees understand that the current Board members and staff inherited a program with little to no infrastructure, and no institutional knowledge was passed down from prior Board staff. In recognition of this, Committee staff has reached out to the Board Executive Officer in an effort to ensure that the Executive Officer communicates the importance of addressing the concerns that were

highlighted during the 2012 Sunset Review Hearing to the Board and Board staff. While the new Executive Officer has made laudable strides to improve Board operations, the Committee remains concerned about some of the outstanding tasks.

Of primary concern to the Committees are the aforementioned recommendations which were included in the 2012 Background Paper but have not been fully addressed to date. This leads the Committees to ask, "Where are the Board's priorities? Will the newly formed Board continue down this road of selecting which issues it deems important while lacking in other critical functions?"

The Board should consider it a priority to direct its Executive Officer and staff to act on the following three recommendations prior to its next Sunset Review Hearing. These recommendations will put the Board back on track so that it might focus on essential tasks that it lacks in such areas as enforcement, CE oversight and promulgating regulations:

1) Promulgate consumer protection and BPC Section 138 regulations.

2) Conduct an occupational analysis of the acupuncture workforce, audit the NCCAOM examination(s) and pursue legislation that will provide students with the option to either take the CALE or the NCCAOM examination(s) thereafter.

3) Discontinue the Board's school approval process and instead pursue legislation to require that all schools be accredited by an accrediting agency approved by the U.S. Department of Education.

Staff Recommendation: Recommend that the practice of acupuncture continue to be regulated by the current Board to protect the interests of the public. The Board should be reviewed by these Committees again in two years to specifically determine if the three identified issues have been addressed.

Board Response: The Board agrees with the Committees' recommendation that the acupuncture profession should be regulated by the current Board. The Board has worked hard to build the staffing and infrastructure to protect the public and provide a well-regulated profession. Similarly, the Board has worked hard to address and comply with the Committees' three priorities. It is in the final stages of promulgating its BPC 138 regulations. It has conducted and completed an occupational analysis released in February 2015; and is currently conducting an audit of the NCCAOM with a panel of national experts. The Board is moving forward with winding down its school oversight and preparing for 2017 when it will lose its ability to inspect and verify training program compliance. By 2017, the Board will have a completed curriculum and clinical training program compliance evaluation of all Board approved training programs that will be provided to ACAOM and BPPE to incorporate into their accreditation and approval processes.

Section 11 – New Issues

This is the opportunity for the Board to inform the Committees of solutions to issues identified by the Board and by the Committees. Provide a short discussion of each of the outstanding issues, and the Board's recommendation for action that could be taken by the Board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. *Issues that were raised under prior Sunset Review that have not been addressed.*

   The Board agrees with the Committees' past sunset recommendation to require a standardized 801 reporting form. The Board needs statutory authority to mandate a form for BPC section 801 reports to the Board. The Board did propose that it be included in one of last year's Committee bills, but it was not approved for inclusion in the Committee Omnibus bill. The Board hopes the Committee will include its proposed language in its sunrise bill.

2. *New issues that are identified by the Board in this report.*

   The Board is moving forward with promulgating regulations pursuant to SB 1246 to establish Foreign Equivalency Standard, but wants to raise to the Committees' attention the Board's concern about meeting the January 1, 2017 date for implementation of foreign equivalency standards. Even with the most optimistic estimates of time for implementing the regulatory package, it may not become effective until after some months beyond January 1, 2017.

3. *New issues not previously discussed in this report.*

   One of the issues that the Board would like to raise to the Committees' attention is that it is having problems verifying foreign education and foreign documents.

   Verification of foreign equivalency is difficult. It is difficult to determine both equivalency and verify actual training. Foreign evaluators play an important role in assisting the Board with verifying and evaluating foreign equivalency and training. The quality of foreign evaluators varies significantly and there are no standards for the industry. In addition, the Board has identified fraudulent documents that were not detected by the foreign evaluators, which raises concerns about the overall quality of foreign evaluators. The solution the Board is proposing is to create the authority for the Board to approve their foreign evaluators based on specific criteria created through statute and regulations.

   Creating standards for foreign evaluators will ensure accurate verification of foreign training. The Board's current regulations only specify foreign evaluators need to be members of NACES, it does not have any criteria for evaluating the foreign evaluators; nor does the Board have discretion to choose among the NACES foreign evaluators. The Board of Accountancy has such authority and criteria which the Board would like to use as a model.

   The benefits of this new authority would include:

   - Providing the Board will the ability to choose its foreign evaluators based on concrete quality related criteria.
   - The authority to create foreign evaluation criteria would allow the Board to set criteria that would provide it with the information to determine reliable evaluators from unreliable evaluators.
   - Being able to choose evaluators based on criteria would provide the Board with the tools to improve its detection of fraudulent foreign training documentation.

- Being able to better detect fraudulent training, will enable the Board to better protect Public Safety. See Attachment E

4. *New issues raised by the Committees.*

Section 12 – Attachments

Please provide the following attachments:

A. *Board's administrative manual.* **See Attachment 1**

B. *Current organizational chart showing relationship of committees to the Board and membership of each committee (cf., Section 1, Question 1).* **See Attachment 2**

C. *Major studies, if any (cf., Section 1, Question 4).* **Occupational Analysis 2015: See Attachment 3**

D. *Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).* **See Attachment 4**

California Acupuncture Board

Sunset Review

Appendix

Appendix A

BOARD OF ACUPUNCTURE

BOARD MEMBER ATTENDANCE REPORT 01/2014 – 12/2014

2014								
Board Member Name	**JANUARY** Committee Meetings	**FEBRUARY** *Board Meeting (Sacramento)*	**APRIL** Committee Meetings	**MAY** *Board Meeting (San Francisco)*	**JUNE** *Board Meeting (Sacramento)*	**JULY** *Board Meeting (Sacramento)*	**SEPTEMBER** Board Meeting (Los Angeles	**NOVEMBER** Board Meeting (San Diego)
	1/17	2/14	4/18	5/23	6/13	6/27	9/12	11/14
AGUINALDO, Hildegarde	X	X	X	X	X	X	X	A*
CHAN, Kitman	X	X	X	X	X	X	X	X
HSIEH, Francisco	X	X	X	X	X	X	X	A*
KANG, Jeannie	X	X	X	X	X	X	X	X
SHI, Michael	X	X	X	X	X	X	X	X
ZAMORA, Jamie	X	X	X	X	X	X	X	X

X = Present

A* = Excused Absence

A = Absent

R = Retired

Appendix A – con't

BOARD OF ACUPUNCTURE

BOARD MEMBER ATTENDANCE REPORT 01/2015 – 08/2015

2015				
Board Member Name	**JANUARY** Committee Meetings (Teleconference)	**FEBRUARY** *Board Meeting (Sacramento)*	**MAY** Committee Meetings (Teleconference)	**JUNE** *Board Meeting (San Francisco)*
	1/23	**2/20**	**5/29**	**6/19**
AGUINALDO, Hildegarde	X	X	X	X
CHAN, Kitman	X	X	X	X
CORRADINO, Dr. Michael, DAOM				X
HSIEH, Francisco	X	X	A	X
KANG, Jeannie	X	A	X	X
SHI, Michael	X	X	X	X
ZAMORA, Jamie	X	X	A	X

X = Present

A = Absent

A* = Excused Absence

R = Retired

Appendix A – con't

BOARD OF ACUPUNCTURE

BOARD MEMBER REPORT 01/2015 – 08/2015

	2015			
Board Member Name	**JANUARY** Committee Meetings (Teleconference)	**FEBRUARY** *Board Meeting (Sacramento)*	**MAY** Committee Meetings (Teleconference)	**JUNE** *Board Meeting (San Francisco)*
	1/23	**2/20**	**5/29**	**6/19**
AGUINALDO, Hildegarde	X	X	X	X
CHAN, Kitman	X	X	X	X
CORRADINO, Dr. Michael, DAOM				X
HSIEH, Francisco	X	X	A*	X
KANG, Jeannie	X	A	X	X
SHI, Michael	X	X	X	X
ZAMORA, Jamie	X	X	A*	X

X = Present

A = Absent

A* = Excused Absence

R = Retired

Appendix A – con't

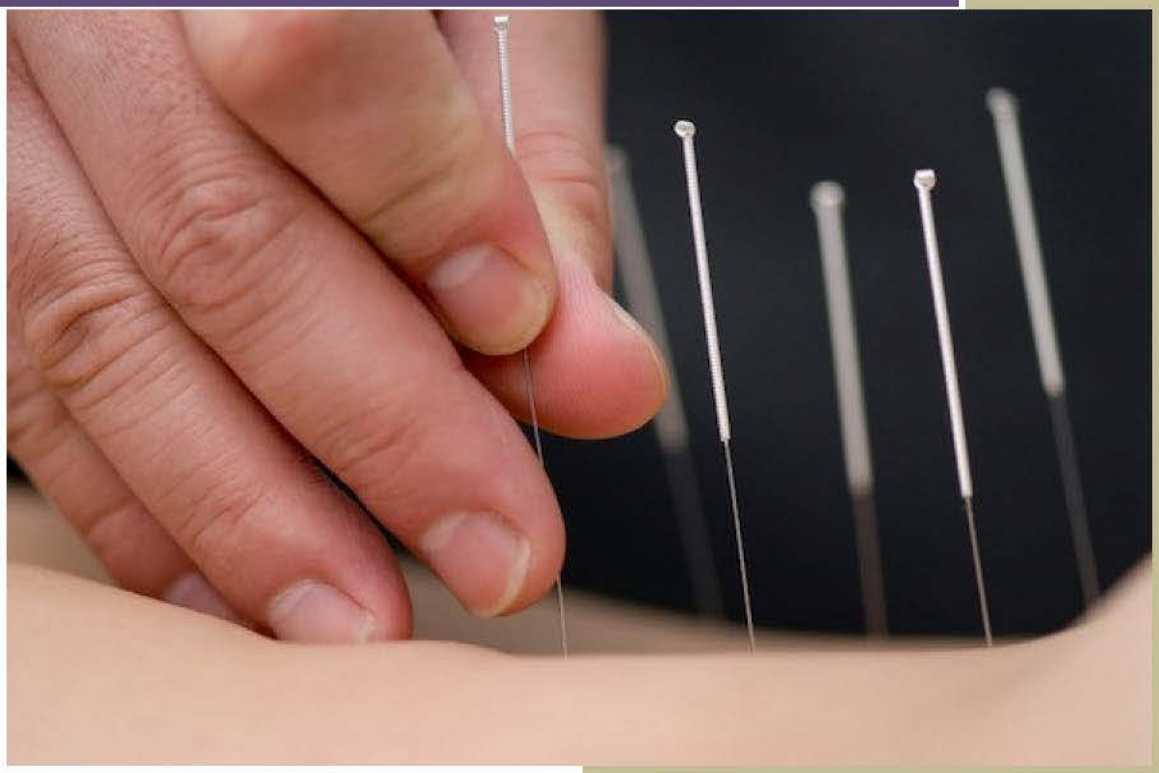
BOARD OF ACUPUNCTURE
BOARD MEMBER ROSTER

2013 - 2015					
Board Member Name	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (Public or Professional)
AGUINALDO, Hildegarde	08/14/13	n/a	06/01/17	Governor	Public
CHAN, Kitman	08/14/13	n/a	06/01/17	Governor	Public
CORRADINO, Dr. Michael, DAOM	05/21/15	n/a	06/01/17	Governor	Professional
HSIEH, Francisco	06/01/13	n/a	06/01/17	Assembly Speaker	Public
KANG, Jeannie	08/14/13	n/a	06/01/17	Governor	Professional
SHI, Michael	10/26/12	06/21/13	06/01/17	Governor	Professional
ZAMORA, Jamie	08/21/13	n/a	06/01/17	Senate Rules Committee	Public

State of California

Board of Acupuncture

2013-2017



Strategic Plan

Adopted October 25, 2013

Action Planning Details Added on January 23, 2014

MEMBERS OF THE

CALIFORNIA ACUPUNCTURE BOARD

Nian Peng "Michael" Shi, L.Ac., Chair

Kitman Chan, Vice-Chair

Hildegarde Aguinaldo, J.D., Public Member

Jeannie Kang, L.Ac., Licensed Member

Francisco H. Hsieh, Public Member

Jamie Zamora, Public Member

Dr. Michael Corradino, Licensed Member

Terri A. Thorfinnson, J.D., Executive Officer

MESSAGE FROM THE BOARD CHAIR

On behalf of the California Acupuncture Board (CAB), I want to thank everyone involved in the strategic planning development process for their vision, strong effort and commitment to the CAB's role as regulator, facilitator, and leader in the field of Acupuncture in the State of California.

This plan reflects the CAB's commitment to work in partnership with the Acupuncture community including the public, licensees, government, as well as educational providers. It is the result of input from, and consultation with the Board staff, the public, and the profession.

This Strategic Plan is the cornerstone for the CAB as we move into the next five years of our mission as one of the leading regulatory agencies of the Acupuncture profession. It builds on some of the foundations of our Strategic Plan 2007-2012, which guided the CAB's work up until now. We believe the new plan offers a roadmap to the future with clear focus on building the basic framework for the regulation and oversight of the Acupuncture profession. We look forward to the mission ahead as we deliver on our Strategic Plan for 2013-2017 and meet the challenges and opportunities that are ahead.

NIAN PENG “Michael” SHI, L.Ac.

CHAIR

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ABOUT THE CALIFORNIA ACUPUNCTURE BOARD

The California Acupuncture Board (CAB) has evolved over the years as a state licensing entity for acupuncturists and progressed into a semi-autonomous decision-making body. Initially, in 1972, acupuncture was regulated by the Acupuncture Advisory Committee under the jurisdiction of The Board of Medical Examiners (i.e., Medical Board of California). In 1980, the Committee was replaced with the Acupuncture Examining Committee within the Division of Allied Health Professions. In 1999, the Committee became the Acupuncture Board, solely responsible for licensing and regulating the practice of acupuncture and Oriental medicine in the State of California.

The primary responsibility of the Acupuncture Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Acupuncture Licensure Act and the Board's regulations. Under the Department of Consumer Affairs, the Board promotes safe practice through the improvement of educational training standards, continuing education, administering the California Acupuncture License Examination (CALE), enforcement of the Business and Professions (B&P) Code, and public outreach. The Board establishes and maintains entry standards of qualification and conduct within the acupuncture profession, primarily through its authority to license. The Acupuncture Licensure Act commences with the B&P Code, Section 4925 et seq., and the Board is authorized to adopt regulations that appear in Title 16, Division 13.7, of the California Code of Regulations (CCR). The Board regulates over 11,000 licensed acupuncturists and establishes standards for approval of institutions and colleges that offer education and training programs in the practice of acupuncture and Oriental medicine.

The Board consists of seven members with a public majority (i.e., 4 public members and 3 professional members). Five members are appointed by the Governor, one by the Speaker of the Assembly and one by the Senate Pro Tempore. The Legislature has mandated that the acupuncture members of the Board must represent a cross-section of the cultural backgrounds of the licensed members of the profession, which assists Board members in their critical role as policy and decision makers in disciplinary hearings, approval of new schools, contracts, budget issues, legislation and regulatory proposals.

Committees serve as an essential component of the full Board to address specific issues referred by the public or recommended by staff. Committees are composed of two Board members who are charged with gathering public input, exploring alternatives to the issues, and making a recommendation to the full Board.

The Acupuncture Board has four committees as follows:

Committee	Responsibilities
Executive Committee	Address issues related to expenditures/revenue/fund condition, executive officer selection/evaluation, legislation/regulations, committee policy/procedures, and special administrative projects.
Education Committee	Address issues related to acupuncture educational standards, school application and approval process, tutorial programs, and continuing education.
Examination Committee	Address issues related to development and administration contracts, administration, and miscellaneous issues.
Enforcement Committee	Address enforcement issues, propose regulations, policies, and standards to ensure compliance with the Board's statutes and regulations.

The Board appoints an Executive Officer to oversee a staff of 11 full-time staff and three part-time staff that support six major Board functions: licensing, exam, education – enforcement and school oversight, enforcement, and regulatory.

- Licensing Unit is responsible for issuing licenses and processing initial applications and renewals, fingerprint/live scans, ensuring continuing education compliance and other related functions.
- Exam Unit processes and evaluates all exam applications from graduates of California approved schools and accredited foreign schools, processes ADA special accommodations, oversees exam development and actual exam offered twice a year, releases exam results, analyzes results and posts to

the Board's website exam statistics by school, first time, and repeat test takers.

- Education has two units: School Oversight and Enforcement. The School Oversight Unit approves and monitors schools and conducts site visits. The Education Enforcement Unit monitors schools for compliance, approves continuing education courses and providers, and conducts audits of continuing education compliance among licensees.
- Enforcement Unit processes and investigates complaints or conviction reports. Cases are referred for further investigation and evaluation by subject matter experts (SMEs) for standards of care and patient safety. The Executive Officer determines which disciplinary actions to pursue or issues citations based on the results of investigations. Disciplinary actions are posted on the website for consumer protection.
- Regulatory unit prepares regulatory packages, monitors legislation, and pursues Board sponsored legislation.
- Administration unit handles purchasing, personnel, fiscal duties, and travel reimbursement for the office.

Together, all of these functions protect the health and safety of Californians. Enforcement efforts protect consumers from licensed and unlicensed individuals who engage in fraudulent, negligent, or incompetent acupuncture practice. Education oversight and enforcement protects consumers from unqualified licensees providing care that may harm health and public safety. Similarly, the California Acupuncture Licensing Exam protects the public by evaluating the competence of those seeking licensure in California.

The Board's acupuncture curriculum requirements include completion of 3,000 hours of theoretical and clinical training from a Board approved school within the United States or accredited foreign school or completion of the Board approved Tutorial Training Program.

To be eligible to sit for the CALE, applicants must demonstrate that they have either graduated from a Board approved tutorial program or completed the required coursework from either a Board approved school or accredited foreign school.

Consumers are also protected by the Board's ongoing professional requirements for licensees. Licensees are required to renew their license every two years and are

required to complete 50 hours of continuing education as a condition of license renewal.

The Board is committed to fulfill its statutory and regulatory mandates, mission and vision. The Board continually re-evaluates its business operations and systems, improves its infrastructure and explores new ways of doing business and delivering its services. The Board is continually committed to increasing the quality and availability of services it offers to stakeholders.

SIGNIFICANT BOARD ACCOMPLISHMENTS

As a part of strategic planning, the Board evaluated its previous strategic plan goals and identified which objectives were accomplished. The following are the significant Board accomplishments since the 2007 strategic plan was adopted.

Adopted Regulations Improving Continuing Education Standards

In 2007-2008, the Board evaluated continuing education standards and implemented the following regulatory changes:

- Categorized all continuing education coursework requirements into two categories. Category one includes coursework requirements related to clinical matters or the actual provision of health care to patients. Category two is coursework unrelated to clinical matters or the actual provision of patient care. There is no limitation on the amount of category one coursework that can be counted towards the continuing education requirement. Category two coursework is limited to five hours that can count toward the requirements.

- Increased the number of continuing education hours from 30 to 50 hours every two years. Although this change was approved by the Board in 2006, the work was completed and implemented during 2007-2008.

- Clarified and defined eligible distance learning coursework that would meet continuing education requirements. The application process for distance learning continuing education was streamlined requiring CE providers to submit the exam in addition to the regular C.E. application requirements. Distance learning was allowed to account for 50% of continuing education requirements.

Enforcement and Licensure Regulatory Changes

- In 2010, the Board implemented retroactive fingerprinting requirements for licensees who were initially licensed prior January 1, 2001, as a condition of license renewal.

- The Board adopted regulations in 2011 to create a licensure exemption for Sponsored Free Health Care Events. This is a pending regulation package.

- In 2013, the Board approved the regulatory requirement that Acupuncturists must include their license number in all of their advertisements. This is a pending regulatory package.

- In 2012, the Board adopted continuing education requirements that licensees must take no less than four hours of professional ethics coursework. This is a pending regulatory package.

Improved the Board's Education Enforcement Process

- The Board resumed site visits for schools seeking initial program approval and education enforcement. The site visit team was reengineered to include a licensed subject matter expert or licensed Board member to assist in the evaluation of curriculum standards compliance.

- The Board increased the number of continuing education desk audits to a random sampling of 8% of licensees to ensure compliance.

- The Education Enforcement Unit is collecting data by school on exam application irregularities including questionable transcripts, transfer credit violations, and abuse of course-in-progress credits.

Improved Administration of the California Acupuncture Licensing Exam (CALE)

- The Board conducted a comprehensive evaluation of the August 2012 California Acupuncture Licensing Exam (CALE) and determined it to be valid, credible, and reliable, and not the cause of the low pass rate.

- The Board adjusted the exam calendar to allow more time to evaluate transcripts to ensure accuracy and to meet exam administrators' preparation timeline.

- The Board tightened exam security to ensure fair testing.

- The Board posted multi-lingual exam guides to the website to ensure applicant understanding of the exam process and security protocols.

Improved Board Administration

- The Board improved customer service to Board callers by shifting call center responsibility to the Department of Consumer Affairs (DCA)'s Consumer Information Center. This allows the Board to better handle the high call volume and provide callers with improved service by minimizing voicemail overflow and call wait times.

- In November 2012, the Board expanded stakeholder accessibility to Board meetings by webcasting all Sacramento-based public meetings to maximize licensee and consumer access to Board discussions, decisions, and actions.

OUR VISION

A California with the greatest health and well-being through access to excellent primary health care in acupuncture.

OUR MISSION

To protect, benefit, and inform the people of California by exercising the licensing, regulatory, and enforcement mandates of the Acupuncture Licensure Act and Acupuncture Regulations.

OUR VALUES

CONSUMER PROTECTION
We make effective and informed decisions in the best interest and for the safety of Californians.

EXCELLENCE
We support outstanding achievement in our employees, driven by a passion for quality, as we strive for continuous improvement. Teamwork is demonstrated at all levels through cooperation and trust by working with and soliciting the ideas and opinions of stakeholders, consumers, and staff.

RESPECT
We value and celebrate California's ever-changing cultural and economic diversity. We are responsive, considerate, and courteous to all stakeholders.

LEADERSHIP
We strive to set the standard for professional regulation by creating, communicating, and implementing inspirational visions for results.

SERVICE
We serve the needs of the public with integrity and through meaningful communication. We are professional and responsive to the needs of our stakeholders.

ACCOUNTABILITY

We operate transparently and encourage public participation in our decision-making whenever possible. We accept personal responsibility for our actions, exemplifying high ethical standards, always striving to improve our effectiveness.

INTEGRITY

We are honest, fair, and respectful in our treatment of everyone by honoring the dignity of each individual. We foster long-term relationships with stakeholders and employees through open, authentic communication, earning trust by demonstrating a commitment to ethical conduct and responsibility.

GOAL 1: LICENSING

Promote licensing standards to protect consumers and allow reasonable access to the profession.

1.1 Work with the Department of Consumer Affairs executive team to resolve cashiering issues causing licensing delays.*

Action Item	Status	Responsible Party	Completion Date
1.1.1 Develop a problem description of the issues and bottlenecks in the DCA cashiering function causing license renewal delays for acupuncturists.	**Completed**	Policy Coordinator	Q2 2013
1.1.2 Identify a cashiering liaison to work with for resolving licensing delays.	**Completed**	Policy Coordinator/DCA	Q3 2014
1.1.3 Map out the cashiering process and evaluate the cashiering payment processing timeline.	**Completed**	Policy Coordinator/DCA	Q2 2015
1.1.4 Educate DCA cashiering staff of issues posing problems for CAB and educate them on CAB's procedures and functions to decrease license renewal delays.	**Completed**	Policy Coordinator/DCA	Q3 2015
1.1.5 Actively work with the Breeze development team to define business needs, develop a licensing and cashiering design plan for BreEZe rollout in 2015, prepare data, licensing forms, and pilot in preparation for Breeze implementation.	Delayed	Policy Coordinator/DCA (BreEZe)	Q3 2015 (Dependent on BreEZe)
1.1.6 Research other boards handling their own cashiering and evaluate the feasibility of CAB implementing an in-house cashiering process.	**Completed**	Policy Coordinator	Q4 2015
1.1.7 Develop a resource evaluation memo with the findings and recommendations for the Board.		Policy Coordinator	Q4 2015
1.1.8 Implement a weekly monitoring process to ensure that standards for licensing and cashiering are met.	**Completed**	Policy Coordinator	Q3 2016
1.1.9 Evaluate licensing data to develop a BCP for an additional analyst position.	**Completed**	Policy Coordinator	Q4 2016

**Objectives for each goal area are listed in order of priority.*

GOAL 2: ENFORCEMENT

Protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of acupuncture.

2.1 Review disciplinary guidelines and regulatory standards to determine if standards need revision.

Objective Success Measurement			
Revision to the disciplinary guidelines are implemented through regulatory change.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
2.1.1 Review existing disciplinary guidelines to identify revisions and update the regulatory standards language.	Under Review by Committee	Enforcement Coordinator / Enforcement Committee	Q4 2015
2.1.2 Draft revisions to the disciplinary guidelines.		Enforcement Coordinator	Q2 2016
2.1.3 Present the updated guidelines and regulations for Board approval.		Executive Officer	Q3 2016
2.1.4 Create a regulations package.		Policy Coordinator	Q2 2017
2.1.5 File a regulatory package with the Office of Administrative Law.		Policy Coordinator	Q3 2017
2.1.6 Implement the regulations.		Enforcement Coordinator	Q4 2017

2.2 Strengthen the Board's enforcement authority through Implementation of Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Probation, and the Consumer Protection Enforcement Initiative.

Objective Success Measurement			
Revision to the disciplinary guidelines are implemented through regulatory change.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
2.2.1 Develop uniform standards language related to substance abuse and the Consumer Protection Enforcement Initiative.	**Completed**	Enforcement Coordinator	Q1 2013
2.2.2 Present Uniform Standards and Consumer Protection Enforcement Initiative packages for Board approval.	**Completed**	Executive Officer	Q4 2013
2.2.3 Create regulations packages.	**Completed**	Policy Coordinator	Q4 2013
2.2.4 File regulatory packages with the Office of Administrative Law.	Under Final Review	Policy Coordinator	Q1 2015
2.2.5 Implement the regulations and guidelines.		Enforcement Coordinator	Q3 2015

2.3 Seek legislation to expand non-complaint based clinic inspection authority to further public protection.

Objective Success Measurement			
Develop a bill package to expand non-complaint based clinic inspection authority.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
2.3.1 Identify the need for inspection authority.	**Completed**	Enforcement Coordinator	Q1 2013
2.3.2 Research other boards with inspection authority and identify how they use the authority.		Enforcement Coordinator	Q2 2016
2.3.3 Present findings to the Enforcement Committee for review and recommendations to the Board.		Enforcement Coordinator/ Sponsor: Enforcement Committee	Q4 2016
2.3.4 Propose recommendations for Board approval.		Executive Officer/ Sponsor: Enforcement Committee	Q1 2017
2.3.5 Identify a legislative author or seek a statutory change.		Policy Coordinator	Q3 2017
2.3.6 Implement the law.		Enforcement Coordinator	Q3 2018

2.4 Determine feasibility of strengthening the recertification process for reinstatement of an inactive license to further public safety. Promulgate regulations to do so, if found feasible.

Objective Success Measurement			
Provide feasible recommendations for the recertification process to the Board.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
2.4.1 Identify the weaknesses in the existing recertification process.		Policy Coordinator	Q2 2016
2.4.2 Develop an action plan to address these findings.		Policy Coordinator	Q3 2016
2.4.3 Research the inactive recertification processes used by other boards.		Policy Coordinator	Q4 2016
2.4.4 Develop a plan and present to the Education Committee to review and provide recommendations for Board approval.		Policy Coordinator/ Sponsor: Education Committee	Q1 2017
2.4.5 Promulgate and implement regulations through the regulation process.		Policy Coordinator/ Sponsor: Education Committee	Q3 2017
2.4.6 Monitor compliance with regulations through a tracking process.		Licensing Technician	Q3 2017

GOAL 3: EDUCATION

Advance higher education standards to increase the quality of education and ensure consumer protection.

3.1 Evaluate curriculum standards to ensure professional qualification and public safety. The Board will evaluate whether financial standards for schools are needed.

Objective Success Measurement			
Board completed the evaluation of curricula standards for schools.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
3.1.1 Host a series of stakeholder meetings with schools to discuss curricula standards.		Education Coordinator/ Executive Officer	Q2 2016
3.1.2 Assess how the Bureau for Private Postsecondary Education (BPPE) evaluates finances for schools.		Education Coordinator	Q2 2016
3.1.3 Review the new occupational analysis for professional qualifications of acupuncturists.		Education Coordinator/ Exam Coordinator	Q3 2016
3.1.4 Present new curricula standards to the Education Committee to review and provide recommendations for Board approval.		Education Coordinator/ Sponsor: Education Committee	Q4 2016

3.2 To ensure that students are qualified to successfully complete Acupuncture training programs, the Board will explore increasing eligibility for Acupuncture Training program qualifications to a Bachelor's degree or set a score for the Medical College Admission Test (MCAT).

Objective Success Measurement			
Education Committee review of report regarding initial licensure qualifications.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
3.2.1 Research other California allied health fields entry requirements to explore licensure qualifications.	**Completed**	Education Coordinator	Q4 2014
3.2.2 Host a series of expert panels with schools and industries to assess minimum requirements for acupuncture entry level training programs.		Education Coordinator	Q2 2016
3.2.3 Present new requirements to the Education Committee to determine the next action.		Education Coordinator/ Sponsor: Education Committee	Q3 2016

3.3 The Education Committee will evaluate school courses and course materials to ensure compliance with the Board's curriculum requirements.

Objective Success Measurement			
Completed enforcement site visits for approved training programs in California.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
3.3.1 Create position authority for an Educational Consultant (a licensed acupuncturist).	**Completed**	Executive Officer	Q2 2016
3.3.2 Chart curriculum changes through Annual School Reports (historical evaluation of curriculum).	Work in Progress	Education Coordinator	Q2 2016
3.3.3 Evaluate school courses to identify whether regulatory standards need to be revised.	Work in Progress	Education Coordinator	Q2 2016
3.3.4 Conduct enforcement site visits of schools	Work in Progress	Education Coordinator	Q2 2017
3.3.5 Assess the need to establish a time table that identifies the frequency of enforcement site visits.	Work in Progress	Education Coordinator	Q3 2017

3.4 Promulgate regulations to require international applicants and students attending non-English track schools to pass the TOEFL exam before being eligible to sit for the California Acupuncture Licensing Exam (CALE).

Objective Success Measurement			
Implement new Test of English as a Foreign Language (TOEFL) exam standards.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
3.4.1 Research the current requirements that exist in schools/universities and other boards for the TOEFL exam requirements.		Education Coordinator	Q2 2016
3.4.2 Conduct stakeholder meetings about the TOEFL exam to gather input from schools, licensees, and consumers.		Education Coordinator	Q2 2016
3.4.3 Propose minimum standards for the TOEFL exam to the Education Committee to review and provide recommendations for Board approval.		Education Coordinator/ Sponsor: Education Committee	Q3 2016
3.4.4 Promulgate new TOEFL exam minimum standards.		Education Coordinator/ Sponsor: Education Committee	Q4 2016
3.4.5 Implement new TOEFL exam standards.		Education Coordinator/ Sponsor: Education Committee	Q4 2017

3.5 Enhance school curriculum regulations by adding a required course in Standardized Acupuncture terminology.

Objective Success Measurement			
Complete a feasibility study and provide recommendations to the Board.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
3.5.1 Convene an expert panel on standardizing acupuncture terminology across languages.		Education Coordinator/ Sponsor: Education Committee	Q4 2016
3.5.2 Review international terminology standards, including the World Health Organization (WHO).		Education Coordinator/ Sponsor: Education Committee	Q1 2017
3.5.3 Identify Subject Matter Experts (SMEs) for acupuncture terminology.		Education Coordinator/ Sponsor: Education Committee	Q2 2017
3.5.4 Collaborate with SMEs to identify acupuncture terminology problem areas and develop recommendations for the Education Committee.		Education Coordinator/ Sponsor: Education Committee	Q3 2017
3.5.5 Present findings to the Board and public to determine next action.		Education Coordinator/ Sponsor: Education Committee	Q4 2017

GOAL 4: PROFESSIONAL QUALIFICATIONS

Improve continuing education and examination standards to ensure excellence in practice and promote public safety.

4.1 Evaluate the approved continuing education course list and create a defined scope for continuing education coursework that focuses on improving practice knowledge, best practices, and updated research.

Objective Success Measurement			
Completed stakeholder meeting and proposed new continuing education requirements.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
4.1.1 Review continuing education requirements of other health boards.	Completed	Education Coordinator	Q1 2016
4.1.2 Review out-of-state acupuncture boards continuing education requirements to identify practice knowledge, best practices and updated research.		Education Coordinator	Q2 2016
4.1.3 Form a stakeholder/expert panel on industry practices and needs.		Education Coordinator/ Sponsor: Education Committee Chair	Q4 2016
4.1.4 Based on findings from the panel, propose new continuing education requirements to the Board.		Education Coordinator / Sponsor: Education Committee	Q1 2017

4.2 Formalize the continuing education audit process of the Education Committee's review of potentially non-compliant continuing education courses and providers.

Objective Success Measurement			
Successful implementation of a continuing education audit process.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
4.2.1 Create position authority for an Educational Consultant (licensed acupuncturist).	**Completed**	Executive Officer	Q2 2016
4.2.2 Develop an internal process for the continuing education provider audit process.	**Completed**	Education Coordinator	Q3 2016
4.2.3 Select a pool of Subject Matter Experts (SMEs) to review continuing education courses.	**Completed**	Education Coordinator	Q3 2015
4.2.4 Identify questionable continuing education courses for SMEs to review.	Work in Progress	Education Coordinator	Q4 2016
4.2.5 Identify questionable topics for the Education Committee to review and determine if topics are relevant to professional qualifications and continuing education.	Work in Progress	Education Coordinator/ Sponsor: Education Committee	Q1 2016
4.2.6 The Education Committee will review and provide recommendations for Board approval.		Education Coordinator/ Sponsor: Education Committee	Q2 2016

4.3 Review past occupational analysis studies to identify improvements to the evaluation process and implement those improvements during the next analysis.

Objective Success Measurement			
Conduct stakeholder meetings to gather feedback to improve occupational analysis.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
4.3.1 Review past occupational analysis.	**Completed**	Executive Officer and Board Chair	Q4 2013
4.3.2 Conduct stakeholder meetings to solicit input related to improving the occupational analysis for acupuncturists.	**Completed**	Executive Officer and Board Chair	Q4 2013

4.4 Evaluate the CALE exam to ensure continued test validity and security.

Objective Success Measurement			
Confirm the California Acupuncture Licensing Exam (CALE) test validity and identify statistical tools to identify problem areas for training programs.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
4.4.1 Audit the CALE to confirm its validity.	Q3 2015 projected completion	Executive Officer	Q2 2013
4.4.2 Research costs and components of implementation of computer based testing.	**Completed**	Executive Officer	Q2 2014
4.4.3 Contract with the Office of Professional Examination Services (OPES) to increase questions in the item bank pending completion of the occupational analysis.	Work in Progress	Executive Officer	Q3 2015
4.4.4 Propose a recommendation to establish a limit on the number of times a person can take the CALE for the Examination Committee to review and present for Board approval.	Under Review by Committee	Executive Officer/ Sponsor: Examination Committee	Q2 2014
4.4.5 Create statistical tools to evaluate competencies and test validity of the CALE exam.		Examinations Coordinator	Q4 2016
4.4.6 Use statistical data to inform schools of possible competency issues related to training programs.		Examinations Coordinator	Q4 2016

GOAL 5: OUTREACH

Inform consumers, licensees, and stakeholders about the practice and regulation of the acupuncture profession.

5.1 Form a Licensee Education Committee to create educational materials for licensees and a "What You Need to Know" educational series that will be accessible from the website.

Objective Success Measurement			
Develop and successfully implement "You Need to Know" educational series.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
5.1.1 Identify members of the Licensee Education Committee to define the purpose and criteria of the educational materials.	Work in Progress	Executive Officer and Board	Q4 2016
5.1.2 Research and survey the licensee population to identify to identify the types of information to receive to increase their awareness.	Work in Progress	Policy Coordinator	Q2 2016
5.1.3 Consult with Legal Counsel to determine what information can be provided and identify the appropriate technical information for licensees.	Work in Progress	Policy Coordinator	Q4 2016
5.1.4 Develop a plan and present it to the Licensing-Education Committee to review and provide recommendations for Board approval.	Work in Progress	Executive Officer/ Sponsor: Licensing-Education Committee	Q1 2017
5.1.5 Based on recommendations and approval from the Board, develop educational materials.		Policy Coordinator	Q3 2017
5.1.6 Coordinate dissemination of "What You Need to Know" educational series for licensees.	Work in Progress	Policy Coordinator	Q4 2017
5.1.7 Make series public using different venues such as the CAB website.		Policy Coordinator	Q4 2017

5.2 Increase outreach to interested stakeholders by leveraging cost-effective technology to increase understanding of the Acupuncture profession and the Board.

Objective Success Measurement			
Implement an established process in which stakeholders are informed regularly.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
5.2.1 Create manager position authority through BCP to oversee outreach program.	**BCP Denied 2014, applied 2015**	Executive Officer	Q2 2014
5.2.2 Identify interested stakeholders and organize contact information.	**Completed**	Executive Officer	Q4 2015
5.2.3 Conduct a survey to identify the types of information stakeholders would like to receive to increase awareness of acupuncture rules and regulations.		Policy Coordinator	Q2 2016
5.2.4 Establish a staff taskforce to implement an informational plan.		Executive Officer	Q4 2016
5.2.5 Identify methods of dissemination to distribute information to stakeholders.		Policy Coordinator	Q1 2017
5.2.6 Implement the informational plan to inform stakeholders regularly.		Policy Coordinator	Q3 2017

5.3 Work collaboratively with state and national professional associations to increase awareness of the Board's functions.

Objective Success Measurement			
Implement an established process in which professional associations are informed regularly.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
5.3.1 Identify acupuncture/Asian medicine state and national professional associations.	Work in Progress	Executive Officer/Board Chair	Q2 2015
5.3.2 Conduct a meeting with professional association representatives to identify the types of information to receive to increase their awareness.	Work in Progress	Executive Officer/Board Chair	Q4 2015
5.3.3 Establish a staff task force to develop an outreach plan.		Executive Officer	Q4 2016
5.3.4 Identify methods of dissemination to distribute information to associations.		Policy Coordinator	Q1 2017
5.3.5 Develop a schedule to regularly release information to associations.	Work in Progress	Executive Officer	Q3 2017

5.4 Educate stakeholders on requirements of the Affordable Care Act and the implications for electronic records management.

Objective Success Measurement			
Completed FAQ's posted on the CAB website.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
5.4.1 Research resources for the Affordable Care Act (ACA) requirements for electronic record management.	**Completed**	Policy Coordinator	Q1 2017
5.4.2 Compile FAQs and identify a list of resources.	Work in Progress	Policy Coordinator	Q2 2017
5.4.3 Post FAQs and identified resources on the CAB website.	Work in Progress	Internet Coordinator	Q3 2017
5.4.4 Send email or newsletter to licensees to provide information and direct them to the CAB website.		Policy Coordinator	Q3 2017

5.5 Modify the Board's website to ensure accessibility and increase usability.

Objective Success Measurement			
CAB website is updated to increase usability.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
5.5.1 Identify website shortcomings and complete comparative analysis of other board websites.	**Completed**	Policy Coordinator	Q4 2013
5.5.2 Work with the Office of Information Services (OIS) to successfully update the CAB website.	**Completed**	Policy Coordinator	Q2 2014
5.5.3 Determine the design of the website layout and how pages link.	**Completed**	Executive Officer	Q2 2014
5.5.4 Produce the content and update the website	**Completed**	Policy Coordinator	Q2 2014
5.5.5 Work with OIS to implement the website changes.	**Completed**	Policy Coordinator	Q4 2014
5.5.6 Publicize the website changes to stakeholders through emails and newsletters.	**Completed**	Executive Officer	Q4 2014

GOAL 6: ADMINISTRATION

Build an excellent organization through proper Board governance, effective leadership, and responsible management.

6.1 Ensure adequate staffing levels within all areas of the Board to fulfill the Board's mandate and achieve Board goals.

Objective Success Measurement			
Develop and submit BCP for additional staff.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
6.1.1 Identify staff shortage areas.	**Completed**	Executive Officer	Q2 2013
6.1.2 Analyze how staff shortage is impacting the Board's functions.	**Completed**	Executive Officer	Q2 2014
6.1.3 Create a BCP to obtain authority to increase staffing at CAB.	**Completed— BCP approved, 2013, 2015 BCP pending**	Executive Officer/ Administrative Coordinator	Q3 2014

6.2 Establish an ongoing working report of pending regulatory projects and priorities to inform the Board, the legislature, and the public of the ongoing status of these projects.

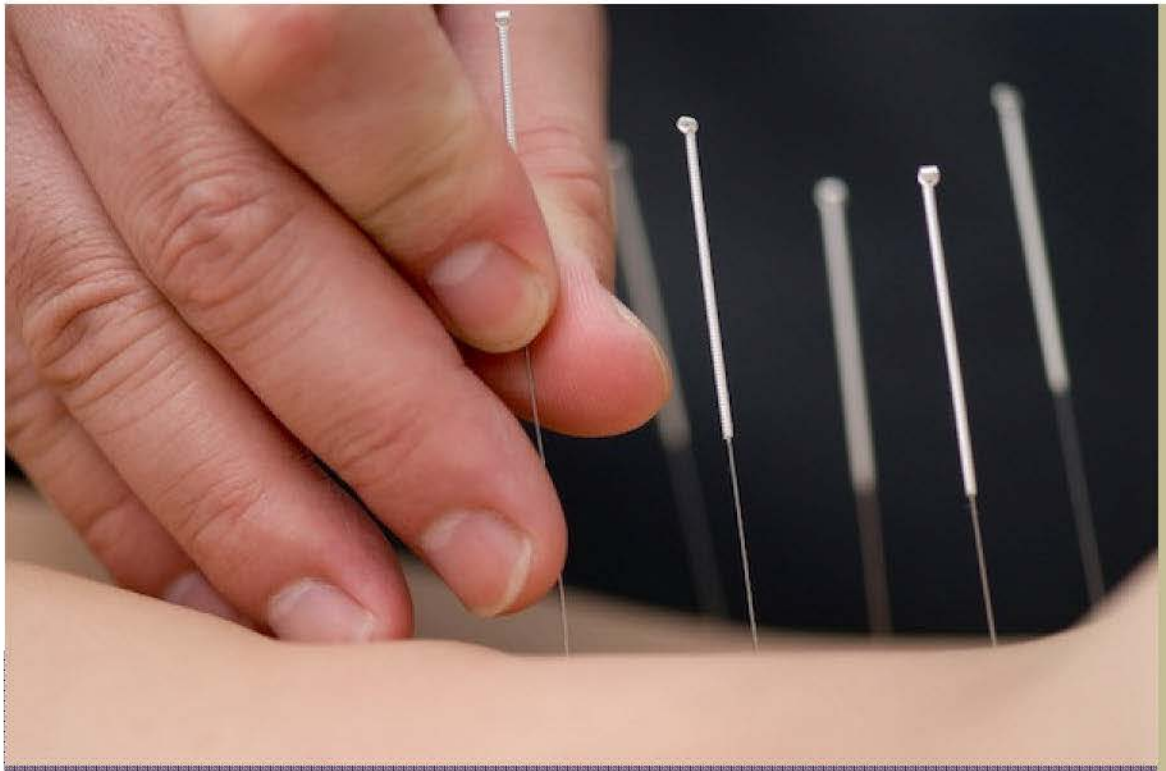
Objective Success Measurement			
Create an ongoing status report of regulations for the Board's review.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
6.2.1 Identify and clarify all regulation packages that are pending.	**Completed**	Policy Coordinator	Q2 2013
6.2.2 Determine the priority of regulation packages and organize into a status report for the Board.	**Completed**	Executive Officer	Q3 2013
6.2.3 Disseminate an ongoing status report of regulations to the Board.	**Completed**	Policy Coordinator	Q4 2013

6.3 Create targeted training for new Board members to provide further details on Board and government processes.

Objective Success Measurement			
Implement orientation training for Board members.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
6.3.1 Identify the current training needs for Board members	Ongoing	Executive Officer	Q3 2014
6.3.2 Meet with Legal Counsel to develop a training action plan that includes the legal aspect.	**Completed**	Executive Officer/Legal Counsel	Q4 2014
6.3.3 Develop training materials and refine training to meet the needs of Board members.	Work in Progress	Executive Officer	Q2 2015
6.3.4 Coordinate with the Board to implement training for new Board members.	Work in Progress	Executive Officer/Legal Counsel	Q4 2015

6.4 Develop desk manuals for all Board functions to ensure proficiency, performance, and succession planning.

Objective Success Measurement			
Desk manuals created for each CAB function.			
Major Actionable Tasks to Accomplish	**Status**	**Responsible Party**	**Completion Date**
6.4.1 Identify Board functions that do not have desk manuals.	**Completed**	Executive Officer	Q1 2013
6.4.2 Provide directive to staff to create desk manuals and required content.	**Completed**	Executive Officer	Q4 2014
6.4.4 Update desk manuals on an ongoing and regular basis to keep current with job function responsibilities.	Work in progress	Executive Officer	Q4 2017



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Department of Consumer Affairs

State of California

Acupuncture Board

Performance Measures

Annual Report *(2010 – 2011 Fiscal Year)*

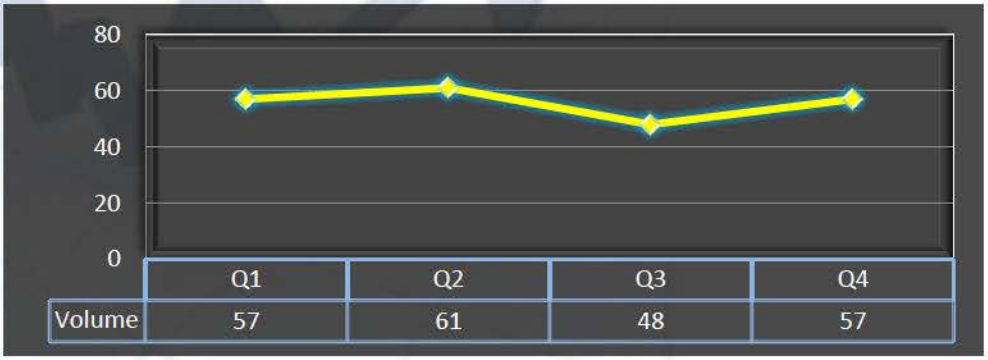
To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the first four quarters worth of data.

Volume

Number of complaints and convictions received.

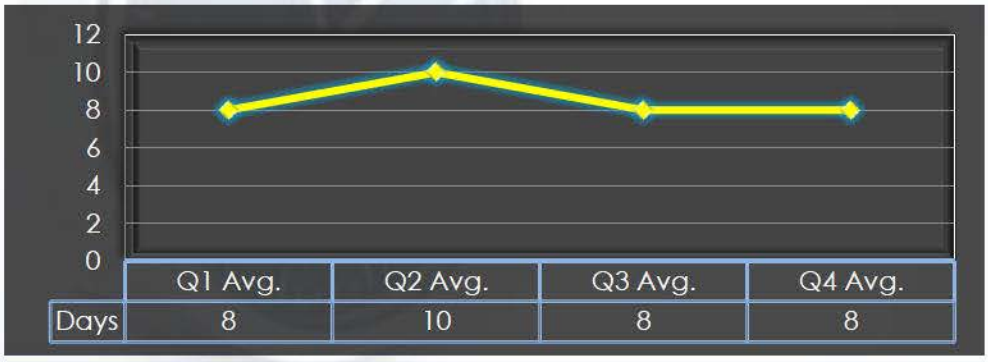
The Board had an annual total of 223 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

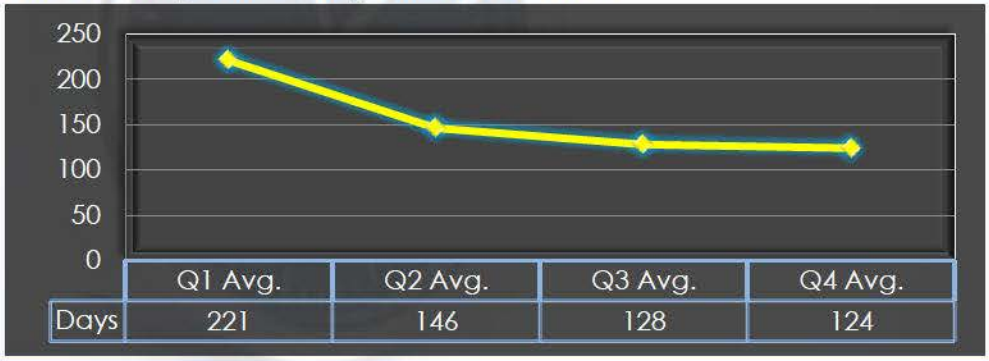
The Board has set a target of 10 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

The Board has set a target of 200 days for this measure.



Formal Discipline

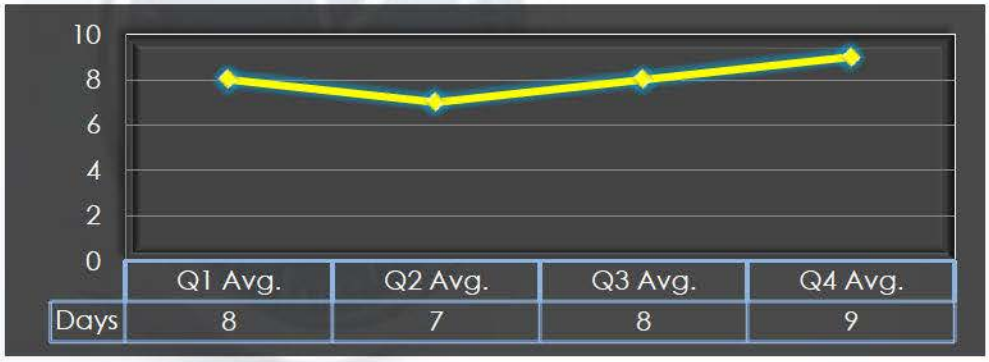
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 10 days for this measure.



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 10 days for this measure.

Department of Consumer Affairs

Acupuncture Board

Performance Measures

Q1 Report *(July - Sept 2010)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement.

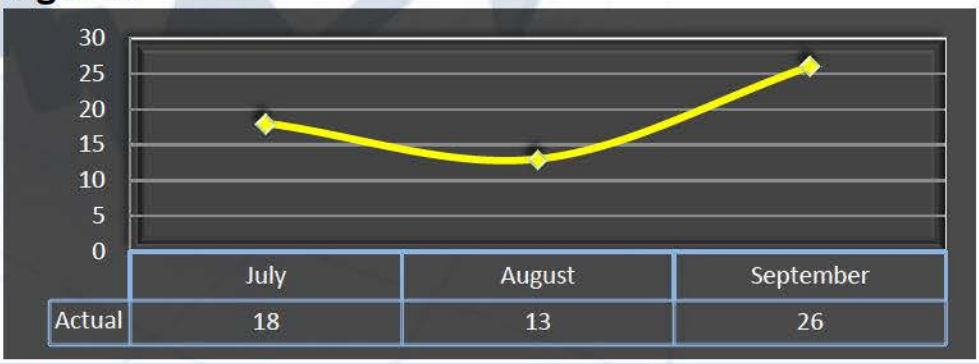
These measures will be posted publicly on a quarterly basis. In future reports, additional measures, such as consumer satisfaction and complaint efficiency, will also be added. These measures are being collected internally and will be released once sufficient data is available.

Volume

Number of complaints received.*

Q1 Total: 57 ***(Complaints: 34 Convictions: 23)***

Q1 Average: 19

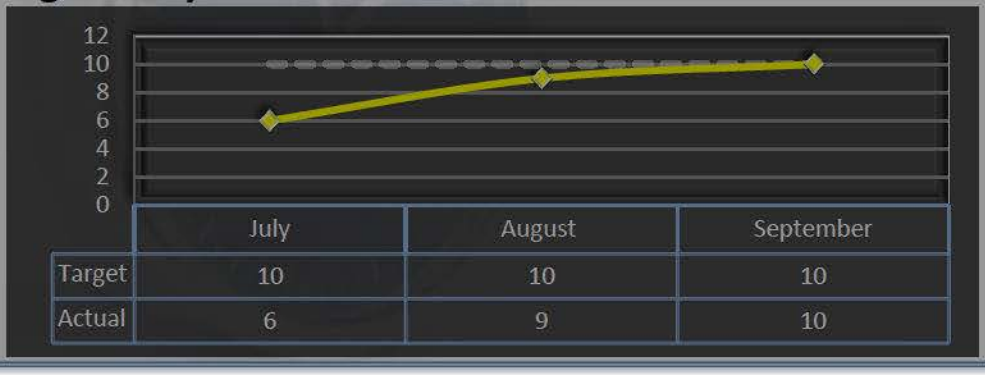


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q1 Average: 8 Days



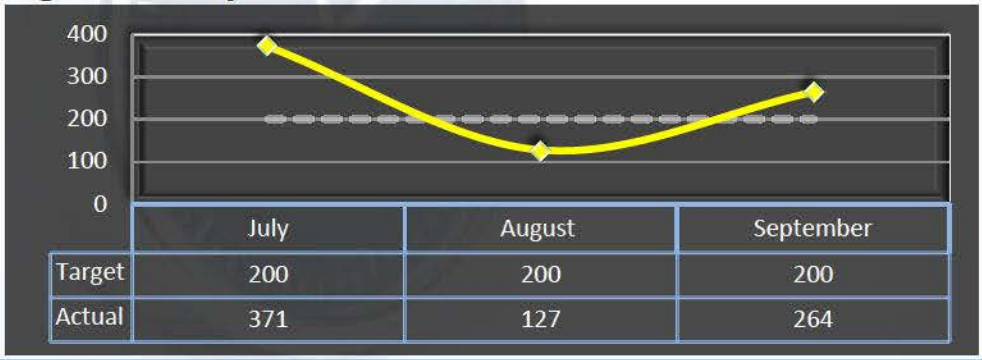
***"Complaints" in these measures include complaints, convictions, and arrest reports.**

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q1 Average: 221 Days



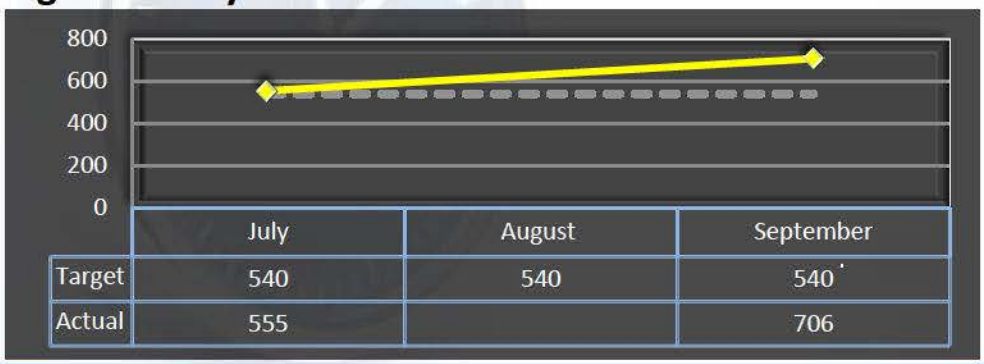
	July	August	September
Target	200	200	200
Actual	371	127	264

Formal Discipline

Average cycle time from complaint receipt to closure, for cases sent to the Attorney General or other forms of formal discipline.

Target: 540 Days

Q1 Average: 615 Days



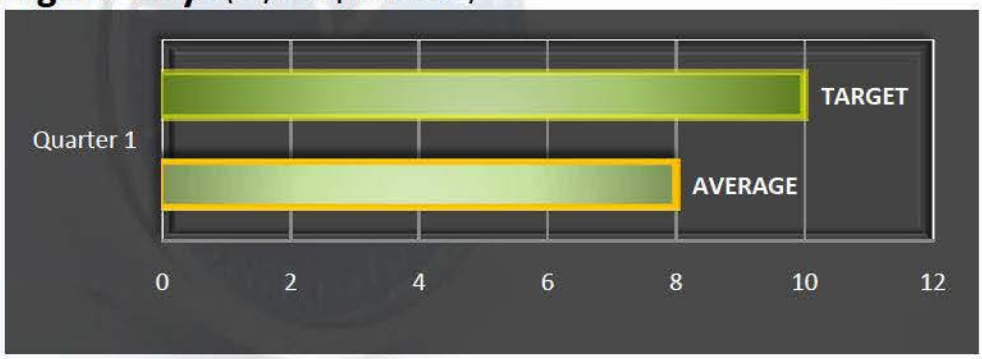
	July	August	September
Target	540	540	540
Actual	555		706

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: 8 Days **(only 1 data point available)**



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q1 Average: 10 Days (only 1 data point available)

Department of Consumer Affairs

Acupuncture Board

Performance Measures

Q2 Report *(October - December 2010)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These measures are being collected internally and will be released once sufficient data is available.

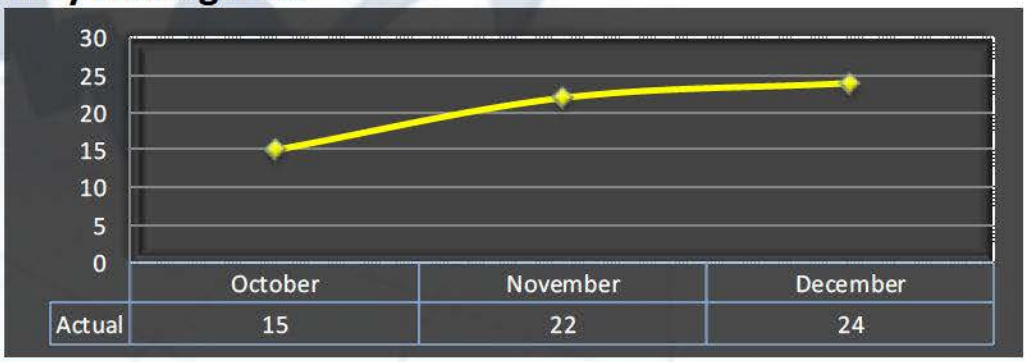
Volume

Number of complaints and convictions received.

Q2 Total: 61

Complaints: 42 Convictions: 19

Q2 Monthly Average: 20



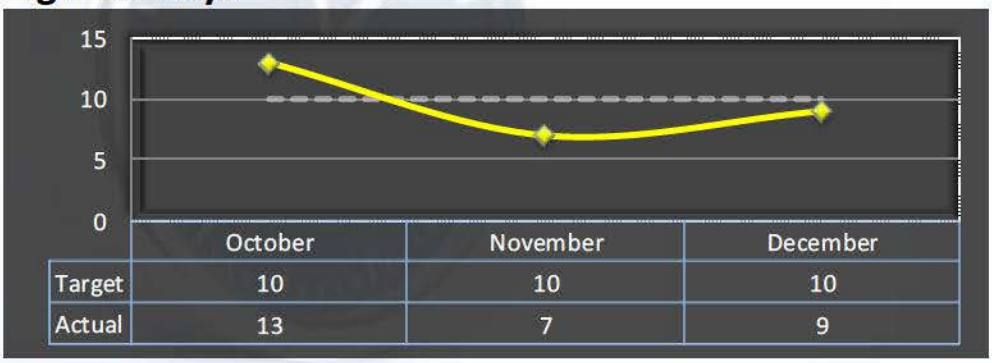
	October	November	December
Actual	15	22	24

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q2 Average: 10 Days



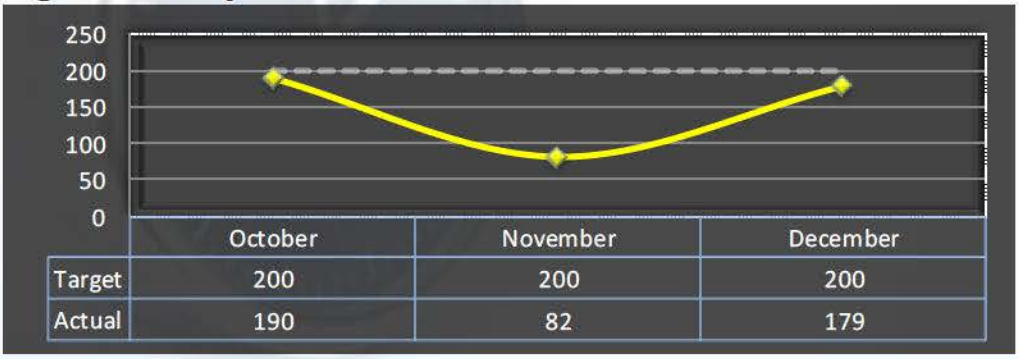
	October	November	December
Target	10	10	10
Actual	13	7	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q2 Average: 146 Days



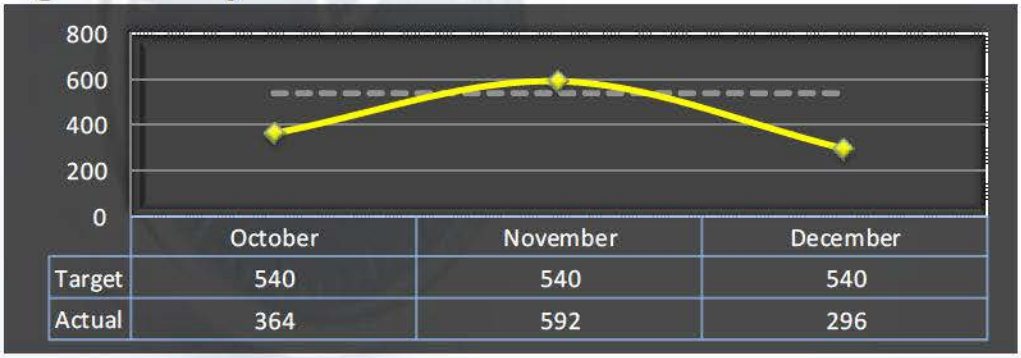
	October	November	December
Target	200	200	200
Actual	190	82	179

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 374 Days



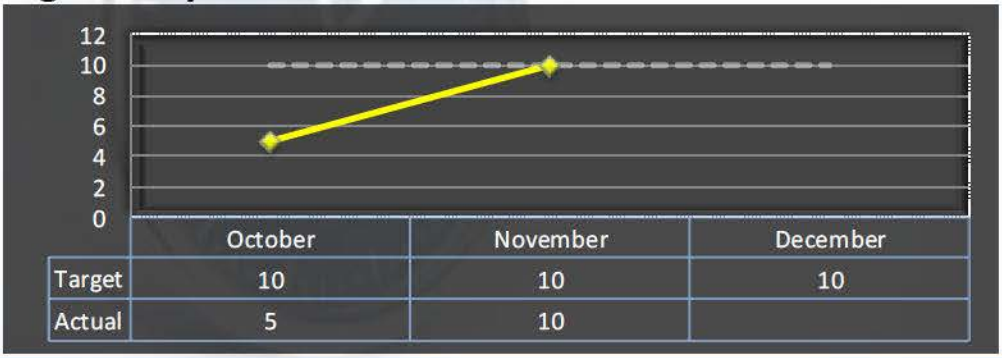
	October	November	December
Target	540	540	540
Actual	364	592	296

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: 7 Days



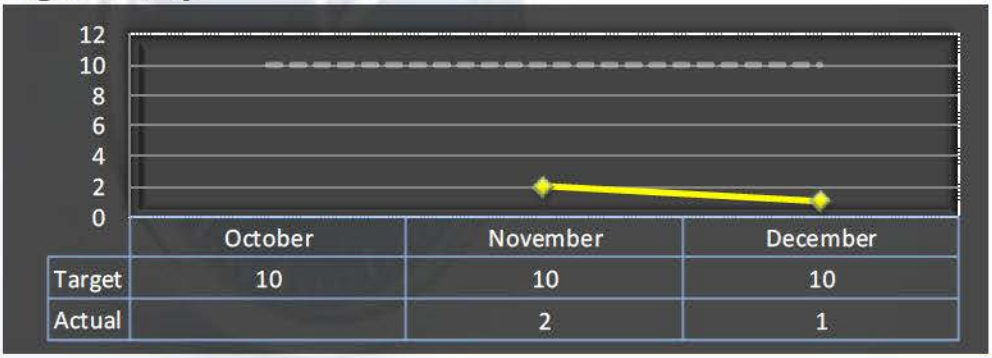
	October	November	December
Target	10	10	10
Actual	5	10	

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q2 Average: 1 Day



	October	November	December
Target	10	10	10
Actual		2	1

Department of Consumer Affairs

Acupuncture Board

Performance Measures

Q3 Report *(January - March 2011)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These measures are being collected internally and will be released once sufficient data is available.

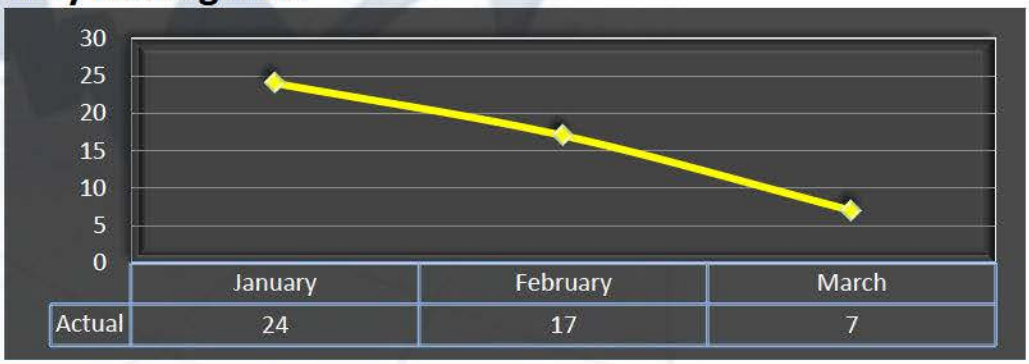
Volume

Number of complaints and convictions received.

Q3 Total: 48

Complaints: 27 Convictions: 21

Q3 Monthly Average: 16



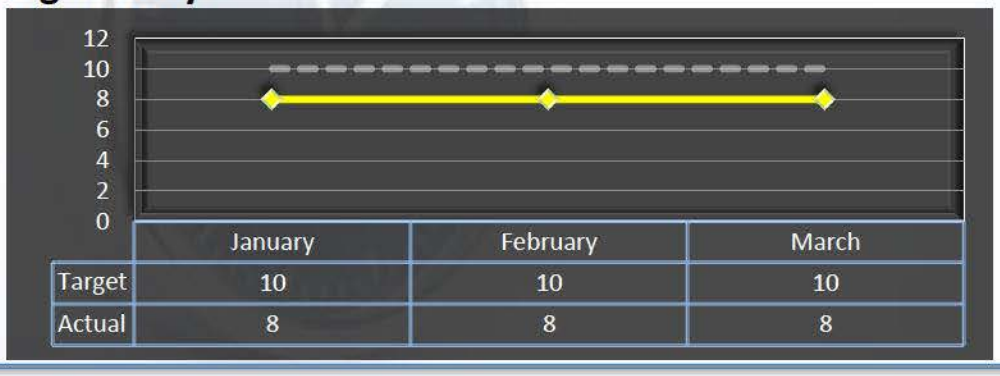
	January	February	March
Actual	24	17	7

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q3 Average: 8 Days



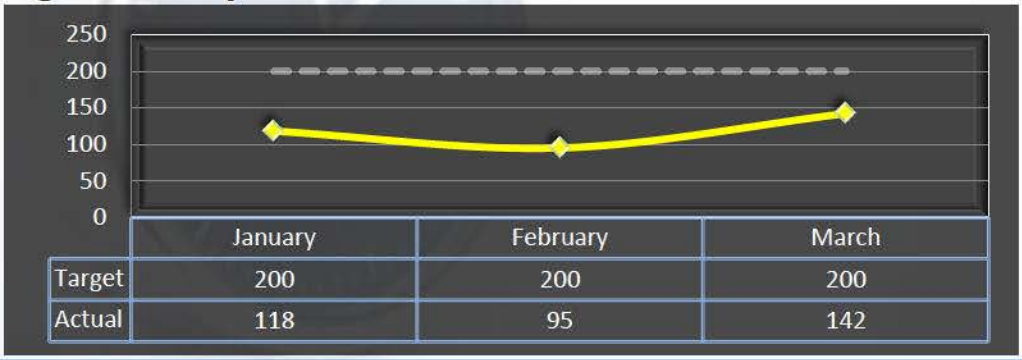
	January	February	March
Target	10	10	10
Actual	8	8	8

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q3 Average: 128 Days



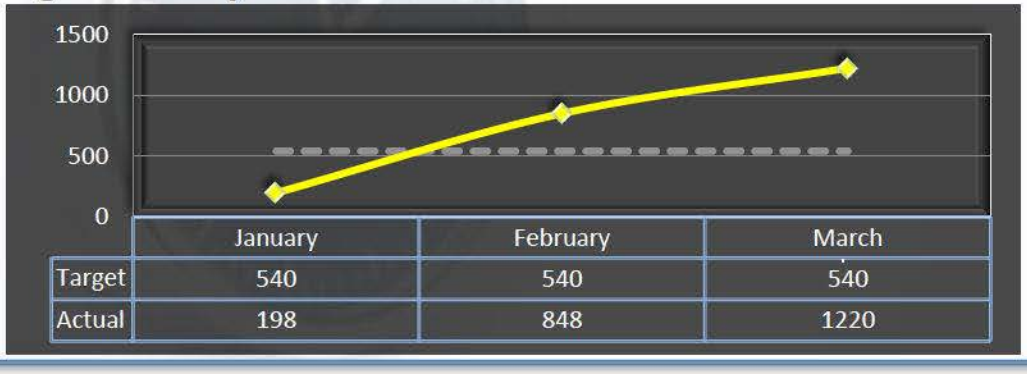
	January	February	March
Target	200	200	200
Actual	118	95	142

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 872 Days



	January	February	March
Target	540	540	540
Actual	198	848	1220

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

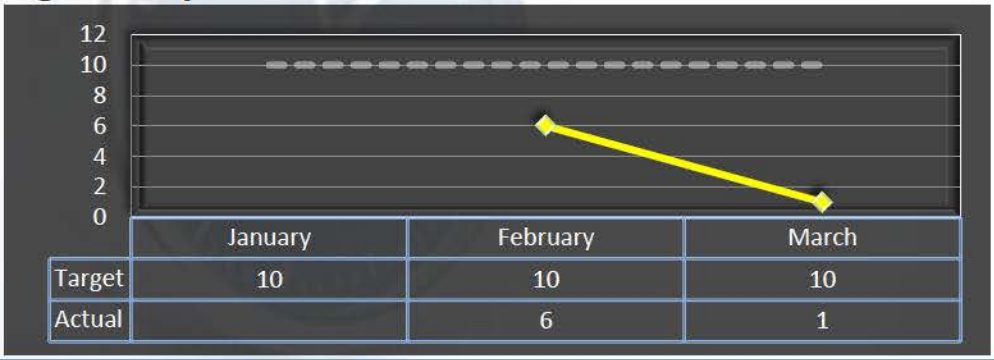
Q3 Average: 8 Days

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 4 Days



	January	February	March
Target	10	10	10
Actual		6	1

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q4 Report *(April - June 2011)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These measures are being collected internally and will be released once sufficient data is available.

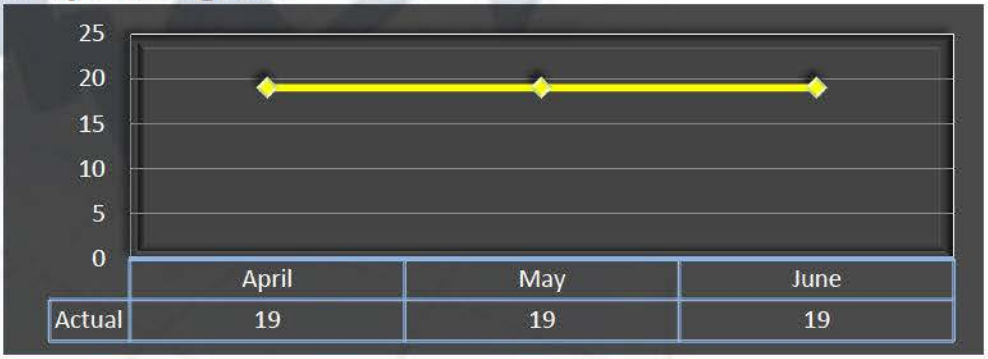
Volume

Number of complaints and convictions received.

Q4 Total: 57

Complaints: 30 Convictions: 27

Q4 Monthly Average: 19



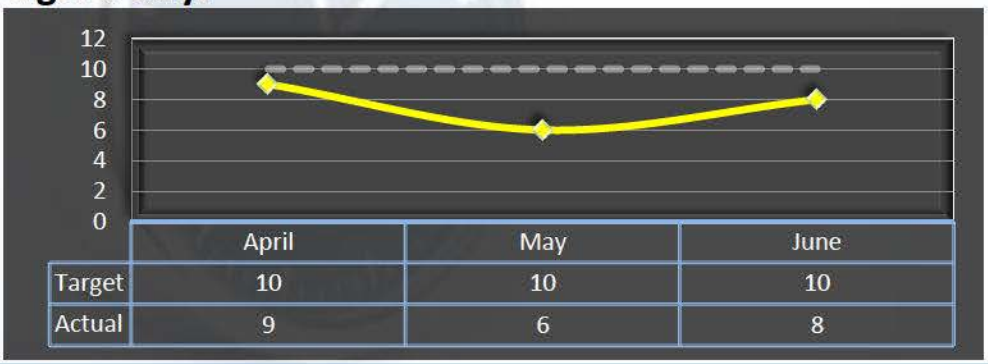
	April	May	June
Actual	19	19	19

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q4 Average: 8 Days



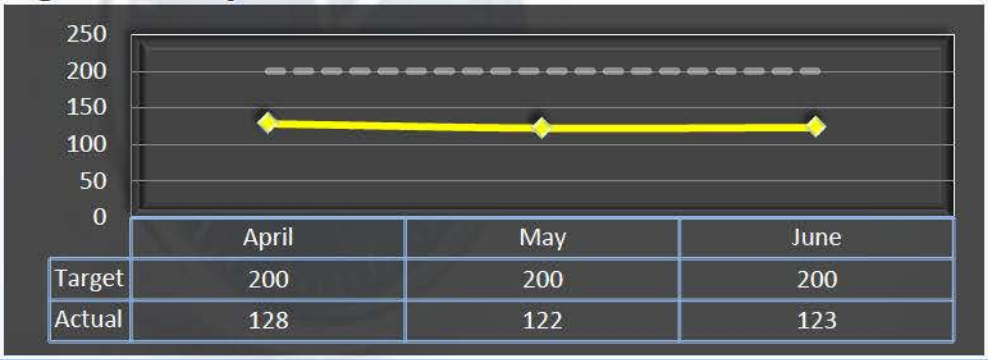
	April	May	June
Target	10	10	10
Actual	9	6	8

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q4 Average: 124 Days



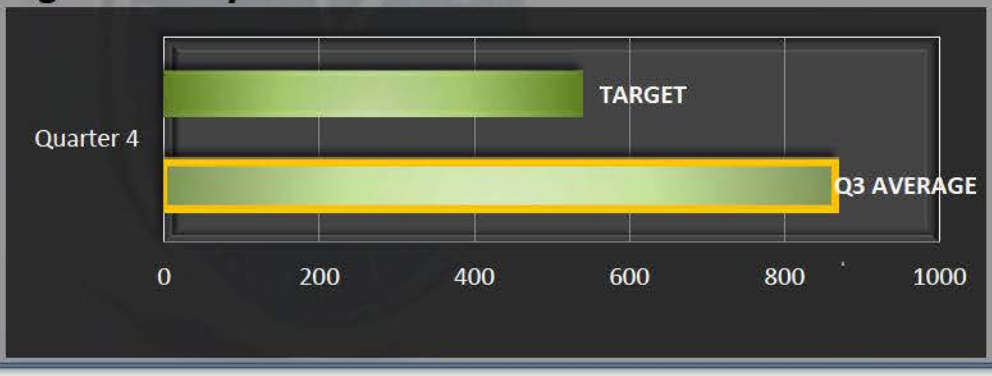
	April	May	June
Target	200	200	200
Actual	128	122	123

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 864 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

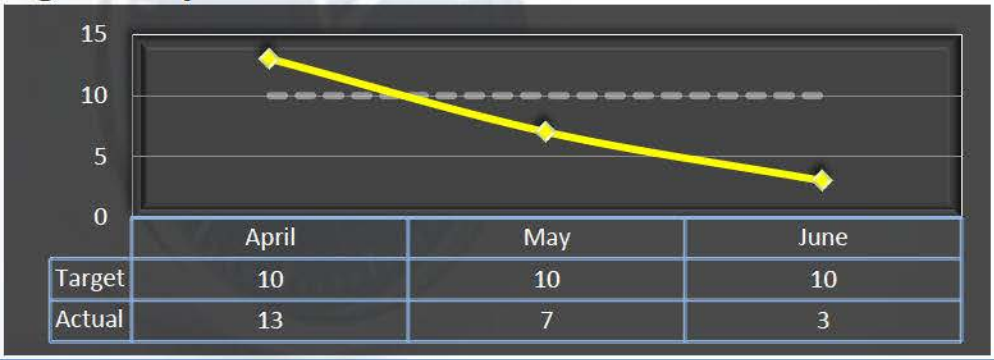
Q4 Average: 9 Days

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q4 Average: 9 Days



	April	May	June
Target	10	10	10
Actual	13	7	3

Department of Consumer Affairs

State of California

Acupuncture Board

Performance Measures

Annual Report *(2011 – 2012 Fiscal Year)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the first four quarters worth of data.

Volume

Number of complaints and convictions received.

The Board had an annual total of 197 this fiscal year.

Intake

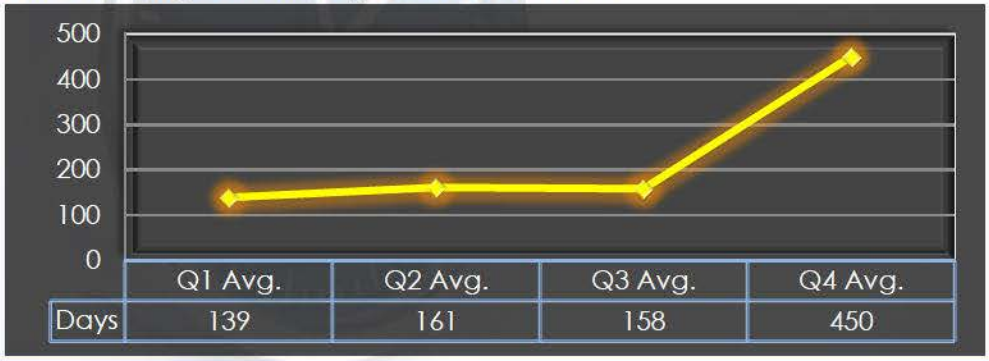
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

The Board has set a target of 10 days for this measure.

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

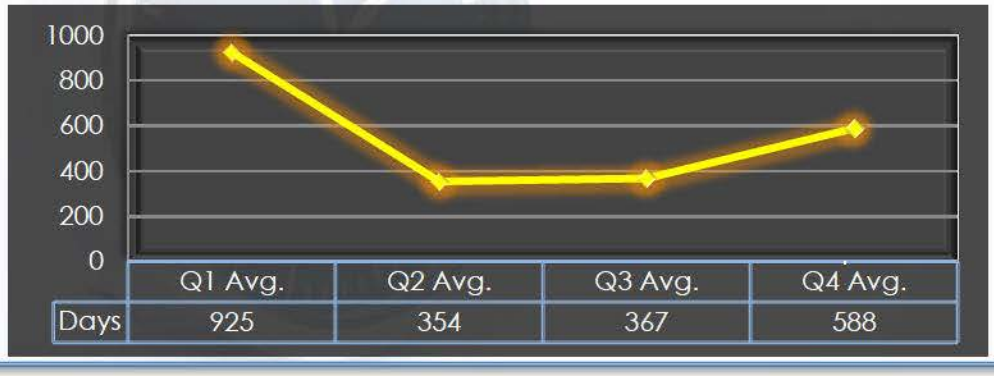
The Board has set a target of 200 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 10 days for this measure.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 10 days for this measure.

	Q1 Avg.	Q2 Avg.	Q3 Avg.	Q4 Avg.
Days	10	10	1	

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q1 Report *(July - September 2011)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

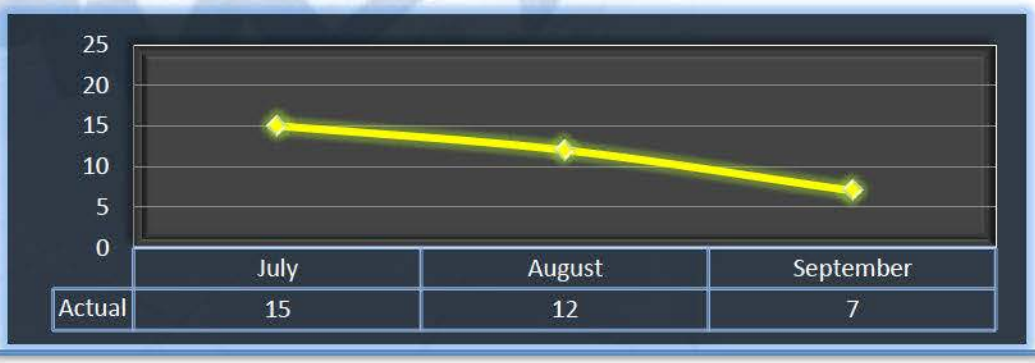
Volume

Number of complaints and convictions received.

Q1 Total: 34

Complaints: 18 Convictions: 16

Q1 Monthly Average: 11



	July	August	September
Actual	15	12	7

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q1 Average: 8 Days

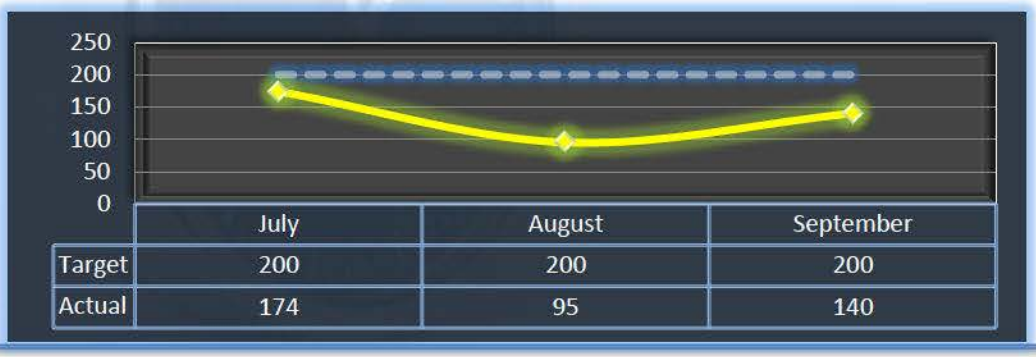
	July	August	September
Target	10	10	10
Actual	9	7	6

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q1 Average: 139 Days



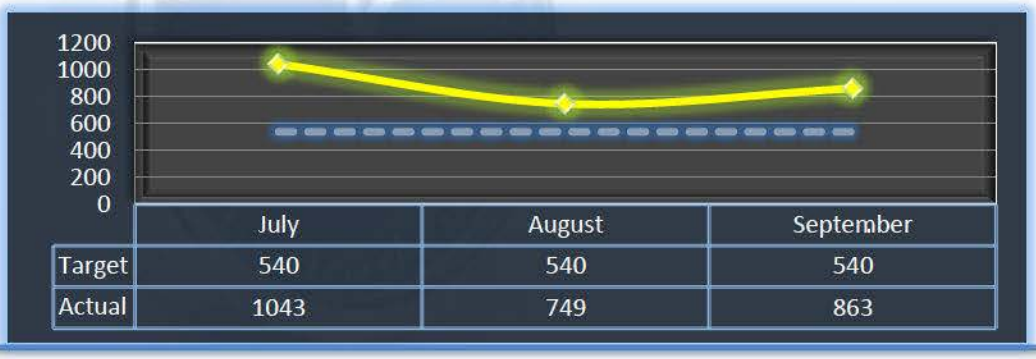
	July	August	September
Target	200	200	200
Actual	174	95	140

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q1 Average: 925 Days



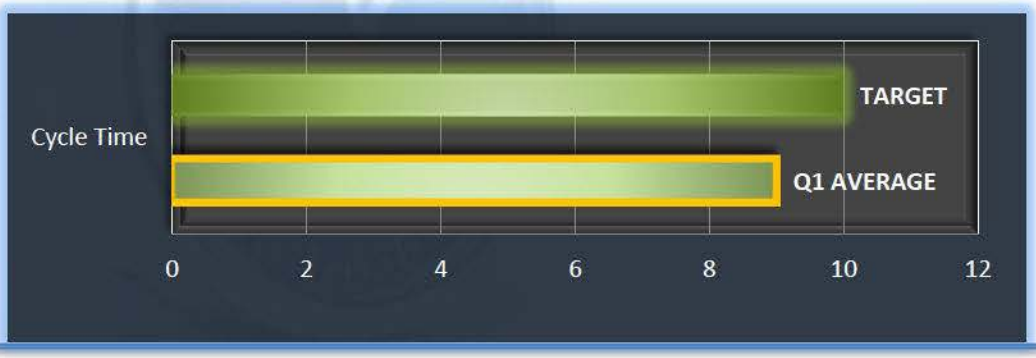
	July	August	September
Target	540	540	540
Actual	1043	749	863

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: 9 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q1 Average: 10 Days

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q2 Report *(October - December 2011)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

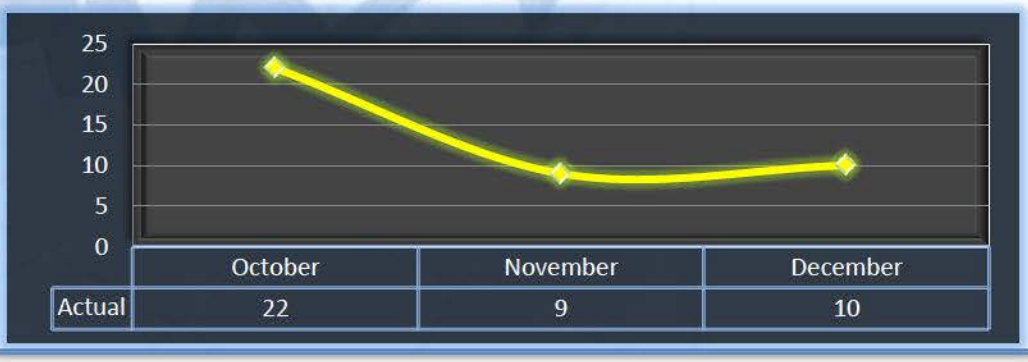
Volume

Number of complaints and convictions received.

Q2 Total: 41

Complaints: 23 Convictions: 18

Q2 Monthly Average: 13



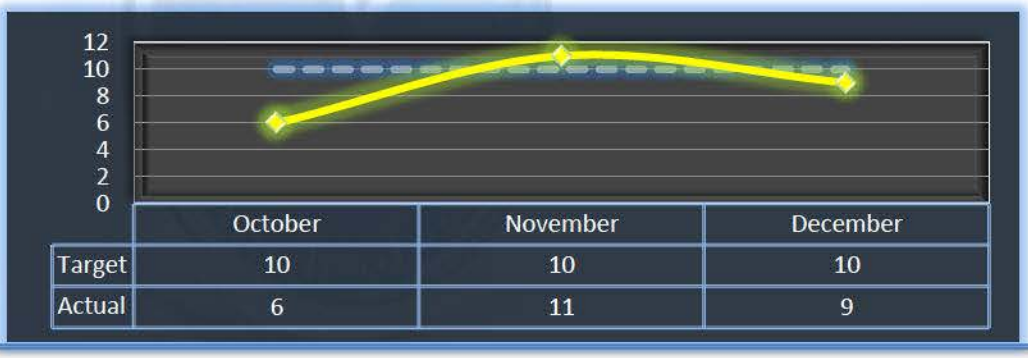
	October	November	December
Actual	22	9	10

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q2 Average: 8 Days



	October	November	December
Target	10	10	10
Actual	6	11	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q2 Average: 161 Days

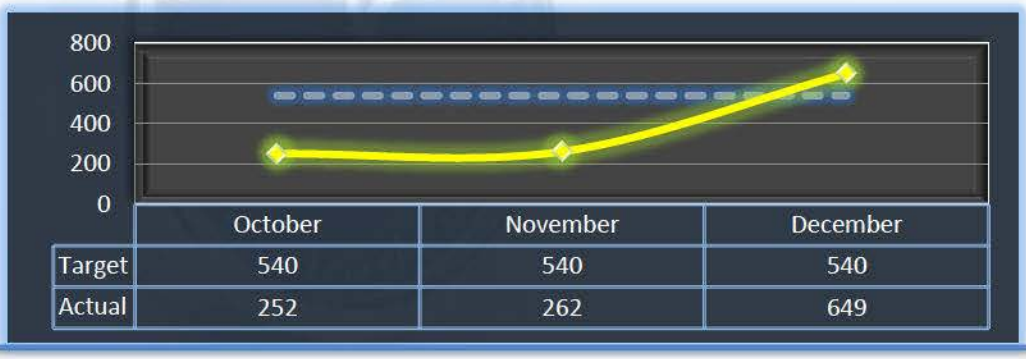
	October	November	December
Target	200	200	200
Actual	94	189	173

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 354 Days



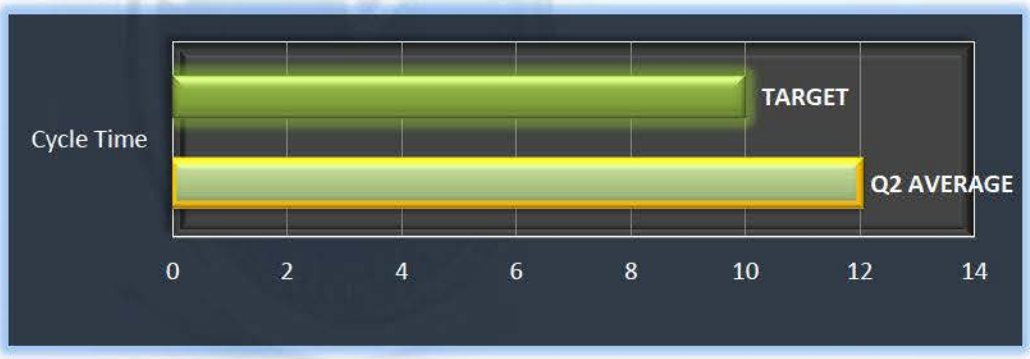
	October	November	December
Target	540	540	540
Actual	252	262	649

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: 12 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q2 Average: 10 Days

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q3 Report *(January - March 2012)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

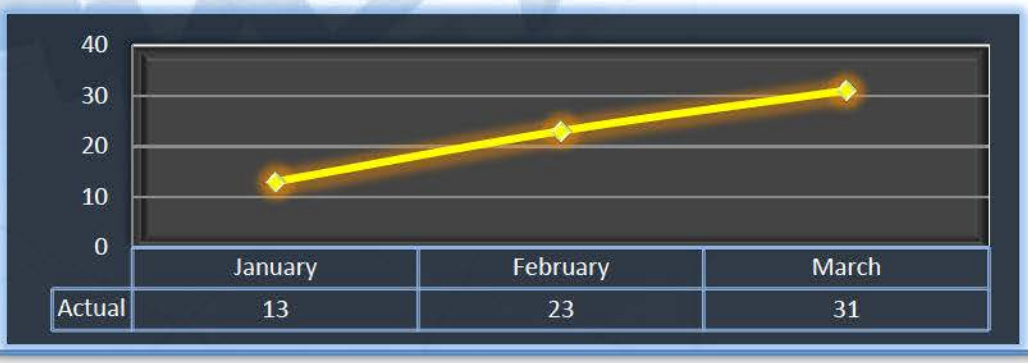
Volume

Number of complaints and convictions received.

Q3 Total: 67

Complaints: 25 Convictions: 42

Q3 Monthly Average: 22



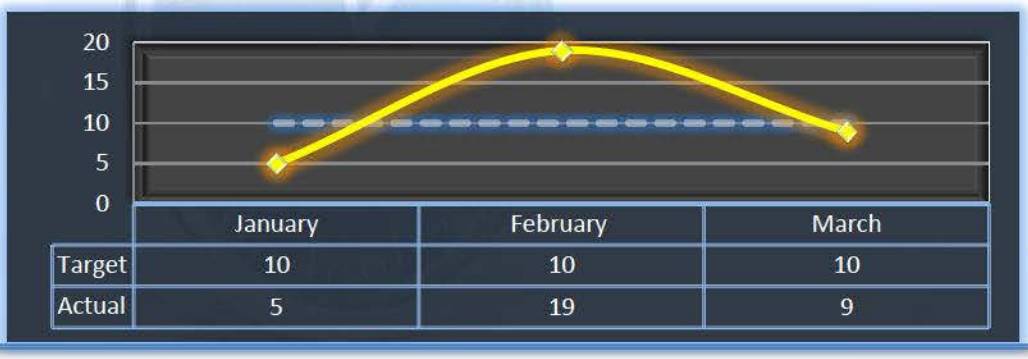
	January	February	March
Actual	13	23	31

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q3 Average: 8 Days



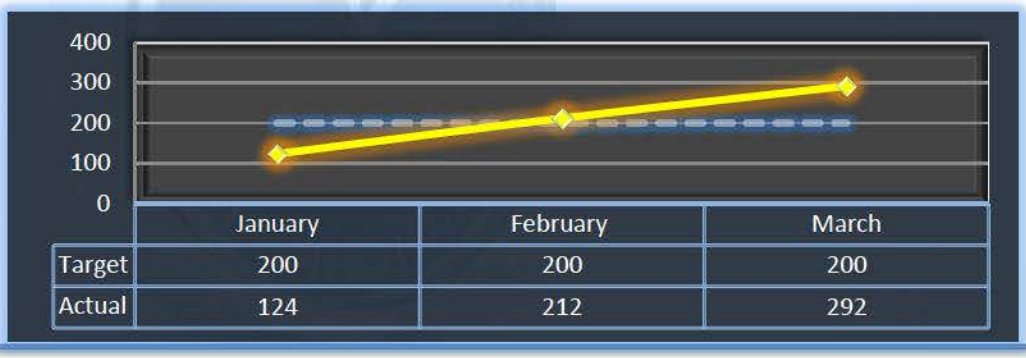
	January	February	March
Target	10	10	10
Actual	5	19	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q3 Average: 158 Days



	January	February	March
Target	200	200	200
Actual	124	212	292

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 367 Days

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: N/A

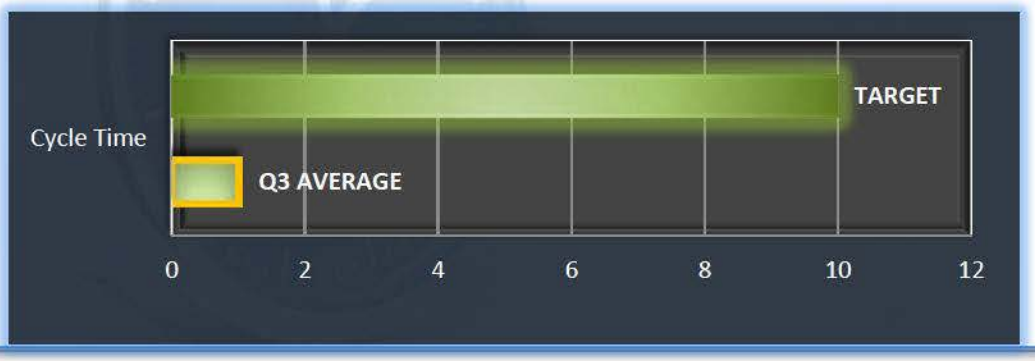
The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 1 Day



Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q4 Report *(April - June 2012)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

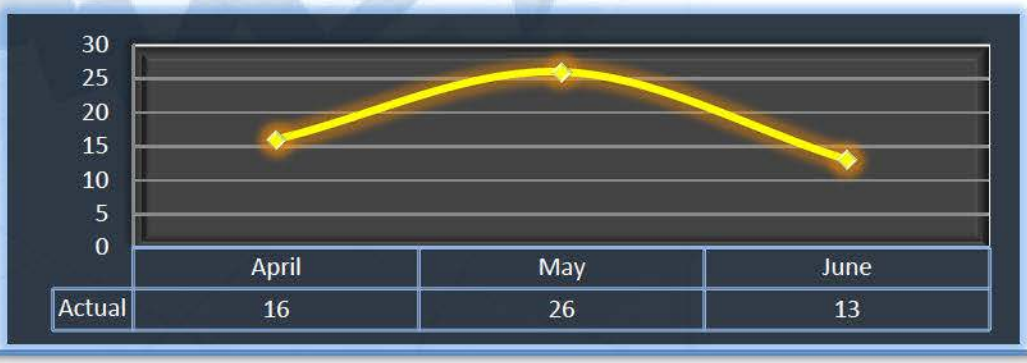
Volume

Number of complaints and convictions received.

Q4 Total: 55

Complaints: 19 Convictions: 36

Q4 Monthly Average: 18



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

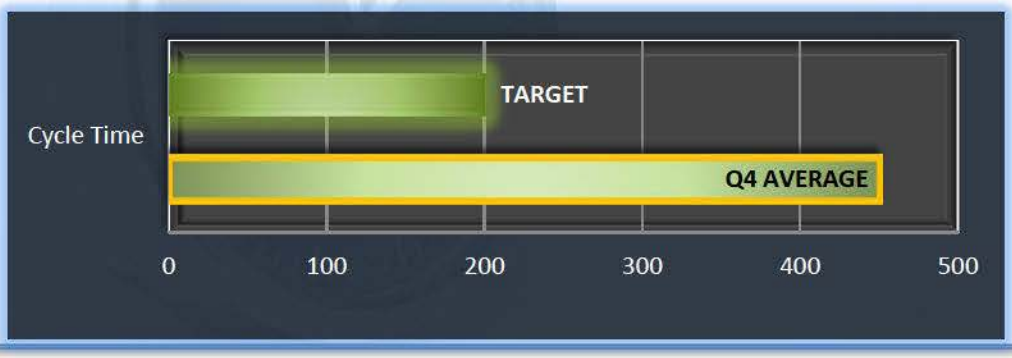
Q4 Average: 13 Days

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q4 Average: 450 Days

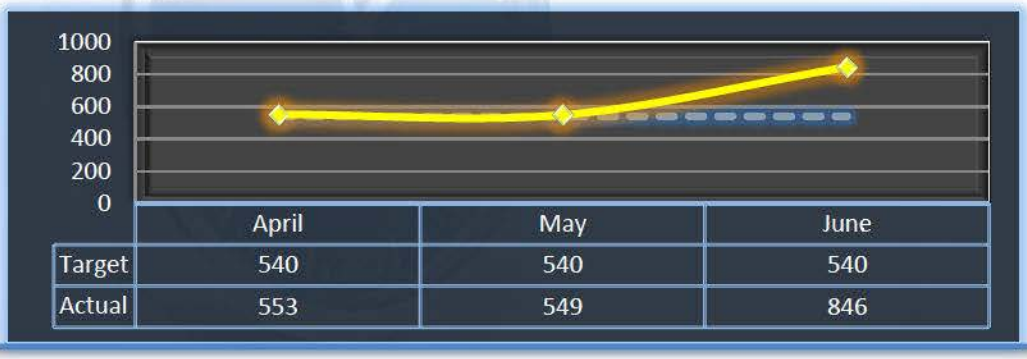


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 588 Days



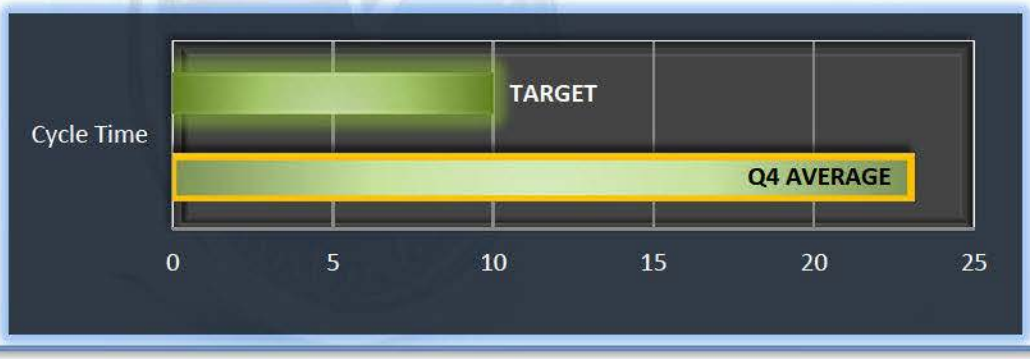
	April	May	June
Target	540	540	540
Actual	553	549	846

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: 23 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: N/A

The Board did not handle any probation violations this quarter.

Department of Consumer Affairs

State of California

Acupuncture Board

Performance Measures

Annual Report *(2012 – 2013 Fiscal Year)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

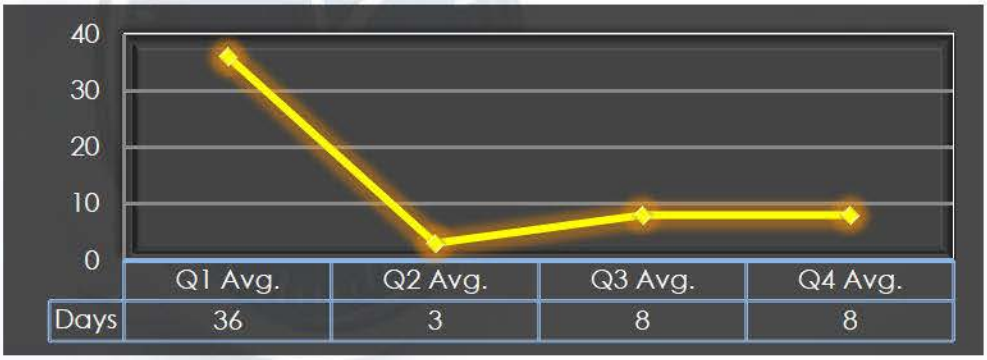
The Board had an annual total of 201 this fiscal year.

	Q1	Q2	Q3	Q4
Volume	30	54	67	50

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

The Board has set a target of 10 days for this measure.



	Q1 Avg.	Q2 Avg.	Q3 Avg.	Q4 Avg.
Days	36	3	8	8

Intake & Investigation

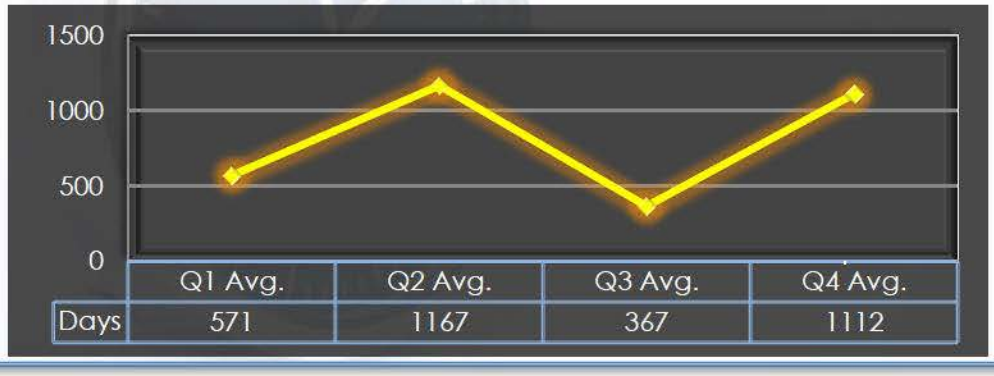
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

The Board has set a target of 200 days for this measure.

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.



Probation Intake

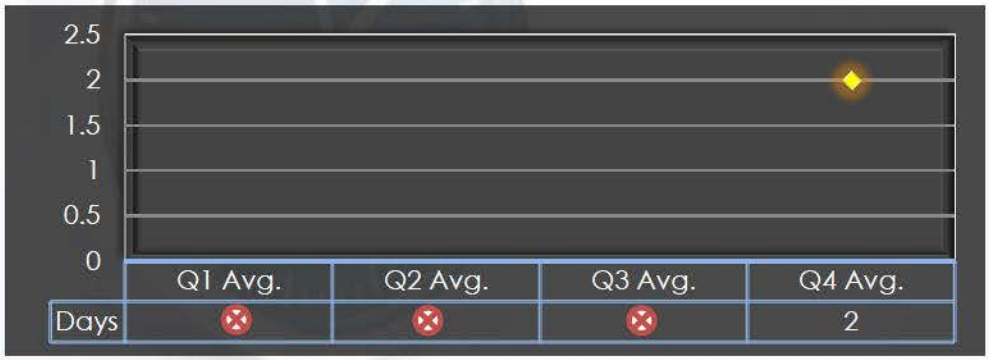
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 10 days for this measure.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 10 days for this measure.



Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q1 Report *(July - September 2012)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

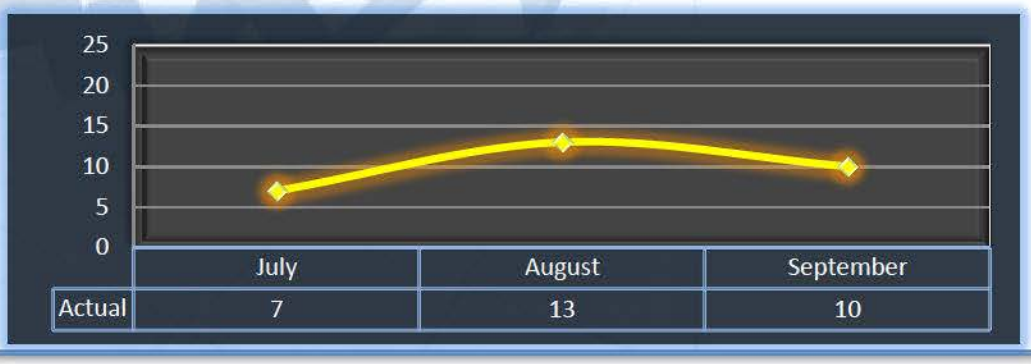
Volume

Number of complaints and convictions received.

Q1 Total: 30

Complaints: 18 Convictions: 12

Q1 Monthly Average: 10



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

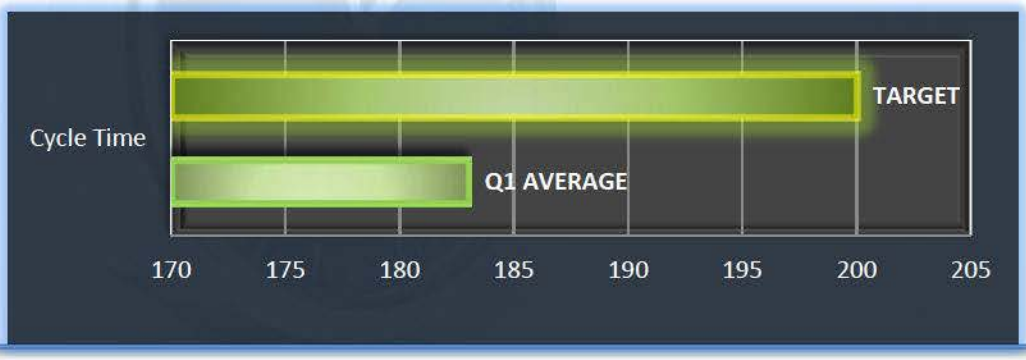
Q1 Average: 36 Days

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q1 Average: 183 Days

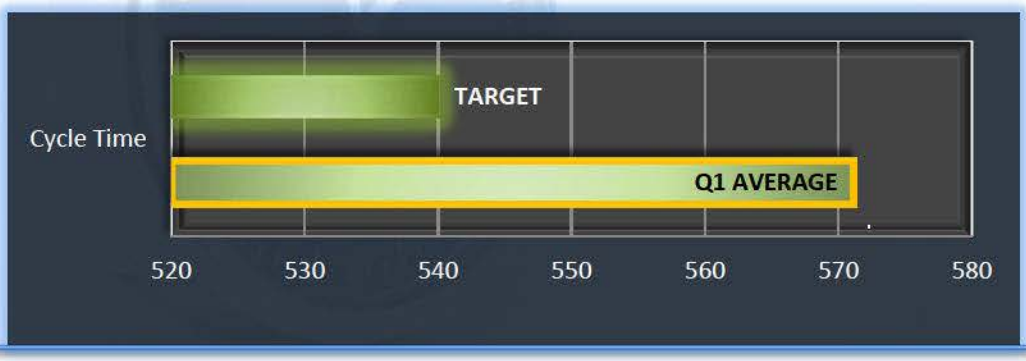


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q1 Average: 571 Days

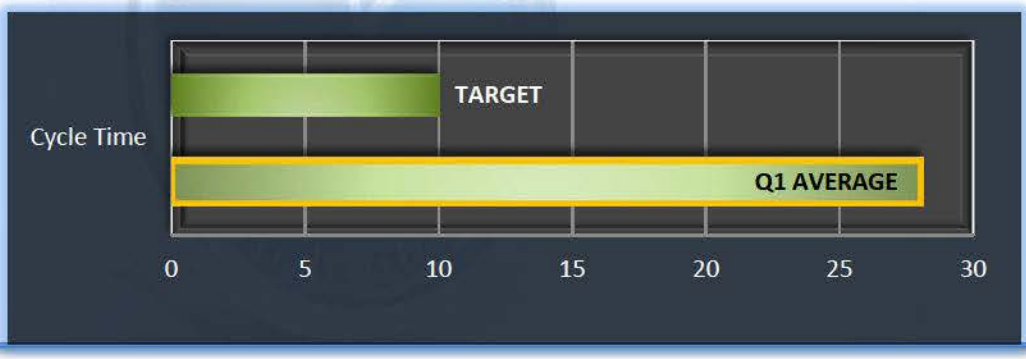


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: 28 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q1 Average: N/A

The Board did not handle any probation violations this quarter.

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q2 Report *(October - December 2012)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

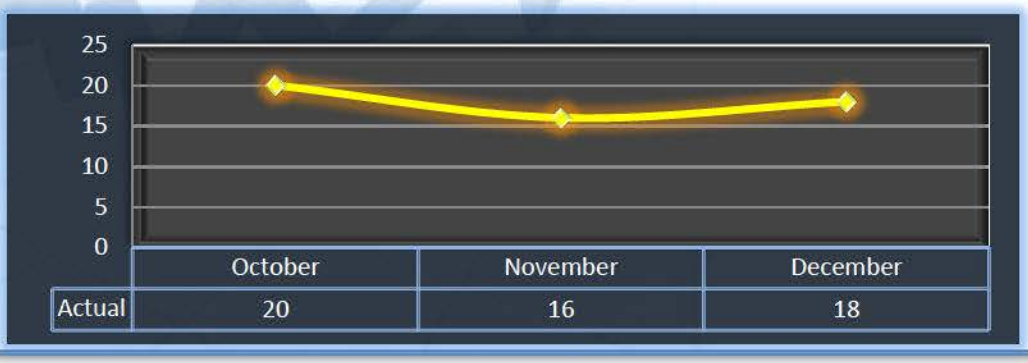
Volume

Number of complaints and convictions received.

Q2 Total: 54

Complaints: 8 Convictions: 44

Q2 Monthly Average: 18



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q2 Average: 3 Days

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q2 Average: N/A

The Board did not report any investigations this quarter.

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 1,167 Days

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q2 Average: N/A

The Board did not handle any violations this quarter.

Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q3 Report *(January - March 2013)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

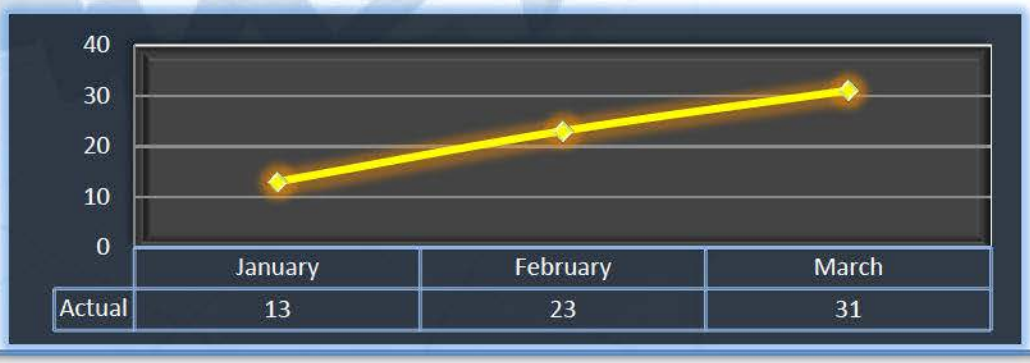
Volume

Number of complaints and convictions received.

Q3 Total: 67

Complaints: 25 Convictions: 42

Q3 Monthly Average: 22



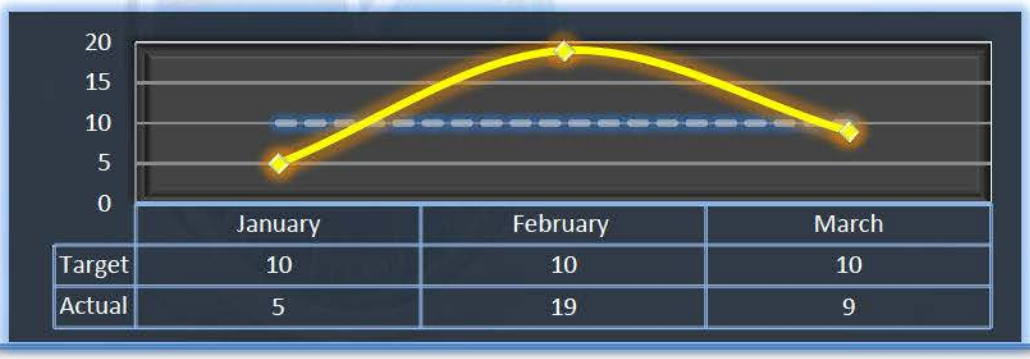
	January	February	March
Actual	13	23	31

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q3 Average: 8 Days



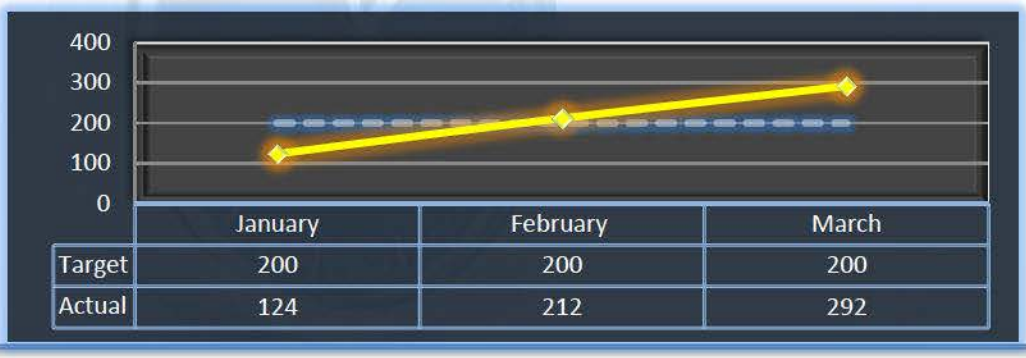
	January	February	March
Target	10	10	10
Actual	5	19	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q3 Average: 158 Days



	January	February	March
Target	200	200	200
Actual	124	212	292

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 367 Days

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: N/A

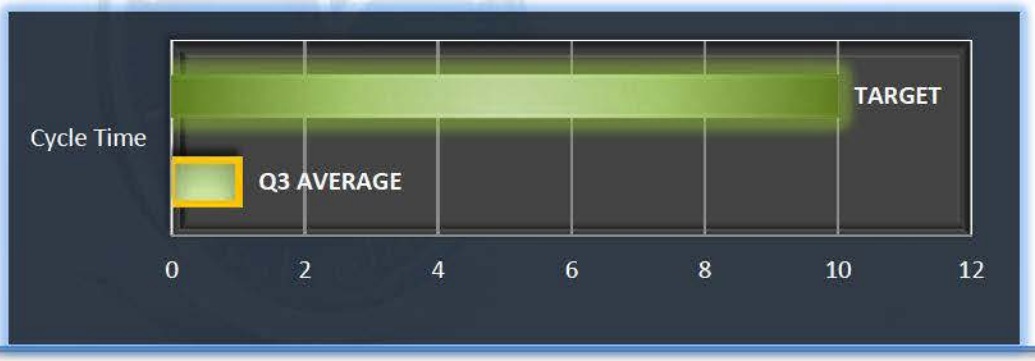
The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 1 Day



Department of Consumer Affairs

State of California Acupuncture Board

Performance Measures

Q4 Report *(April - June 2013)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

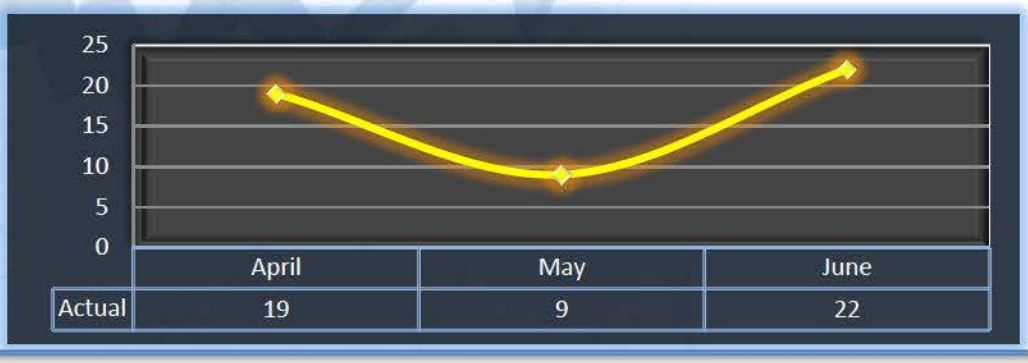
Volume

Number of complaints and convictions received.

Q4 Total: 50

Complaints: 26 Convictions: 24

Q4 Monthly Average: 17



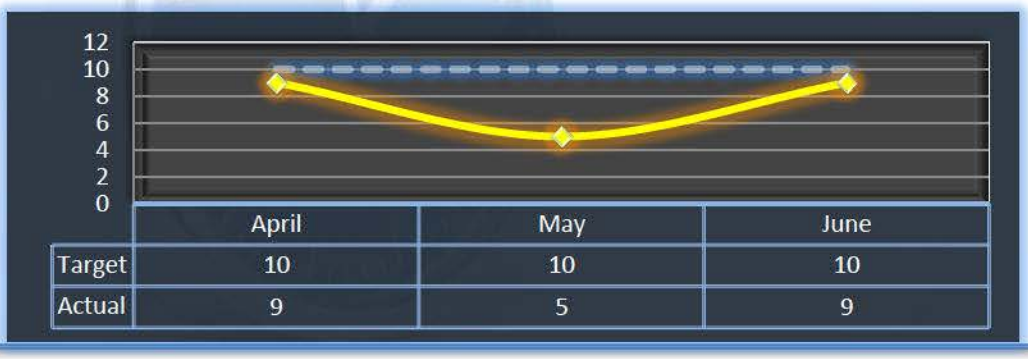
	April	May	June
Actual	19	9	22

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q4 Average: 8 Days



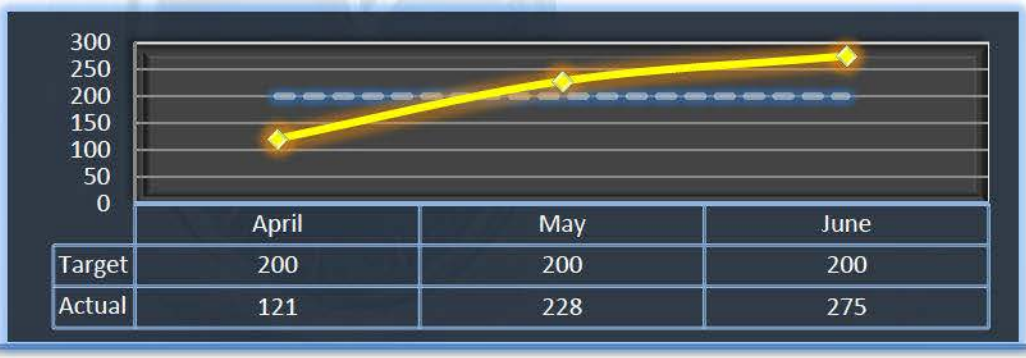
	April	May	June
Target	10	10	10
Actual	9	5	9

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 200 Days

Q4 Average: 226 Days



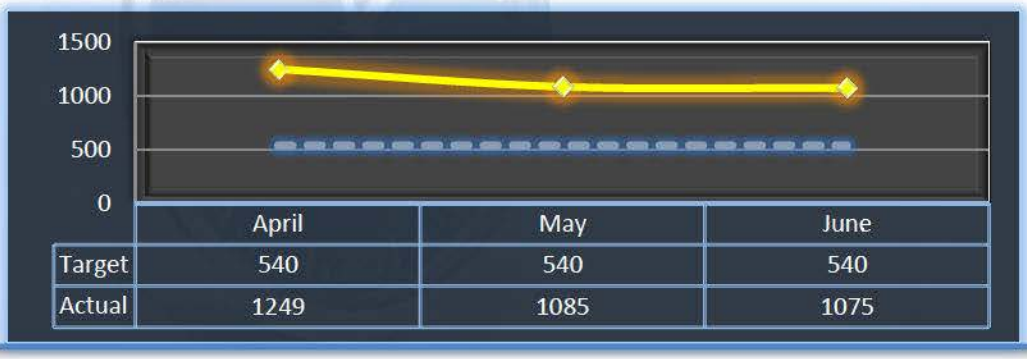
	April	May	June
Target	200	200	200
Actual	121	228	275

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 1,112 Days



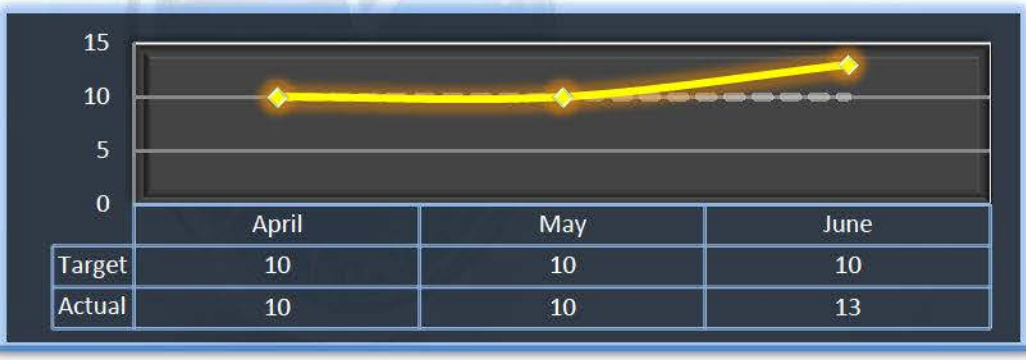
	April	May	June
Target	540	540	540
Actual	1249	1085	1075

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: 11 Days



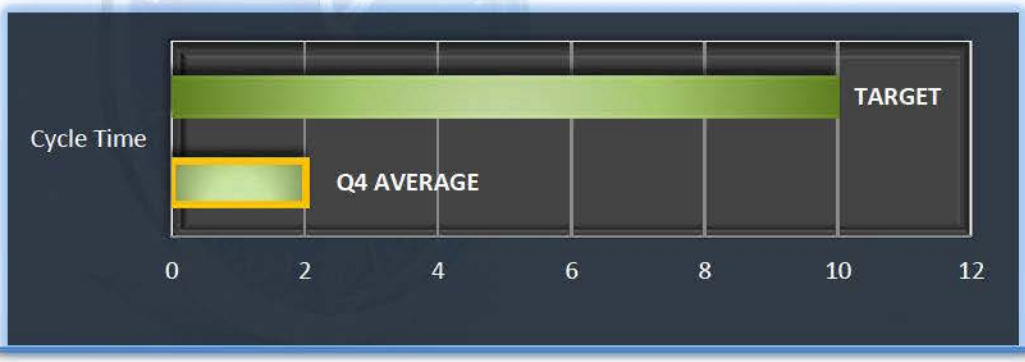
	April	May	June
Target	10	10	10
Actual	10	10	13

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 2 Days



Department of Consumer Affairs

California Acupuncture Board

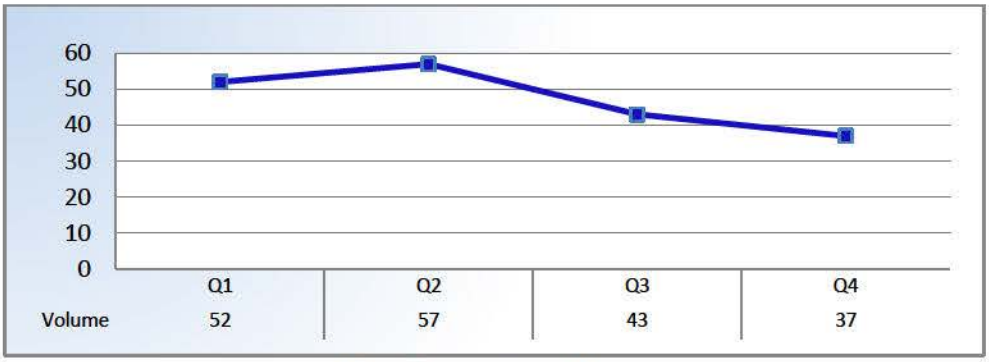
Performance Measures

Annual Report *(2013 – 2014 Fiscal Year)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.

PM1 | Volume

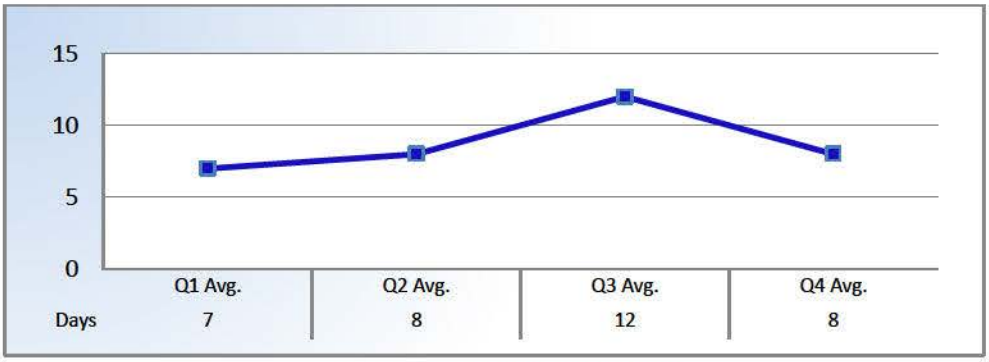
Number of complaints and convictions received.



Fiscal Year Total: 189

PM2 | Intake

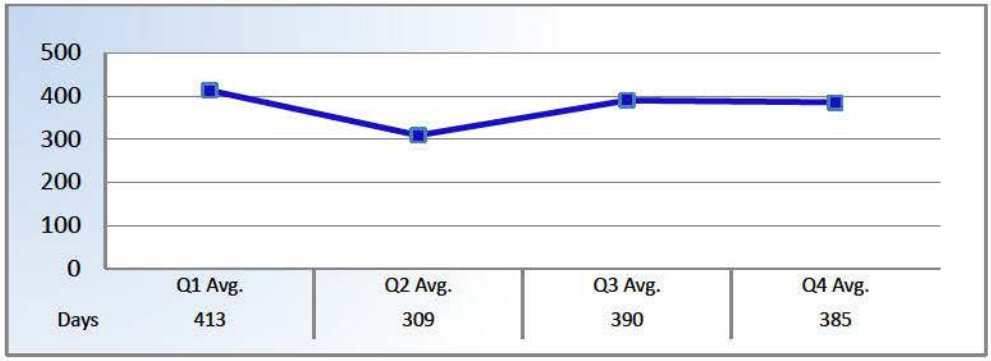
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days

PM3 | Intake & Investigation

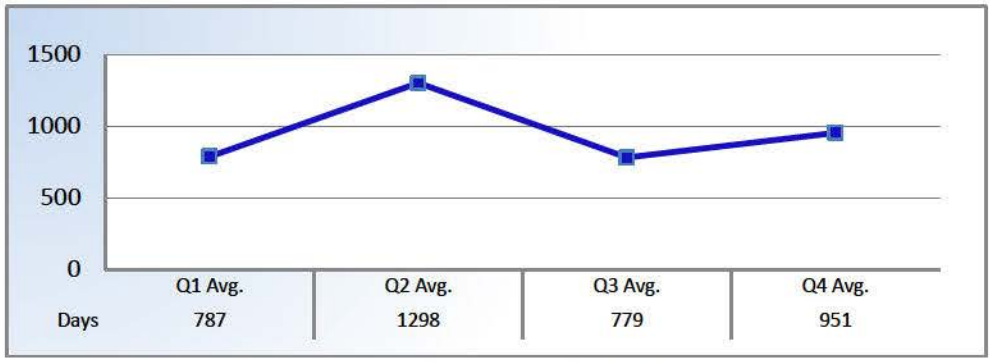
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days

PM4 | Formal Discipline

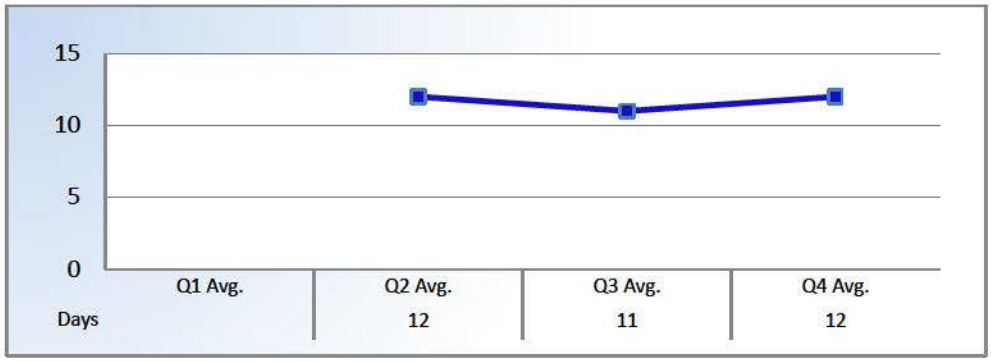
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days

PM7 |Probation Intake

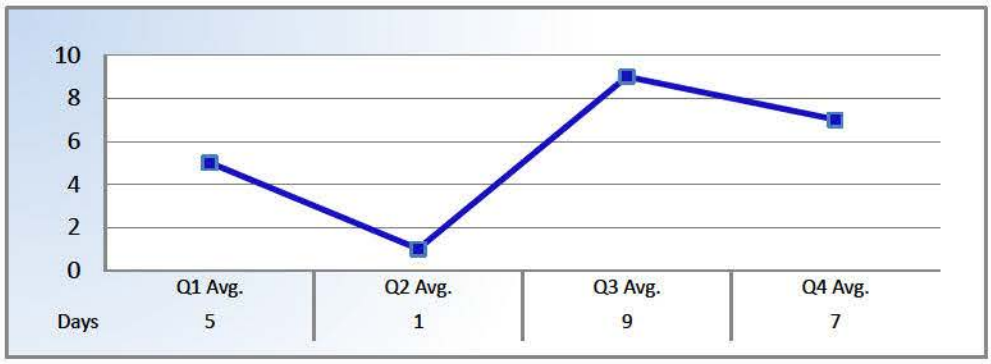
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days

Department of Consumer Affairs

California Acupuncture Board

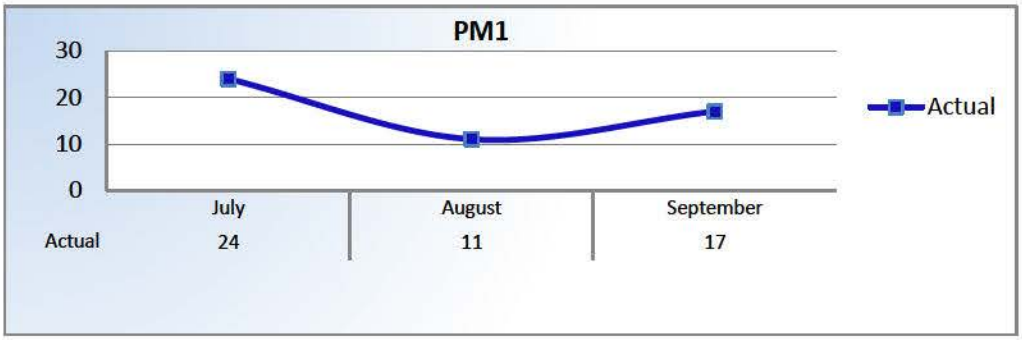
Performance Measures

Q1 Report *(July - September 2013)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

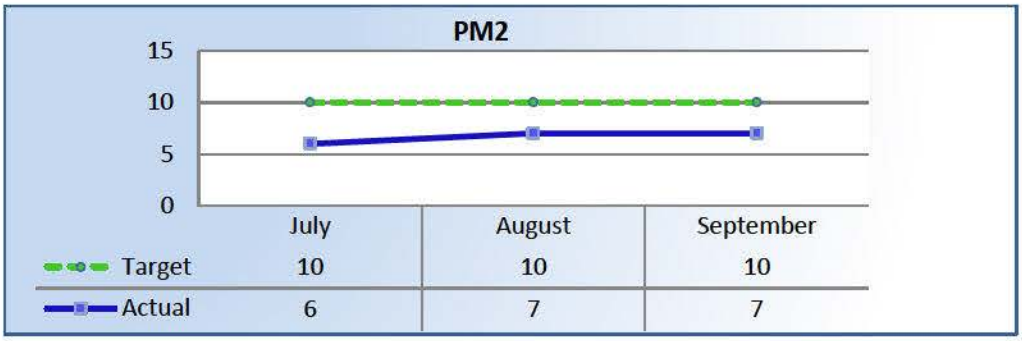


Total Received: 52 Monthly Average: 17

Complaints: 37 | **Convictions**: 15

PM2 | Intake

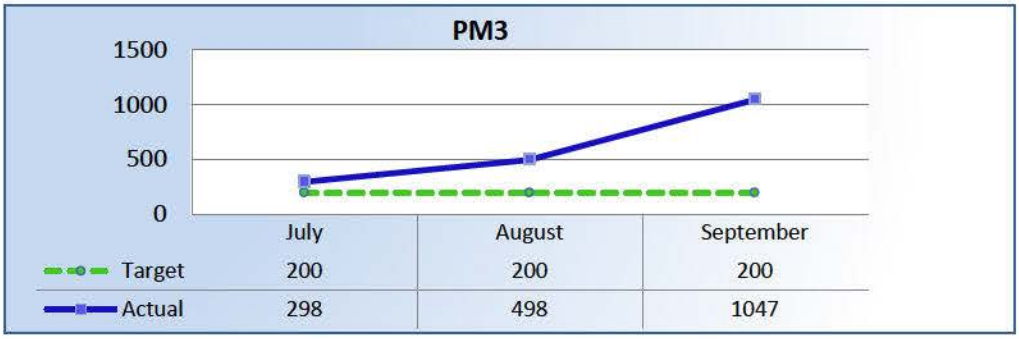
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 7 Days

PM3 | Intake & Investigation

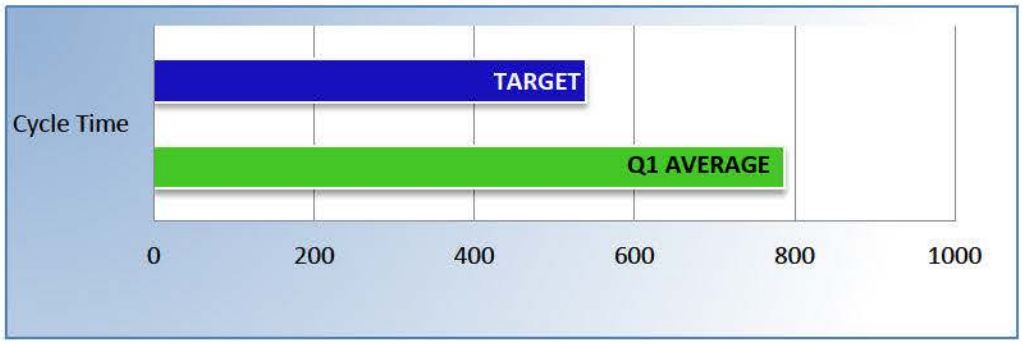
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 413 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 787 Days

PM7 |Probation Intake

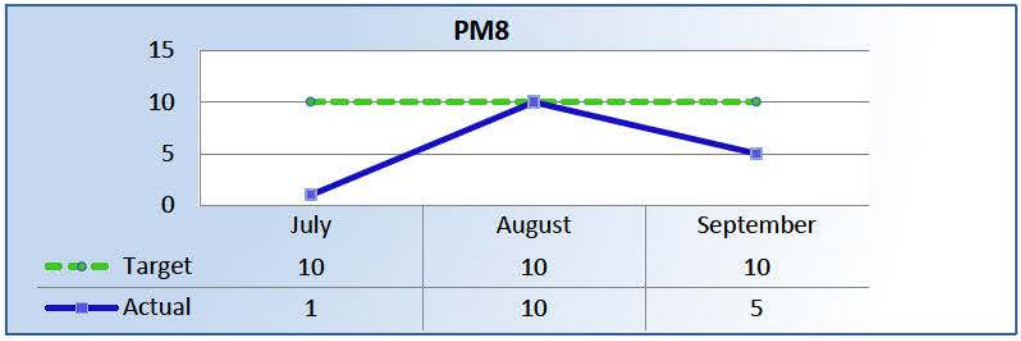
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 10 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 5 Days

Department of Consumer Affairs

California Acupuncture Board

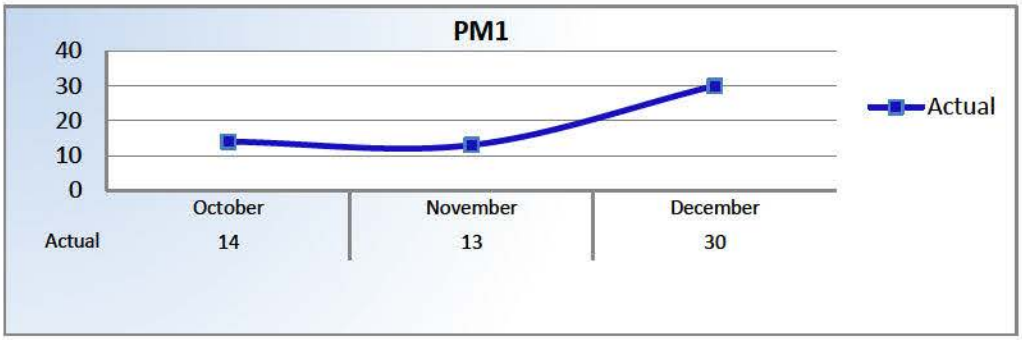
Performance Measures

Q2 Report *(October - December 2013)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

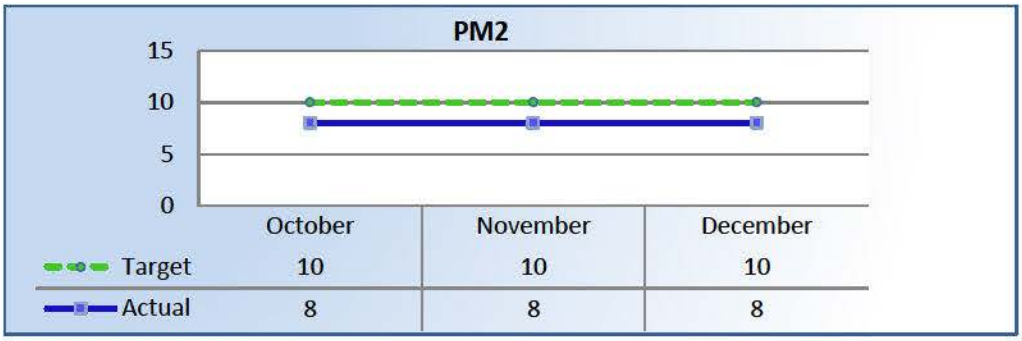


Total Received: 57 Monthly Average: 19

Complaints: 33 | **Convictions**: 24

PM2 | Intake

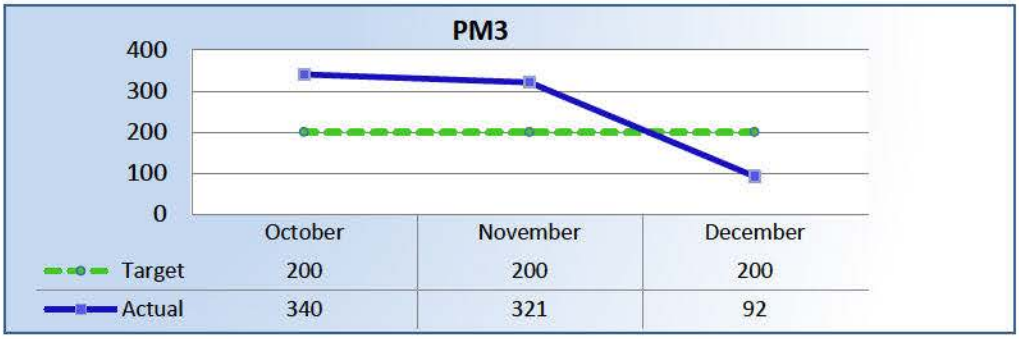
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 8 Days

PM3 | Intake & Investigation

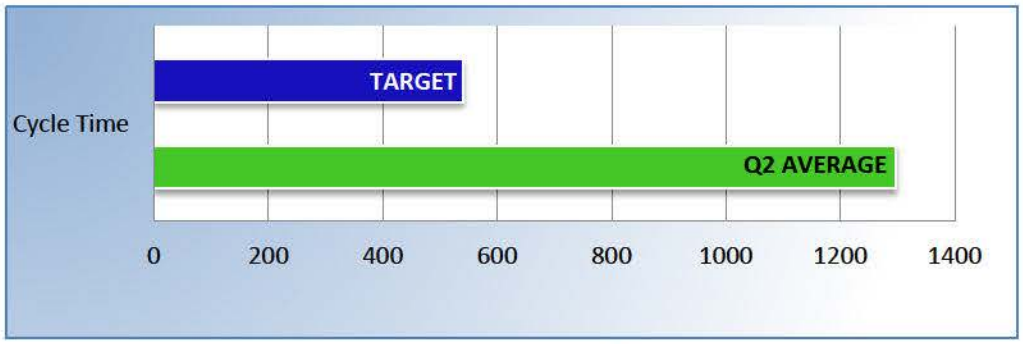
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 309 Days

PM4 | Formal Discipline

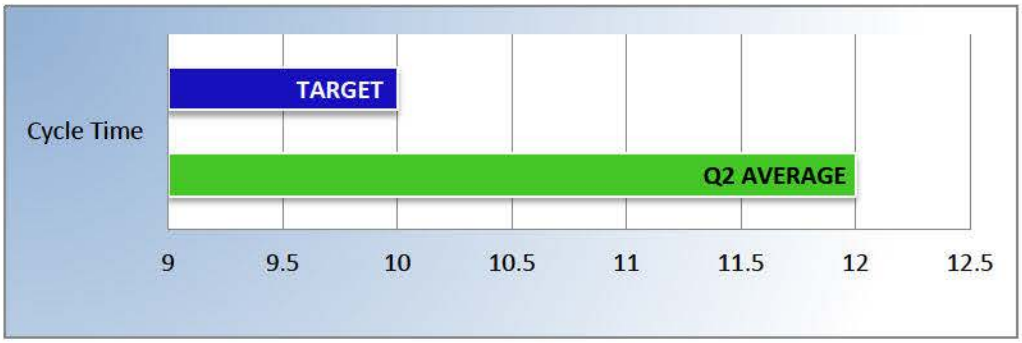
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1298 Days

PM7 |Probation Intake

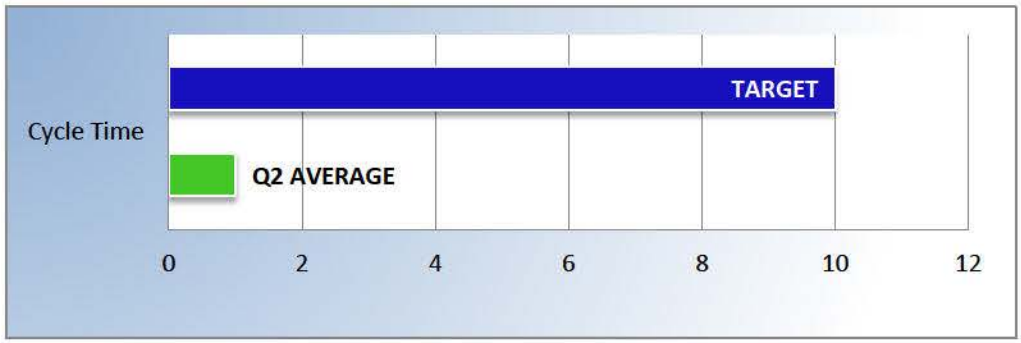
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | **Actual Average:** 12 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 1 Day

Department of Consumer Affairs

California Acupuncture Board

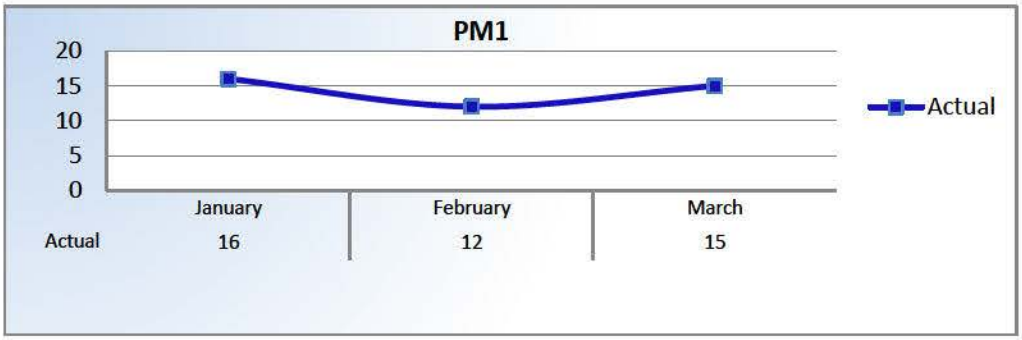
Performance Measures

Q3 Report *(January - March 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

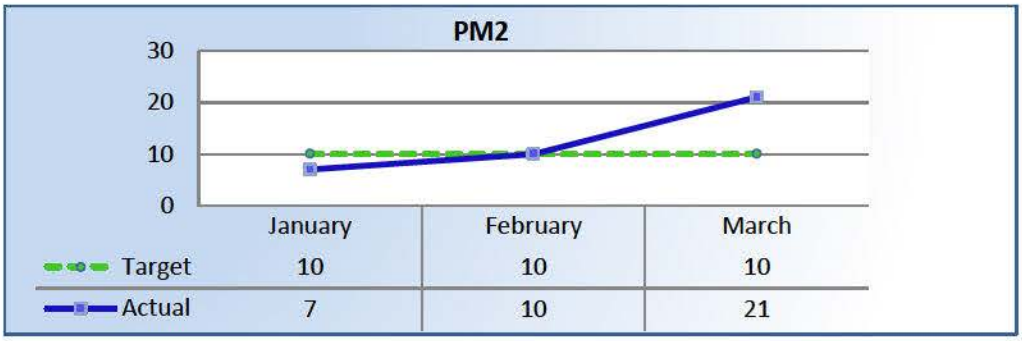


Total Received: 43 Monthly Average: 14

Complaints: 28 | **Convictions**: 15

PM2 | Intake

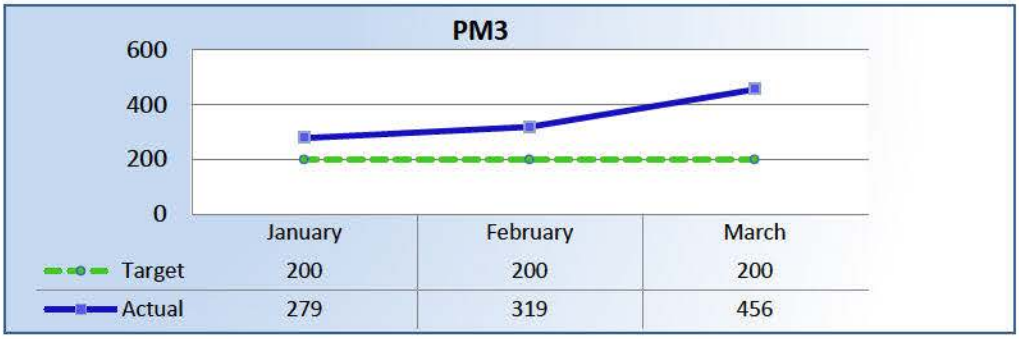
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 12 Days

PM3 | Intake & Investigation

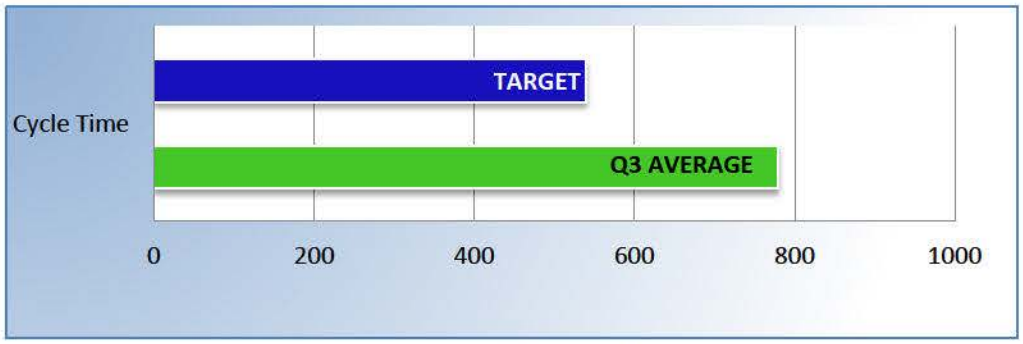
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 390 Days

PM4 | Formal Discipline

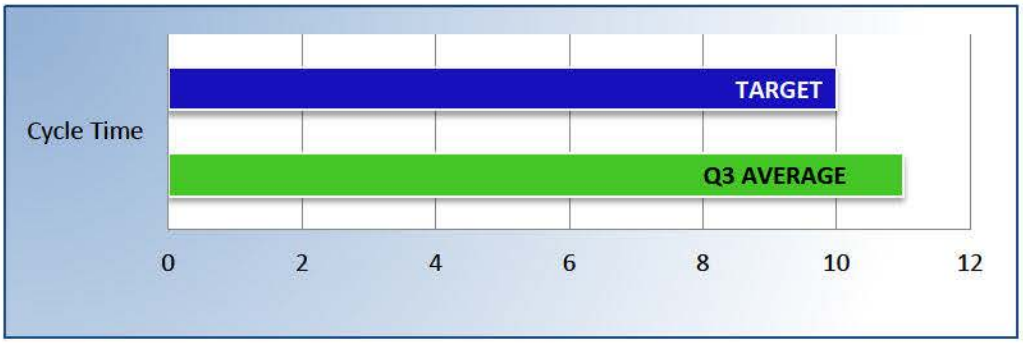
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 779 Days

PM7 |Probation Intake

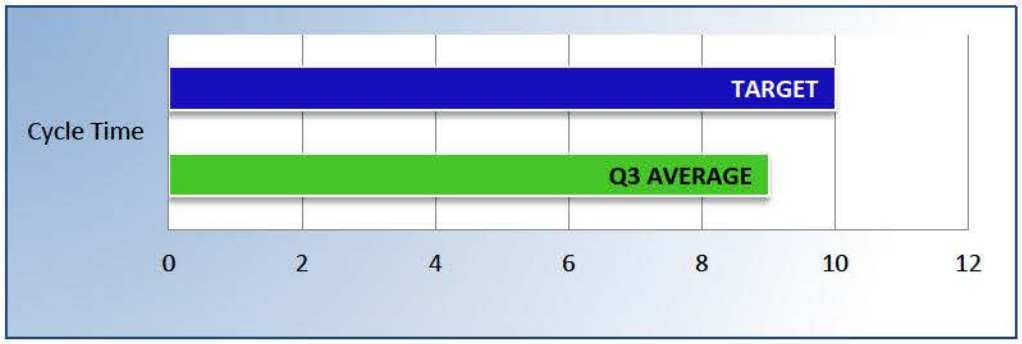
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | **Actual Average:** 11 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 9 Days

Department of Consumer Affairs

California Acupuncture Board

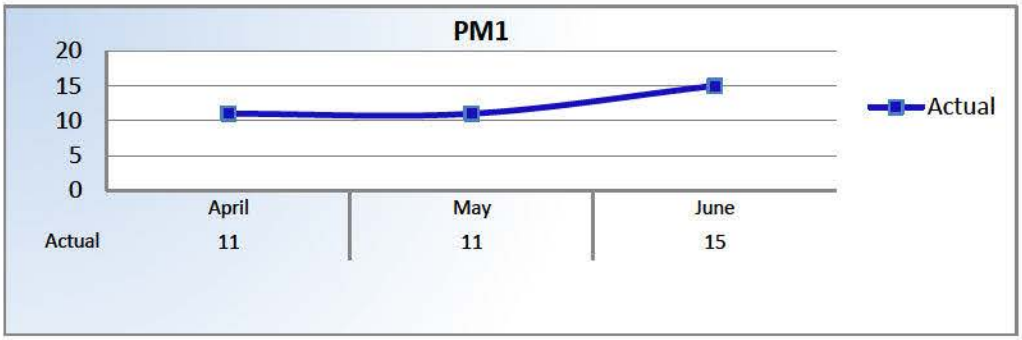
Performance Measures

Q4 Report *(April - June 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

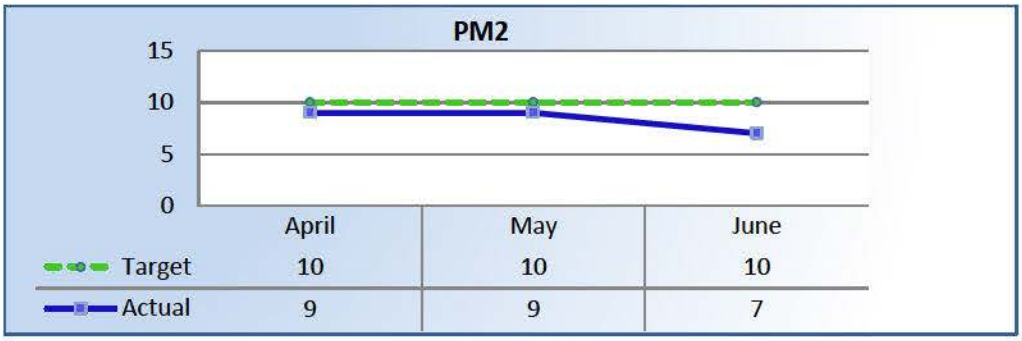


Total Received: 37 Monthly Average: 12

Complaints: 20 | **Convictions**: 17

PM2 | Intake

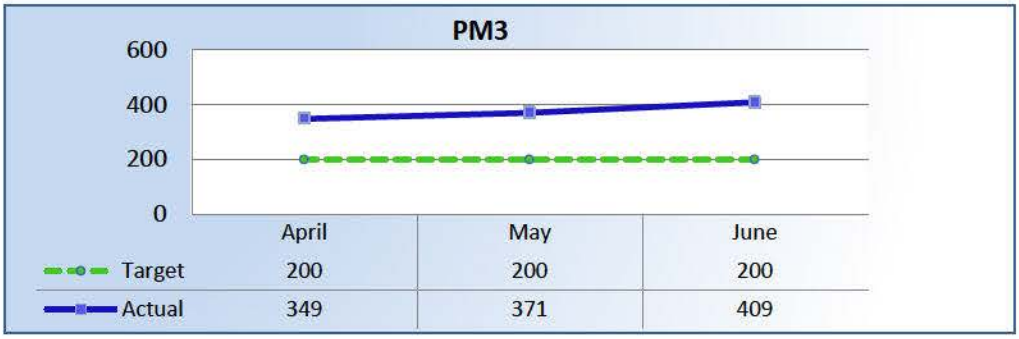
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 8 Days

PM3 | Intake & Investigation

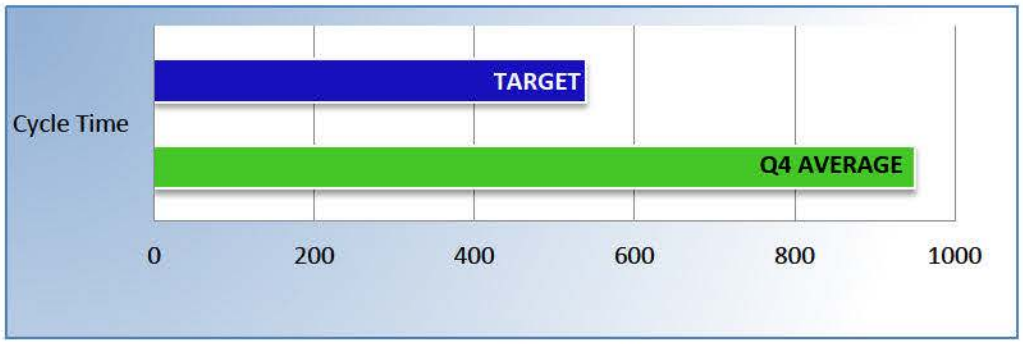
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 385 Days

PM4 | Formal Discipline

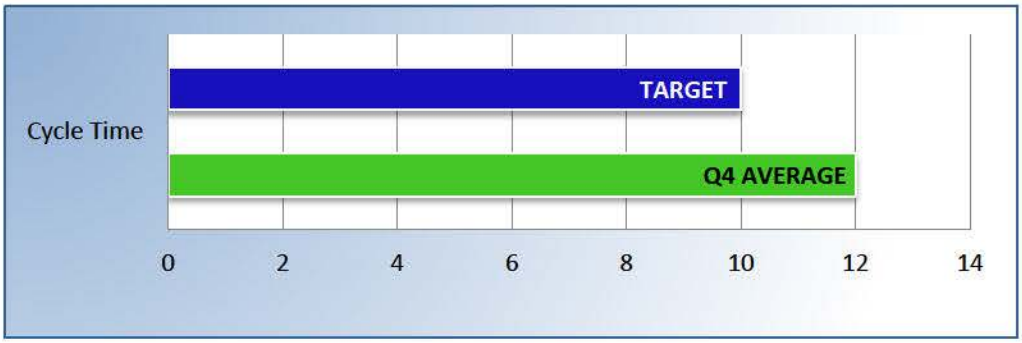
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 951 Days

PM7 |Probation Intake

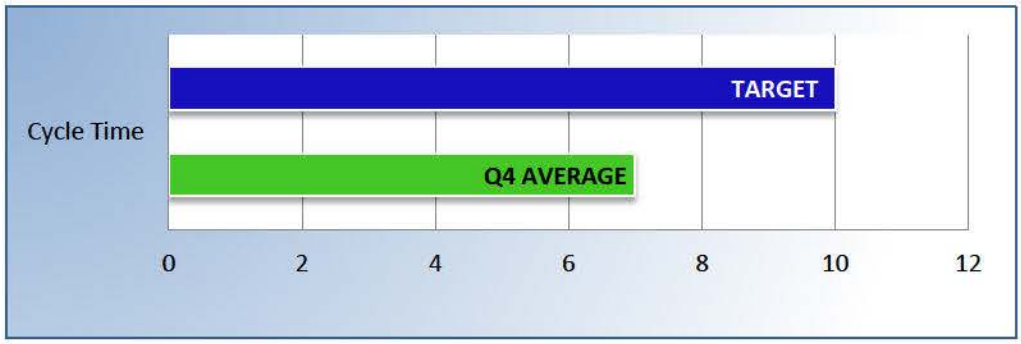
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | **Actual Average:** 12 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 7 Days

Department of Consumer Affairs

California Acupuncture Board

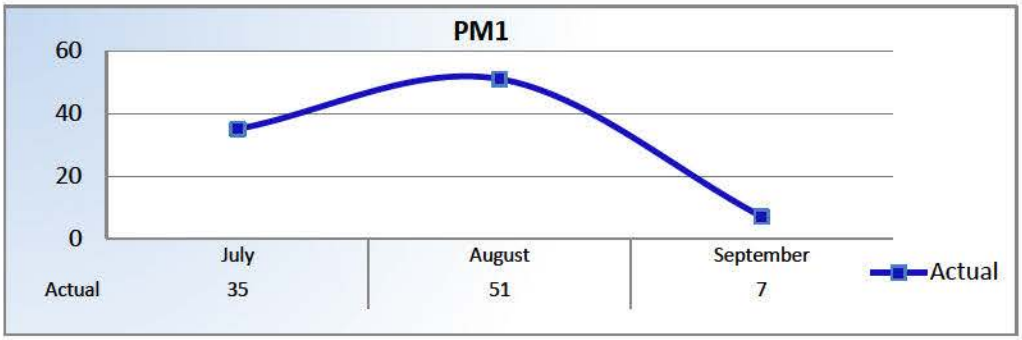
Performance Measures

Q1 Report *(July - September 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

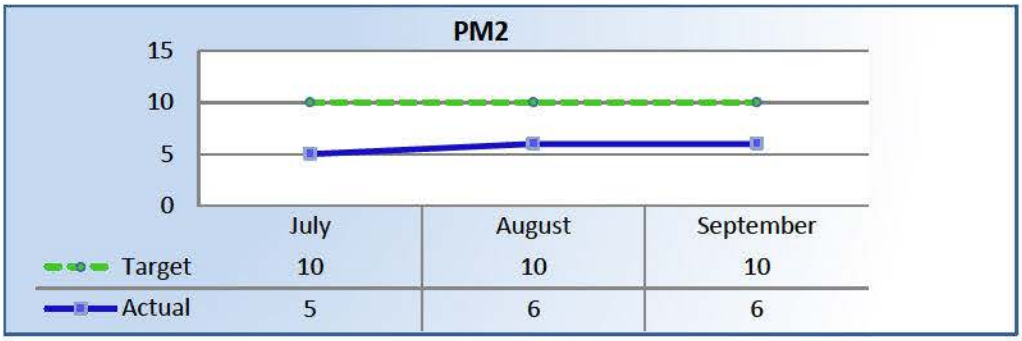


Total Received: 93 Monthly Average: 31

Complaints: 82 | **Convictions**: 11

PM2 | Intake

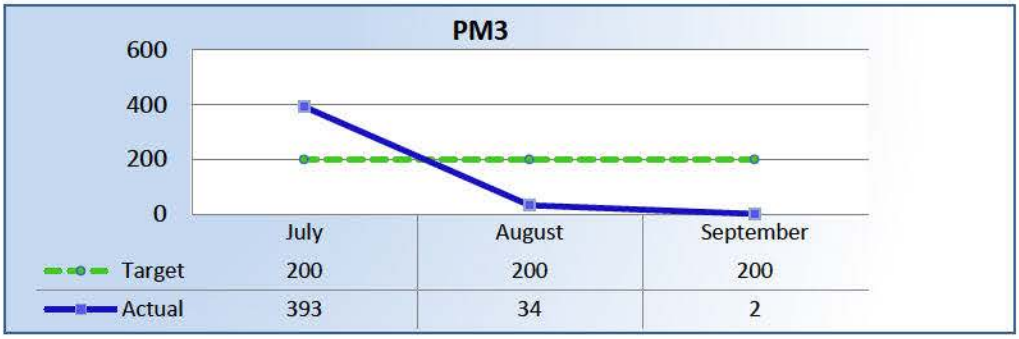
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 5 Days

PM3 | Intake & Investigation

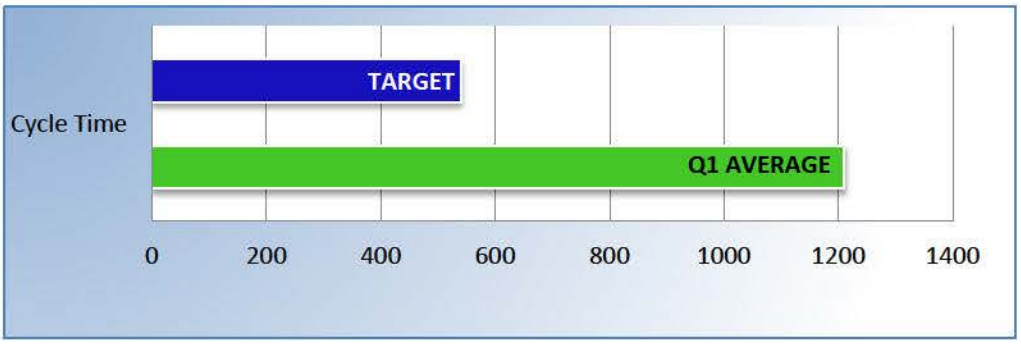
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 333 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1,211 Days

PM7 |Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 10 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any probation violations this quarter.

Target Average: 10 Days | **Actual Average:** N/A

Department of Consumer Affairs

California Acupuncture Board

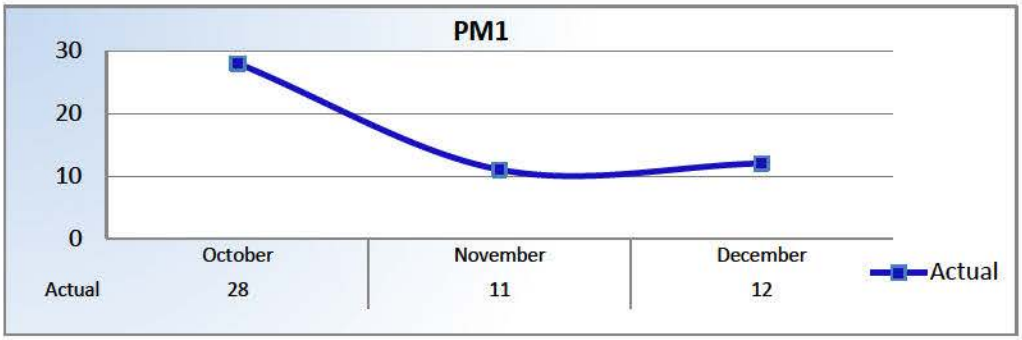
Performance Measures

Q2 Report *(October - December 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

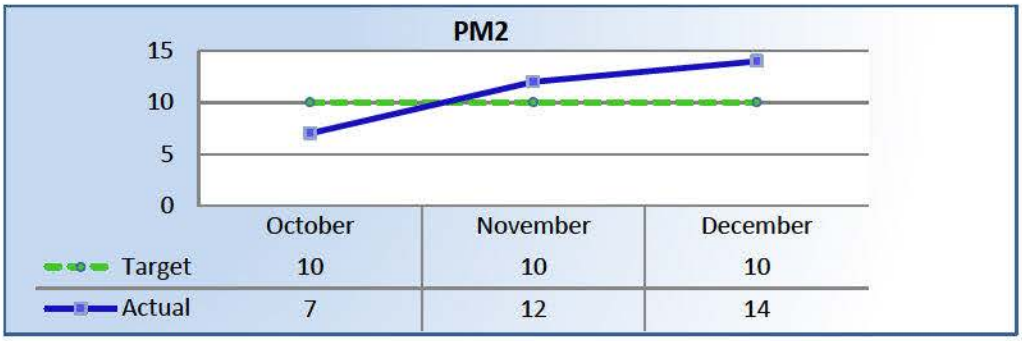


Total Received: 51 Monthly Average: 17

Complaints: 24 | **Convictions**: 27

PM2 | Intake

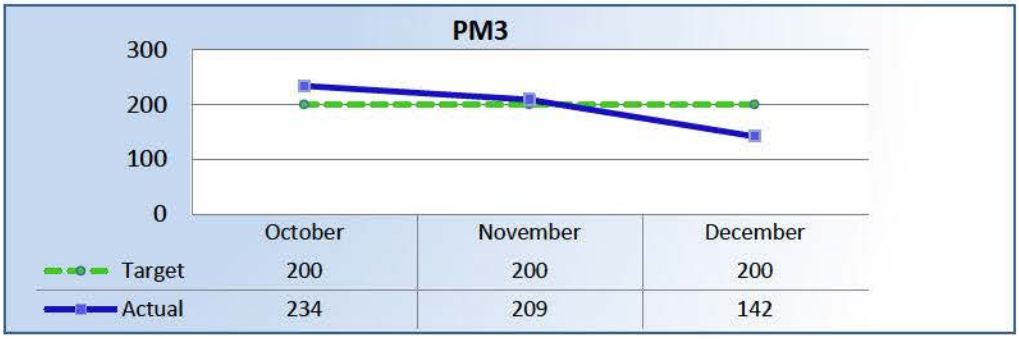
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | **Actual Average:** 10 Days

PM3 | Intake & Investigation

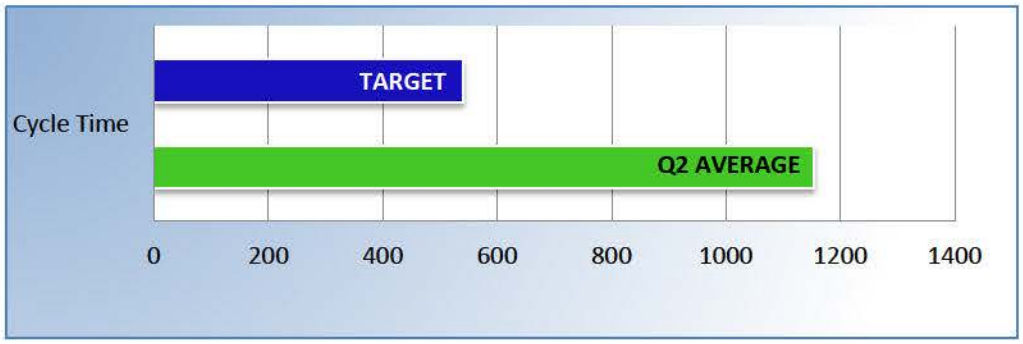
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 200 Days | **Actual Average:** 195 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1,154 Days

PM7 |Probation Intake

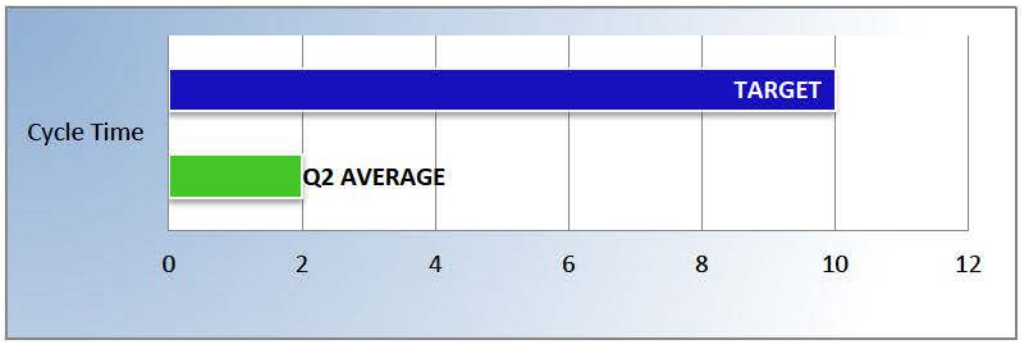
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 10 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 10 Days | **Actual Average:** 2

CUSTOMER SERVICE SATISFACTION RESULTS
2014-2015

TOTAL SURVEYS	RECEIVED					
Received	20					
CONTACT FREQUENCY	< 6x/year	> 6x/year				
Received	19	1				
REASONS OF CONTACTS	RECEIVED					
Complaint	2					
Examination Information	3					
License Information	1					
License Renewal	5					
Continuing Education	5					
Other	4					
	Excellent	Good	Fair	Poor	Unacceptable	N/A
CUSTOMER SATISFACTION						
CAB Staff Courteous/Helpful	5	4	4		4	3
CAB Staff Knowledge	4	3	5	2	2	4
CAB Staff Accessibility	3	2	6	3	3	3
Overall Satisfaction	3	5	4	3	3	2
	YES	NO				
SERVICE RESULT SATISFACTION	12	8				
	YES	NO				
CAB WEBSITE USEFULNESS	16	4				
	COMMENTS	SUGGESTIONS				
COMMENTS/SUGGESTIONS	2	7				

The above results were generated through an online survey posted by the Department of Consumer Affairs. Please see below for other concerns and suggestions.

CONCERNS/SUGGESTIONS/OTHERS

- The website is clear, and easy to navigate, please add more color
- It was an easy process to reschedule the California Acupuncture Exam
- Less rerouting of phone calls. Prefer talking to live staffers.
- Request for Exam Results disclosure via phone calls
- Less time to process License Re-issuance for lost pocket license
- Less processing time for Tutorial Provider Application

Consumer Satisfaction Survey

Board/Bureau:

Complaint Number:

Rate the following, using the scale: Poor → Excellent

1. How well did we explain the complaint process to you?
2. How clearly was the outcome of your complaint explained to you?
3. How well did we meet the time frame provided to you?
4. How courteous and helpful was staff?
5. Overall, how well did we handle your complaint?
6. If we were unable to assist you, were alternatives provided to you? Y N N/A
7. Did you verify the provider's license prior to service? Y N N/A

Comments:

California Acupuncture Board

Sunset Review

Attachments

State of California

California Acupuncture Board Board Member Administrative Manual

Adopted September 18, 2015

Edmund G. Brown Jr., Governor
State of California

Members of the Board

Michael Shi, L.Ac, President, Licensed Member
Hildegarde Aguinaldo, J.D., Vice President, Public Member
Kitman Chan, Public Member
Dr. Michael Corradino, DAOM, L.Ac, Licensed Member
Francisco Hsieh, Public Member
Jeannie Kang, L.Ac, Licensed Member
Jamie Zamora, Public Member

Executive Officer

Terri Thorfinnson, J.D.

This procedure manual is a general reference including a review of some important laws, regulations, and basic Board policies in order to guide the actions of the Board members and ensure Board effectiveness and efficiency.

This Administrative Procedure Manual, regarding Board Policy, can be amended by a majority of affirmative votes of any current or future Board.

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CHAPTER 1. Introduction

Mission Statement

To protect, benefit, and inform the people of California by exercising the licensing, regulatory, and enforcement mandates of the Acupuncture Licensure Act and Acupuncture Regulations.

Brief History

The Board of Medical Examiners (now called the Medical Board of California) began regulating acupuncture in 1972 under provisions that authorized the practice of acupuncture under the supervision of a licensed physician as part of acupuncture research in medical schools. Subsequently, the law was amended to allow acupuncture research to be conducted under the auspices of medical schools rather than just in medical schools.

In 1975, Senate Bill 86 (Chapter 267, Statutes of 1975) created the Acupuncture Advisory Committee (committee) under the Board of Medical Examiners and allowed the practice of acupuncture but only upon prior diagnosis or referral by a licensed physician, chiropractor or dentist. In 1976 California became the eighth state to license acupuncturists. Subsequent legislation in 1978 established acupuncture as a "primary health care profession" by eliminating the requirement for prior diagnosis or referral by a licensed physician, chiropractor or dentist; and Assembly Bill 2424 (Chapter 1398, Statutes of 1978) authorized MediCal payments for acupuncture treatment.

In 1980 the law was amended to: abolish the Acupuncture Advisory Committee and replace it with the Acupuncture Examining Committee within the Division of Allied Health Professions with limited autonomous authority; expanded the acupuncturists' scope of practice to include electroacupuncture, cupping, and moxibustion; clarified that Asian massage, exercise and herbs for nutrition were within the acupuncturist's authorized scope of practice; and provided that fees be deposited in the Acupuncture Examining Committee Fund instead of the Medical Board's fund. Most of these statutory changes became effective on January 1, 1982.

In 1982, the Legislature designated the Acupuncture Examining Committee as an autonomous body, and effective January 1, 1990, through AB 2367 (Chapter 1249, Statutes of 1989) the name was changed to the Acupuncture Committee to better identify it as a state licensing entity for acupuncturists. On January 1, 1999, the committee's name was changed to the Acupuncture Board (SB 1980, Chapter 991, Statutes of 1998) and removed the Committee from within the jurisdiction of the Medical Board of California (SB 1981, Chapter 736, Statutes of 1998).

Function of the Board

The Acupuncture Board's (Board) legal mandate is to regulate the practice of acupuncture and Asian medicine in the State of California. The Board established and maintains entry standards of qualification and conduct within the acupuncture profession, primarily through its authority to license. The Acupuncture Licensure Act commences with Business and Professions (B&P) Code, Section 4925 et seq. The Board's regulations appear in Title 16, Division 13.7, of the California Code of Regulations (CCR).

The primary responsibility of the Acupuncture Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Acupuncture Licensure Act and the Board's regulations. The Board promotes safe practice through the improvement of educational training standards, continuing education, enforcement of the B&P Code, and public outreach.

State of California Acronyms

ALJ	Administrative Law Judge
AG	Office of the Attorney General
APA	Administrative Procedure Act
B & P	Business and Professions Code
CCCP	California Code of Civil Procedure
CCR	California Code of Regulations
DAG	Deputy Attorney General
DOF	Department of Finance
DOI	Division of Investigation
DPA	Department of Personnel Administration
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
SAM	State Administrative Manual
SCIF	State Compensation Insurance Fund
SCO	State Controller's Office
SCSA	State and Consumer Services Agency
SPB	State Personnel Board

General Rules of Conduct

All Board Members shall act in accordance with their oath of office, and shall conduct themselves in a courteous, professional and ethical manner at all times. The Board serves at the pleasure of the Governor, and shall conduct their business in an open manner, so that the public that they serve shall be both informed and involved, consistent with the provisions of the Bagley-Keene Open Meeting Act and all other governmental and civil codes applicable to similar boards within the State of California.

- Board Members shall comply with all provisions of the Bagley-Keene Open Meeting Act.

- Board Members shall not speak or act for the Board without proper authorization.

- Board Members shall not privately or publicly lobby for or publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals, when those are in direct opposition to an official position adopted by the Board.

- Board Members shall not discuss personnel or enforcement matters outside of their official capacity in properly noticed and agendized meetings or with members of the public or the profession.

- Board Members shall never accept gifts from applicants, licensees, or members of the profession while serving on the Board.

- Board Members shall maintain the confidentiality of confidential documents and information related to Board business.

- Board Members shall commit the time and prepare for Board responsibilities including the reviewing of board meeting notes, administrative cases to be reviewed and discussed, and the review of any other materials provided to the Board Members by staff, which is related to official Board business.

- Board Members shall recognize the equal role and responsibilities of all Board Members.

- Board Members shall act fairly, be nonpartisan, impartial, and unbiased in their roles of protecting the public and enforcing the Acupuncture Licensure Act.

- Board Members shall treat all consumers, applicants and licensees in a fair, professional, courteous and impartial manner.

- Board Members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.

- Board Members shall not use their positions on the Board for personal, familial, or financial gain. Any employment subsequent to employment as a board member shall be consistent with Executive Order 66-2.

CHAPTER 2. Board Members & Meeting Procedures

Membership
(B & P Code Section 4929)

The Board consists of seven members. Three members are licensed acupuncturists and four are public members. The Governor appoints the three licensed members and two public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. All members appointed by the Governor are subject to Senate confirmation. The members serve a four-year term for a maximum of two terms.

Board Meetings
(B & P Code Section 101.7)
(Government Code Section 11120 et seq. – Bagley-Keene Open Meeting Act)

The full Board shall meet at least three times each calendar year. The Board shall meet at least once each calendar year in northern California and at least once each calendar year in southern California in order to facilitate participation by the public and its licensees.

The Board, as a statement of policy, shall comply with the provisions of the Bagley-Keene Open Meeting Act, and conduct their business in accordance with Robert's Rules of Order, as long as that does not conflict with any superseding laws or regulations.

Due notice of each meeting and the time and place thereof must be given to each member in the manner provided by the Bagley-Keene Open Meeting Act.

The Board may call a special meeting at any time in the manner provided by the Bagley-Keene Open Meeting Act, Government Code Section 11125.4.

Quorum
(Business and Professions Code Section 4933)

Four members of the Board, including at least one acupuncturist, shall constitute a quorum to conduct business. An affirmative vote of a majority of those present at a meeting of the Board is required to carry any motion.

Board Member Attendance at Board Meetings
(Board Policy)

Being a member of the Board is a serious commitment to the governor and the people of the State of California. Board members shall attend a minimum of 75% of all scheduled board meetings. If a member is unable to attend, he or she must contact the Board President or the Executive Officer, and provide a written explanation of their absence.

Public Attendance at Board Meetings
(Government Code Section 11120 et seq.)

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This Act governs meetings of the state regulatory Boards and meetings of committees of those Boards where committee consists of more than two members. It specifies meeting notice, agenda requirements, and prohibits discussing or taking action on matters not included on the agenda. If the agenda contains matters which are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Agenda Items
(Board Policy)

Board Members may submit agenda items for a future Board meeting during the "Future Agenda Items" section of a Board meeting or directly to the Board President 15 days prior to a Board meeting. To the extent possible, the Board President will calendar each Board Member's request on a future Board meeting.

In the event of a conflict, the Board President shall make the final decision. The Board President will work with the Executive Officer to finalize the agenda.

If a Board Member requests an item be placed on the agenda, and that request cannot be complied with at the immediate upcoming meeting, then the requested agenda item shall be placed on the next regularly scheduled meeting and shall never be postponed more than two meetings.

Notice of Meetings
(Government Code Section 11120 et seq,)

Meeting notices, including agendas, for Board meetings will be sent to persons on the Board's mailing list at least 10 calendar days in advance, as specified in the Bagley-Keene Open Meeting Act. The notice shall include a staff person's name, work address, and work telephone number who can provide further information prior to the meeting.

Notice of Meetings Posted on the Internet
(Government Code Section 11125 et seq,)

Meeting notices shall be posted on the Board's web site at least 10 days in advance of the meeting, and include the name, address, and telephone number of staff who can provide further information prior to the meeting.

Mail Ballots
(Government Code Section 11500 et seq,)

The Board must approve any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect.

Proposed stipulations and decisions are mailed to each Board Member for his or her vote. For stipulations, a background memorandum from the assigned deputy attorney general accompanies the mail ballot. A five calendar day deadline generally is given for the mail ballots for stipulations and proposed decisions to be completed and returned to the Board's office.

Holding Disciplinary Cases for Board Meetings
(Board Policy)

When voting on mail ballots for proposed disciplinary decisions or stipulations, a Board Member may wish to discuss a particular aspect of the decision or stipulation before voting. If this is the case, the ballot must be marked "hold for discussion," and the reason for the hold must be provided on the mail ballot. This allows staff the opportunity to prepare information being requested.

If two votes are cast to hold a case for discussion, the case is set aside and not processed (even if four votes have been cast on a decision). Instead the case is scheduled for a discussion during a closed session at the next Board meeting.

If the matter is held for discussion, staff counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

Record of Meetings
(Board Policy)

The minutes are a summary, not a transcript, of each Board meeting. They shall be prepared by Board staff and submitted for review by Board Members before the next Board meeting.

Board minutes must be approved or disapproved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting. The recordings of each Board meeting shall be maintained and not destroyed.

Tape Recording
(Government Code Section 11124.1(b))

The meeting may be audio and video tape recorded by the public or any other entity in accordance with the Bagley-Keene Open Meeting Act, the members of the public may tape record, videotape or otherwise record a meeting unless they are disruptive to the meeting and the President has specifically warned them of their being disruptive, then the President may order that their activities be ceased.

The Board may place the audio recorded public board meetings on its web site at www.acupuncture.ca.gov.

Meeting Rules
(Board Policy)

The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act or other state laws or regulations), as a guide when conducting the meetings. Questions of order are clarified by the Board's legal counsel.

Public Comment
(Board Policy)

Public comment is always encouraged and allowed, however, if time constraints mandate, the comments may be limited to five minutes per person. Due to the need for the Board to maintain fairness and neutrality when performing its adjudicative function, the Board shall not receive any information from a member of the public regarding matters that are currently under or subject to investigation, or involve a pending or criminal administrative action.

1. If, during a Board meeting, a person attempts to provide the Board with any information regarding matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the person shall be advised that the Board cannot properly consider or hear such substantive information and the person must be instructed to refrain from making such comments.

2. If, during a Board meeting, a person wishes to address the Board concerning alleged errors of procedure or protocol or staff misconduct involving matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the Board will address the matter as follows:

    a. Where the allegation involves errors of procedure or protocol, the Board may designate its Executive Officer to review whether the proper procedure or protocol was followed and to report back to the Board.

    b. Where the allegation involves significant staff misconduct, the Board may designate one of its members to review the allegation and to report back to the Board.

3. The Board may deny a person the right to address the Board and have the person removed if such person becomes disruptive at the Board meeting. The Board accepts the conditions established in the Bagley-Keene Open Meeting Act and appreciates that at times the public may disapprove, reprimand, or otherwise present an emotional presentation to the Board, and it is the Board's duty and obligation to allow that public comment, as provided by law.

CHAPTER 3. Travel & Salary Policies & Procedures

Travel Approval
(Board Policy)

Board members shall receive Executive Officer approval for all travel and salary or per diem reimbursement, except for regularly scheduled Board, committee, and conference meetings to which a Board member is assigned.

Travel Arrangements
(Board Policy)

Board members should attempt to make their own travel arrangements and are encouraged to coordinate with the Board Liaison on lodging accommodations.

Out-of-State Travel
(SAM Section 700 et seq.)

Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office.

Travel Claims
(SAM Section 700 et seq.)

Rules governing reimbursement of travel expenses for Board Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The Board Liaison maintains these forms and completes them as needed.

The Executive Officer's travel and per diem reimbursement claims shall be submitted to the Board President for approval.

It is advisable for Board Members to submit their travel expense forms immediately after returning from a trip and not later than thirty days following the trip.

Salary Per Diem
(B & P Code Section 103 and 4931)

Each member of the Board shall receive a per diem in the amount provided in Section 103 of the Business and Professions (B&P) Code. Board Members fill non-salaried positions, but are paid $100 per day for each meeting day and are reimbursed travel expenses.

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by the B&P Code Section 103. In relevant part, B&P Code Section 103 provides for the payment of salary per diem for Board Members "for each day actually spent in the discharge of official duties," and provides that the Board Member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

Salary Per Diem
(Board Policy)

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. No salary per diem or reimbursement for travel-related expenses shall be paid to Board Members except for attendance at official Board or committee meetings, unless a substantial official service is performed by the Board Member.

   Attendance at gatherings, events, hearings, conferences or meetings other than official Board or committee meetings in which a substantial official service is performed the Executive Officer shall be notified and approval shall be obtained from the Board President prior to Board Member's attendance.

2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board or committee meeting until that meeting is adjourned.

   If a member is absent for a portion of a meeting, hours are then reimbursed for time actually spent. Travel time is not included in this component.

3. For Board-specified work, Board Members will be compensated for time actually spent in performing work authorized by the Board President. This may also include, but is not limited to, authorized attendance at other events, meetings, hearings, or conferences. Work also includes preparation time for Board or committee meetings and reading and deliberating mail ballots for disciplinary actions.

4. Reimbursable work does not include miscellaneous reading and information gathering unrelated to board business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the members duties with the Board.

5. Board Members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official Board representative unless approved in writing by the President. Requests must be submitted in writing to the President for approval and a copy provided to the Executive Officer. However, Board Members should recognize that even when representing themselves as "individuals," their positions might be misconstrued as that of the Board.

CHAPTER 4. Selection of Officers & Committees

Officers of the Board

The Board shall elect at the first meeting of each year a President and Vice President.

Election of Officers

Elections of the officers shall occur annually at the first meeting of each year.

Officer Vacancies

If an office becomes vacant during the year, the President may appoint a member to fill the vacancy for the remainder of the term until the next annual election.

If the office of the President becomes vacant, the Vice President shall assume the office of the President. Elected officers shall then serve the remainder of the term.

Board Member Addresses

Board Member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority of the individual Board Member. A roster of Board Members is maintained for public distribution on the Board's web site using the Board's address and telephone number.

Board Member Written Correspondence and Mailings

All correspondence, press releases, articles, memoranda or any other communication written by any Board Member in his or her official capacity must be provided to the Executive Officer. The Executive Officer will retain a copy in a chronological file.

Communications: Other Organizations/Individuals/Media

All communications relating to any Board action or policy to any individual or organization, or a representative of the media shall be made only by the Board President, his or her designee, or the Executive Officer. Any Board Member who is contacted by any of the above should inform the Board President or Executive Officer of the contact.

Committee Appointments

The President shall establish committees as he or she deems necessary.

The composition of the committees and the appointment of the members shall be determined by the Board President in consultation with the Vice President and the Executive Officer.

Committee Meetings

Each committee will be comprised of at least two Board Members. The committees are an important venue for ensuring that staff and Board Members share information and perspectives in crafting and implementing strategic objectives.

The Board's committees allow Board Members, stakeholders and staff to discuss and conduct problem solving on issues related to the Board's strategic goals. They also allow the Board to consider options for implementing components for the strategic plan.

The committees are charged with coordinating Board efforts to reach Board goals and achieving positive results on its performance measures.

The Board President designates one member of each committee as the committee's chairperson.

The chairperson coordinates the committee's work, ensures progress toward the Board's priorities, and presents reports as necessary at each meeting.

During any public committee meeting, comments from the public are encouraged, and the meetings themselves are frequently public forums on specific issues before a committee. These meetings shall also be run in accordance with the Bagley-Keene Open Meeting Act.

Attendance at Committee Meetings

If a Board Member wishes to attend a meeting of a committee of which he or she is not a member, the Board Member must obtain permission from the Board President to attend and must notify the committee chair and staff.

Board Members who are not members of the committee that is meeting cannot vote during the committee meeting.

If there is a quorum of the Board at a committee meeting, Board Members who are not members of the committee must sit in the audience and cannot participate in committee deliberations.

The Board's legal counsel works with the Executive Officer to assure any meeting that fits the requirements for a public meeting is appropriately noticed.

CHAPTER 5. Board Administration & Staff

Executive Officer
(B & P Code Section 4934)

The Board may appoint an Executive Officer. The Executive Officer is responsible for the financial operations and integrity of the Board, and is the official custodian of records. The Executive Officer is an at will employee, who serves at the pleasure of the Board, and may be terminated, with or without cause, in accordance with the provisions of the Bagley-Keene Open Meeting Act.

Board Administration

Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Officer as an instrument of the Board.

Executive Officer Evaluation

On an annual basis, the Executive Officer is evaluated by the Board President during a closed session. Board members provide information to the President on the Executive Officer's performance in advance of this meeting.

Board Staff
(B & P Code Section 4934)

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements.

Because of this complexity, the Board delegates this authority and responsibility for management of the civil service staff to the Executive Officer as an instrument of the Board.

Board Members may express any staff concerns to the Executive Officer but shall refrain from involvement in any civil service matters. Board Members shall not become involved in the personnel issues of any state employee.

Board Budget

The Executive Officer or the Executive Officer's designee will attend and testify at the legislative budget hearings and shall communicate all budget issues to the Administration and Legislature.

Communications with Other Organizations & Individuals

All communications relating to any Board action or policy to any individual or organization shall be made only by the President of the Board, his or her designee, or the Executive Officer.

Any Board Member who is contacted by any of the above should inform the Board President or Executive Officer of the contact immediately.

All correspondence shall be issued on the Board's standard letterhead and will be disseminated by the Executive Officer's office.

Business Cards

Business cards will be provided to each Board Member with the Board's name, address, telephone and fax number, and website address.

CHAPTER 6. Other Policies & Procedures

Board Member Disciplinary Actions

If a Board Member violates any provision of the Administrative Procedure Manual, the President will provide in writing, notice to the member of the violation. If the member disagrees with the notice, the Board Member must provide a reply in writing. After giving the board member an opportunity to respond to the notice, the President, at his/her discretion may meet in person or discuss by telephone with the Board Member to discuss the violation. The President may ask a third person to be present during the meeting. If the matter is not resolved at the end of the meeting or it is resolved but the Board Member continues to violate the procedures in the manual, the President may agendize at the next board meeting an item asking for censure of the board member.

If the violation concerns the President's conduct, the Vice-President will handle the matter.

Terms and Removal of Board Members

(B & P Code Sections 4929 and 4930)

The Governor appoints three acupuncturist members and two public members of the Board. The Senate Rules Committee and the Speaker of the Assembly each appoint a public member. Each appointment shall be for the term of four years, except that an appointment to fill a vacancy shall be for the unexpired term only. No person shall serve more than two consecutive terms on the Board.

Each Governor appointee shall serve until his successor has been appointed and qualified or until 60 days has elapsed since the expiration of his term whichever first occurs. Each Senate Rules Committee and the Speaker of the Assembly appointee shall serve until his successor has been appointed and qualified or until one year has elapsed since the expiration of his term whichever first occurs.

The Governor has the power to remove any member from the Board appointed by him for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct.

Resignation of Board Members

(Government Code Section 1750(b))

In the event that it becomes necessary for a Board Member to resign, a letter shall be sent to the appropriate appointing authority (Governor's Office, Senate Rules Committee, or the Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the Board President and the Executive Officer.

Conflict of Interest

(Government Code Section 87100)

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest.

Any Board Member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision.

Any Board Member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Contact with Licensees and Applicants

Board Members shall not intervene on behalf of a licensee or applicant for licensure for any reason. They should forward all contacts or inquiries to the Executive Officer.

Contact with Respondents

Board Members should not directly participate in complaint handling and resolution or investigations. To do so would subject the Board Member to disqualification in any future disciplinary action against the licensee. If a Board Member is contacted by a respondent or his/her attorney, the Board Member should refer the individual to the Executive Officer.

Service of Legal Documents

If a Board Member is personally served as a party in any legal proceeding related to his or her capacity as Board Member, he or she must contact the Executive Officer immediately.

Serving as an Expert Witness

(Executive Order 66.2)

Pursuant to Executive Order 66-2, no employment, activity, or enterprise shall be engaged in by any gubernatorial appointee which might result in, or create the appearance of resulting in any of the following:

1. Using the prestige or influence of a State office for the appointee's private gain or advantage.

2. Using state time, facilities, equipment, or supplies for the appointee's private gain or advantage, or the private gain or advantage of another.

3. Using confidential information acquired by virtue of State involvement for the appointees private gain or advantage, or the private gain or advantage of another.

4. Receiving or accepting money or any other consideration from anyone other than the State for the performance of an act which the appointee would be required or expected to render in the regular course of hours of his or her State employment or as a part of the appointee's duties as a State officer.

Gifts from Licensees and Applicants

A gift of any kind to Board Members from licensees, applicants for licensure, continuing education providers or approved schools is not permitted. Gifts must be returned immediately.

Ex Parte Communications
(Government Code Section 11430.10 et seq.)

The Government Code contains provisions prohibiting ex parte communications. An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of section 11430.10, which states:

> "While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

Board Members are prohibited from an ex parte communication with Board enforcement staff while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board Members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Officer.

If a Board Member receives a telephone call from an applicant under any circumstances or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter and inform the Executive Officer and the Board's legal counsel.

If the person insists on discussing the case, he or she should be told that the Board Member will be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board Member believes that he or she has received an unlawful ex parte communication, he or she should contact the Executive Officer and the Board's legal counsel.

Honoraria Prohibition
(Government Code Section 89503 and FPPC Regulations, Title 2, Division 6)

As a general rule, members of the Board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state Board is precluded from accepting an honorarium from any source, if the member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

Board Members are required to report income from, among other entities, professional associations and continuing education providers. Therefore, a Board Member should decline all offers for honoraria for speaking or appearing before such entities.

There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances:

(1) when an honorarium is returned to the donor (unused) within 30 days;
(2) when an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and
(3) when an honorarium is not delivered to the Board Member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization.

In light of this prohibition, members should report all offers of honoraria to the Board President so that he or she, in consultation with the Executive Officer and staff counsel, may determine whether the potential for conflict of interest exists.

Board Member Orientation

The Board Member orientation session shall be given to new Board Members within one year of assuming office.

Ethics Training

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

Sexual Harassment Training
(Government Code Section 12950.1)

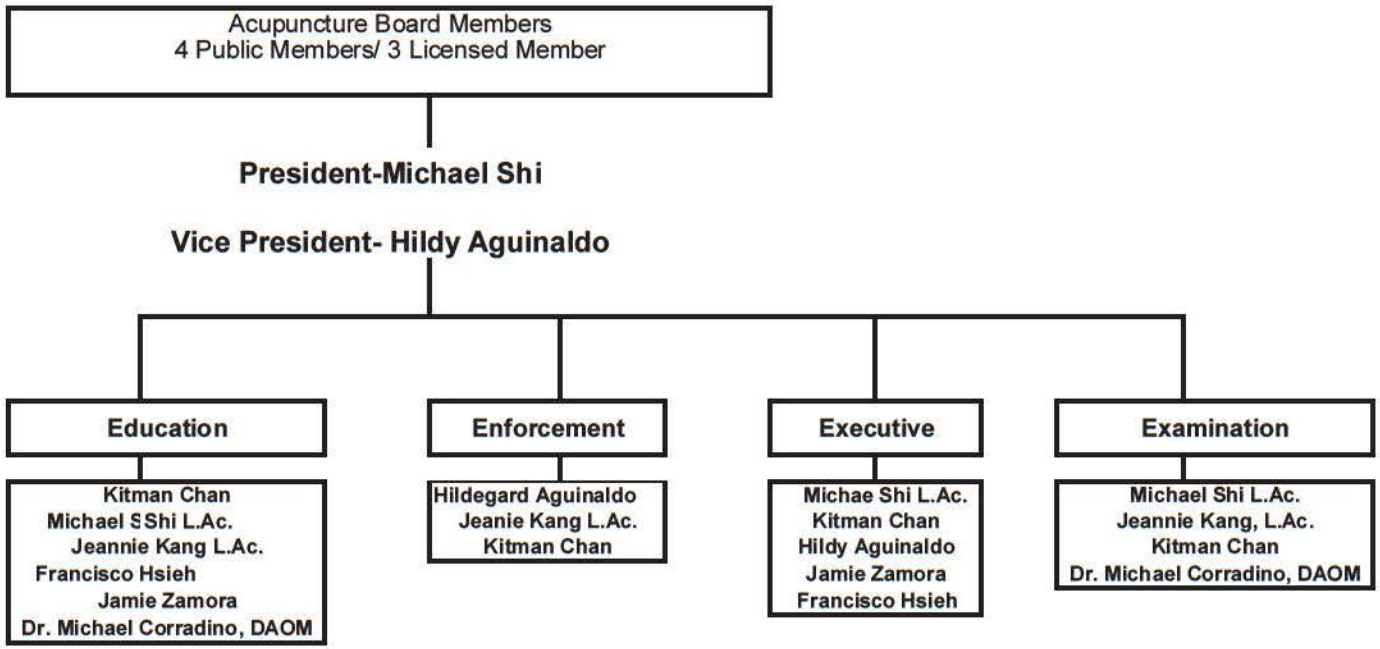
Board Members are required to undergo sexual harassment training and education once every two years.

FY 2015-16

Department of Consumer Affairs

Acupuncture Board

Committees



CALIFORNIA ACUPUNCTURE BOARD

OCCUPATIONAL ANALYSIS OF THE

ACUPUNCTURIST PROFESSION

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

CALIFORNIA ACUPUNCTURE BOARD

OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURIST PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

January 2015

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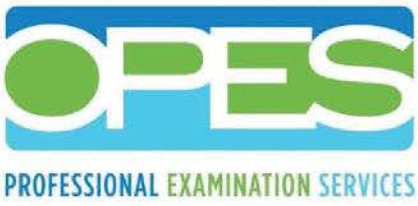

EXECUTIVE SUMMARY

The California Acupuncture Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of Acupuncture practice in California. The purpose of the occupational analysis is to define practice for Acupuncturists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the California Acupuncture Licensing Examination (CALE).

An initial focus group of practitioners and educators was held in February 2014 to discuss the traditional content-based OA process for defining critical tasks performed in the practice and knowledge needed to perform those tasks. Additional discussions involved examining critical tasks and knowledge for the Acupuncture profession from a condition-centered perspective based on practitioners' primary focus of treatment.

After the initial focus group, OPES test specialists conducted a literature review for the profession (e.g., previous OA reports, articles, publications) and conducted telephone interviews with ten Acupuncturists throughout California. The purpose of these interviews was to identify the tasks performed in Acupuncture practice and the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the interviews and literature review, OPES test specialists developed a preliminary list of tasks performed in Acupuncture practice along with statements representing the knowledge needed to perform those tasks.

Three workshops were subsequently convened to review and refine the preliminary task list and the preliminary knowledge list. The workshops were conducted in April, May, and June of 2014 and each workshop was comprised of a different grouping of 8-10 California-licensed Acupuncturist subject matter experts (SMEs) with diverse backgrounds in the acupuncture profession (e.g., location of practice, years licensed, specialty area). The goals of the first workshop were to 1) review the preliminary task and knowledge lists and 2) identify changes and trends in Acupuncture practice specific to California. The second workshop was conducted to review and refine the task and knowledge statements derived from the first workshop. The third workshop was held to finalize the task and knowledge lists and the demographic variables and rating scales that were to be used in the next phase of the OA. SMEs in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation.

Upon completion of the three workshops, OPES developed a three-part questionnaire to be completed by Acupuncturists statewide. Development of the questionnaire included a pilot study using a group of 17 licensees who had participated in the task and knowledge statement development workshops. The participants' feedback was used to refine the questionnaire. The final questionnaire was prepared by OPES for administration in July 2014.

In the first part of the questionnaire, licensees were asked to provide demographic information related to their work settings and practice. Licensees were also asked to identify the primary focus of treatment for the majority of their patients (e.g., Women's Health, Pain Management) and the primary modality (e.g., Point Needling, Herbal Therapy, Cupping) and technique they most frequently utilized (e.g., Traditional Chinese Medicine, Five Element, Dr. Tan) to treat patients' conditions.

In the second part of the questionnaire, the licensees were asked to rate specific job tasks in terms of importance (i.e., how important the task was to performance of the licensee's current practice) and frequency (i.e., how often the licensee performed the task in the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge was to performance of their current practice.

The Board sent letters to the entire population of over 8,000 California-licensed Acupuncturists inviting them to complete the questionnaire online. Eleven percent of the Acupuncturists (957) responded by accessing the Web-based survey. The final sample size included in the data analysis was 485. This final response rate reflects two adjustments; 1) non California-licensed Acupuncturists who responded to the questionnaire were removed from the sample, 2) incomplete, erroneous, and partially completed questionnaires were removed from the sample. The demographic composition of the final respondent sample is representative of the California Acupuncturist population.

OPES test specialists then performed data analyses on the task and knowledge ratings. Task ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement. Once the data was analyzed, two additional workshops with a diverse sample of 10 California-licensed Acupuncturists serving as subject matter experts (SMEs) were conducted. The purpose of each workshop was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. The SMEs in these groups also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The SMEs then evaluated and confirmed the content area weights.

The resulting content outline for the Acupuncturist profession is structured into five content areas weighted by criticality relative to the other content areas. The outline specifies the job tasks and knowledge critical to safe and effective Acupuncture practice in California at the time of licensure. In addition, a supplemental tool was created using the questionnaire data gathered regarding practitioners' primary focus of treatment and correlated modality and techniques used during treatment.

The content outline developed as a result of this occupational analysis serves as a basis for developing a written examination for inclusion in the process of granting California Acupuncturist licensure. The supplemental tool developed in this occupational analysis serves as a guide for writing test item scenarios from a common treatment perspective. At this time, California licensure as an Acupuncturist is granted by meeting the requisite education and training requirements and passing the California Acupuncture Licensing Examination (CALE).

OVERVIEW OF ACUPUNCTURIST CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. Patient Assessment	The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.	31
II. Diagnostic Impression and Treatment Plan	The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.	10.5
III. Providing Acupuncture Treatment	The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.	35
IV. Herbal Therapy	The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.	10.5
V. Regulations for Public Health and Safety	The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.	13
Total		**100**

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The California Acupuncture Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) to identify critical job activities performed by licensed Acupuncturists. This OA was part of the Board's comprehensive review of Acupuncture practice in California. The purpose of the OA is to define practice for Acupuncturists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this OA serve as the basis for determining the description of practice for the Acupuncture profession in California.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by Acupuncturists in independent practice. The technical expertise of California-licensed Acupuncturists was used throughout the OA process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected Acupuncturists to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current Acupuncture practice during the development phase of the occupational analysis, and participated in focus groups to review the content of task and knowledge statements for technical accuracy prior to administration of the OA questionnaire. Following administration of the OA questionnaire, groups of SMEs were convened at OPES to review the results and finalize the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and State laws and regulations and professional guidelines and technical standards. For the purpose of occupational analysis, the following laws and guidelines are authoritative:

- California Business and Professions Code, Section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code, Section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (1999), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The Acupuncturist occupation is described as follows in the California Business and Professions Code, Sections 4925-4934.2:

(c) "Acupuncturist" means an individual to whom a license has been issued to practice acupuncture pursuant to this chapter, which is in effect and is not suspended or revoked.
(d) "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of ten California-licensed Acupuncturists to contact for telephone interviews. During the semi-structured interviews, licensed Acupuncturists were asked to identify all of the activities performed that are specific to the Acupuncture profession. The interviews confirmed major content areas of their practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES staff conducted a literature review of the Acupuncture profession (e.g, previous OA reports, articles, publications) and integrated the information gathered during the interviews to develop task and knowledge statements. The statements were then organized into the major content areas of practice.

In April, May, and June 2014, OPES facilitated three workshops with 8-10 Acupuncturists serving as subject matter experts (SMEs) from diverse backgrounds (e.g., years licensed, specialty, location of practice) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness, and to assign each statement to the appropriate content area. The SME groups verified that the content areas were independent and non-overlapping. The SMEs also performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas. The SMEs in the May and June workshops were asked to verify proposed demographic variables for the OA questionnaire which would be used to ascertain the diversity (e.g., location, years licensed, work setting) of the sample, the types of common treatment focus categories (e.g., Pain Management, Addiction, Mental Health), and the treatment modalities (e.g., Point Needling, Herbal Therapy, Cupping) and techniques (e.g., Traditional Chinese Medicine, Five Element) used to address patient conditions.

Once the demographic-based variables were verified, and the lists of task and knowledge statements were finalized, the information was used to develop an online questionnaire that was sent to all California-Licensed Acupuncturists for completion.

QUESTIONNAIRE DEVELOPMENT

OPES developed the online occupational analysis survey, a questionnaire soliciting the licensees' ratings of the job task and knowledge statements for analysis. The surveyed Acupuncturists were instructed to rate each job task in terms of how important the task was to the performance of their current practice (IMPORTANCE) and how often they

performed the task (FREQUENCY). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge was to the performance of their current practice (IMPORTANCE). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents and to allow for the further analyses of the ratings from the perspective of practitioners' primary focus of treatment. The questionnaire can be found in Appendix F.

PILOT STUDY

Prior to developing the final questionnaire, OPES prepared an online pilot survey. The pilot survey was reviewed by a group of 17 SMEs who had participated in the task and knowledge statement development workshops. Feedback from the pilot study was provided regarding the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES staff developed a letter for dissemination by the Board to all California-licensed Acupuncturists. The letter invited the Acupuncturists to contribute to the development of a current description of Acupuncture practice by participating in an online questionnaire. The questionnaire invitation letter can be found in Appendix E. The online format allowed for several enhancements to the survey and data collection process. As part of the survey development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

Eleven percent of the Acupuncturists (N = 957) responded by accessing the Web-based survey. The final sample size included in the data analysis was 485, or 5 percent of the California-licensed Acupuncturist population. This response rate reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as Acupuncturists in California were excluded from analysis. And second, the reconciliation process removed surveys containing incomplete and unresponsive data. Based on a review of the demographic composition, the respondent sample was representative of the population of California Acupuncturists.

DEMOGRAPHIC SUMMARY

Of the respondents included in the analysis, 29.5 percent had been practicing as Acupuncturists for 5 years or less, 55.9 percent had been practicing between 6 and 20 years, and 14 percent had been practicing for more than 20 years.

The respondents were asked to indicate the types of settings where they provide services as an Acupuncturist. Sole ownership or working as a Practitioner in an independent setting was reported by 59.8 percent of the sample. Working as an Independent Practitioner in a group setting was reported by 19.2 percent of the sample. The remaining respondents reported their work setting as Acupuncture Medical Group (9.1 percent), Interdisciplinary Medical Group (4.5 percent), House Calls/Home Visits (4.3 percent), Multiple Settings (2 percent), and Hospital (1 percent). The majority of respondents worked 21 hours or more a week (65.8 percent). In addition, 63.5 percent of respondents reported working in an Urban setting.

Respondents were asked to report any languages in which they had verbal and/or written proficiency. English-speaking fluency was reported by 90.5 percent of the respondents with 90.1 percent of respondents reporting written English proficiency. Respondents also reported that 73.4 percent of their patients spoke English fluently. Additionally, 51.8 percent of respondents indicated that they took the English version of the California Acupuncture Licensing Examination.

In order to facilitate a condition-centered approach to the description of Acupuncture based on primary focus of treatment, respondents were asked to indicate (from a list of available treatment focus categories established in the May and June workshops) the primary treatment focus categories for which their patients received services. Pain Management (53.6 percent), General Health (25.4 percent), and Women's Health (6 percent) were the primary treatment focus categories selected most frequently by respondents. Point Needling (81.9 percent), Electroacupuncture (19.6 percent), and Herbal Therapy (17.3 percent) were the most frequently reported treatment modalities utilized by respondents. Additionally, the technique reported as most frequently incorporated into treatment by practitioners was Traditional Chinese Medicine (58.74 percent).

When asked to report the approximate gross income generated from their Acupuncture practice, 42.7 percent of respondents specified an income below $40,000 a year, 16.3 percent specified an income between $40,000 and $59,999, 14.8 percent specified an income between $60,000 and $79,999, 9.9 percent specified an income between $80,000 and $99,999, and 11.1 percent specified an income of above $100,000. Respondents were asked to report the primary source of income with the most frequent responses being Health Insurance (47.2 percent), Private Insurance (42.9 percent), and Cash out of Pocket (33.8 percent).

More detailed demographic information from the respondents can be found in Tables 1 through 19.

TABLE 1 – NUMBER OF YEARS PRACTICING AS A CALIFORNIA-LICENSED ACUPUNCTURIST:

YEARS	N	PERCENT
0 to 5	143	29.5
6 to 10	127	26.2
11 to 20	144	29.7
More than 20 years	68	14.0
Missing	3	00.6
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 1 – NUMBER OF YEARS PRACTICING AS A CALIFORNIA-LICENSED ACUPUNCTURIST

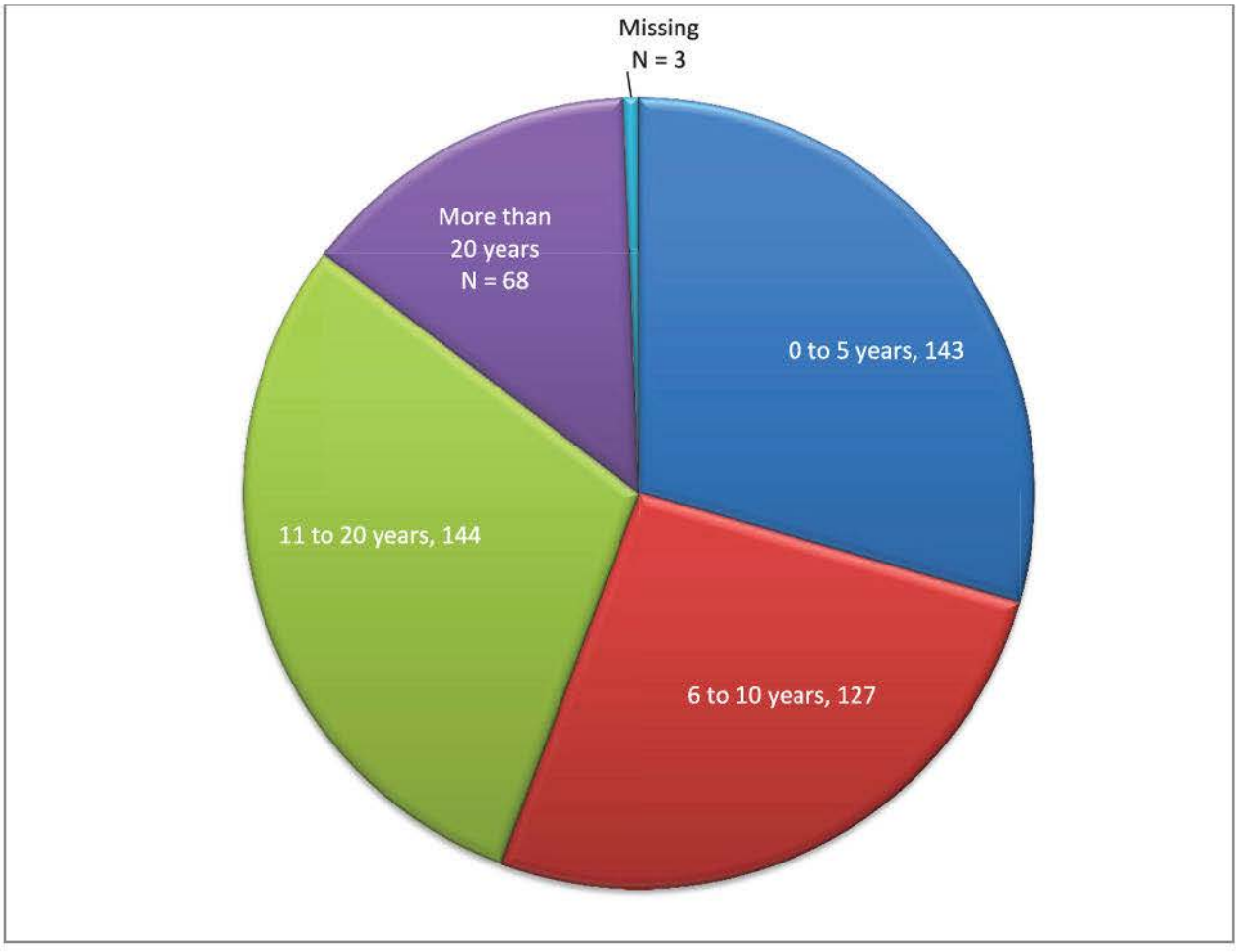

TABLE 2 – NUMBER OF PRACTICE SETTINGS/CLINIC LOCATIONS UTILIZED AS A CALIFORNIA-LICENSED ACUPUNCTURIST:

SETTINGS/CLINIC LOCATIONS	N	PERCENT
1	343	70.7
2 - 4	128	26.4
5 or more	9	1.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 2 – NUMBER OF PRACTICE SETTINGS/CLINIC LOCATIONS UTILIZED AS A CALIFORNIA-LICENSED ACUPUNCTURIST

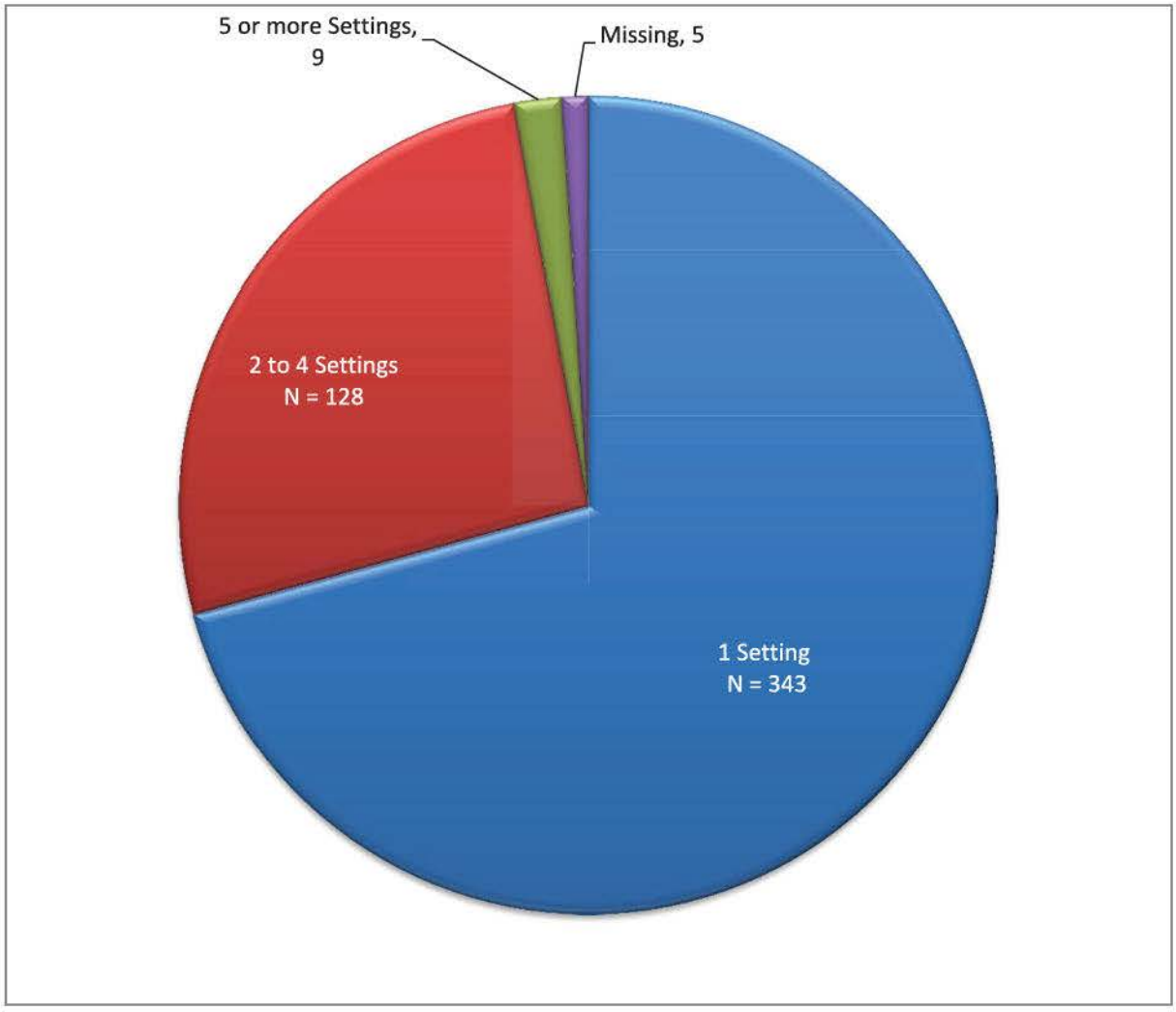

TABLE 3 – PRIMARY PRACTICE SETTING

PRACTICE SETTING	N	PERCENT
Sole Owner/Practitioner Independent Setting	290	59.80
Independent Practitioner in Group Setting	93	19.20
Acupuncture Medical Group (Inc. or LLC)	44	9.10
Interdisciplinary Medical Group	22	4.5
House Calls/Home Visits	21	4.3
Multiple Settings	9	2.0
Hospital	6	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 3 – PRIMARY PRACTICE SETTING

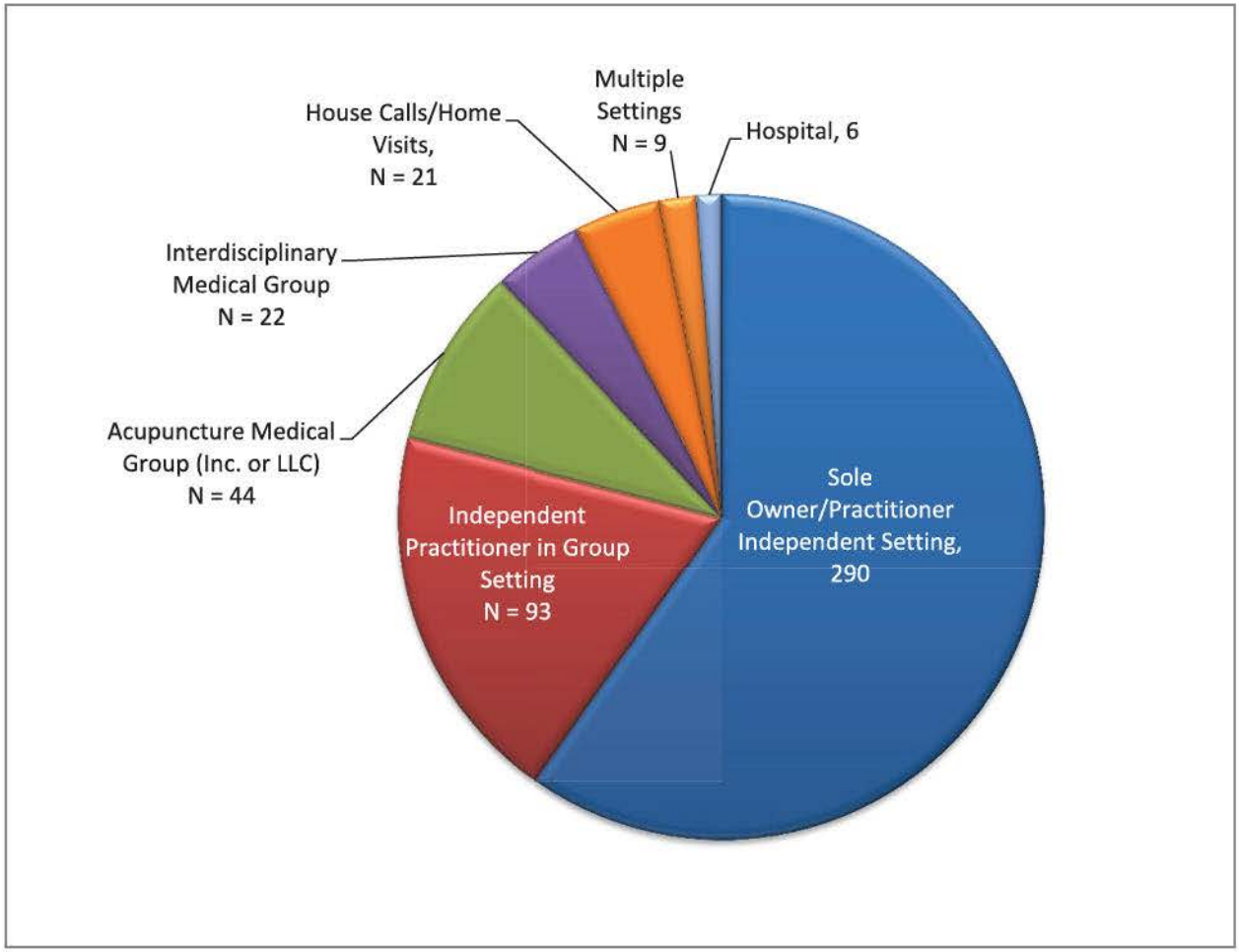

TABLE 4 – NUMBER OF HOURS WORKED PER WEEK

HOURS WORKED	N	PERCENT
0 - 10 hours	63	13.0
11 to 20 hours	100	20.6
21 to 39 hours	188	38.8
40 or more hours	131	27.0
Missing	3	.6
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 4 – NUMBER OF HOURS WORKED PER WEEK

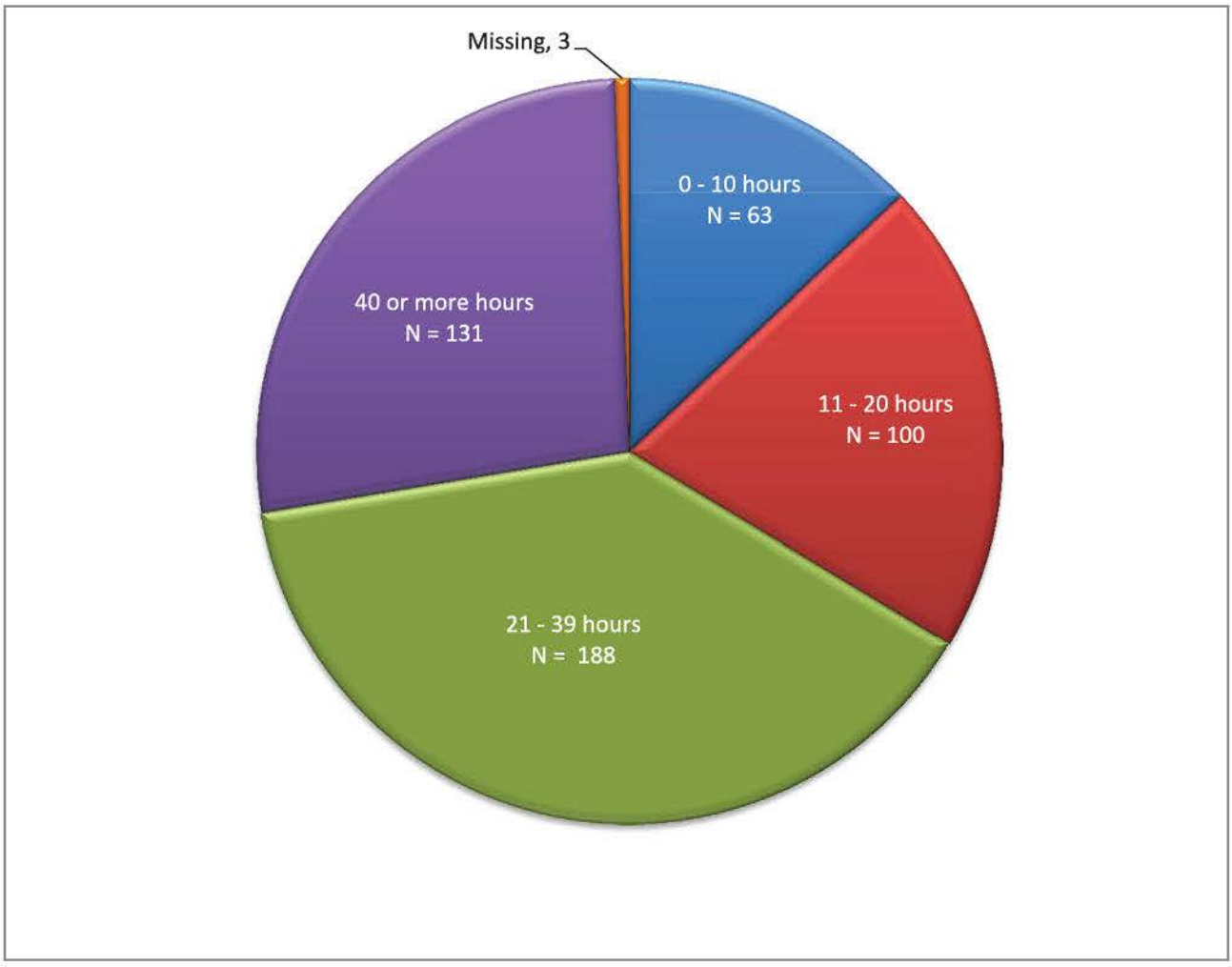

TABLE 5 – TYPE OF LOCATION

LOCATION	N	PERCENT
Urban	308	63.5
Suburban	143	29.5
Rural	25	5.2
Missing	9	1.9
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 5 – TYPE OF LOCATION

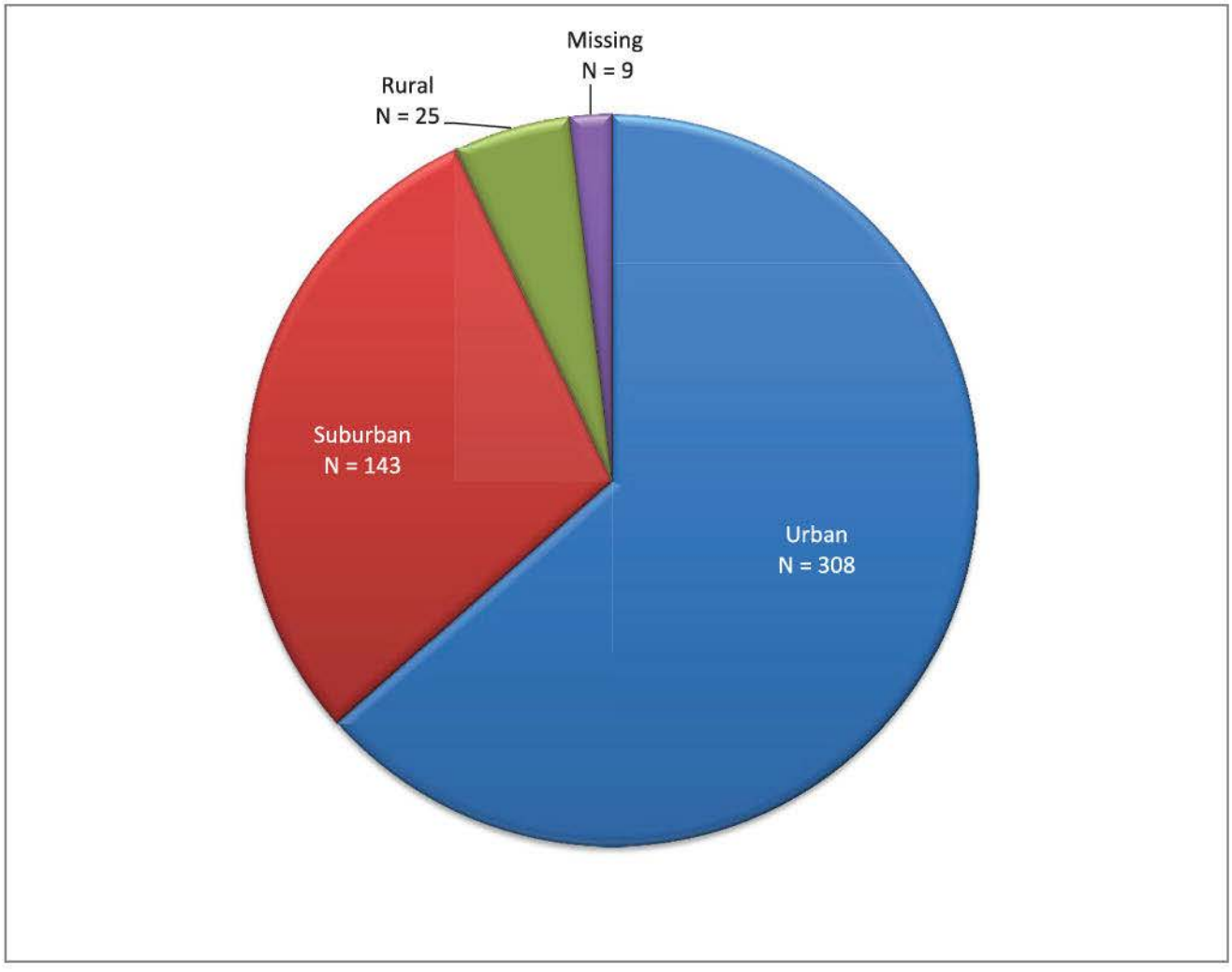

TABLE 6 – LANGUAGES SPOKEN*

LANGUAGE	N	PERCENT
English	439	90.5
Chinese	179	36.9
Korean	104	21.4
Spanish	41	8.5

*Respondents were permitted to select multiple languages

TABLE 7 – ABILITY TO READ ENGLISH PROFICIENTLY

PROFICIENCY	N	PERCENT
Yes	437	90.1
No	43	8.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 8 – LANGUAGE IN WHICH THE CALIFORNIA ACUPUNCTURE LICENSING EXAMINATION (CALE) WAS TAKEN

CALE LANGUAGE	N	PERCENT
English	251	51.8
Chinese	147	30.3
Korean	82	16.9
Missing	5	1.0
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 9 – PATIENTS' PRIMARY LANGUAGE

PATIENT LANGUAGE	N	PERCENT
English	356	73.4
Chinese	69	14.2
Korean	40	8.2
Spanish	3	.6
Missing	17	3.5
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 10 – HIGHEST LEVEL OF EDUCATION

EDUCATION	N	PERCENT
Certificate	9	1.9
Associate's Degree	3	.6
Bachelor's Degree	24	4.9
Master's Degree in Traditional Chinese Medicine	264	54.4
Master's Degree in another field	22	4.5
Doctorate Degree in Asian Medicine	113	23.3
Doctorate Degree in another field	33	6.8
Other formal education	8	1.6
Missing	9	1.9
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 6 – HIGHEST LEVEL OF EDUCATION

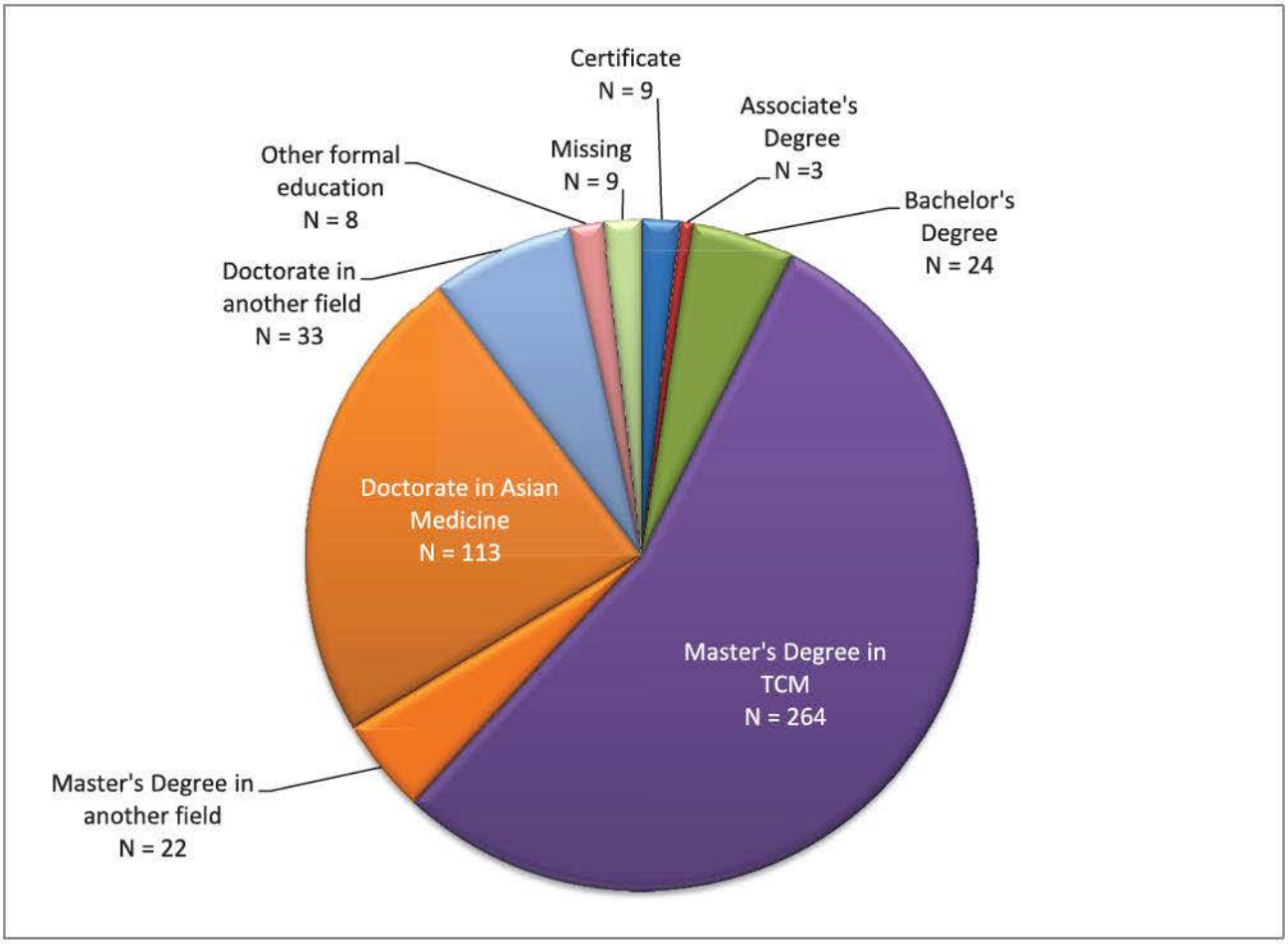

TABLE 11 – ADDITIONAL CALIFORNIA LICENSES HELD (related to Acupuncture practice)*

OTHER LICENSES	N	PERCENT*
Chiropractic	3	.6
Clinical Laboratory Scientist	3	.6
Certified Massage Therapist	11	2.2
Licensed Vocational Nurse	2	.4
Naturopathic Doctor	3	.6
Physical Therapist	2	.4
Registered Nurse	10	2.1
Teaching	3	.6

* Out of 485 total respondents

TABLE 12 – PRIMARY TREATMENT FOCUS CATEGORY

CATEGORY	N	PERCENT
Immune Disorder	11	2.3
Men's Health	1	.2
Women's Health	29	6.0
Gastrointestinal	7	1.4
Pain Management	260	53.6
Neurological	5	1.0
Dermatology/Cosmetic	3	.6
Addiction	3	.6
Mental Health	8	1.6
Endocrine Health	5	1.0
Cardiovascular	6	1.2
Oncology Support	8	1.6
General	123	25.4
Pediatrics	14	2.9
Missing	2	.4
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 7 – PRIMARY TREATMENT FOCUS CATEGORY

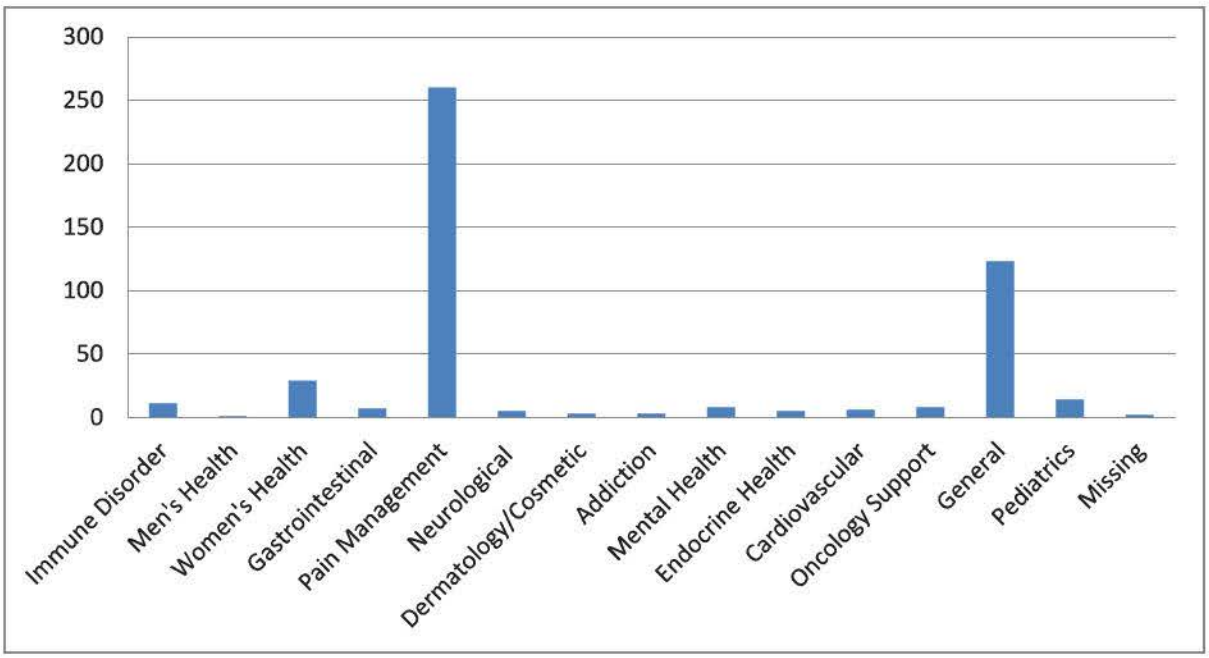

TABLE 13 – PERCENTAGE TIME SPENT (MINIMUM-MAXIMUM PERCENT SELECTED, MEAN, & STANDARD DEVIATION) ON PRIMARY TREATMENT FOCUS CATEGORY

CATEGORY	MIN-MAX	MEAN	SD
Immune Disorder	6% – 61%	26.50%	18.78%
Women's Health	1% – 68%	31.24%	18.49%
Gastrointestinal	1% – 71%	34.86%	22.08%
Pain Management	1% – 85%	25.74%	15.66%
Neurological	11% – 51%	26.40%	15.52%
Dermatology/Cosmetic	11% – 41%	24.33%	15.28%
Addiction	1% – 35%	22.33%	18.58%
Mental Health	6% – 71%	33.86%	25.30%
Endocrine Health	16% – 71%	42.00%	20.74%
Cardiovascular	2% – 41%	20.00%	17.15%
Oncology Support	1% – 56%	28.50%	16.26%
General	1% – 91%	12.79%	18.57%
Pediatrics	8% – 76%	31.54%	18.99%

TABLE 14 – TREATMENT MODALITIES UTILIZED (HIGHEST RANK)*

TREATMENT MODALITIES	N	PERCENT
Point Needling	397	81.9
Electroacupuncture	95	19.6
Herbal Therapy	84	17.3
Moxa	31	6.4
Cupping	48	9.9
Gua Sha	13	2.7
Tui Na	45	9.3
Massage Therapy	37	7.6

*Respondents were permitted to select multiple treatment modalities

FIGURE 8 –TREATMENT MODALITIES UTILIZED (HIGHEST RANK)

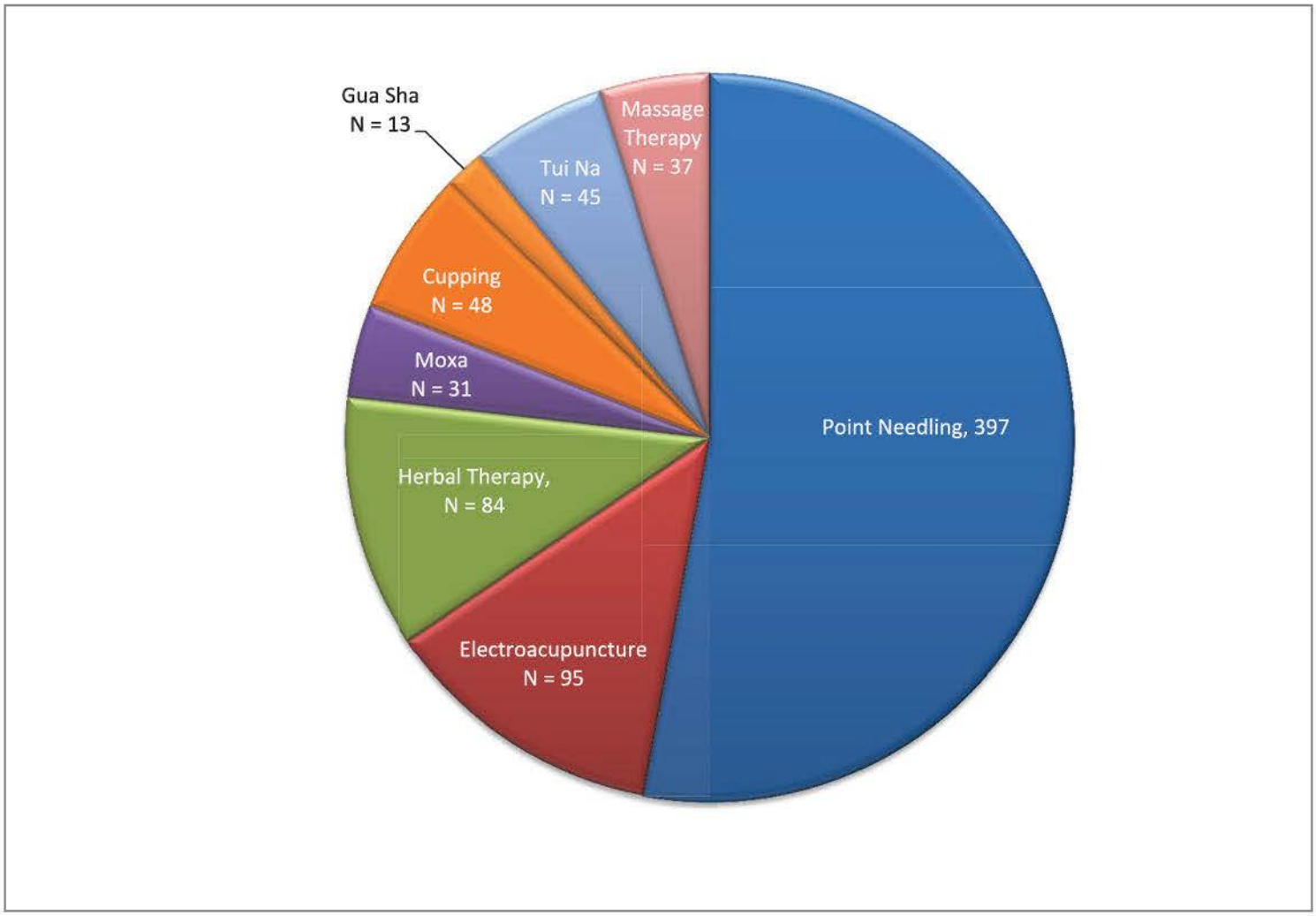

TABLE 15 –PERCENTAGE TIME SPENT (MINIMUM-MAXIMUM PERCENT SELECTED, MEAN, & STANDARD DEVIATION) INCORPORATING SPECIFIC TECHNIQUE

TECHNIQUE	MIN-MAX	MEAN	SD
Traditional Chinese Medicine	0% – 100%	58.74%	28.30%
Neurophysiological	0 %– 100%	17.77%	19.31%
Five Elements	0% – 100%	19.91%	21.37%
Auricular	0% – 99%	11.49%	11.64%
Scalp	0% – 50%	7.48%	6.34%
Master Tung	0% – 100%	18.42%	18.80%
Korean Hand	0% – 100%	11.24%	18.25%
Japanese	0% – 100%	22.00%	31.79%
Doctor Tan	0% – 90%	16.49%	20.91%

FIGURE 9 – PERCENTAGE OF TIME SPENT INCORPORATING SPECIFIC TECHNIQUE

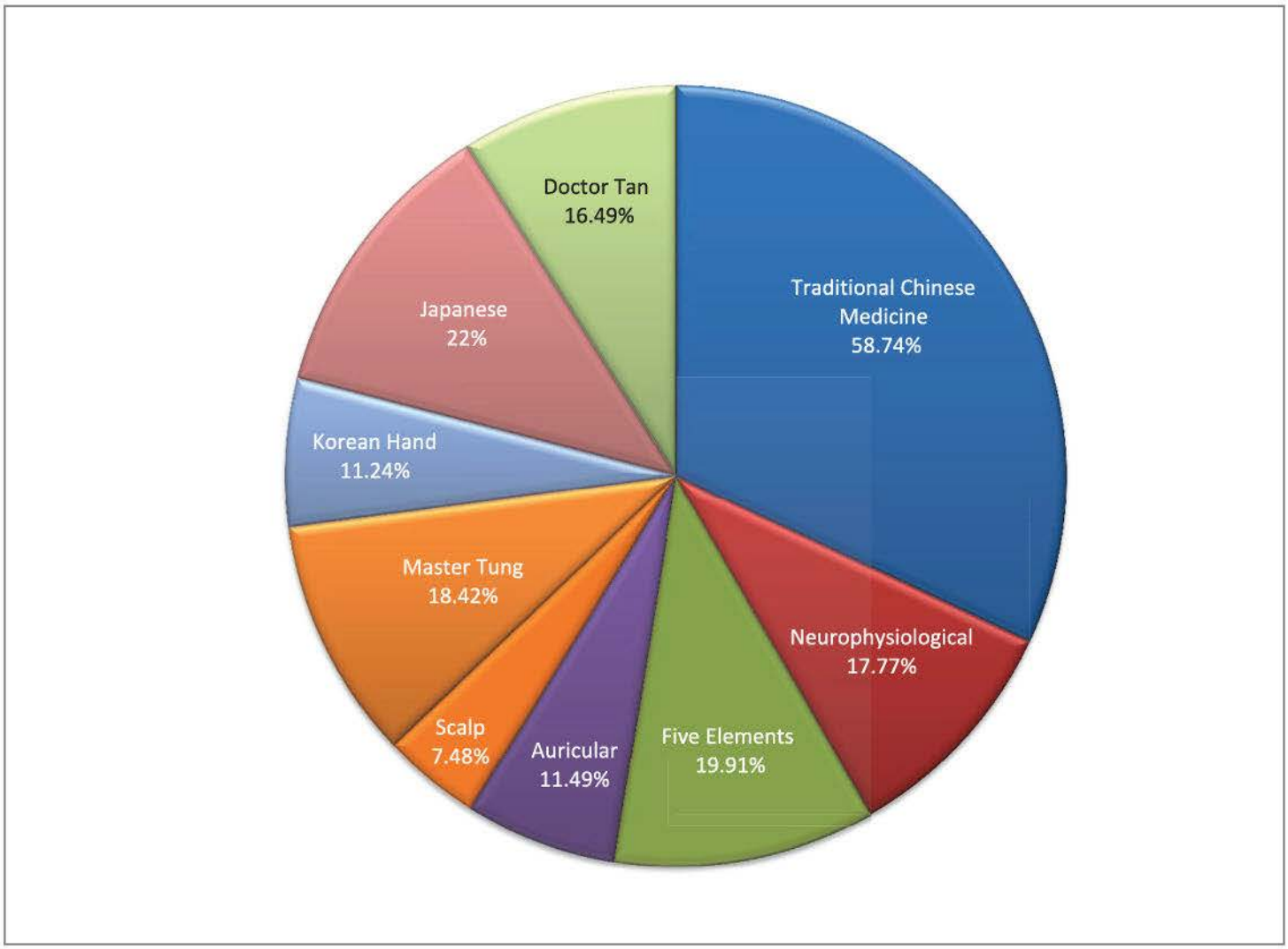

TABLE 16 – APPROXIMATE GROSS ANNUAL INCOME

INCOME	N	PERCENT
Up to $20,999	113	23.3
$21,000 – $39,999	94	19.4
$40,000 – $59,999	79	16.3
$60,000 – $79,999	72	14.8
$80,000 - $99,999	48	9.9
More than $100,000	54	11.1
Missing	25	5.2
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 10 – APPROXIMATE GROSS ANNUAL INCOME

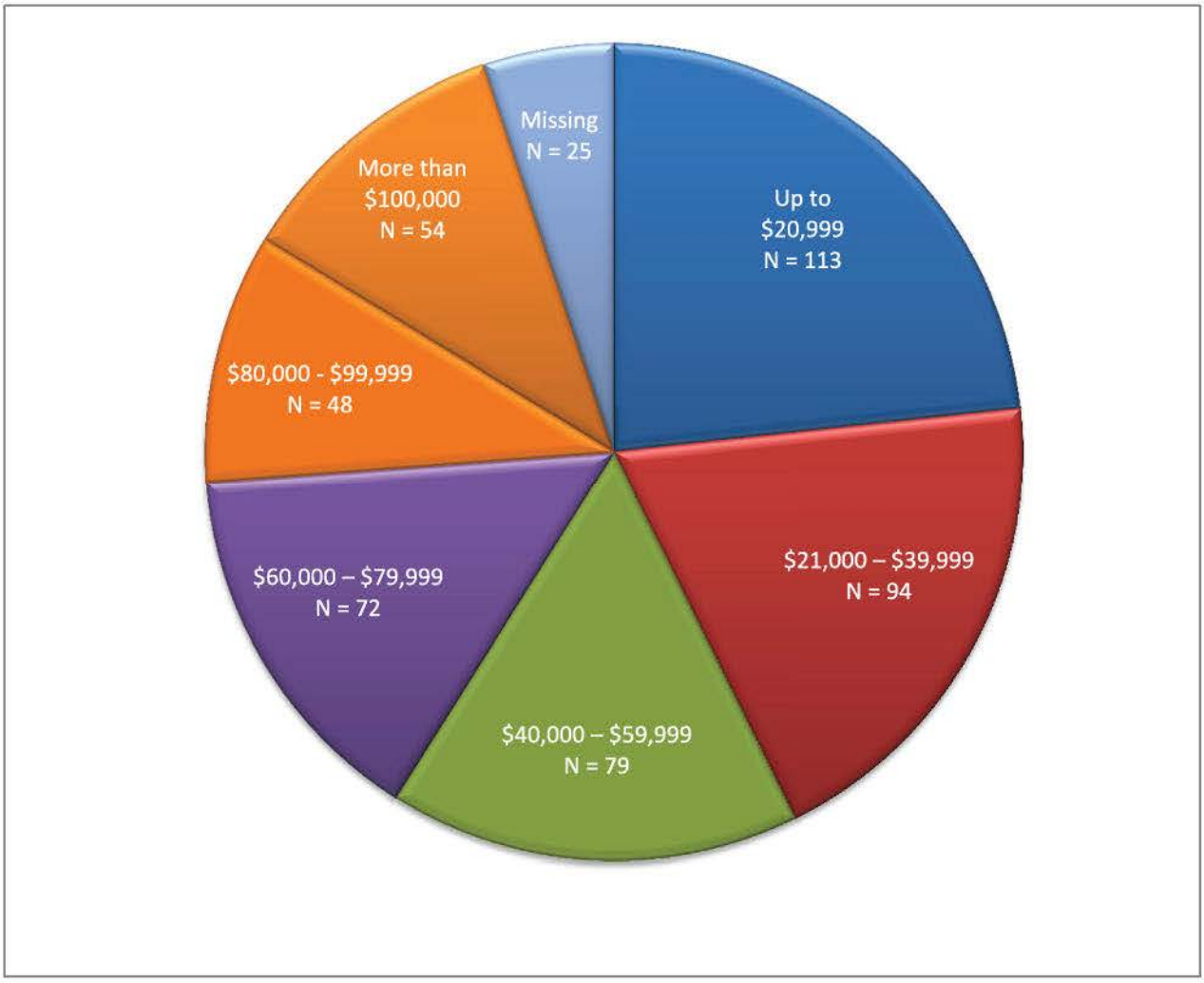

TABLE 17 – PRIMARY SOURCES OF INCOME*

INCOME SOURCES	N	PERCENT
Health Insurance	229	47.2
Workers' Compensation	85	17.5
Medicaid/Medicare	14	2.9
Private Insurance (e.g., HMO, PPO)	208	42.9
Personal Injury	97	20.0
Veteran Affairs	10	2.1
Cash/Out of Pocket	164	33.8

*Respondents were permitted to select multiple sources of income

FIGURE 11 – PRIMARY SOURCES OF INCOME

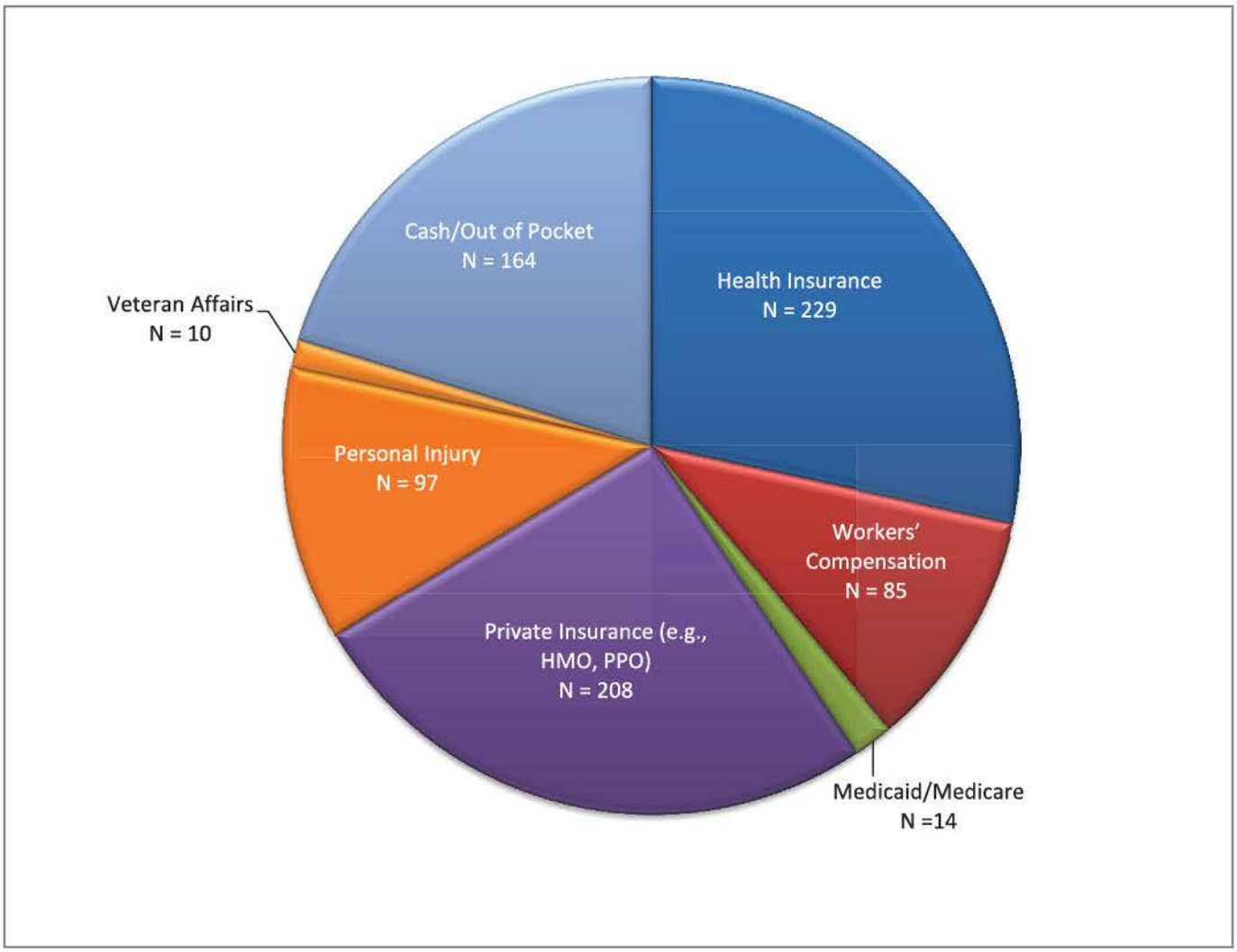

TABLE 18 – TRAINING PROGRAM PREPARED RESPONDENTS FOR FIRST YEAR IN PRACTICE

PREPAREDNESS	N	PERCENT
Yes	351	72.4
No	127	26.2
Missing	7	1.4
Total	485	100%

NOTE: Total may not add to 100% due to rounding.

TABLE 19 – RESPONDENTS BY REGION

SOUTHERN CALIFORNIA

County of Practice	Frequency
Imperial	1
Inyo	1
San Bernardino	3
San Diego	37
Los Angeles	162
Orange	66
Riverside	16
TOTAL	286

SAN FRANCISCO AREA

County of Practice	Frequency
Alameda	29
Amador	2
Contra Costa	6
Marin	10
San Francisco	20
San Mateo	10
Santa Clara	46
Santa Cruz	6
TOTAL	129

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	4
Kern	1
Kings	1
Merced	2
San Joaquin	3
Stanislaus	2
TOTAL	13

SACRAMENTO VALLEY

County of Practice	Frequency
Sacramento	10
Yolo	1
TOTAL	11

SIERRA MOUNTAIN

County of Practice	Frequency
El Dorado	2
Nevada	3
Placer	3
Plumas	1
Tuolumne	1
TOTAL	10

NORTH COAST

County of Practice	Frequency
Humboldt	2
Mendocino	2
Sonoma	13
TOTAL	17

SOUTH/CENTRAL COAST

County of Practice	Frequency
Monterey	2
San Luis Obispo	1
Santa Barbara	4
Ventura	6
TOTAL	13

DECLINED TO ANSWER

	Frequency
TOTAL	6

CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

The job task and knowledge ratings obtained by the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal-consistency of the respondents' ratings of job task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 20 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency (α = .99) and task importance (α = .99) across content areas were highly reliable. Table 21 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance (α = .99) across content areas were highly reliable. These results indicate that the responding Acupuncturists rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 20 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	α Frequency	α Importance
I. Patient Assessment	41	.98	.98
II. Diagnostic Impression and Treatment Plan	16	.96	.97
III. Providing Acupuncture Treatment	56	.98	.98
IV. Herbal Therapy	14	.97	.97
V. Regulations for Public Health and Safety	14	.93	.93
Total	141	.99	.99

TABLE 21 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
I. Patient Assessment	73	.99
II. Diagnostic Impression and Treatment Plan	40	.98
III. Providing Acupuncture Treatment	62	.98
IV. Herbal Therapy	20	.98
V. Regulations for Public Health and Safety	24	.97
Total	219	.99

TASK CRITICAL VALUES

Two workshops, each comprised of 10 California-licensed Acupuncturists acting as subject matter experts (SMEs), were convened at OPES in October and November 2014. The goals of the two workshops were to review the average importance and frequency ratings for tasks as well as the criticality indices of all task and knowledge statements. The desired outcome of these workshops was to identify the essential tasks and knowledge required for safe and effective Acupuncture practice at the time of licensure.

In order to determine the critical values (criticality) of the task statements, the importance rating (Ii) and the frequency rating (Fi) for each task were multiplied for each respondent, and the products averaged across respondents.

Critical task index = mean [(Fi) X (Ii)]

The task statements were then ranked according to the tasks' critical values. The task statements and their mean ratings and associated critical values are presented in Appendix A.

The SMEs who participated in the October 2014 workshop evaluated the tasks' critical values based on the questionnaire results. OPES staff instructed the SMEs to identify a cutoff value of criticality in order to determine if any tasks did not have a high enough critical value to be retained. The SMEs determined that a cutoff value of 10.00 should be set, based on their view of the relative importance of all tasks to Acupuncture practice. Eight task statements did not meet the cut-off value and were thus excluded from the content outline. Exclusion of a task statement from the content outline does not mean that the task is not performed in the Acupuncture practice, however, it was considered not critical for testing relative to other tasks. The SMEs in the November 2014 Workshop performed an independent review of the same data and arrived at the same conclusion of the SMEs from the October workshop.

KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each body of knowledge, the mean importance (KImp) rating for each knowledge statement was calculated. The knowledge statements were then ranked according to mean importance. The knowledge statements and their importance ratings are presented in Appendix B.

The SMES who participated in the October 2014 workshop, evaluating critical task indices, also reviewed the knowledge statement importance values. After reviewing the average importance ratings and considering their relative importance to Acupuncture practice, the SMEs determined that a cutoff value of 3.00 should be established. Five knowledge statements did not meet the cut-off value and were thus excluded from the content outline. Exclusion of a knowledge statement from the content outline does not mean that the body of knowledge is not used in the Acupuncture practice, however, it was considered not critical for testing relative to other knowledge concepts. The SMEs in the November 2014 workshop independently reviewed the same data and arrived at the same conclusion of the SMEs from the October workshop.

CHAPTER 5. EXAMINATION PLAN

TASK – KNOWLEDGE LINKAGE

The SMEs who participated in the October 2014 workshop reviewed the preliminary assignments of the task and knowledge statements to content areas and determined the appropriate linkage of specific knowledge statements to task statements. The content areas were developed so that they were non-overlapping and described major areas of practice. The SMEs who participated in the November 2014 workshop reviewed the October workshop results, including the task and knowledge linkage, and agreed with the outcome.

CONTENT AREAS AND WEIGHTS

In order for the November 2014 group of SMEs to determine the relative weights of the content areas, initial calculations were performed by dividing the sum of the task critical values for a content area by the overall sum of the task critical values for all tasks, as shown below.

$$\frac{\textit{Sum of Critical Values for Tasks in Content Area}}{\textit{Sum of Critical Values for All Tasks}} = \textit{Percent Weight of Content Area}$$

In reviewing the preliminary weights based solely on the task critical values (TCV Prelim. Wts.), the SMEs determined these weights were reflective of the relative importance of the content areas to Acupuncture practice in California. In determining the final weighting of the content areas, the November 2014 group of SMEs, looked at the group of tasks and knowledge, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area to Acupuncture practice in California. A summary of final content area weights based on the task critical values are presented in Table 22. A more detailed breakdown of the final content area weights is presented in Table 23. The content outline for the Acupuncture profession is presented in Table 24.

CRITICAL INDICES BY PRIMARY FOCUS OF TREATMENT

Additional calculations were performed from a condition-centered approach, based on the practitioners' primary focus of treatment, by parsing the critical values data by primary treatment focus. The three primary focuses of treatment, Pain Management, Women's Health, and General Health, were examined to determine differences in the critical values of each task statement. The calculation of the critical indices by primary treatment focus can be found in Appendix C.

PRIMARY FOCUS OF TREATMENT - TREATMENT MODALITY AND TECHNIQUE CORRELATIONS

Using the data parsed by primary focus of treatment (e.g., Pain Management, Women's Health, General Health), correlations between treatment modalities (e.g., Point Needling, Electroacupuncture, Herbal Therapy) and techniques utilized (e.g., Traditional Chinese Medicine, Five Element) were examined. Correlations were evaluated using Pearson's r which determines the significance of the relationship between the primary treatment focus selected and each treatment modality and technique employed by respondents. The Pearson's r-value indicates the strength and direction (+ or -) of the correlation ranging from 0 to 1. The higher the number, the stronger the relationship whether negative or positive. A positive correlation between a treatment modality and technique indicates that when that modality is utilized by the respondents, they are more likely to use the particular technique. A negative correlation between a treatment modality and technique indicates that when that modality is utilized by the respondents, they are less likely to use the particular technique. The correlations can be found in Table 25.

The results of these additional analyses were used to develop a supplemental tool, within which tasks identified in the content outline are linked with the primary focus of treatment and the treatment modality and technique most strongly correlated within that focus area. Thus, the supplemental tool is intended to be used as an accompaniment to the Content Outline. The supplemental tool can enable a more focused situational approach to examination item development (i.e., item scenarios written from a common treatment perspective). The supplemental tool was verified to be thorough and accurate by the Acupuncturists who participated in the final November 2014 workshop and can be found in Appendix D.

TABLE 22 – CONTENT AREA WEIGHTS

Content Area		TCV Prelim. Wts.	Final Weights
I.	Patient Assessment	31	31
II.	Diagnostic Impression	10.5	10.5
III.	Acupuncture Treatment	35	35
IV.	Herbal Therapy	10.5	10.5
V.	Regulations for Public Health and Safety	13	13
Total		100	100

TABLE 23 – DETAILED BREAKDOWN CONTENT AREA WEIGHTS

Content area	Number of Tasks in Content Subarea	Number of Tasks in Content Area	Task Indices in Content Subarea	Task Indices in Content Area	Content Subarea Weight (%)	Area Weight (%)
I. Patient Assessment		41		637.09		31%
A. Obtain Patient's History	22		349.11		16.5%	
B. Perform Physical Examination	16		240.68		12%	
C. Evaluate for Herbs, Supplements, and Western Pharmacology	1		17.28		1%	
D. Implement Diagnostic Testing	2		30.01		1.5%	
II. Developing a Diagnostic Impression		14		217.99		10.5%
III. Providing Acupuncture Treatment		50		725.99		35%
A. Point Selection Principles and Categories	25		345.76		17.5%	
B. Point Location and Needling Techniques	8		138.78		5.5%	
C. Implement Adjunct Modalities	10		132.22		7%	
D. Patient Education	7		109.26		5%	
IV. Herbal Therapy		14		217.44		10.5%
V. Regulations for Public Health and Safety		14		269.42		13%
Total		133*		2067.63		100%

*NOTE: *Total (N=133) reflects the deduction of the 8 tasks that did not meet the Task Importance cut off explained in Chapter 4.*

TABLE 24 – CONTENT OUTLINE: ACUPUNCTURIST

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) – Assess patient's presenting complaints by gathering patient health and treatment history.	**T1.** Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K2.** Knowledge of techniques for obtaining vital signs. **K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K5.** Knowledge of the impact of patient genetics and heredity on symptom development. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T2.** Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K5.** Knowledge of the impact of patient genetics and heredity on symptom development. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.
	T3. Gather information regarding the history of present illness as it relates to chief complaint of patient.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T4.** Interview patient regarding prior treatments provided for chief complaint.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K6.** Knowledge of the roles of other health care providers and commonly used treatment methods.
	T5. Interview patient regarding emotional state and life events that contribute to present complaint.	**K7.** Knowledge of the impact of emotions on pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.
	T6. Interview patient regarding sleep patterns that contribute to present complaint.	**K8.** Knowledge of the patterns of sleep associated with pathology.
	T7. Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	**K9.** Knowledge of external and internal influences that impact current health status. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T8.** Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	**K7.** Knowledge of the impact of emotions on pathology. **K8.** Knowledge of the patterns of sleep associated with pathology. **K9.** Knowledge of external and internal influences that impact current health status. **K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K11.** Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.
	T9. Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	**K10.** Knowledge of the impact of dietary habits on pathology or imbalance. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K16.** Knowledge of the effect of herbal and food flavors and temperatures on pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology. **K19.** Knowledge of the association between characteristics of thirst and patterns of disharmony.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T10.** Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	**K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K16.** Knowledge of the effect of herbal and food flavors and temperatures on pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology.
	T11. Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	**K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology. **K19.** Knowledge of the association between characteristics of thirst and patterns of disharmony.
	T12. Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	**K12.** Knowledge of the gastrointestinal system. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K17.** Knowledge of the association between food and fluid flavor preferences and pathology. **K18.** Knowledge of the relationship between food and fluid temperature preferences and pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T13.** Interview patient regarding gynecological symptoms to determine nature of imbalance.	**K20.** Knowledge of the anatomy and physiology of human body systems. **K21.** Knowledge of patterns of disharmony associated with menstruation. **K22.** Knowledge of the female reproductive system. **K23.** Knowledge of patterns of disharmony associated with pregnancy and childbirth. **K24.** Knowledge of patterns of disharmony associated with menopause.
	T14. Interview patient regarding urogenital symptoms to determine nature of imbalance.	**K25.** Knowledge of patterns of disharmony associated with the male reproductive system. **K26.** Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.
	T15. Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	**K26.** Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.
	T16. Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	**K12.** Knowledge of the gastrointestinal system. **K14.** Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology. **K27.** Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T17.** Evaluate patient for the presence of fever and/or chills to determine present health condition.	**K28.** Knowledge of the association between fever and/or chills and pathogenic influences. **K21.** Knowledge of patterns of disharmony associated with menstruation.
	T18. Evaluate patient patterns of perspiration to determine nature of imbalance.	**K29.** Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.
	T19. Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	**K30.** Knowledge of the relationship between ocular symptoms and pathology. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).
	T20. Interview patient regarding auditory function to determine nature of imbalance.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K31.** Knowledge of the relationship between auricular symptoms and pathology. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
A. Obtain Patient's History (16.5%) (cont.)	**T21.** Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	**K3.** Knowledge of interview techniques for obtaining health history. **K4.** Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status. **K32.** Knowledge of pain characteristics resulting from pathological influences. **K52.** Knowledge of methodology for assessment of nature and quality of pain.
	T27. Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	**K39.** Knowledge of the theory of Jin Ye characteristics. **K42.** Knowledge of mucus characteristics and pathology.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) - Assess patient's condition using Western and Oriental Medicine examination techniques.	**T22.** Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	**K7.** Knowledge of the impact of emotions on pathology. **K33.** Knowledge of the theory of Qi. **K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen. **K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.
	T23. Observe patient (e.g., presence, affect) to determine spirit/Shen.	**K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen.
	T24. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	**K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.
	T25. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	**K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).
	T26. Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	**K40.** Knowledge of the relationship between quality and strength of voice and patterns of disharmony.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T28.** Evaluate patient phlegm characteristics to determine nature of imbalance.	**K39.** Knowledge of the theory of Jin Ye characteristics. **K41.** Knowledge of phlegm characteristics and pathology.
	T29. Evaluate patient respiratory system to determine nature of imbalance.	**K43.** Knowledge of signs and symptoms of impaired respiratory function. **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K65.** Knowledge of clinical indications of cardiopulmonary dysfunction. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).
	T30. Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K20.** Knowledge of the anatomy and physiology of human body systems. **K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K55.** Knowledge of Western medical terminology and definitions. **K67.** Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.
	T31. Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K20.** Knowledge of the anatomy and physiology of human body systems.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T31.** Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	**K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K52.** Knowledge of methodology for assessment of nature and quality of pain. **K55.** Knowledge of Western medical terminology and definitions.
	T32. Observe patient tongue body and coating to determine nature of imbalance.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K50.** Knowledge of tongue characteristics associated with pathology and health.
	T33. Assess patient radial pulse to determine nature of imbalance.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body.
	T34. Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	**K12.** Knowledge of the gastrointestinal system. **K13.** Knowledge of methods for palpating the abdomen. **K20.** Knowledge of the anatomy and physiology of human body systems. **K22.** Knowledge of the female reproductive system. **K46.** Knowledge of neuromusculoskeletal conditions.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T34.** Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	**K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body. **K52.** Knowledge of methodology for assessment of nature and quality of pain. **K66.** Knowledge of palpation techniques for determination of pathology.
	T37. Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	**K3.** Knowledge of methods for palpating the abdomen. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).
	T38. Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	**K44.** Knowledge of skin characteristics associated with pathology. **K55.** Knowledge of Western medical terminology and definitions.
	T40. Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	**K68.** Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure). **K69.** Knowledge of methods for administering cardiopulmonary resuscitation. **K70.** Knowledge of methods for providing first aid treatment.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T41.** Perform physical exam on patient to determine present health condition.	**K1.** Knowledge of physical examination techniques and evaluation of findings. **K2.** Knowledge of techniques for obtaining vital signs. **K13.** Knowledge of methods for palpating the abdomen. **K20.** Knowledge of the anatomy and physiology of human body systems. **K34.** Knowledge of Shen characteristics and clinical indicators of impaired Shen. **K35.** Knowledge of facial indicators associated with pathology or disharmony. **K36.** Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation. **K44.** Knowledge of skin characteristics associated with pathology. **K45.** Knowledge of methods of assessing neuromusculoskeletal function and integrity. **K46.** Knowledge of neuromusculoskeletal conditions. **K47.** Knowledge of pathogenic factors that affect joints and surrounding areas. **K48.** Knowledge of causes of joint pathology. **K49.** Knowledge of conditions associated with abnormal localized temperature. **K50.** Knowledge of tongue characteristics associated with pathology and health. **K51.** Knowledge of methods for obtaining pulse information from various locations on the body. **K52.** Knowledge of methodology for assessment of nature and quality of pain.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
B. Perform Physical Examination (12%) (cont.)	**T41.** Perform physical exam on patient to determine present health condition.	**K53.** Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle). **K54.** Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear). **K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K65.** Knowledge of clinical indications of cardiopulmonary dysfunction. **K66.** Knowledge of palpation techniques for determination of pathology. **K67.** Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology. **K72.** Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
C. Evaluate for Herbs, Supplements, and Western Medicine (1%) – Assess patient's use of herbs, supplements, and Western medications to determine impact on patient's condition.	**T35.** Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	**K3.** Knowledge of interview techniques for obtaining health history. **K56.** Knowledge of the classification of commonly prescribed Western medications. **K57.** Knowledge of the clinical indications of commonly prescribed Western medications. **K58.** Knowledge of side effects of commonly prescribed Western medications. **K59.** Knowledge of clinical indications of commonly prescribed herbs and supplements. **K60.** Knowledge of side effects of commonly used herbs and supplements. **K61.** Knowledge of interactions between commonly used supplements, herbs, and Western medications.

I. Patient Assessment (31%) – The practitioner obtains patient's history and performs a physical examination to evaluate presenting complaint and interrelationship among symptoms. The practitioner assesses patient's use of herbs, supplements, and Western medications to determine impact on patient's condition. The practitioner uses patient's diagnostic test results to augment Oriental Medicine assessment methods.

Subarea	*Job Task*	*Associated Knowledge*
D. Implement Diagnostic Testing (1.5%) – Assess patient's condition by using results from Western diagnostic tests.	**T36.** Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	**K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K63.** Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).
	T39. Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	**K6.** Knowledge of the roles of other health care providers and commonly used treatment methods. **K55.** Knowledge of Western medical terminology and definitions. **K58.** Knowledge of side effects of commonly prescribed Western medications. **K62.** Knowledge of clinical significance of laboratory tests used for diagnostic purposes. **K63.** Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography). **K64.** Knowledge of vital sign values as clinical indicators of pathology. **K68.** Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure). **K70.** Knowledge of methods for providing first aid treatment. **K73.** Knowledge of the environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	*Associated Knowledge*
T42. Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K75.** Knowledge of the association between radial pulse findings and pathology. **K76.** Knowledge of the association between tongue characteristics and pathology. **K77.** Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.
T43. Identify affected channel by evaluating information gathered from patient.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K78.** Knowledge of the relationship between the Organs and channels in disease progression and transformation. **K82.** Knowledge of clinical indicators associated with disease of the channels. **K83.** Knowledge of the distribution, functions, and clinical significance of the channels.
T44. Differentiate between root and branch of condition to focus patient treatment.	**K84.** Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony. **K85.** Knowledge of methods for prioritizing pathology or disharmony symptoms.
T45. Prioritize findings regarding patient to develop treatment strategy.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K84.** Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony. **K85.** Knowledge of methods for prioritizing pathology or disharmony symptoms.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	*Associated Knowledge*
T46. Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	**K102.** Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles. **K103.** Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan. **K105.** Knowledge of treatment strategies for using tonification and/or sedation points. **K106.** Knowledge of the association between stimulation techniques and treatment principles.
T47. Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	**K103.** Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan. **K105.** Knowledge of treatment strategies for using tonification and/or sedation points. **K106.** Knowledge of the association between stimulation techniques and treatment principles.
T48. Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	**K79.** Knowledge of the relationships, patterns, and changes of Yin and Yang.
T49. Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	**K86.** Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.
T50. Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	**K80.** Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood). **K87.** Knowledge of the functions of and relationship between the Zang Fu and the channels. **K88.** Knowledge of the clinical indications associated with Zang Fu pathology. **K89.** Knowledge of methods for identifying simultaneous Zang Fu disharmonies.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	*Associated Knowledge*
T51. Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	**K74.** Knowledge of methods for integrating assessment information to develop a diagnosis. **K79.** Knowledge of the relationships, patterns, and changes of Yin and Yang. **K81.** Knowledge of disease progression from superficial to deep levels of the human body. **K90.** Knowledge of methods for differentiating patterns of Hot and Cold conditions. **K91.** Knowledge of methods for differentiating Empty and Full patterns.
T52. Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	**K92.** Knowledge of the functions associated with the types of Qi. **K93.** Knowledge of the characteristics and functions associated with Blood. **K94.** Knowledge of the disharmonies associated with Qi and Blood. **K98.** Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.
T53. Utilize Four Level differentiation to determine progression of pathogen.	**K96.** Knowledge of patterns of disharmony associated with the Four Levels.
T54. Utilize Six Stage differentiation to determine progression of pathogen.	**K95.** Knowledge of patterns of disharmony associated with the Six Stages.

II. Diagnostic Impression and Treatment Plan (10.5%) – The practitioner evaluates clinical manifestations to determine the relative strength and progression of disease. The practitioner demonstrates knowledge of how pathology in Western medicine relates to disease in traditional Oriental Medicine. The practitioner evaluates patterns of disharmony according to theories of Oriental Medicine to establish a diagnosis and treatment plan.

Job Task	*Associated Knowledge*
T57. Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	**K99.** Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns. **K100.** Knowledge of Western medical diagnoses and physiological processes involved with disease progression.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) – Select acupuncture points and combinations, including microsystems (e.g., auricular, scalp), to provide therapeutic treatment for disharmonies.	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K120.** Knowledge of methods for combining distal and proximal points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K122.** Knowledge of principles for combining points from different channels. **K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition. **K124.** Knowledge of the method for balancing the points on the upper part of the body with those of the lower part. **K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K126.** Knowledge of treatment strategies that use centrally located points that relate to the extremities. **K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center. **K128.** Knowledge of the therapeutic use of Ashi points. **K129.** Knowledge of the therapeutic use of points along the Muscle channels. **K130.** Knowledge of the effects of using Front-Mu points in treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment. **K133.** Knowledge of treatment principles for using Lower He-Sea points. **K134.** Knowledge of techniques for choosing points according to channel theory. **K135.** Knowledge of the efficacy of using particular points during progressive phases of treatment. **K136.** Knowledge of significance of selecting points based upon specific time of day. **K137.** Knowledge of therapeutic use of Five Shu (Five Transporting) points. **K138.** Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels. **K139.** Knowledge of therapeutic use of Extraordinary points. **K140.** Knowledge of therapeutic use of Intersecting/Crossing points of the channel. **K141.** Knowledge of therapeutic use of Luo-Connecting points. **K142.** Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels. **K143.** Knowledge of therapeutic use of Yuan-Source points. **K144.** Knowledge of therapeutic use of Xi-Cleft points. **K145.** Knowledge of therapeutic use of tonification and/or sedation techniques. **K146.** Knowledge of therapeutic use of Four Seas points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T58.** Develop a point prescription for patient based on treatment principles to restore balance.	**K147.** Knowledge of therapeutic use of Influential points. **K148.** Knowledge of therapeutic use of Mother/Son points (Four Needle Technique). **K149.** Knowledge of the theory of the Five Elements. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K151.** Knowledge of needle manipulation techniques. **K152.** Knowledge of the needle retention methods for pathological conditions. **K153.** Knowledge of the impact of patient constitution and condition on duration of needle retention. **K154.** Knowledge of patient positions for locating and needling acupuncture points. **K155.** Knowledge of recommended needling depths and angles. **K167.** Knowledge of patient symptoms that indicate need for treatment modification. **K168.** Knowledge of contraindications for needling.
	T59. Select distal and/or proximal points on patient to treat affected channels and conditions.	**K120.** Knowledge of methods for combining distal and proximal points.
	T60. Select local points on patient by evaluating clinical indications to treat condition.	**K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K128.** Knowledge of the therapeutic use of Ashi points. **K129.** Knowledge of the therapeutic use of points along the Muscle channels.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T61.** Select points from different channels on patient to combine treatment of root and branch.	**K119.** Knowledge of the association between points and internal Organs and channels. **K122.** Knowledge of principles for combining points from different channels. **K134.** Knowledge of techniques for choosing points according to channel theory. **K142.** Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.
	T62. Select points on patient opposite to area of patient complaint to treat condition.	**K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.
	T63. Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	**K123.** Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition. **K124.** Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.
	T64. Select points from Yin and Yang channels to balance the treatment prescription for patient.	**K122.** Knowledge of principles for combining points from different channels. **K134.** Knowledge of techniques for choosing points according to channel theory.
	T65. Select front and back points on patient to enhance treatment effect.	**K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K130.** Knowledge of the effects of using Front-Mu points in treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T65.** Select front and back points on patient to enhance treatment effect.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.
	T67. Select points on the extremities of patient to treat conditions occurring in the center.	**K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center.
	T68. Select Ashi points on patient to enhance treatment effect.	**K128.** Knowledge of the therapeutic use of Ashi points.
	T69. Select points along the Muscle channels of patient to enhance treatment effect.	**K129.** Knowledge of the therapeutic use of points along the Muscle channels.
	T70. Select Front-Mu (Alarm) points on patient to address acute imbalances.	**K125.** Knowledge of the effects of using points on the front and back to regulate internal Organs. **K130.** Knowledge of the effects of using Front-Mu points in treatment **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.
	T71. Select Back-Shu (Transport) points on patient to address chronic imbalances.	**K131.** Knowledge of the effects of using Back-Shu points in treatment. **K132.** Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T72.** Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K127.** Knowledge of treatment strategies that use points in the extremities that relate to the center. **K133.** Knowledge of treatment principles for using Lower He-Sea points. **K134.** Knowledge of techniques for choosing points according to channel theory.
	T73. Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	**K137.** Knowledge of therapeutic use of Five Shu (Five Transporting) points. **K148.** Knowledge of therapeutic use of Mother/Son points (Four Needle Technique). **K149.** Knowledge of the theory of the Five Elements.
	T74. Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	**K138.** Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.
	T75. Select Extra points on patient based on clinical indications to treat condition.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T75.** Select Extra points on patient based on clinical indications to treat condition.	**K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points.
	T76. Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	**K140.** Knowledge of therapeutic use of Intersecting/Crossing points of the channel.
	T77. Select Luo-Connecting points on patient to treat internally and externally related channels.	**K141.** Knowledge of therapeutic use of Luo-Connecting points.
	T78. Select Yuan-Source points on patient to access fundamental Qi for the channel.	**K143.** Knowledge of therapeutic use of Yuan-Source points.
	T79. Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	**K144.** Knowledge of therapeutic use of Xi-Cleft points.
	T80. Select Eight Influential points on patient to treat condition.	**K139.** Knowledge of therapeutic use of Extraordinary points. **K147.** Knowledge of therapeutic use of Influential points.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
A. Point Selection Principles and Categories (17.5%) (cont.)	**T106.** Select scalp points based on clinical indications to treat patient condition.	**K164.** Knowledge of the techniques of scalp acupuncture.
	T107. Select auricular points based on clinical indications to treat patient condition.	**K165.** Knowledge of the techniques of auricular acupuncture.
	T109. Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	**K135.** Knowledge of the efficacy of using particular points during progressive phases of treatment. **K167.** Knowledge of patient symptoms that indicate need for treatment modification.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
B. Point Location and Needling Techniques (5.5%) – Locate acupuncture points, insert needles, and apply needling techniques.	**T85.** Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	**K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location.
	T86. Evaluate patient condition to determine needle retention time for optimal treatment effects.	**K152.** Knowledge of the needle retention methods for pathological conditions.
	T87. Place patient into recommended position for needle insertion.	**K154.** Knowledge of patient positions for locating and needling acupuncture points.
	T88. Insert needle within standard depth range to stimulate point on patient.	**K155.** Knowledge of recommended needling depths and angles.
	T89. Manipulate needle to produce therapeutic effect in patient.	**K151.** Knowledge of needle manipulation techniques.
	T90. Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	**K168.** Knowledge of contraindications for needling.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
B. Point Location and Needling Techniques (5.5%) (cont.)	**T91.** Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	**K116.** Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves). **K117.** Knowledge of the function and clinical indications of points. **K118.** Knowledge of the classification of acupuncture points. **K119.** Knowledge of the association between points and internal Organs and channels. **K155.** Knowledge of recommended needling depths and angles. **K169.** Knowledge of points and conditions that should be needled with caution.
	T108. Evaluate patient stress response to treatment by monitoring vital signs.	**K166.** Knowledge of signs and symptoms of patient distress.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
C. Implement Adjunct Modalities (7%) – Enhance treatment effectiveness by utilizing supportive treatments and recognizing contraindications.	**T92.** Apply moxibustion techniques on patient to treat indicated conditions.	**K156.** Knowledge of the application of moxibustion techniques. **K172.** Knowledge of contraindications for moxibustion.
	T93. Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	**K156.** Knowledge of the application of moxibustion techniques. **K172.** Knowledge of contraindications for moxibustion.
	T94. Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	**K157.** Knowledge of the application of electroacupuncture techniques. **K170.** Knowledge of contraindications for electroacupuncture.
	T95. Identify contraindications for electroacupuncture to avoid injury and/or complications.	**K157.** Knowledge of the application of electroacupuncture techniques. **K170.** Knowledge of contraindications for electroacupuncture.
	T96. Perform cupping techniques on patient to treat condition.	**K158.** Knowledge of the application of cupping techniques. **K171.** Knowledge of contraindications for cupping.
	T97. Identify contraindications for cupping to avoid injury and/or complications.	**K158.** Knowledge of the application of cupping techniques. **K171.** Knowledge of contraindications for cupping.
	T99. Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	**K175.** Knowledge of contraindications for Gua Sha techniques.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
C. Implement Adjunct Modalities (7%) (cont.)	**T100.** Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	**K159.** Knowledge of the application of soft tissue massage techniques. **K173.** Knowledge of contraindications for soft tissue massage. **K174.** Knowledge of contraindications for adjunctive therapies.
	T101. Identify contraindications for massage techniques to avoid injury and/or complications.	**K159.** Knowledge of the application of soft tissue massage techniques. **K173.** Knowledge of contraindications for soft tissue massage. **K174.** Knowledge of contraindications for adjunctive therapies.
	T103. Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	**K156.** Knowledge of the application of moxibustion techniques. **K160.** Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises). **K165.** Knowledge of the techniques of auricular acupuncture. **K172.** Knowledge of contraindications for moxibustion. **K174.** Knowledge of contraindications for adjunctive therapies.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
D. Patient Education (5%) – Provide Oriental Medicine education to patient regarding lifestyle, diet, and self-care.	**T102.** Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	**K156.** Knowledge of the application of moxibustion techniques. **K160.** Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises). **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K165.** Knowledge of the techniques of auricular acupuncture. **K174.** Knowledge of contraindications for adjunctive therapies.
	T104. Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	**K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.
	T105. Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	**K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.
	T110. Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	**K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
D. Patient Education (5%) (cont.)	**T111.** Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K167.** Knowledge of patient symptoms that indicate need for treatment modification.
	T112. Provide patient with information regarding physiological systems to explain how the body functions.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition. **K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K166.** Knowledge of signs and symptoms of patient distress.
	T113. Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	**K117.** Knowledge of the function and clinical indications of points. **K121.** Knowledge of therapeutic effects of using local points in acupuncture treatment. **K150.** Knowledge of the anatomical landmarks and proportional measurements used in point location. **K162.** Knowledge of lifestyle changes and stress reduction techniques that improve health condition.

III. Providing Acupuncture Treatment (35%) – The practitioner implements knowledge of the actions, indications, and categories of points to create a point protocol which balances and treats disharmonies. The practitioner uses anatomical landmarks and proportional measurements to locate and needle points on the body. The practitioner identifies clinical indications and contraindications for the use of acupuncture microsystems and adjunct modalities. The practitioner evaluates patient response at follow-up visit and modifies treatment plan.

Subarea	*Job Task*	*Associated Knowledge*
D. Patient Education (5%) (cont.)	**T113.** Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	**K163.** Knowledge of nutritional concepts and dietary modifications specific to patient condition. **K166.** Knowledge of signs and symptoms of patient distress.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	*Associated Knowledge*
T114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	**K176.** Knowledge of therapeutic uses for herbs and herbal formulas. **K177.** Knowledge of the categories of herbs and herbal formulas according to therapeutic properties. **K178.** Knowledge of the effects of herbs and herbal formulas on channels and Organs. **K179.** Knowledge of modifications of herbal formulas. **K180.** Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas. **K181.** Knowledge of the hierarchical principles governing herbal formulas. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas. **K185.** Knowledge of the interactions between diet and herbal therapies. **K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas. **K187.** Knowledge of the practice of herbal formula preparation. **K188.** Knowledge of the relationships between herbal formulas and treatment principles. **K189.** Knowledge of strategies for combining herb ingredients to form an herbal formula. **K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K191.** Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks). **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	*Associated Knowledge*
T114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	**K193.** Knowledge of the effects of processing herbs on efficacy and toxicity. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T115. Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	**K176.** Knowledge of therapeutic uses for herbs and herbal formulas. **K177.** Knowledge of the categories of herbs and herbal formulas according to therapeutic properties. **K178.** Knowledge of the effects of herbs and herbal formulas on channels and Organs. **K179.** Knowledge of modifications of herbal formulas. **K180.** Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas. **K181.** Knowledge of the hierarchical principles governing herbal formulas. **K182.** Knowledge of the association between therapeutic effects of points and herbal therapy. **K183.** Knowledge of interactions between herbal therapies and Western medications.
T116. Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	**K181.** Knowledge of the hierarchical principles governing herbal formulas.
T117. Identify complementary herb qualities and point functions to provide integrated treatment.	**K182.** Knowledge of the association between therapeutic effects of points and herbal therapy.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	*Associated Knowledge*
T118. Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	**K183.** Knowledge of interactions between herbal therapies and Western medications.
T119. Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.
T120. Monitor effects of herbs when combined with Western medications to determine interactions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.
T121. Identify patient conditions that are contraindicated for recommending herbs.	**K184.** Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas. **K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K193.** Knowledge of the effects of processing herbs on efficacy and toxicity. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T122. Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	**K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T123. Determine effective dosage of herbal therapy by evaluating patient condition.	**K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.

IV. Herbal Therapy (10.5%) – The practitioner selects herbal formulas based on diagnostic criteria, and then modifies herbs and dosages according to patient's condition. The practitioner identifies situations and conditions where herbs and herbal formulas would be contraindicated.

Job Task	*Associated Knowledge*
T124. Evaluate patient response to herbal therapy to determine if modifications are indicated.	**K179.** Knowledge of modifications of herbal formulas. **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition.
T125. Monitor patient response to herbal therapy for side effects.	**K190.** Knowledge of combinations of herbs that are toxic or produce undesired side effects. **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.
T126. Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	**K186.** Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas. **K191.** Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks). **K192.** Knowledge of methods for modifying herbal formulas to treat changes in patient condition. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.
T127. Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	**K183.** Knowledge of interactions between herbal therapies and Western medications. **K194.** Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs. **K195.** Knowledge of herbal formula recommendations based upon patient constitution.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	*Associated Knowledge*
T128. Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K202.** Knowledge of guidelines for writing medical records and reports.
T129. Develop advertisements in accordance with legal guidelines regarding services provided.	**K197.** Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.
T130. Maintain patient records in accordance with State and federal regulations.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K202.** Knowledge of guidelines for writing medical records and reports. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.
T131. Maintain patient confidentiality in accordance with State and federal regulations.	**K199.** Knowledge of legal requirements for protecting patient confidentiality. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	*Associated Knowledge*
T132. Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	**K200.** Knowledge of indicators of child, elder, and dependent adult abuse. **K201.** Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.
T133. Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	**K218.** Knowledge of laws regulating practice techniques for California-licensed acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T134. Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	**K209.** Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases. **K210.** Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens. **K211.** Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases. **K212.** Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases. **K214.** Knowledge of the risks of infectious diseases in the practitioner and patient environment.
T135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	**K215.** Knowledge of standards and procedures for the Clean Needle Technique. **K216.** Knowledge of the methods for isolating used needles.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	*Associated Knowledge*
T135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	**K217.** Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.
T136. Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	**K215.** Knowledge of standards and procedures for the Clean Needle Technique. **K216.** Knowledge of the methods for isolating used needles. **K217.** Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.
T137. Adhere to ethical standards and professional boundaries while interacting with patients.	**K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T138. Adhere to professional standards regarding substance use within the treatment environment.	**K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	**K197.** Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services. **K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K202.** Knowledge of guidelines for writing medical records and reports.

V. Regulations for Public Health and Safety (13%) – The practitioner adheres to professional, ethical, and legal requirements regarding business practices, informed consent, and collaboration with other health care providers. The practitioner understands and complies with laws and regulations governing infection control measures. The practitioner adheres to legal requirements for reporting known or suspected abuse.

Job Task	*Associated Knowledge*
T139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	**K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities. **K219.** Knowledge of ethical standards for professional conduct in an acupuncture practice setting.
T140. Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	**K202.** Knowledge of guidelines for writing medical records and reports. **K203.** Knowledge of methods for using Western medical diagnostic codes. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K205.** Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.
T141. Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	**K196.** Knowledge of legal requirements pertaining to the maintenance and retention of records. **K198.** Knowledge of laws that define scope of practice and professional competence for acupuncturists. **K199.** Knowledge of legal requirements for protecting patient confidentiality. **K204.** Knowledge of legal requirements for written consent to disclose patient records or share patient information. **K218.** Knowledge of laws regulating practice techniques for California-licensed acupuncturists.

Table 25

PRIMARY FOCUS OF TREATMENT -
TREATMENT MODALITY AND TECHNIQUE CORRELATIONS

WOMEN'S HEALTH	
Modality/Technique	**Pearson's r**
Point Needling/Traditional Chinese Medicine	.30***
Point Needling/Five Element	.40***
PAIN MANAGEMENT	
Modality/Technique	**Pearson's r**
Point Needling/Japanese	.43*
Electroacupuncture/Neurophysiological	-.251*
Electroacupuncture/Korean Hand	-.40*
Herbal Therapy/Neurophysiological	.17***
Moxa/Traditional Chinese Medicine	.15**
Moxa/Auri cular	-.21*
Moxa/Scalp	-.21**
Moxa/Korean Hand	.33*
Cupping/Scalp	.22*
Gua Sha/Scalp	-.20***
Gua Sha/Korean Hand	-.47*
Massage Therapy/Scalp	-.23**
Massage Therapy/Master Tung	.31*
GENERAL	
Modality/Technique	**Pearson's r**
Point Needling/Traditional Chinese Medicine	.17**
Electroacupuncture/Traditional Chinese Medicine	-.23*
Electroacupuncture/Neurophysiological	-.32*
Electroacupuncture/Doctor Tan	-.48*
Herbal Therapy/Auricular	-.25*
Herbal Therapy/Scalp	.22***
Cupping/Scalp	.35*
Gua Sha/Auricular	-.34*
Gua Sha/Doctor Tan	.69*
Tui Na/Auricular	-.30*

Note: The Pearson's r-value indicates the strength and direction (+ or -) of the correlation and can range from 0 to 1.0 (+ or -). The higher the number, the stronger the relationship whether negative or positive. The p-value is the probability that the Pearson's r-value is due to chance.

*Correlations are significant at the p>.01 to ≤ .05 level

** Correlations are significant at the p>.05 to ≤ .10 level

*** Correlations are significant at the p>.10 to ≤ .16 level

CHAPTER 6. CONCLUSION

The occupational analysis of the Acupuncturist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of Acupuncture. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the Acupuncturist content outline contained in this report, the Board ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A. CRITICALITY INDICES FOR ALL TASKS

I. Patient Assessment

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	4.69	4.76	22.64
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	4.46	4.55	20.78
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	4.41	4.51	20.43
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	4.21	4.41	19.13
33.	Assess patient radial pulse to determine nature of imbalance.	4.15	4.29	18.83
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	4.15	4.31	18.71
32.	Observe patient tongue body and coating to determine nature of imbalance.	4.12	4.28	18.70
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	4.01	4.15	17.62
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	4.06	4.09	17.55
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	4.01	4.08	17.28
4.	Interview patient regarding prior treatments provided for chief complaint.	3.90	4.21	17.27

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	3.98	4.13	17.25
6.	Interview patient regarding sleep patterns that contribute to present complaint.	3.95	4.18	17.13
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	3.93	4.11	16.96
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	3.89	4.05	16.64
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	4.55	3.46	16.17
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	3.85	3.96	16.15
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	3.82	3.93	16.00
7.	Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	3.79	3.98	15.92
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	3.78	3.92	15.81
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	4.09	3.65	15.81

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	3.82	3.82	15.61
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	3.76	3.71	15.18
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	3.97	4.14	14.69
41.	Perform physical exam on patient to determine present health condition.	3.67	3.51	14.55
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	3.56	3.69	14.27
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	3.65	3.55	14.20
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	3.43	3.66	13.76
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	3.47	3.58	13.64
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	3.46	3.49	13.40
29.	Evaluate patient respiratory system to determine nature of imbalance.	3.49	3.47	13.34
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	3.41	3.48	13.21
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	3.51	3.43	13.15

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	3.31	3.48	12.93
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	3.36	3.47	12.87
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	3.30	3.51	12.81
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	3.40	3.32	12.67
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	3.07	3.17	11.85
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	3.15	3.26	11.59
20.	Interview patient regarding auditory function to determine nature of imbalance.	2.96	3.05	10.37
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	3.04	2.81	10.22

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

II. Diagnostic Impression and Treatment Plan

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	4.29	4.33	19.52
45.	Prioritize findings regarding patient to develop treatment strategy.	4.17	4.18	18.28
43.	Identify affected channel by evaluating information gathered from patient.	4.07	4.15	17.89
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	3.99	4.04	17.26
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	4.00	4.00	17.17
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	3.90	3.96	16.82
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	3.90	3.91	16.52
44.	Differentiate between root and branch of condition to focus patient treatment.	3.90	3.92	16.45
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	3.79	3.81	15.97
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	3.64	3.66	15.02
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	3.53	3.43	13.78
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	3.22	3.21	12.49

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
54.	Utilize Six Stage differentiation to determine progression of pathogen.	3.00	2.88	10.46
53.	Utilize Four Level differentiation to determine progression of pathogen.	2.97	2.85	10.36
56.**	Determine Jin Ye quality by patient evaluation to develop diagnostic impression.	~~2.54~~	~~2.46~~	~~8.43~~
55.**	Utilize San Jiao theory to develop differential diagnosis.	~~2.54~~	~~2.49~~	~~8.42~~

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

III. Providing Acupuncture Treatment

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	4.49	4.37	20.33
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	4.43	4.32	19.83
58.	Develop a point prescription for patient based on treatment principles to restore balance.	4.19	4.28	18.93
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	4.21	4.28	18.79
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	4.12	4.25	18.36
87.	Place patient into recommended position for needle insertion.	4.07	4.18	17.99
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	4.05	4.12	17.85
88.	Insert needle within standard depth range to stimulate point on patient.	4.02	4.14	17.70
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	4.08	4.11	17.58
60.	Select local points on patient by evaluating clinical indications to treat condition.	3.97	4.08	17.15
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	3.94	3.95	16.58

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
68.	Select Ashi points on patient to enhance treatment effect.	3.84	3.99	16.28
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	3.85	3.93	16.28
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	3.85	3.96	16.23
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	4.01	3.63	16.19
61.	Select points from different channels on patient to combine treatment of root and branch.	3.84	3.90	16.09
89.	Manipulate needle to produce therapeutic effect in patient.	3.78	3.85	15.86
97.	Identify contraindications for cupping to avoid injury and/or complications.	3.98	3.56	15.50
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	3.78	3.78	15.35
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	3.81	3.66	15.32
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	3.66	3.80	15.13
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	3.57	3.73	14.69

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
112.	Provide patient with information regarding physiological systems to explain how the body functions.	3.64	3.71	14.64
67.	Select points on the extremities of patient to treat conditions occurring in the center.	3.55	3.67	14.45
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	3.67	3.43	14.45
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	3.59	3.61	14.34
62.	Select points on patient opposite to area of patient complaint to treat condition.	3.47	3.60	13.79
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	3.52	3.52	13.75
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	3.78	3.20	13.68
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	3.40	3.55	13.67
75.	Select Extra points on patient based on clinical indications to treat condition.	3.43	3.53	13.34
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	3.42	3.41	13.10
65.	Select front and back points on patient to enhance treatment effect.	3.37	3.40	12.98
108.	Evaluate patient stress response to treatment by monitoring vital signs.	3.43	3.30	12.92
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	3.29	3.22	12.68

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	3.35	3.32	12.56
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	3.23	3.24	12.42
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	3.29	3.29	12.42
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	3.30	3.27	12.21
69.	Select points along the Muscle channels of patient to enhance treatment effect.	3.21	3.26	12.10
96.	Perform cupping techniques on patient to treat condition.	3.33	3.21	12.05
107.	Select auricular points based on clinical indications to treat patient condition.	3.28	3.27	12.04
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	3.24	3.15	11.66
80.	Select Eight Influential points on patient to treat condition.	3.19	3.16	11.59
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	3.12	3.11	11.49
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	3.15	3.13	11.47
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	3.14	3.11	11.20
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	3.26	2.54	10.57

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
92.	Apply moxibustion techniques on patient to treat indicated conditions.	3.17	2.71	10.30
106.	Select scalp points based on clinical indications to treat patient condition.	3.03	2.81	10.11
66.**	Select points in the center of patient to treat conditions occurring in the extremities.	~~2.82~~	~~2.85~~	~~9.96~~
81.**	Select Four Seas points on patient to treat condition.	~~2.82~~	~~2.71~~	~~9.33~~
84.**	Select Mother/Son (Four Needle Technique) points on patient to address Five Element imbalances.	~~2.64~~	~~2.43~~	~~8.64~~
98.**	Perform Gua-sha techniques on patient to treat condition.	~~2.35~~	~~1.90~~	~~6.34~~
83.**	Utilize Bleeding technique on patient to treat condition.	~~2.42~~	~~1.89~~	~~6.33~~
82.**	Utilize Seven Star needling technique on patient to treat condition.	~~1.88~~	~~1.58~~	~~4.48~~

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

IV. Herbal Therapy

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
125.	Monitor patient response to herbal therapy for side effects.	4.20	3.98	17.72
121.	Identify patient conditions that are contraindicated for recommending herbs.	4.26	3.89	17.67
126.	Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	4.13	3.95	17.49
124.	Evaluate patient response to herbal therapy to determine if modifications are indicated.	4.11	3.91	17.12
119.	Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	4.20	3.80	17.07
123.	Determine effective dosage of herbal therapy by evaluating patient condition.	4.10	3.92	17.07
122.	Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	4.01	3.82	16.47
120.	Monitor effects of herbs when combined with Western medications to determine interactions.	4.08	3.62	16.06
114.	Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	3.90	3.67	15.67

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
115.	Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	3.83	3.58	15.10
117.	Identify complementary herb qualities and point functions to provide integrated treatment.	3.51	3.34	13.45
116.	Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	3.43	3.22	12.89
118.	Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	3.38	3.14	12.48
127.	Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	3.26	2.79	10.88

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

V. Public Health and Safety and Record Keeping

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
135.	Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	4.70	4.77	22.72
136.	Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	4.64	4.70	22.27
131.	Maintain patient confidentiality in accordance with State and federal regulations.	4.60	4.69	22.04
137.	Adhere to ethical standards and professional boundaries while interacting with patients.	4.63	4.67	22.01
134.	Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	4.66	4.64	21.98
139.	Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	4.56	4.55	21.27
130.	Maintain patient records in accordance with State and federal regulations.	4.48	4.61	21.18
138.	Adhere to professional standards regarding substance use within the treatment environment.	4.57	4.51	21.07

ITEM	JOB TASK	MEAN TASK		CRITICAL TASK INDEX*
		IMP (I)	FREQ (F)	
128.	Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	4.42	4.54	20.61
133.	Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	4.45	4.47	20.56
140.	Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	3.94	3.47	14.81
141.	Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	3.94	3.35	14.18
129.	Develop advertisements in accordance with legal guidelines regarding services provided.	3.61	3.04	12.75
132.	Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	4.38	2.63	11.97

*NOTE: The task statements have been sorted in descending order of criticality indices for each content area.

APPENDIX B. KNOWLEDGE IMPORTANCE RATINGS

I. Patient Assessment

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
68.	Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure).	4.42
4.	Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.	4.31
3.	Knowledge of interview techniques for obtaining health history.	4.29
20.	Knowledge of the anatomy and physiology of human body systems.	4.28
60.	Knowledge of side effects of commonly used herbs and supplements.	4.19
52.	Knowledge of methodology for assessment of nature and quality of pain.	4.17
37.	Knowledge of the interrelationships between Organs.	4.14
59.	Knowledge of clinical indications of commonly prescribed herbs and supplements.	4.13
69.	Knowledge of methods for administering cardiopulmonary resuscitation.	4.12
1.	Knowledge of physical examination techniques and evaluation of findings.	4.11
10.	Knowledge of the impact of dietary habits on pathology or imbalance.	4.11
12.	Knowledge of the gastrointestinal system.	4.10
9.	Knowledge of external and internal influences that impact current health status.	4.09
32.	Knowledge of pain characteristics resulting from pathological influences.	4.08
33.	Knowledge of the theory of Qi.	4.08
70.	Knowledge of methods for providing first aid treatment.	4.08
2.	Knowledge of techniques for obtaining vital signs.	4.07

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
50.	Knowledge of tongue characteristics associated with pathology and health.	4.07
61.	Knowledge of interactions between commonly used supplements, herbs, and Western medications.	4.07
38.	Knowledge of the interrelationships between meridians.	4.06
21.	Knowledge of patterns of disharmony associated with menstruation.	4.05
22.	Knowledge of the female reproductive system.	4.05
24.	Knowledge of patterns of disharmony associated with menopause.	4.05
55.	Knowledge of Western medical terminology and definitions.	4.02
7.	Knowledge of the impact of emotions on pathology.	4.01
8.	Knowledge of the patterns of sleep associated with pathology.	4.00
11.	Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.	4.00
27.	Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.	4.00
47.	Knowledge of pathogenic factors that affect joints and surrounding areas.	3.98
48.	Knowledge of causes of joint pathology.	3.97
46.	Knowledge of neuromusculoskeletal conditions.	3.96
53.	Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle).	3.96
14.	Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.	3.93
54.	Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).	3.93
45.	Knowledge of methods of assessing neuromusculoskeletal function and integrity.	3.92

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
65.	Knowledge of clinical indications of cardiopulmonary dysfunction.	3.92
71.	Knowledge of the signs and symptoms of food, nutrient, and drug interactions.	3.91
43.	Knowledge of signs and symptoms of impaired respiratory function.	3.90
23.	Knowledge of patterns of disharmony associated with pregnancy and childbirth.	3.89
58.	Knowledge of side effects of commonly prescribed Western medications.	3.89
28.	Knowledge of the association between fever and/or chills and pathogenic influences.	3.88
64.	Knowledge of vital sign values as clinical indicators of pathology.	3.85
73.	Knowledge of the environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.	3.84
34.	Knowledge of Shen characteristics and clinical indicators of impaired Shen.	3.83
66.	Knowledge of palpation techniques for determination of pathology.	3.82
26.	Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.	3.77
6.	Knowledge of the roles of other health care providers and commonly used treatment methods.	3.76
25.	Knowledge of patterns of disharmony associated with the male reproductive system.	3.76
56.	Knowledge of the classification of commonly prescribed Western medications.	3.76
57.	Knowledge of the clinical indications of commonly prescribed Western medications.	3.74

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
62.	Knowledge of clinical significance of laboratory tests used for diagnostic purposes.	3.73
29.	Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.	3.67
41.	Knowledge of phlegm characteristics and pathology.	3.67
49.	Knowledge of conditions associated with abnormal localized temperature.	3.67
63.	Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).	3.65
36.	Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	3.63
13.	Knowledge of methods for palpating the abdomen.	3.62
44.	Knowledge of skin characteristics associated with pathology.	3.62
67.	Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.	3.61
42.	Knowledge of mucus characteristics and pathology.	3.57
5.	Knowledge of the impact of patient genetics and heredity on symptom development.	3.55
19.	Knowledge of the association between characteristics of thirst and patterns of disharmony.	3.55
35.	Knowledge of facial indicators associated with pathology or disharmony.	3.54
51.	Knowledge of methods for obtaining pulse information from various locations on the body.	3.48
16.	Knowledge of the effect of herbal and food flavors and temperatures on pathology.	3.46
30.	Knowledge of the relationship between ocular symptoms and pathology.	3.41
31.	Knowledge of the relationship between auricular symptoms and pathology.	3.40

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
18.	Knowledge of the relationship between food and fluid temperature preferences and pathology.	3.38
72.	Knowledge of the methods for listening to internal systems (e.g., lungs, heart, abdomen).	3.37
15.	Knowledge of the association between taste in mouth (e.g., metallic, sour, sweet) and pathology.	3.33
40.	Knowledge of the relationship between quality and strength of voice and patterns of disharmony.	3.33
17.	Knowledge of the association between food and fluid flavor preferences and pathology.	3.29
39.	Knowledge of the theory of Jin Ye characteristics.	3.27

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

II. Developing a Diagnostic Impression and Treatment Plan

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
101.	Knowledge of patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require patient referral.	4.29
102.	Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles.	4.15
103.	Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.	4.13
74.	Knowledge of methods for integrating assessment information to develop a diagnosis.	4.12
77.	Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.	3.96
90.	Knowledge of methods for differentiating patterns of Hot and Cold conditions.	3.96
94.	Knowledge of the disharmonies associated with Qi and Blood.	3.96
79.	Knowledge of the relationships, patterns, and changes of Yin and Yang.	3.95
80.	Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood).	3.95
76.	Knowledge of the association between tongue characteristics and pathology.	3.94
85.	Knowledge of methods for prioritizing pathology or disharmony symptoms.	3.94
93.	Knowledge of the characteristics and functions associated with Blood.	3.93
83.	Knowledge of the distribution, functions, and clinical significance of the channels.	3.92
78.	Knowledge of the relationship between the Organs and channels in disease progression and transformation.	3.90
84.	Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony.	3.90

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
88.	Knowledge of the clinical indications associated with Zang Fu pathology.	3.89
100.	Knowledge of Western medical diagnoses and physiological processes involved with disease progression.	3.89
91.	Knowledge of methods for differentiating Empty and Full patterns.	3.87
81.	Knowledge of disease progression from superficial to deep levels of the human body.	3.85
87.	Knowledge of the functions of and relationship between the Zang Fu and the channels.	3.85
82.	Knowledge of clinical indicators associated with disease of the channels.	3.84
89.	Knowledge of methods for identifying simultaneous Zang Fu disharmonies.	3.83
92.	Knowledge of the functions associated with the types of Qi.	3.83
99.	Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.	3.83
75.	Knowledge of the association between radial pulse findings and pathology.	3.82
98.	Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.	3.79
105.	Knowledge of treatment strategies for using tonification and/or sedation points.	3.69
106.	Knowledge of the association between stimulation techniques and treatment principles.	3.67
111.	Knowledge of therapeutic uses for cupping.	3.62
110.	Knowledge of therapeutic uses for electroacupuncture.	3.58
104.	Knowledge of how Qi is dispersed to the Zang Fu Organs via the Yuan-Source points.	3.54
107.	Knowledge of therapeutic uses for moxibustion.	3.54

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
86.	Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.	3.45
95.	Knowledge of patterns of disharmony associated with the Six Stages.	3.43
112.	Knowledge of therapeutic uses for soft tissue massage techniques.	3.43
113.	Knowledge of therapeutic uses for adjunctive therapies.	3.41
109.	Knowledge of therapeutic uses for external herbs.	3.33
96.	Knowledge of patterns of disharmony associated with the Four Levels.	3.27
97.	Knowledge of patterns of disharmony associated with the San Jiao.	3.16
108.**	Knowledge of therapeutic uses of Gua Sha.	~~2.84~~

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

III. Providing Acupuncture Treatment

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
116.	Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves).	4.50
169.	Knowledge of points and conditions that should be needled with caution.	4.48
168.	Knowledge of contraindications for needling.	4.44
117.	Knowledge of the function and clinical indications of points.	4.27
166.	Knowledge of signs and symptoms of patient distress.	4.26
167.	Knowledge of patient symptoms that indicate need for treatment modification.	4.25
150.	Knowledge of the anatomical landmarks and proportional measurements used in point location.	4.19
155.	Knowledge of recommended needling depths and angles.	4.19
170.	Knowledge of contraindications for electroacupuncture.	4.15
119.	Knowledge of the association between points and internal Organs and channels.	4.13
171.	Knowledge of contraindications for cupping.	4.08
154.	Knowledge of patient positions for locating and needling acupuncture points.	4.07
172.	Knowledge of contraindications for moxibustion.	4.05
118.	Knowledge of the classification of acupuncture points.	4.04
121.	Knowledge of therapeutic effects of using local points in acupuncture treatment.	4.03
120.	Knowledge of methods for combining distal and proximal points.	4.01
128.	Knowledge of the therapeutic use of Ashi points.	3.99
162.	Knowledge of lifestyle changes and stress reduction techniques that improve health condition.	3.96

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
122.	Knowledge of principles for combining points from different channels.	3.95
163.	Knowledge of nutritional concepts and dietary modifications specific to patient condition.	3.93
131.	Knowledge of the effects of using Back-Shu points in treatment.	3.88
153.	Knowledge of the impact of patient constitution and condition on duration of needle retention.	3.88
174.	Knowledge of contraindications for adjunctive therapies.	3.86
151.	Knowledge of needle manipulation techniques.	3.85
173.	Knowledge of contraindications for soft tissue massage.	3.84
127.	Knowledge of treatment strategies that use points in the extremities that relate to the center.	3.81
134.	Knowledge of techniques for choosing points according to channel theory.	3.81
125.	Knowledge of the effects of using points on the front and back to regulate internal Organs.	3.79
123.	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.	3.77
152.	Knowledge of the needle retention methods for pathological conditions.	3.76
130.	Knowledge of the effects of using Front-Mu points in treatment.	3.72
124.	Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.	3.71
135.	Knowledge of the efficacy of using particular points during progressive phases of treatment.	3.66
132.	Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.	3.64
139.	Knowledge of therapeutic use of Extraordinary points.	3.64

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
145.	Knowledge of therapeutic use of tonification and/or sedation techniques.	3.64
158.	Knowledge of the application of cupping techniques.	3.62
143.	Knowledge of therapeutic use of Yuan-Source points.	3.61
133.	Knowledge of treatment principles for using Lower He-Sea points.	3.60
157.	Knowledge of the application of electroacupuncture techniques.	3.60
165.	Knowledge of the techniques of auricular acupuncture.	3.59
144.	Knowledge of therapeutic use of Xi-Cleft points.	3.58
156.	Knowledge of the application of moxibustion techniques.	3.56
137.	Knowledge of therapeutic use of Five Shu (Five Transporting) points.	3.55
138.	Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.	3.55
160.	Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises).	3.52
175.	Knowledge of contraindications for Gua Sha techniques.	3.52
129.	Knowledge of the therapeutic use of points along the Muscle channels.	3.51
149.	Knowledge of the theory of the Five Elements.	3.49
142.	Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.	3.47
126.	Knowledge of treatment strategies that use centrally located points that relate to the extremities.	3.46
140.	Knowledge of therapeutic use of Intersecting/Crossing points of the channel.	3.46
147.	Knowledge of therapeutic use of Influential points.	3.46

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
141.	Knowledge of therapeutic use of Luo-Connecting points.	3.45
159.	Knowledge of the application of soft tissue massage techniques.	3.42
164.	Knowledge of the techniques of scalp acupuncture.	3.30
146.	Knowledge of therapeutic use of Four Seas points.	3.28
148.	Knowledge of therapeutic use of Mother/Son points (Four Needle Technique).	3.13
114.**	Knowledge of the techniques for Bleeding.	~~2.93~~
161.**	Knowledge of the application of Gua Sha techniques.	~~2.85~~
136.**	Knowledge of significance of selecting points based upon specific time of day.	~~2.67~~
115.**	Knowledge of the techniques for Seven Star Needling.	~~2.53~~

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

**NOTE: Ratings with a strike-through did not meet the cut off for criticality as explained in Chapter 4.

IV. Herbal Therapy

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
176.	Knowledge of therapeutic uses for herbs and herbal formulas.	4.22
184.	Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.	4.19
190.	Knowledge of combinations of herbs that are toxic or produce undesired side effects.	4.16
177.	Knowledge of the categories of herbs and herbal formulas according to therapeutic properties.	4.08
186.	Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.	4.05
188.	Knowledge of the relationships between herbal formulas and treatment principles.	4.05
183.	Knowledge of interactions between herbal therapies and Western medications.	4.04
195.	Knowledge of herbal formula recommendations based upon patient constitution.	4.04
178.	Knowledge of the effects of herbs and herbal formulas on channels and Organs	3.94
192.	Knowledge of methods for modifying herbal formulas to treat changes in patient condition.	3.93
179.	Knowledge of modifications of herbal formulas.	3.90
193.	Knowledge of the effects of processing herbs on efficacy and toxicity.	3.88
185.	Knowledge of the interactions between diet and herbal therapies.	3.86
180.	Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.	3.85
189.	Knowledge of strategies for combining herb ingredients to form an herbal formula.	3.82

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
194.	Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.	3.76
187.	Knowledge of the practice of herbal formula preparation.	3.73
182.	Knowledge of the association between therapeutic effects of points and herbal therapy.	3.60
181.	Knowledge of the hierarchical principles governing herbal formulas.	3.59
191.	Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks).	3.39

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

V. Public Health & Safety and Record Keeping

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
216.	Knowledge of the methods for isolating used needles.	4.46
215.	Knowledge of standards and procedures for the Clean Needle Technique.	4.44
218.	Knowledge of laws regulating practice techniques for California-licensed acupuncturists.	4.43
199.	Knowledge of legal requirements for protecting patient confidentiality.	4.42
219.	Knowledge of ethical standards for professional conduct in an acupuncture practice setting.	4.42
213.	Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.	4.41
217.	Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.	4.41
214.	Knowledge of the risks of infectious diseases in the practitioner and patient environment.	4.38
198.	Knowledge of laws that define scope of practice and professional competence for acupuncturists.	4.37
196.	Knowledge of legal requirements pertaining to the maintenance and retention of records.	4.32
206.	Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.	4.31
204.	Knowledge of legal requirements for written consent to disclose patient records or share patient information.	4.30
210.	Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens.	4.26
200.	Knowledge of indicators of child, elder, and dependent adult abuse.	4.24
201.	Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.	4.23

ITEM	KNOWLEDGE STATEMENT	IMP (I)*
205.	Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.	4.23
202.	Knowledge of guidelines for writing medical records and reports.	4.19
209.	Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases.	4.16
212.	Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases.	4.15
197.	Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.	4.14
211.	Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases.	4.11
207.	Knowledge of sterilization procedures for treatment of instruments and equipment.	4.06
208.	Knowledge of procedures and standards for storage of equipment after sterilization.	3.97
203.	Knowledge of methods for using Western medical diagnostic codes.	3.86

*NOTE: The knowledge statements have been sorted in descending order of importance (IMP) for each content area.

APPENDIX C. CRITICAL INDICES BY TREATMENT FOCUS FOR TASKS

In the following table, critical task indices are presented for the three primary categories identified by the OA questionnaire data:

1. Pain Management was identified as the primary treatment focus for 260 respondents out of 485 total respondents.
2. General Health was identified as the primary treatment focus for 123 respondents out of 485 total respondents.
3. Women's Health was identified as the primary treatment focus for 29 respondents out of 485 total respondents.

Values highlighted in yellow indicate the highest criticality index for each task when the data was analyzed by primary treatment focus.

I. Patient Assessment

ITEM	JOB TASK	Overall	Pain Mgt. (n = 260)	General Health (n = 123)	Women's Health (n = 29)
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	22.64	22.34	23.59	21.86
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	19.13	18.37	19.74	20.86
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	20.43	19.85	21.65	21.14
4.	Interview patient regarding prior treatments provided for chief complaint.	17.27	17.43	17.63	15.90
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	14.69	14.08	15.81	14.86
6.	Interview patient regarding sleep patterns that contribute to present complaint.	17.13	16.23	18.34	18.28
7.	Interview patient regarding environmental facto rs (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	15.92	15.35	16.94	15.17
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	16.96	16.14	18.40	16.93

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	16.64	15.59	17.86	17.52
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	12.81	12.28	14.39	12.76
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	13.76	13.15	14.46	15.38
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	17.25	16.42	18.03	17.76
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	16.00	14.87	17.56	18.31
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	14.27	13.50	15.67	15.03
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	13.64	13.22	14.48	12.79
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	16.15	15.35	17.54	16.03
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	15.61	15.20	17.17	14.31

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	12.87	12.38	14.09	11.45
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	11.59	11.37	12.45	11.24
20.	Interview patient regarding auditory function to determine nature of imbalance.	10.37	10.32	11.11	8.97
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	20.78	20.61	21.46	18.83
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	18.71	17.83	19.93	18.41
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	17.62	16.63	18.86	19.41
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	15.81	15.09	17.61	14.93
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	11.85	11.72	12.39	12.52
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	12.93	12.29	14.41	12.45
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	13.21	12.36	14.87	12.86

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	13.40	12.57	15.41	12.86
29.	Evaluate patient respiratory system to determine nature of imbalance.	13.34	12.35	15.40	12.45
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	12.67	13.71	11.62	9.62
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	15.18	16.72	13.43	12.17
32.	Observe patient tongue body and coating to determine nature of imbalance.	18.70	18.03	19.88	20.52
33.	Assess patient radial pulse to determine nature of imbalance.	18.83	17.75	20.61	19.90
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	17.55	17.37	17.51	16.90
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	17.28	16.42	18.36	18.10
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	14.20	14.72	12.53	13.10
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	10.22	10.31	10.11	9.86

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	13.15	12.67	14.74	11.69
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	15.81	15.16	17.05	14.86
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	16.17	16.17	15.63	14.79
41.	Perform physical exam on patient to determine present health condition.	14.55	14.95	14.23	12.66

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

II. Diagnostic Impression and Treatment Plan

ITEM	JOB TASK	Overall	Pain Mgt. (n = 260)	General Health (n = 123)	Women's Health (n = 29)
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	19.52	18.87	21.07	19.28
43.	Identify affected channel by evaluating information gathered from patient.	17.89	17.22	19.16	17.31
44.	Differentiate between root and branch of condition to focus patient treatment.	16.45	16.17	17.03	15.79
45.	Prioritize findings regarding patient to develop treatment strategy.	18.28	17.72	19.26	18.59
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	17.26	16.65	18.53	16.69
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	17.17	16.53	19.02	15.07
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	16.52	15.68	17.85	16.07
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	12.49	12.35	12.76	12.38
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	15.97	15.46	16.93	16.93
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	15.02	14.76	16.03	15.48
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	16.82	16.07	17.83	17.72

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
53.	Utilize Four Level differentiation to determine progression of pathogen.	10.36	10.17	11.02	10.41
54.	Utilize Six Stage differentiation to determine progression of pathogen.	10.46	10.01	11.27	11.14
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	13.78	13.58	12.90	12.55

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

III. Providing Acupuncture Treatment

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
58.	Develop a point prescription for patient based on treatment principles to restore balance.	18.93	18.28	19.92	19.83
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	18.36	17.87	19.54	19.41
60.	Select local points on patient by evaluating clinical indications to treat condition.	17.15	17.14	17.54	17.34
61.	Select points from different channels on patient to combine treatment of root and branch.	16.09	15.75	16.99	15.93
62.	Select points on patient opposite to area of patient complaint to treat condition.	13.79	14.06	14.28	11.93
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	14.69	14.33	15.93	13.55
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	13.67	13.27	15.13	11.45
65.	Select front and back points on patient to enhance treatment effect.	12.98	12.82	13.93	10.86
67.	Select points on the extremities of patient to treat conditions occurring in the center.	14.45	14.68	14.96	12.24
68.	Select Ashi points on patient to enhance treatment effect.	16.28	16.97	16.41	13.66
69.	Select points along the Muscle channels of patient to enhance treatment effect.	12.10	13.05	11.15	9.45

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	12.21	11.91	13.58	9.93
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	14.34	14.18	15.28	12.86
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	12.56	12.60	13.50	11.34
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	12.42	12.85	12.50	10.03
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	12.42	12.38	13.33	12.34
75.	Select Extra points on patient based on clinical indications to treat condition.	13.34	13.53	13.74	13.52
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	11.47	11.50	12.59	10.00
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	11.20	10.77	13.03	9.31
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	13.10	12.36	14.85	12.48
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	11.66	11.15	12.98	10.21
80.	Select Eight Influential points on patient to treat condition.	11.59	11.28	12.51	12.00

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	17.85	17.73	18.20	15.97
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	16.28	16.28	16.87	15.17
87.	Place patient into recommended position for needle insertion.	17.99	17.88	18.72	15.97
88.	Insert needle within standard depth range to stimulate point on patient.	17.70	17.81	17.76	15.83
89.	Manipulate needle to produce therapeutic effect in patient.	15.86	15.69	16.41	16.00
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	19.83	19.25	20.33	20.14
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	20.33	20.25	20.76	18.00
92.	Apply moxibustion techniques on patient to treat indicated conditions.	10.30	9.95	11.80	9.59
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	13.68	13.27	14.38	14.97
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	12.68	13.67	11.24	10.28
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	16.19	16.59	15.63	14.41
96.	Perform cupping techniques on patient to treat condition.	12.05	12.77	11.45	11.24

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
97.	Identify contraindications for cupping to avoid injury and/or complications.	15.50	15.72	15.28	14.76
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	10.57	10.12	10.92	9.72
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	11.49	12.50	10.16	9.76
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	14.45	14.37	14.54	13.38
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	13.75	13.60	14.67	12.21
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	15.32	15.15	16.20	14.90
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	16.58	15.81	17.44	17.38
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	17.58	17.23	18.27	17.38
106.	Select scalp points based on clinical indications to treat patient condition.	10.11	10.43	9.72	8.55
107.	Select auricular points based on clinical indications to treat patient condition.	12.04	11.43	13.08	10.86
108.	Evaluate patient stress response to treatment by monitoring vital signs.	12.92	12.77	12.94	10.41

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	18.79	18.48	19.67	17.07
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	15.35	15.13	16.02	13.07
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	16.23	15.77	17.16	14.59
112.	Provide patient with information regarding physiological systems to explain how the body functions.	14.64	14.75	14.49	11.21
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	15.13	15.17	14.61	14.14

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

IV. Herbal Therapy

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
114.	Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.	15.67	14.66	17.59	16.07
115.	Distinguish between herbs and formulas from the same categories to select the most therapeutic application.	15.10	14.29	16.63	15.55
116.	Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.	12.89	12.85	13.20	12.41
117.	Identify complementary herb qualities and point functions to provide integrated treatment.	13.45	13.16	14.25	12.10
118.	Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.	12.48	12.57	12.22	10.45
119.	Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	17.07	16.65	17.97	16.38
120.	Monitor effects of herbs when combined with Western medications to determine interactions.	16.06	15.31	17.47	15.48
121.	Identify patient conditions that are contraindicated for recommending herbs.	17.67	17.06	19.32	16.62
122.	Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.	16.47	15.75	18.46	16.90
123.	Determine effective dosage of herbal therapy by evaluating patient condition.	17.07	16.32	19.28	16.38

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
124.	Evaluate patient response to herbal therapy to determine if modifications are indicated.	17.12	16.73	18.93	15.66
125.	Monitor patient response to herbal therapy for side effects.	17.72	17.07	19.46	16.55
126.	Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	17.49	16.58	19.59	17.34
127.	Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.	10.88	10.78	11.76	9.59

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

V. Public Health and Safety and Record Keeping

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
128.	Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.	20.61	20.73	21.37	16.31
129.	Develop advertisements in accordance with legal guidelines regarding services provided.	12.75	13.52	12.31	11.14
130.	Maintain patient records in accordance with State and federal regulations.	21.18	21.06	21.89	19.24
131.	Maintain patient confidentiality in accordance with State and federal regulations.	22.04	21.85	22.85	19.90
132.	Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.	11.97	12.97	11.24	11.03
133.	Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.	20.56	20.52	20.95	18.45
134.	Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.	21.98	21.96	22.44	20.17
135.	Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.	22.72	22.65	23.47	20.03

ITEM	JOB TASK	Overall	Pain Mgt. (*n* = 260)	General Health (*n* = 123)	Women's Health (*n* = 29)
136.	Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.	22.27	22.46	22.25	20.62
137.	Adhere to ethical standards and professional boundaries while interacting with patients.	22.01	21.80	23.05	20.21
138.	Adhere to professional standards regarding substance use within the treatment environment.	21.07	21.13	21.81	18.24
139.	Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.	21.27	21.42	21.47	18.76
140.	Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.	14.81	15.72	13.19	13.69
141.	Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.	14.18	14.67	13.45	12.38

NOTE: Values highlighted in yellow indicate highest criticality indices when data was analyzed by primary treatment focus.

APPENDIX D. PRIMARY FOCUS OF TREAMENT WITH CORRELATED TREATMENT MODALITY AND TECHNIQUE (where applicable)

Important Note – An "X" indicates which treatment focus and correlated modality and/or technique is the best fit for each task statement as indicated by the data collected in the OA questionnaire and the November 2014 workshop. If no "X" is marked in either the treatment focus, modality, or technique, either the data or the Acupuncturists used in this study did not support a significant correlation or relevance. Consequently, Section IV. Herbal Therapy and Section V. Public Health and Safety and Record Keeping were not included in this supplemental document.

I. Patient Assessment

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
1.	Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14		X								
2.	Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.	3, 4, 5, 6, 7, 8, 9, 10, 11, 14			X							

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
3.	Gather information regarding the history of present illness as it relates to chief complaint of patient.	3, 4		X								
4.	Interview patient regarding prior treatments provided for chief complaint.	3, 4, 6		X								
5.	Interview patient regarding emotional state and life events that contribute to present complaint.	7, 9, 11		X								
6.	Interview patient regarding sleep patterns that contribute to present complaint.	8		X								
7.	Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.	9, 11		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
8.	Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.	7, 8, 9, 10, 11		X								
9.	Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.	10, 14, 16, 17, 18, 19		X								
10.	Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.	14, 16, 17, 18		X								
11.	Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.	17, 18, 19			X							

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
12.	Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.	12, 14, 17, 18		X								
13.	Interview patient regarding gynecological symptoms to determine nature of imbalance.	20, 21, 22, 23, 24			X							
14.	Interview patient regarding urogenital symptoms to determine nature of imbalance.	25, 26		X								
15.	Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.	26		X								
16.	Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.	12, 14, 27		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
17.	Evaluate patient for the presence of fever and/or chills to determine present health condition.	28		X								
18.	Evaluate patient patterns of perspiration to determine nature of imbalance.	29		X								
19.	Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.	30, 36, 54		X								
20.	Interview patient regarding auditory function to determine nature of imbalance.	3, 4, 31, 54		X								
21.	Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.	3, 4, 32, 52	X	X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
22.	Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.	7, 33, 34, 35, 36		X								
23.	Observe patient (e.g., presence, affect) to determine spirit/Shen.	34		X	X							
24.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	35, 36		X								
25.	Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.	36, 54		X	X							
26.	Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.	40		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
27.	Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.	39, 42		X								
28.	Evaluate patient phlegm characteristics to determine nature of imbalance.	39, 41		X								
29.	Evaluate patient respiratory system to determine nature of imbalance.	43, 64, 65, 72		X								
30.	Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.	1, 20, 45, 46, 55, 67	X									
31.	Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.	1, 20, 45, 46, 47, 48, 49, 52, 55	X									

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
32.	Observe patient tongue body and coating to determine nature of imbalance.	1, 50		X	X							
33.	Assess patient radial pulse to determine nature of imbalance.	1, 51		X								
34.	Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.	12, 13, 20, 22, 46, 47, 48, 49, 51, 52, 66	X	X								
35.	Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.	3, 56, 57, 58, 59, 60, 61		X	X							
36.	Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.	62, 63	X									

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
37.	Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.	13, 72	X	X								
38.	Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.	44, 55		X								
39.	Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.	6, 55, 58, 62, 63, 64, 68, 70, 73		X								
40.	Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.	68, 69, 70	X									

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
41.	Perform physical exam on patient to determine present health condition.	1, 2, 13, 20, 34, 35, 36, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 62, 64, 65, 66, 67, 72	X									

*Correlated treatment focus and modality were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

NOTE: Information is presented as a reference only and is not all-inclusive of treatment focuses and associated modalities and treatment techniques available to Acupuncturists.

II. Diagnostic Impression and Treatment Plan

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
42.	Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.	74, 75, 76, 77		X								
43.	Identify affected channel by evaluating information gathered from patient.	74, 78, 82, 83		X								
44.	Differentiate between root and branch of condition to focus patient treatment.	84, 85		X								
45.	Prioritize findings regarding patient to develop treatment strategy.	74, 84, 85		X								
46.	Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.	102, 103, 105, 106		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
47.	Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.	103, 105, 106		X								
48.	Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.	79		X								
49.	Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.	86	X	X	X							
50.	Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.	80, 87, 88, 89		X	X							
51.	Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.	74, 79, 81, 90, 91		X								

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
52.	Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.	92, 93, 94, 98		X	X							
53.	Utilize Four Level differentiation to determine progression of pathogen.	96		X								
54.	Utilize Six Stage differentiation to determine progression of pathogen.	95		X	X							
57.	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.	99, 100	X									

*Correlated treatment focus and modality were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

NOTE: Information is presented as a reference only and is not all-inclusive of treatment focuses and associated modalities and treatment techniques available to Acupuncturists.

III. Providing Acupuncture Treatment

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
58.	Develop a point prescription for patient based on treatment principles to restore balance.	117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 167, 168		X	X	X		X			X	X
59.	Select distal and/or proximal points on patient to treat affected channels and conditions.	120		X	X	X		X			X	X
60.	Select local points on patient by evaluating clinical indications to treat condition.	121, 128, 129	X	X	X	X		X	X	X	X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
61.	Select points from different channels on patient to combine treatment of root and branch.	119, 122, 134, 142		X		X		X			X	
62.	Select points on patient opposite to area of patient complaint to treat condition.	123		X		X		X			X	
63.	Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.	123, 124		X		X		X			X	
64.	Select points from Yin and Yang channels to balance the treatment prescription for patient.	122, 134		X		X		X			X	
65.	Select front and back points on patient to enhance treatment effect.	125, 130, 131, 132		X		X		X			X	
67.	Select points on the extremities of patient to treat conditions occurring in the center.	127	X	X		X		X	X		X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
68.	Select Ashi points on patient to enhance treatment effect.	128	X			X		X	X		X	
69.	Select points along the Muscle channels of patient to enhance treatment effect.	129	X			X		X	X		X	
70.	Select Front-Mu (Alarm) points on patient to address acute imbalances.	125, 130, 132		X		X		X			X	
71.	Select Back-Shu (Transport) points on patient to address chronic imbalances.	131, 132		X		X		X			X	
72.	Select Lower He-Sea points on patient to connect channels with respective Fu Organs.	117, 118, 119, 127, 133, 134		X		X		X			X	
73.	Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.	137, 148, 149	X	X		X		X	X		X	X

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
74.	Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications to treat condition.	138		X		X		X			X	
75.	Select Extra points on patient based on clinical indications to treat condition.	117, 118	X	X	X	X		X	X	X	X	
76.	Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.	140		X		X		X			X	
77.	Select Luo-Connecting points on patient to treat internally and externally related channels.	141	X	X		X		X			X	X
78.	Select Yuan-Source points on patient to access fundamental Qi for the channel.	143		X		X		X			X	

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
79.	Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.	144	X	X		X		X			X	X
80.	Select Eight Influential points on patient to treat condition.	139, 147		X		X		X			X	
85.	Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.	150										
86.	Evaluate patient condition to determine needle retention time for optimal treatment effects.	152										
87.	Place patient into recommended position for needle insertion.	154	X	X								
88.	Insert needle within standard depth range to stimulate point on patient.	155										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
89.	Manipulate needle to produce therapeutic effect in patient.	151		X								
90.	Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.	168										
91.	Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.	116, 117, 118, 119, 155, 169										
92.	Apply moxibustion techniques on patient to treat indicated conditions.	156, 172										
93.	Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.	156, 172										
94.	Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.	157, 170										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
95.	Identify contraindications for electroacupuncture to avoid injury and/or complications.	157, 170										
96.	Perform cupping techniques on patient to treat condition.	158, 171										
97.	Identify contraindications for cupping to avoid injury and/or complications.	158, 171										
99.	Identify contraindications for Gua-sha techniques to avoid injury and/or complications.	175										
100.	Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.	159, 173, 174										
101.	Identify contraindications for massage techniques to avoid injury and/or complications.	159, 173, 174										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
102.	Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.	156, 160, 162, 163, 165, 174										
103.	Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.	156, 160, 165, 172, 174										
104.	Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.	163										
105.	Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.	162, 163										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
106.	Select scalp points based on clinical indications to treat patient condition.	164	X									
107.	Select auricular points based on clinical indications to treat patient condition.	165		X								
108.	Evaluate patient stress response to treatment by monitoring vital signs.	166										
109.	Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.	135, 167										
110.	Provide patients with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes living a healthy lifestyle.	162, 163										

	Task Statements	Linked Knowledge Statements	Treatment Focus			Treatment Modality*					Technique**	
			Pain Mgt	General Health	Women's Health	Point Needling	Herbal Therapy	Electro	Cup	Moxa	TCM	5 - Element
111.	Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.	117, 121, 167										
112.	Provide patient with information regarding physiological systems to explain how the body functions.	117, 121, 150, 162, 163, 166										
113.	Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.	117, 121, 150, 162, 163, 166										

*Correlated treatment focus and modality were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

** Correlated treatment focus and technique were calculated using data from the survey respondents and additionally verified by SMEs in the November 2014 workshop.

NOTE: Information is presented as a reference only and is not all-inclusive of treatment focuses and associated modalities and treatment techniques available to Acupuncturists.

APPENDIX E. QUESTIONNAIRE INVITATION LETTER

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

July 14, 2014

Dear Acupuncture Licensee:

The California Acupuncture Board is in the process of conducting an occupational analysis of the acupuncture profession. The purpose of the occupational analysis is to identify the tasks performed and knowledge required to perform these tasks by acupuncturists in the current practice. Results of the occupational analysis will be used to update and improve the acupuncture licensing program examinations.

You have been selected as an acupuncture licensee in California to complete an online questionnaire regarding the acupuncture profession as it relates to you. Your participation is important to ensure that all aspects of the profession are included and the results reflect the profession. Your individual responses will be kept confidential.

The online questionnaire will be available from **July 21, 2014 to September 21, 2014**, 24 hours a day, 7 days a week. It will take approximately two to three hours to complete the questionnaire.

Important note: For your convenience, you may begin the survey questionnaire, exit and complete it at a later time as long as it is *from the same computer* and your computer settings *allow for saving of data* (i.e. cookies) from websites.

If you are interested in participating in this very important process use the following link to access the survey: https://www.surveymonkey.com/s/Acupuncturist_OA_Questionnaire

The link is also available at the Acupuncture Board website.

Again, the Board sincerely appreciates your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

ACUPUNCTURE BOARD

APPENDIX F. QUESTIONNAIRE

Acupuncture OAQ

1. COVER LETTER

Dear Licensee:

The Acupuncture Board is conducting an occupational analysis of the Acupuncturist profession. The purpose of the occupational analysis is to identify the important tasks performed by Acupuncturists in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update and improve the Acupuncturist Licensing Examination.

The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project.

Your individual responses will be kept confidential. Your responses will be combined with responses of other Acupuncturists and only group trends will be reported. Your personal information will not be tied to your responses.

In order to progress through this survey, please use the following navigation buttons:

- • Click the **Next** button to continue to the next page.
  • Click the **Prev** button to return to the previous page.
  • Click the **Done/Submit** button to submit your survey as completed.

Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.

Please Note: This survey can take between 3-4 hours to complete. However, once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited. This means that in order for a page to save, you must have completed that page and selected the "next" button. For your convenience, the weblink is available 24 hours a day 7 days a week.

Please submit the completed survey questionnaire by September 21, 2014.

If you have any questions about completing this survey, please contact Terri Sinkovich of the Acupuncture Board at (916) 515-5205. The Board welcomes your participation in this project and sincerely thanks you for your time.

INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS

This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Acupuncture practice as represented by the respondents to the questionnaire. Please note the instructions for each item before marking your response as several permit multiple responses.

INSTRUCTIONS FOR RATING TASK AND KNOWLEDGE STATEMENTS

This part of the questionnaire contains a list of tasks and knowledge descriptive of the Acupuncture practice in a variety of settings. Please note that some of the tasks or knowledge may not apply to your setting.

For each task, you will be asked to answer two questions: how important the task is in the performance of your current practice **(importance)** and how often you perform the task **(frequency)**. For each knowledge, you will be asked to answer one question: how important the knowledge is in the performance of your current practice **(importance)**.

Acupuncture OAQ

Please rate each task and knowledge as it relates to your current practice as a California-licensed Acupuncturist. **Do not respond based on what you believe all Acupuncturists should be expected to know or be able to do.**

2. OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURIST

The Acupuncture Board recognizes that every Acupuncture practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective Acupuncture practice in the state of California.

Complete this questionnaire only if you are currently licensed and practicing as an Acupuncturist in California.

Acupuncture OAQ

3.

***Are you currently practicing in California as a licensed acupuncturist?**

- ◯ Yes
- ◯ No

***Please enter your California acupuncturist license number:**

California Acupuncturist License #:

Please enter a current email address if you are interested in participating in future acupuncture studies and/or workshops (this is entirely optional and will not be linked to your answers on this survey):

4. PART I PERSONAL DATA

The information you provide in this next section is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.) and it will be used only for the purpose of analyzing the ratings from this questionnaire.

Acupuncture OAQ

5.

How many years have you been practicing in California as a licensed acupuncturist?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

How many practice settings/clinical locations do you utilize as an acupuncturist?

- ◯ 1
- ◯ 2-4
- ◯ 5 or more

How would describe your primary practice setting(s)?
(You may select multiple settings. If you select multiple settings, please rank them in order of time spent in each setting using the boxes provided for each practice setting. Only rank practice settings utilized. For example if you select three settings, rank the setting where most of your time is spent as " Rank 1", mark the setting where the second most time is spent as " Rank 2" , and the setting where the third most time is spent would be marked as "Rank 3" . You do not have to continue to rank the remaining settings unless you actually spend time in them.)

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7
Sole owner/practitioner in independent setting	◯	◯	◯	◯	◯	◯	◯
Independent practitioner in group setting	◯	◯	◯	◯	◯	◯	◯
Acupuncture medical group (Inc. or LLC)	◯	◯	◯	◯	◯	◯	◯
Interdisciplinary medical group	◯	◯	◯	◯	◯	◯	◯
Hospital	◯	◯	◯	◯	◯	◯	◯
Multiple settings	◯	◯	◯	◯	◯	◯	◯
House calls/Home visits	◯	◯	◯	◯	◯	◯	◯

Other (please specify)

Acupuncture OAQ

How many hours per week do you work as a licensed acupuncturist?

- ◯ 0 - 10 hours
- ◯ 11 - 20 hours
- ◯ 21 to 39 hours
- ◯ 40 or more hours

Which one of the following treatment categories is the primary focus of your acupuncture practice?
(Only one choice is allowed for this question; you will have an opportunity to select additional categories in a following question)

- ◯ Respiratory
- ◯ Immune disorder
- ◯ Men's health
- ◯ Women's health
- ◯ Gastrointestinal
- ◯ Pain management
- ◯ Neurological
- ◯ Dermatology/cosmetic
- ◯ Addiction
- ◯ Mental health
- ◯ Endocrine health
- ◯ Cardiovascular
- ◯ Oncology support
- ◯ General
- ◯ Pediatrics

Other (please specify)

Assign a percentage of total practice time spent treating conditions in the category you selected as the primary focus of your acupuncture practice:

	Percentage of time spent
Primary focus of your acupuncture practice:	

Acupuncture OAQ

6.

For which of the following categories do you provide treatment within your acupuncture practice in addition to the primary focus you chose?
(Please choose/state no more than 3 conditions)

- [ ] Respiratory
- [ ] Immune disorder
- [ ] Men's health
- [ ] Women's health
- [ ] Gastrointestinal
- [ ] Pain management
- [ ] Neurological
- [ ] Dermatology/cosmetic
- [ ] Addiction
- [ ] Mental health
- [ ] Endocrine health
- [ ] Cardiovascular
- [ ] Oncology support
- [ ] General

Other (please specify)

Acupuncture OAQ

Which of the following treatment modalities do you primarily use as an acupuncturist? (You may select multiple treatment modalities, then rank your selections in order of the frequency that you use each modality, rank only the modalities actually utilized)

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8
Point needling	◯	◯	◯	◯	◯	◯	◯	◯
Electroacupuncture	◯	◯	◯	◯	◯	◯	◯	◯
Herbal therapy	◯	◯	◯	◯	◯	◯	◯	◯
Moxa	◯	◯	◯	◯	◯	◯	◯	◯
Cupping	◯	◯	◯	◯	◯	◯	◯	◯
Gua-sha	◯	◯	◯	◯	◯	◯	◯	◯
Tui Na	◯	◯	◯	◯	◯	◯	◯	◯
Massage therapy	◯	◯	◯	◯	◯	◯	◯	◯

Other (please specify)

What percentage of time do you incorporate the following acupuncture techniques into your practice? (Enter whole numbers only. Numbers should add up to 100)

Traditional	
Neurophysiological	
Five Elements	
Auricular	
Scalp	
Master Tung	
Korean Hand	
Japanese	
Doctor Tan	
Other	

What location describes your primary work setting?

- ◯ Urban (greater than 100,000 people), highly dense population within city limits
- ◯ Suburban, less densely populated areas (typically bordering the city)
- ◯ Rural (less than 10,000 people) sparsely populated areas further outside of city (e.g., countryside, farmlands)

Other (please specify)

Acupuncture OAQ

Which of the following languages do you speak fluently? (check all that apply)

- [ ] English
- [ ] Chinese
- [ ] Korean
- [ ] Spanish

Other (please specify)

Do you read English proficiently?

- ◯ Yes
- ◯ No

What is the primary language spoken by the majority of your patients?

- ◯ English
- ◯ Chinese
- ◯ Korean
- ◯ Spanish

Other (please specify)

In what language did you take your California Acupuncture Licensing Examination?

- ◯ English
- ◯ Chinese
- ◯ Korean

Acupuncture OAQ

7.

What is the highest level of education you have achieved? (Please specify the degree in the box provided)

- ◯ Certificate
- ◯ Associates degree
- ◯ Bachelor's degree
- ◯ Master's degree in Traditional Chinese Medicine
- ◯ Master's degree in another field (please specify in the field provided below)
- ◯ Doctorate degree in Asian Medicine
- ◯ Doctorate degree in another field (please specify in the field provided below)
- ◯ Other formal education (please specify in the field provided below)

Degree:

What is the approximate gross annual income generated from your acupuncture practice?

- ◯ Up to $20,000
- ◯ $21,000 - $39,000
- ◯ $40,000 - $59,000
- ◯ $60,000 - $79,000
- ◯ $80,000 - $100,000
- ◯ more than $100,000

What is the primary source of your gross annual income? (you may select multiple options)

- ☐ Health insurance
- ☐ Workers' compensation
- ☐ Medicaid/Medicare
- ☐ Private insurance (e.g., HMO, PPO)
- ☐ Personal injury
- ☐ Veteran affairs

Other (please specify)

Acupuncture OAQ

Do you hold any other California professional licenses (e.g., chiropractor, massage therapist)?

- ◯ Yes (please specify what other license you hold in the field provided below)
- ◯ No

CA Professional License:

Do you feel that your acupuncture training program prepared you for your first year in practice?

- ◯ Yes
- ◯ No

During training, what other subjects would have been beneficial to adequately prepare you for your first year in practice? (please specify)

What reference materials are most useful to you during your daily acupuncture practice activities? (please specify)

Acupuncture OAQ

In what California county is your primary practice located?

- ◯ Alameda
- ◯ Alpine
- ◯ Amador
- ◯ Butte
- ◯ Calaveras
- ◯ Colusa
- ◯ Contra Costa
- ◯ Del Norte
- ◯ El Dorado
- ◯ Fresno
- ◯ Glenn
- ◯ Humboldt
- ◯ Imperial
- ◯ Inyo
- ◯ Kern
- ◯ Kings
- ◯ Lake
- ◯ Lassen
- ◯ Los Angeles
- ◯ Madera
- ◯ Marin
- ◯ Mariposa
- ◯ Mendocino
- ◯ Merced
- ◯ Modoc
- ◯ Mono
- ◯ Monterey
- ◯ Napa
- ◯ Nevada
- ◯ Orange
- ◯ Placer
- ◯ Plumas
- ◯ Riverside
- ◯ Sacramento
- ◯ San Benito
- ◯ San Bernardino
- ◯ San Diego
- ◯ San Francisco
- ◯ San Joaquin
- ◯ San Luis Obispo
- ◯ San Mateo
- ◯ Santa Barbara
- ◯ Santa Clara
- ◯ Santa Cruz
- ◯ Shasta
- ◯ Sierra
- ◯ Siskiyou
- ◯ Solano
- ◯ Sonoma
- ◯ Stanislaus
- ◯ Sutter
- ◯ Tehama
- ◯ Trinity
- ◯ Tulare
- ◯ Tuolumne
- ◯ Ventura
- ◯ Yolo
- ◯ Yuba

8. PART II RATING JOB TASKS

In this part of the questionnaire, please rate each task as it relates to your current practice as an acupuncturist. Please rate each statement using the importance and frequency scale provided. Frequency and importance ratings should be separate and independent ratings. Therefore, the rating you assign to a statement on the importance scale should not influence the rating you assign to that same statement on the frequency scale. For example, a task you perform may be critical to your practice, but you may not perform that task very often.

If the task is NOT part of your current practice, rate the task "0" (zero) Importance and "0" (zero) Frequency.

The boxes for rating the Importance and Frequency of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is performance of this task in your current practice?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. This task is not important and/or I do not perform this task in my practice.

1 - OF MINOR IMPORTANCE. This task has the lowest priority of all the tasks that I perform in my practice.

2 - FAIRLY IMPORTANT. This task is fairly important relative to other tasks; however, it does not have the priority of most other tasks that I perform in my practice.

3 - MODERATELY IMPORTANT. This task has about average priority among all tasks that I perform in my practice.

4 - VERY IMPORTANT. This task is very important for my practice; it has a higher degree of importance or priority than most other tasks that I perform in my practice.

5 - CRITICALLY IMPORTANT. This task is among the most critical tasks that I perform in my practice.

FREQUENCY RATING

HOW OFTEN do you perform this task to treat patients?

0 - DOES NOT APPLY TO MY PRACTICE. I never perform this task in my practice.

1 - RARELY. I rarely perform this task in my practice.

2 - SELDOM. I seldom perform this task in my practice. The frequency at which I perform this task in my practice is very low.

3 - OCCASIONALLY. This task is performed somewhat frequently in my practice.

4 - OFTEN. This task is performed more frequently than most other tasks in my practice.

5 - VERY OFTEN. I perform this task almost constantly and it is one of the most frequently performed tasks in my practice.

*TASK STATEMENTS - Patient Assessment

	Importance	Frequency
1. Assess chief complaint of patient by obtaining information regarding symptoms (e.g., onset, duration, location, severity, cause) to determine focus of examination.		
2. Interview patient regarding general health history (e.g., substance abuse, family health, traumatic events, surgery) to determine effect on chief complaint.		
3. Gather information regarding the history of present illness as it relates to chief complaint of patient.		
4. Interview patient regarding prior treatments provided for chief complaint.		
5. Interview patient regarding emotional state and life events that contribute to present complaint.		
6. Interview patient regarding sleep patterns that contribute to present complaint.		
7. Interview patient regarding environmental factors (e.g., work stress, pollutants, noise, climate) that contribute to present complaint.		
8. Interview patient regarding lifestyle (e.g., exercise, recreation, social activities, work schedule) to determine effect on symptom severity and development.		
9. Interview patient to determine dietary habits (e.g., type, quantity, frequency, time of day) that contribute to symptom severity and development.		
10. Interview patient regarding preferences or aversions to food and fluid flavors and temperatures to determine nature of imbalance.		
11. Interview patient regarding fluid intake (e.g., thirst, type, quantity, frequency, time of day) to determine contribution to condition.		
12. Interview patient regarding gastrointestinal symptoms (e.g., bloating, pain, appetite) to determine nature of imbalance.		
13. Interview patient regarding gynecological symptoms to determine nature of imbalance.		
14. Interview patient regarding urogenital symptoms to determine nature of imbalance.		
15. Interview patient regarding urinary characteristics (e.g., color, clarity, odor) to determine nature of imbalance.		
16. Interview patient regarding bowel characteristics (e.g., frequency, consistency, color, odor) to determine nature of imbalance.		
17. Evaluate patient for the presence of fever and/or chills to determine present health condition.		
18. Evaluate patient patterns of perspiration to determine nature of imbalance.		
19. Interview patient regarding eye symptoms (e.g., irritation, dryness, visual changes) to determine nature of imbalance.		
20. Interview patient regarding auditory function to determine nature of imbalance.		
21. Interview patient regarding pain characteristics (e.g., location, onset, severity, quality, duration) to determine nature of imbalance.		
22. Observe patient (e.g., vitality, demeanor) to determine level and quality of energy/Qi.		
23. Observe patient (e.g., presence, affect) to determine spirit/Shen.		
24. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) that aid		

in pattern differentiation.

25. Observe patient physical characteristics (e.g., face, eyes, abdomen, nails) to determine Five Element associations.		

9.

*TASK STATEMENTS - Patient Assessment (continued)

	Importance	Frequency
26. Listen to sounds, voice quality, and vocal strength of patient to determine nature of disharmony.		
27. Interview patient regarding mucus characteristics (e.g., color, viscosity, quantity) to determine nature of imbalance.		
28. Evaluate patient phlegm characteristics to determine nature of imbalance.		
29. Evaluate patient respiratory system to determine nature of imbalance.		
30. Perform neurological examination (e.g., sensation, strength) on patient to determine health condition.		
31. Perform orthopedic examination (e.g., range of motion) on patient to determine health condition.		
32. Observe patient tongue body and coating to determine nature of imbalance.		
33. Assess patient radial pulse to determine nature of imbalance.		
34. Palpate areas of body (e.g., abdomen, muscles, joints, channels) to gather additional information regarding patient complaint.		
35. Interview patient to identify any supplements, herbs, or pharmaceuticals influencing health status.		
36. Review patient diagnostic report (e.g., blood, X-ray, MRI) to gather additional information regarding patient complaint.		
37. Listen to internal systems (e.g., lungs, heart, abdomen) of patient to gather additional information regarding patient complaint.		
38. Evaluate patient skin conditions (e.g., shingles, hives, psoriasis) to determine nature of imbalance.		
39. Determine patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require referral to other providers.		
40. Determine any life-threatening conditions (e.g., stroke, heart attack, seizure) occurring in patient that require immediate action.		
41. Perform physical exam on patient to determine present health condition.		

10.

*TASK STATEMENTS - Diagnostic Impression and Treatment Plan

	Importance	Frequency
42. Integrate assessment findings (e.g., pulse, tongue, history, channel) to form differential diagnosis.		
43. Identify affected channel by evaluating information gathered from patient.		
44. Differentiate between root and branch of condition to focus patient treatment.		
45. Prioritize findings regarding patient to develop treatment strategy.		
46. Utilize differential diagnosis to develop treatment principles (e.g., tonify, sedate, harmonize) for patient.		
47. Apply treatment principle (e.g., tonify, sedate, harmonize) to develop treatment plan for patient.		
48. Identify Yin and Yang imbalance by patient evaluation to develop a differential diagnosis.		
49. Identify Five Element disharmony by patient evaluation to develop a differential diagnosis.		
50. Identify Zang Fu disharmony by patient evaluation to develop a differential diagnosis.		
51. Identify Eight Principles categorization by patient evaluation to develop a differential diagnosis.		
52. Identify relative strength of Qi and Blood by patient evaluation to develop a differential diagnosis.		
53. Utilize Four Level differentiation to determine progression of pathogen.		
54. Utilize Six Stage differentiation to determine progression of pathogen.		
55. Utilize San Jiao theory to develop differential diagnosis.		
56. Determine Jin Ye quality by patient evaluation to develop diagnostic impression.		
57. Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for health care providers.		

11.

*TASK STATEMENTS - Providing Acupuncture Treatment

	Importance	Frequency
58. Develop a point prescription for patient based on treatment principles to restore balance.		
59. Select distal and/or proximal points on patient to treat affected channels and conditions.		
60. Select local points on patient by evaluating clinical indications to treat condition.		
61. Select points from different channels on patient to combine treatment of root and branch.		
62. Select points on patient opposite to area of patient complaint to treat condition.		
63. Select points on patient (e.g., above and below, right and left) that balance point distribution to harmonize treatment.		
64. Select points from Yin and Yang channels to balance the treatment prescription for patient.		
65. Select front and back points on patient to enhance treatment effect.		
66. Select points in the center of patient to treat conditions occurring in the extremities.		
67. Select points on the extremities of patient to treat conditions occurring in the center.		
68. Select Ashi points on patient to enhance treatment effect.		
69. Select points along the Muscle channels of patient to enhance treatment effect.		
70. Select Front-Mu (Alarm) points on patient to address acute imbalances.		
71. Select Back-Shu (Transport) points on patient to address chronic imbalances.		
72. Select Lower He-Sea points on patient to connect channels with respective Fu Organs.		
73. Select Five Shu (Five-Transporting) points on patient to treat imbalances of the Five Elements.		
74. Select Confluent points of the Eight Extraordinary Channels on patient based on clinical indications.		
75. Select Extra points on patient based on clinical indications.		
76. Select Intersecting/Crossing points on patient to treat conditions manifesting in multiple channels.		
77. Select Luo-Connecting points on patient to treat internally and externally related channels.		
78. Select Yuan-Source points on patient to access fundamental Qi for the channel.		
79. Select Xi-Cleft points on patient to treat acute conditions of the related channel or corresponding Organs.		
80. Select Eight Influential points on patient to treat condition.		
81. Select Four Seas points on patient to treat condition.		

Acupuncture OAQ

82. Utilize Seven Star needling technique on patient to treat condition.		
83. Utilize Bleeding technique on patient to treat condition.		

12.

*TASK STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance	Frequency
84. Select Mother/Son (Four Needle Technique) points on patient to address Five Element imbalances.		
85. Locate points for needle insertion on patient by utilizing anatomical landmarks and proportional measurements.		
86. Evaluate patient condition to determine needle retention time for optimal treatment effects.		
87. Place patient into recommended position for needle insertion.		
88. Insert needle within standard depth range to stimulate point on patient.		
89. Manipulate needle to produce therapeutic effect in patient.		
90. Identify contraindications for needling by evaluating patient condition to avoid injury and/or complications.		
91. Identify points that require needling with caution (e.g., locations near arteries) to avoid complications.		
92. Apply moxibustion techniques on patient to treat indicated conditions.		
93. Identify contraindications for moxibustion by evaluating patient condition to avoid injury and/or complications.		
94. Perform electroacupuncture on patient to enhance effectiveness of treatment for select conditions.		
95. Identify contraindications for electroacupuncture to avoid injury and/or complications.		
96. Perform cupping techniques on patient to treat condition.		
97. Identify contraindications for cupping to avoid injury and/or complications.		
98. Perform Gua-sha techniques on patient to treat condition.		
99. Identify contraindications for Gua-sha techniques to avoid injury and/or complications.		
100. Perform massage techniques (e.g., Tui Na, acupressure) on patient to treat condition.		
101. Identify contraindications for massage techniques to avoid injury and/or complications.		
102. Instruct patient on use of supportive therapies (e.g., ear seeds, moxa, plaster, exercises) for implementation in clinic or at home.		
103. Identify contraindications for supportive therapies (e.g., ear seeds, moxa, plaster, exercises) to avoid injury and/or complications.		
104. Recommend dietary changes for patient by identifying specific foods to add or remove from daily meals to support treatment.		
105. Recommend lifestyle changes for patient (e.g., exercise, ergonomics, meditation) to improve health condition.		
106. Select scalp points based on clinical indications to treat patient condition.		

Acupuncture OAQ

107. Select auricular points based on clinical indications to treat patient condition.		
108. Evaluate patient stress response to treatment by monitoring vital signs.		
109. Evaluate patient condition during follow-up visit by examining changes in function, signs, and symptoms to determine adjustments to treatment plan.		
110. Provide patient with information (e.g., instructions, pamphlets, exercise routines, meditation methods) that promotes a healthy lifestyle.		
111. Educate patient regarding differences between Traditional Chinese Medicine and Western medicine to clarify terminology and procedures.		
112. Provide patient with information regarding physiological systems to explain how the body functions.		
113. Inform patient of Traditional Chinese Medicine diagnosis by comparing it to Western medicine and explaining how the methods differ.		

13.

*TASK STATEMENTS - Herbal Therapy

	Importance	Frequency
114. Develop herbal formula for patient based on treatment principle (e.g., tonify, sedate, harmonize) to restore balance.		
115. Distinguish between herbs and formulas from the same categories to select the most therapeutic application.		
116. Select herbal formula by identifying hierarchy of herbs (e.g., chief, deputy, envoy, assistant) for therapeutic application.		
117. Identify complementary herb qualities and point functions to provide integrated treatment.		
118. Identify similarities (e.g., analogs) between herbal therapy and Western medications to optimize treatment.		
119. Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.		
120. Monitor effects of herbs when combined with Western medications to determine interactions.		
121. Identify patient conditions that are contraindicated for recommending herbs.		
122. Recommend herbs and herbal formulas adjusted for patient constitution to provide effective treatment.		
123. Determine effective dosage of herbal therapy by evaluating patient condition.		
124. Evaluate patient response to herbal therapy to determine if modifications are indicated.		
125. Monitor patient response to herbal therapy for side effects.		
126. Instruct patient on usage of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.		
127. Collaborate with other professionals and herb specialists to determine herbal therapy (e.g., formula, dosage, patent) for treating patient conditions.		

14.

*TASK STATEMENTS - Public Health & Safety and Record Keeping

	Importance	Frequency
128. Document initial assessment and treatments (i.e., Subjective/Objective/Assessment/Plan or SOAP) to maintain patient records.		
129. Develop advertisements in accordance with legal guidelines regarding services provided.		
130. Maintain patient records in accordance with State and federal regulations.		
131. Maintain patient confidentiality in accordance with State and federal regulations.		
132. Report known or suspected abuse of patients by contacting protective services in accordance with State and federal regulations.		
133. Obtain informed patient consent for treatment by providing information regarding benefits, risks, and side effects.		
134. Prevent contamination and spread of pathogens by maintaining a clinical environment that adheres to State and federal laws and guidelines.		
135. Dispose of needles, contaminated material, and containers in accordance with California Occupational Safety and Health Administration guidelines.		
136. Utilize clean needle technique to prevent contamination and spread of pathogens in accordance with California Occupational Safety and Health Administration guideline.		
137. Adhere to ethical standards and professional boundaries while interacting with patients.		
138. Adhere to professional standards regarding substance use within the treatment environment.		
139. Adhere to business practice standards (i.e., preventing insurance fraud, abiding with labor laws, complying with local ordinances) for health care professionals.		
140. Prepare reports regarding patient condition by translating Traditional Chinese Medicine diagnosis into common medical terminology to communicate with other health care providers.		
141. Determine the need to collaborate with primary physician and/or other health care providers to identify the most effective treatment for patient.		

15. PART III. RATING PRACTICE KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important the knowledge is to successful performance in your practice. If a knowledge statement is NOT utilized in the performance of tasks for your practice, rate it "0" (zero) for Importance.

The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for each list to see the ratings. Then select the rating based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is this knowledge in the performance of your current practice?

Use the following scale to select your ratings.

0 - NOT IMPORTANT and/or NOT REQUIRED. This knowledge does not apply to my practice; it is not required for performance of tasks.

1 - OF MINOR IMPORTANCE. Possession of this knowledge is of minor importance for performance of tasks.

2 - FAIRLY IMPORTANT. Possession of this knowledge is fairly important for performance of tasks.

3 - MODERATELY IMPORTANT. Possession of this knowledge is moderately important for performance of tasks.

4 - VERY IMPORTANT. Possession of this knowledge is very important for performance in a significant part of my practice.

5 - CRITICALLY IMPORTANT. Possession of this knowledge is of critical to the performance of tasks.

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*KNOWLEDGE STATEMENTS - Patient Assessment

	Importance
1. Knowledge of physical examination techniques and evaluation of findings.	
2. Knowledge of techniques for obtaining vital signs.	
3. Knowledge of interview techniques for obtaining health history.	
4. Knowledge of patient history (e.g., health, trauma, emotional, family) that impact current health status.	
5. Knowledge of the impact of patient genetics and heredity on symptom development.	
6. Knowledge of the roles of other health care providers and commonly used treatment methods.	
7. Knowledge of the impact of emotions on pathology.	
8. Knowledge of the patterns of sleep associated with pathology.	
9. Knowledge of external and internal influences that impact current health status.	
10. Knowledge of the impact of dietary habits on pathology or imbalance.	
11. Knowledge of the effects of environmental factors (e.g., work stress, pollutants, noise, climate) on pathology or imbalance.	
12. Knowledge of the gastrointestinal system.	
13. Knowledge of methods for palpating the abdomen.	
14. Knowledge of the relationship between appetite and dietary habits and resulting digestive disharmony or pathology.	
15. Knowledge of the association between taste in mouth (e.g., metallic, sour, sweet) and pathology.	
16. Knowledge of the effect of herbal and food flavors and temperatures on pathology.	
17. Knowledge of the association between food and fluid flavor preferences and pathology.	
18. Knowledge of the relationship between food and fluid temperature preferences and pathology.	
19. Knowledge of the association between characteristics of thirst and patterns of disharmony.	
20. Knowledge of the anatomy and physiology of human body systems.	
21. Knowledge of patterns of disharmony associated with menstruation.	
22. Knowledge of the female reproductive system.	
23. Knowledge of patterns of disharmony associated with pregnancy and childbirth.	
24. Knowledge of patterns of disharmony associated with menopause.	
25. Knowledge of patterns of disharmony associated with the male reproductive system.	

16.

*KNOWLEDGE STATEMENTS - Patient Assessment (continued)

	Importance
26. Knowledge of pathologies associated with patterns of urine elimination and urine characteristics.	
27. Knowledge of pathologies associated with patterns of bowel elimination and stool characteristics.	
28. Knowledge of the association between fever and/or chills and pathogenic influences.	
29. Knowledge of abnormal perspiration characteristics associated with interior and exterior patterns.	
30. Knowledge of the relationship between ocular symptoms and pathology.	
31. Knowledge of the relationship between auricular symptoms and pathology.	
32. Knowledge of pain characteristics resulting from pathological influences.	
33. Knowledge of the theory of Qi.	
34. Knowledge of Shen characteristics and clinical indicators of impaired Shen.	
35. Knowledge of facial indicators associated with pathology or disharmony.	
36. Knowledge of physical characteristics (e.g., face, eyes, abdomen, nails) that aid in pattern differentiation.	
37. Knowledge of the interrelationships between Organs.	
38. Knowledge of the interrelationships between meridians.	
39. Knowledge of the theory of Jin Ye characteristics.	
40. Knowledge of the relationship between quality and strength of voice and patterns of disharmony.	
41. Knowledge of phlegm characteristics and pathology.	
42. Knowledge of mucus characteristics and pathology.	
43. Knowledge of signs and symptoms of impaired respiratory function.	
44. Knowledge of skin characteristics associated with pathology.	
45. Knowledge of methods of assessing neuromusculoskeletal function and integrity.	
46. Knowledge of neuromusculoskeletal conditions.	
47. Knowledge of pathogenic factors that affect joints and surrounding areas.	
48. Knowledge of causes of joint pathology.	
49. Knowledge of conditions associated with abnormal localized temperature.	
50. Knowledge of tongue characteristics associated with pathology and health.	

17.

*KNOWLEDGE STATEMENTS - Patient Assessment (continued)

	Importance
51. Knowledge of methods for obtaining pulse information from various locations on the body.	
52. Knowledge of methodology for assessment of nature and quality of pain.	
53. Knowledge of the theory of interconnection of Organs and tissues (e.g., liver to tendon, spleen to muscle).	
54. Knowledge of the relationship between Organs and the Five senses (e.g., liver to eyes, kidney to ear).	
55. Knowledge of Western medical terminology and definitions.	
56. Knowledge of the classification of commonly prescribed Western medications.	
57. Knowledge of the clinical indications of commonly prescribed Western medications.	
58. Knowledge of side effects of commonly prescribed Western medications.	
59. Knowledge of clinical indications of commonly prescribed herbs and supplements.	
60. Knowledge of side effects of commonly used herbs and supplements.	
61. Knowledge of interactions between commonly used supplements, herbs, and Western medications.	
62. Knowledge of clinical significance of laboratory tests used for diagnostic purposes.	
63. Knowledge of clinical significance of diagnostic imaging reports (e.g., X-ray, ultrasound, computed tomography).	
64. Knowledge of vital sign values as clinical indicators of pathology.	
65. Knowledge of clinical indications of cardiopulmonary dysfunction.	
66. Knowledge of palpation techniques for determination of pathology.	
67. Knowledge of the effects of pathways and functions of cranial nerves on the determination of pathology.	
68. Knowledge of signs and symptoms of emergency conditions (e.g., shock, heart attack, seizure).	
69. Knowledge of methods for administering cardiopulmonary resuscitation.	
70. Knowledge of methods for providing first aid treatment.	
71. Knowledge of the signs and symptoms of food, nutrient, and drug interactions.	
72. Knowledge of methods for listening to internal systems (e.g., lungs, heart, abdomen).	
73. Knowledge of environmental factors (e.g., work stress, pollutants, noise, climate) that cause disease.	

18.

*KNOWLEDGE STATEMENTS - Developing a Diagnostic Impression and Treatment Plan

	Importance
74. Knowledge of methods for integrating assessment information to develop a diagnosis.	
75. Knowledge of the association between radial pulse findings and pathology.	
76. Knowledge of the association between tongue characteristics and pathology.	
77. Knowledge of methods for integrating tongue and pulse characteristics to identify pathology.	
78. Knowledge of the relationship between the Organs and channels in disease progression and transformation.	
79. Knowledge of the relationships, patterns, and changes of Yin and Yang.	
80. Knowledge of the relationship between the Zang Fu and vital substances (i.e., the liver stores the blood).	
81. Knowledge of disease progression from superficial to deep levels of the human body.	
82. Knowledge of clinical indicators associated with disease of the channels.	
83. Knowledge of the distribution, functions, and clinical significance of the channels.	
84. Knowledge of principles for treating root symptoms versus branch symptoms of pathology or disharmony.	
85. Knowledge of methods for prioritizing pathology or disharmony symptoms.	
86. Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.	
87. Knowledge of the functions of and relationship between the Zang Fu and the channels.	
88. Knowledge of the clinical indications associated with Zang Fu pathology.	
89. Knowledge of methods for identifying simultaneous Zang Fu disharmonies.	
90. Knowledge of methods for differentiating patterns of Hot and Cold conditions.	
91. Knowledge of methods for differentiating Empty and Full patterns.	
92. Knowledge of the functions associated with the types of Qi.	
93. Knowledge of the characteristics and functions associated with Blood.	
94. Knowledge of the disharmonies associated with Qi and Blood.	
95. Knowledge of patterns of disharmony associated with the Six Stages.	
96. Knowledge of patterns of disharmony associated with the Four Levels.	
97. Knowledge of patterns of disharmony associated with the San Jiao.	
98. Knowledge of theories, relationships, and disharmonies of Qi, Blood, and body fluid.	
99. Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.	
100. Knowledge of Western medical diagnoses and physiological processes involved with disease progression.	

19.

*KNOWLEDGE STATEMENTS - Developing a Diagnostic Impression and Treatment Plan (continued)

	Importance
101. Knowledge of patient conditions (e.g., blood in urine, chronic cough, unexplained weight loss) that require patient referral.	
102. Knowledge of Traditional Chinese Medicine pattern differentiation to determine treatment principles.	
103. Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.	
104. Knowledge of how Qi is dispersed to the Zang Fu Organs via the Yuan-Source points.	
105. Knowledge of treatment strategies for using tonification and/or sedation points.	
106. Knowledge of the association between stimulation techniques and treatment principles.	
107. Knowledge of therapeutic uses for moxibustion.	
108. Knowledge of therapeutic uses of Gua Sha.	
109. Knowledge of therapeutic uses for external herbs.	
110. Knowledge of therapeutic uses for electroacupuncture.	
111. Knowledge of therapeutic uses for cupping.	
112. Knowledge of therapeutic uses for soft tissue massage techniques.	
113. Knowledge of therapeutic uses for adjunctive therapies.	

20.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment

	Importance
114. Knowledge of the techniques for Bleeding.	
115. Knowledge of the techniques for Seven Star Needling.	
116. Knowledge of safe needle placement techniques to prevent damage (e.g., Organs, arteries, nerves).	
117. Knowledge of the function and clinical indications of points.	
118. Knowledge of the classification of acupuncture points.	
119. Knowledge of the association between points and internal Organs and channels.	
120. Knowledge of methods for combining distal and proximal points.	
121. Knowledge of therapeutic effects of using local points in acupuncture treatment.	
122. Knowledge of principles for combining points from different channels.	
123. Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.	
124. Knowledge of the method for balancing the points on the upper part of the body with those of the lower part.	
125. Knowledge of the effects of using points on the front and back to regulate internal Organs.	
126. Knowledge of treatment strategies that use centrally located points that relate to the extremities.	
127. Knowledge of treatment strategies that use points in the extremities that relate to the center.	
128. Knowledge of the therapeutic use of Ashi points.	
129. Knowledge of the therapeutic use of points along the Muscle channels.	
130. Knowledge of the effects of using Front-Mu points in treatment.	
131. Knowledge of the effects of using Back-Shu points in treatment.	
132. Knowledge of methods for combining Front-Mu points and Back-Shu points to balance treatment.	
133. Knowledge of treatment principles for using Lower He-Sea points.	
134. Knowledge of techniques for choosing points according to channel theory.	
135. Knowledge of the efficacy of using particular points during progressive phases of treatment.	
136. Knowledge of significance of selecting points based upon specific time of day.	
137. Knowledge of therapeutic use of Five Shu (Five Transporting) points.	
138. Knowledge of therapeutic use of Confluent points of the Eight Extraordinary channels.	
139. Knowledge of therapeutic use of Extraordinary points.	
140. Knowledge of therapeutic use of Intersecting/Crossing points of the channel.	

21.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance
141. Knowledge of therapeutic use of Luo-Connecting points.	
142. Knowledge of the relationships between the Luo-Connecting points and the Twelve Primary channels.	
143. Knowledge of therapeutic use of Yuan-Source points.	
144. Knowledge of therapeutic use of Xi-Cleft points.	
145. Knowledge of therapeutic use of tonification and/or sedation techniques.	
146. Knowledge of therapeutic use of Four Seas points.	
147. Knowledge of therapeutic use of Influential points.	
148. Knowledge of therapeutic use of Mother/Son points (Four Needle Technique).	
149. Knowledge of the theory of the Five Elements.	
150. Knowledge of the anatomical landmarks and proportional measurements used in point location.	
151. Knowledge of needle manipulation techniques.	
152. Knowledge of the needle retention methods for pathological conditions.	
153. Knowledge of the impact of patient constitution and condition on duration of needle retention.	
154. Knowledge of patient positions for locating and needling acupuncture points.	
155. Knowledge of recommended needling depths and angles.	
156. Knowledge of the application of moxibustion techniques.	
157. Knowledge of the application of electroacupuncture techniques.	
158. Knowledge of the application of cupping techniques.	
159. Knowledge of the application of soft tissue massage techniques.	
160. Knowledge of the application of adjunct therapies (e.g., ear seeds, plaster, exercises).	
161. Knowledge of the application of Gua Sha techniques.	
162. Knowledge of lifestyle changes and stress reduction techniques that improve health.	
163. Knowledge of nutritional concepts and dietary modifications specific to patient condition.	
164. Knowledge of the techniques of scalp acupuncture.	
165. Knowledge of the techniques of auricular acupuncture.	
166. Knowledge of signs and symptoms of patient distress.	

22.

*KNOWLEDGE STATEMENTS - Providing Acupuncture Treatment (continued)

	Importance
167. Knowledge of patient symptoms that indicate need for treatment modification.	
168. Knowledge of contraindications for needling.	
169. Knowledge of points and conditions that should be needled with caution.	
170. Knowledge of contraindications for electroacupuncture.	
171. Knowledge of contraindications for cupping.	
172. Knowledge of contraindications for moxibustion.	
173. Knowledge of contraindications for soft tissue massage.	
174. Knowledge of contraindications for adjunctive therapies.	
175. Knowledge of contraindications for Gua Sha techniques.	

23.

*KNOWLEDGE STATEMENTS - Herbal Therapy

	Importance
176. Knowledge of therapeutic uses for herbs and herbal formulas.	
177. Knowledge of the categories of herbs and herbal formulas according to therapeutic properties.	
178. Knowledge of the effects of herbs and herbal formulas on channels and Organs	
179. Knowledge of modifications of herbal formulas.	
180. Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.	
181. Knowledge of the hierarchical principles governing herbal formulas.	
182. Knowledge of the association between therapeutic effects of points and herbal therapy.	
183. Knowledge of interactions between herbal therapies and Western medications.	
184. Knowledge of cautions and contraindications regarding the recommendation of herbs and herbal formulas.	
185. Knowledge of the interactions between diet and herbal therapies.	
186. Knowledge of the effect of dosage on the therapeutic effectiveness of herbs and herbal formulas.	
187. Knowledge of the practice of herbal formula preparation.	
188. Knowledge of the relationships between herbal formulas and treatment principles.	
189. Knowledge of strategies for combining herb ingredients to form an herbal formula.	
190. Knowledge of combinations of herbs that are toxic or produce undesired side effects.	
191. Knowledge of the techniques for external application of herbs (e.g., plasters, poultices, soaks).	
192. Knowledge of methods for modifying herbal formulas to treat changes in patient condition.	
193. Knowledge of the effects of processing herbs on efficacy and toxicity.	
194. Knowledge of forms (e.g., raw, granules, pill) used for administration of herbs.	
195. Knowledge of herbal formula recommendations based upon patient constitution.	

24.

*KNOWLEDGE STATEMENTS - Public Health and Safety and Record Keeping

	Importance
196. Knowledge of legal requirements pertaining to the maintenance and retention of records.	
197. Knowledge of laws regarding advertisement and dissemination of information about professional qualifications and services.	
198. Knowledge of laws that define scope of practice and professional competence for acupuncturists.	
199. Knowledge of legal requirements for protecting patient confidentiality.	
200. Knowledge of indicators of child, elder, and dependent adult abuse.	
201. Knowledge of legal requirements for reporting known or suspected abuse of children, elders, and dependent adults.	
202. Knowledge of guidelines for writing medical records and reports.	
203. Knowledge of methods for using Western medical diagnostic codes.	
204. Knowledge of legal requirements for written consent to disclose patient records or share patient information.	
205. Knowledge of conditions and requirements (e.g., subpoena) for disclosing confidential material to other individuals, agencies, or authorities.	
206. Knowledge of the characteristics of infectious diseases and mechanisms of disease transmission.	
207. Knowledge of sterilization procedures for treatment of instruments and equipment.	
208. Knowledge of procedures and standards for storage of equipment after sterilization.	
209. Knowledge of Centers for Disease Control guidelines for treating patients with communicable diseases.	
210. Knowledge of Centers for Disease Control guidelines for preventing cross-contamination or spread of pathogens.	
211. Knowledge of Centers for Disease Control guidelines for reporting incidents of infectious and other diseases.	
212. Knowledge of California Department of Public Health regulations for reporting incidents of infectious and other diseases.	
213. Knowledge of the impact of inserting needles into skin that is inflamed, irritated, diseased, or broken.	
214. Knowledge of the risks of infectious diseases in the practitioner and patient environment.	
215. Knowledge of standards and procedures for the Clean Needle Technique.	
216. Knowledge of the methods for isolating used needles.	
217. Knowledge of California Occupational Safety and Health Administration requirements for disposal of contaminated materials.	
218. Knowledge of laws regulating practice techniques for California-licensed acupuncturists.	
219. Knowledge of ethical standards for professional conduct in an acupuncture practice setting.	

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25. COMMENTS

Please enter any comments you have regarding this survey. Your comments will not be connected with your demographic information or utilized for anything other than improving the questionnaire process.

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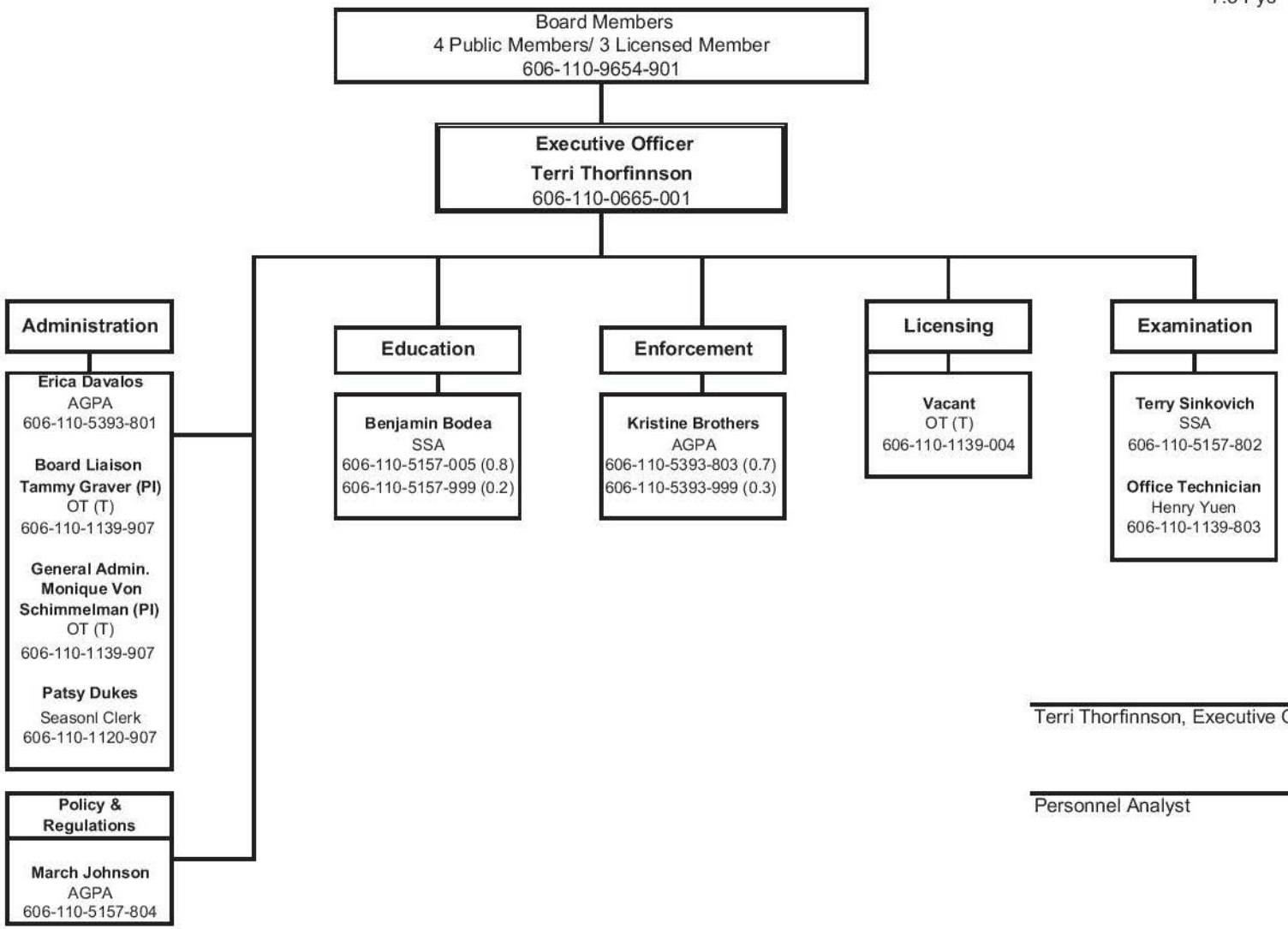
26. FINISHED

THANK YOU FOR COMPLETING THIS SURVEY QUESTIONNAIRE.

Department of Consumer Affairs
Acupuncture Board
June 2013

FY 2012/13
7.5 Pys

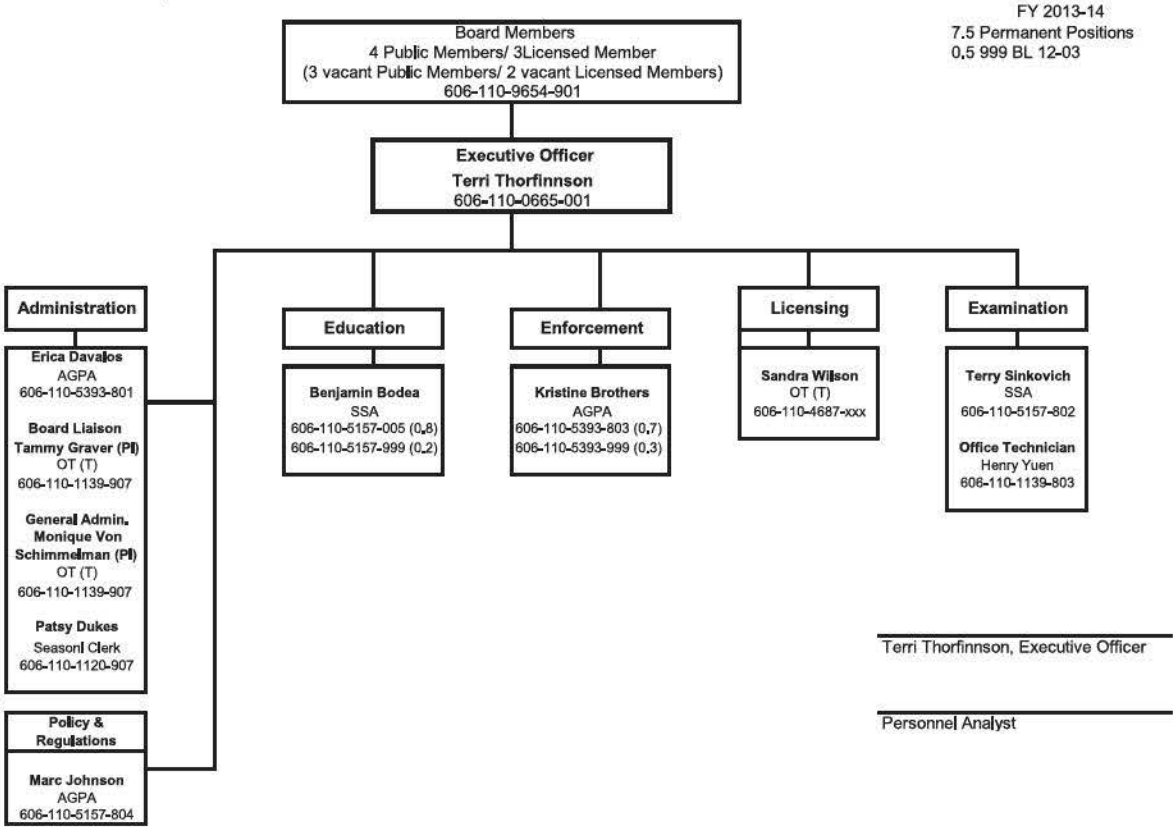


Terri Thorfinnson, Executive Officer

Personnel Analyst

Department of Consumer Affairs
California Board of Acupuncture

FY 2013-14
7.5 Permanent Positions
0.5 999 BL 12-03



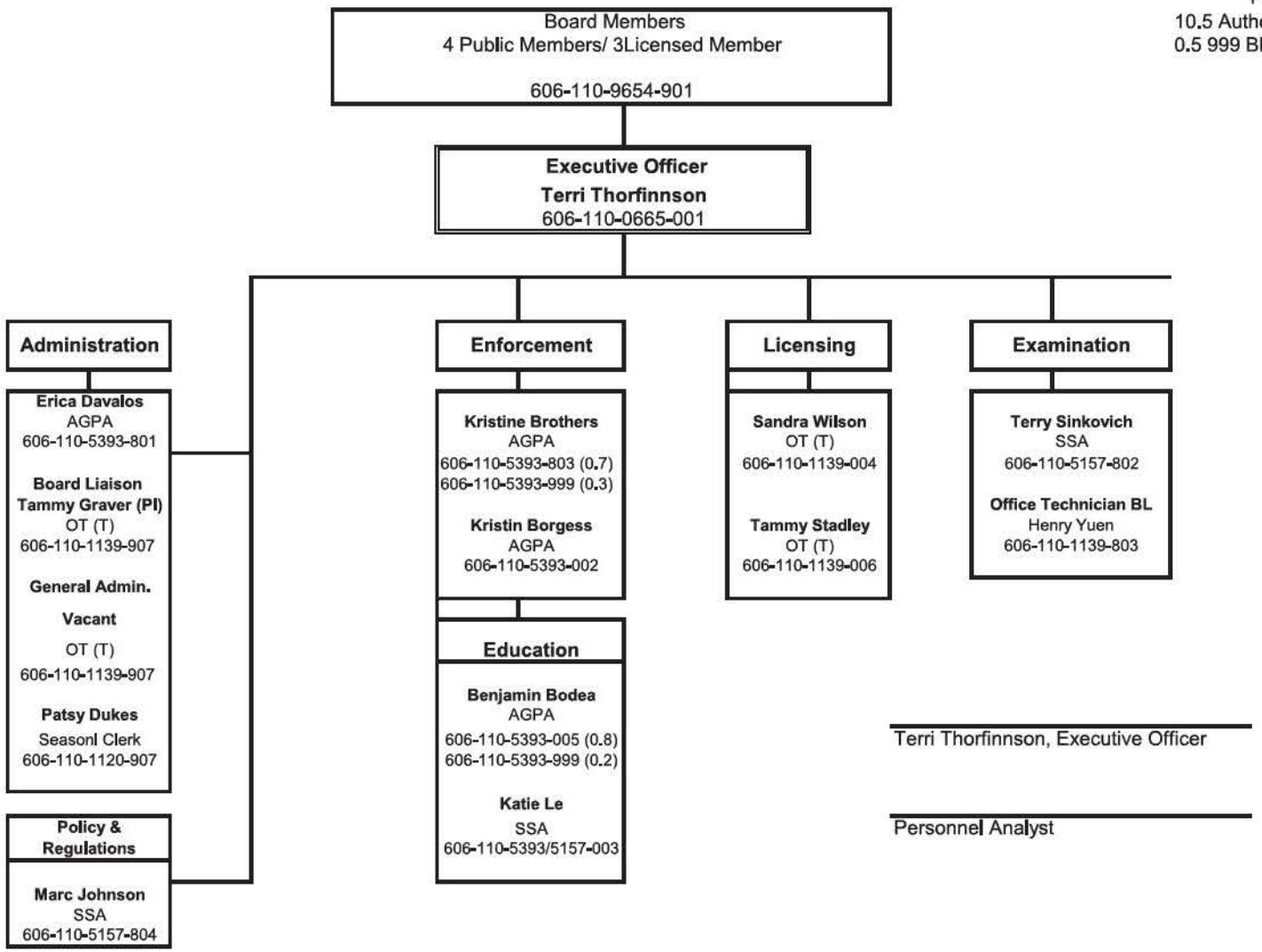
Terri Thorfinnson, Executive Officer

Personnel Analyst

Department of Consumer Affairs

California Board of Acupuncture

FY 2014-15
10.5 Authorized Positions
0.5 999 BL 12-03

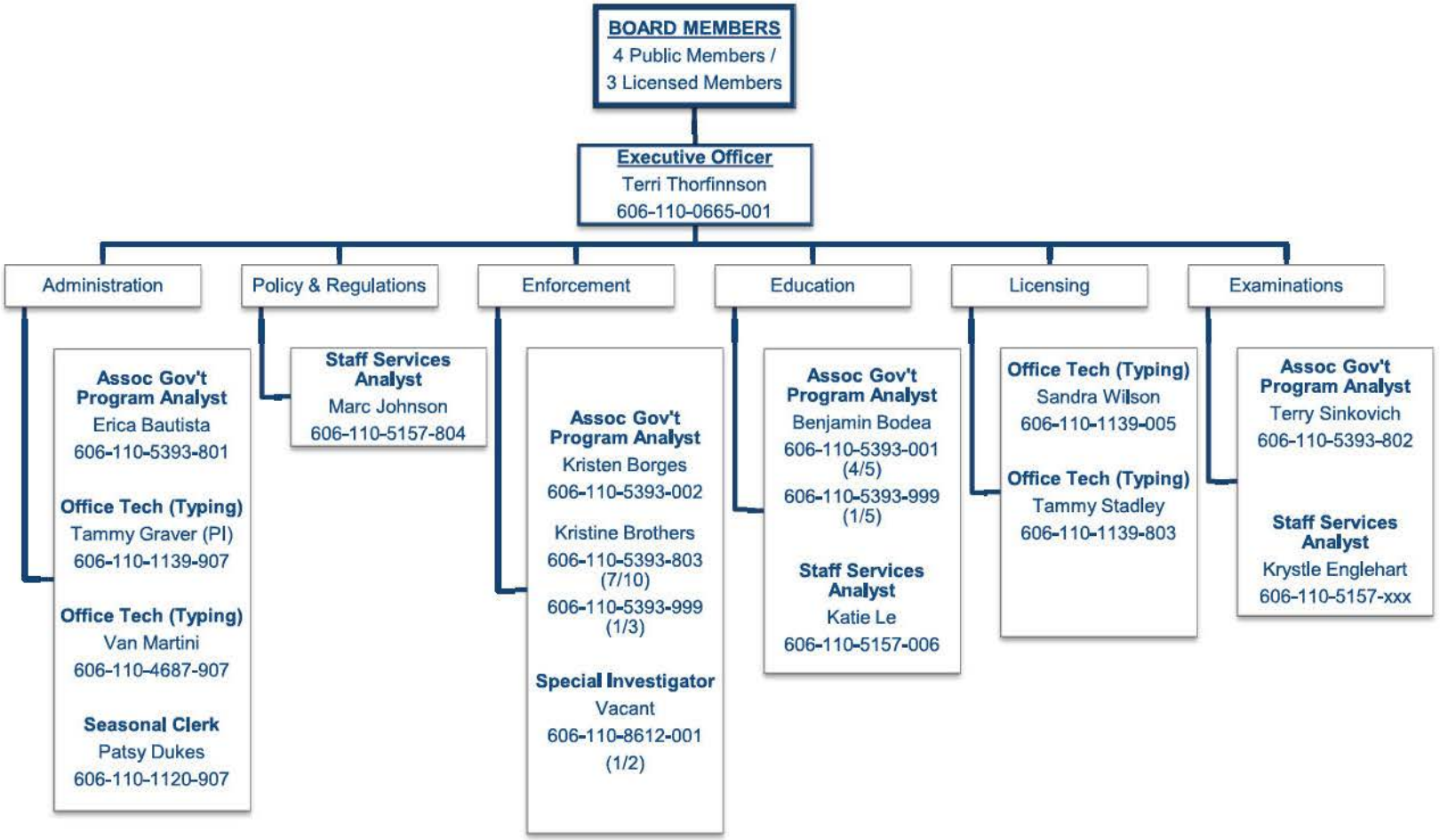


Terri Thorfinnson, Executive Officer

Personnel Analyst

Department of Consumer Affairs
California Board of Acupuncture

FY 2015/16
Authorized Positions: 10.5
BL 12-03 (999 Blanket): 0.5



Terri Thorfinnson, Executive Officer

Classification and Pay Analyst

Proposed Statutory Authority Language for Approval of Foreign Credential Evaluation Services*

The board shall adopt regulations specifying the criteria and procedures for approval of credential evaluation services. These regulations shall, at a minimum, require that the credential evaluation service:

(1) furnish evaluations directly to the board

(2) furnish evaluations written in English

(3) be a member of the American Association of Collegiate Registrars and Admission Officers, the National Association of Foreign Student Affairs, or the National Association of Credential Evaluation Services

(4) be used by accredited colleges and universities

(5) be reevaluated by the board every five years

(6) maintain a complete set of reference materials as specified by the board

(7) base evaluations only upon authentic, original transcripts and degrees and have a written procedure for identifying fraudulent transcripts

(8) include in the evaluation report, for each degree held by the applicant, the equivalent degree offered in the United States, the date the degree was granted, the institution granting the degree, an English translation of the course titles, and the semester unit equivalence for each of the courses

(9) have an appeal procedure for applicants

(10) furnish the board with information concerning the credential evaluation service that includes biographical information on evaluators and translators, three letters of references from public or private agencies, statistical information on the number of applications processed annually for the past five years, and any additional information the board may require in order to ascertain that the credential evaluation service meets the standards set forth in this subdivision and in any regulations adopted by the board.

* This proposed language is based on BPC section 5094 Standard for Qualifying Education.