

CALIFORNIA ACUPUNCTURE BOARD

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of June 30, 2022

Section 1 –

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

Mission Statement

To protect the people of California by upholding acupuncture practice standards through the oversight and enforcement of the Acupuncture Licensure Act.

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.

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.

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; to expand the acupuncturists’ scope of practice to include electroacupuncture, cupping, and moxibustion; to clarify that Asian massage, exercise and herbs for nutrition were within the acupuncturist’s scope of practice; and to provide 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.

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

¹ The term “board” in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

referral but did not permit acupuncturists 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.

On January 1, 1999, the committee’s name was changed to Acupuncture Board (SB 1980, Chapter 991, Statutes of 1998) and the Committee was removed from within the jurisdiction of the Medical Board of California (SB 1981, Chapter 736, Statutes of 1998). The Acupuncture Board (Board) became and remains an autonomous body under the California Department of Consumer Affairs (DCA).

Acupuncture Scope of Practice

Acupuncture is defined in Business and Professions Code (B&PC) 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 moxibustion.” (Chapter 655, Sec. 56, Statutes of 1999).

Acupuncturist are allowed to “perform or prescribe the use of Asian massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health. Nothing in this section prohibits any person who does not possess an acupuncturist’s license or another license as a healing arts practitioner from performing or prescribing the use of any modality listed in this subdivision. BPC Section 4937.

Function of the Board

The Acupuncture Licensure Act commences with B&PC Section 4925 et seq. The Board’s regulations appear in Title 16, Division 13.7, of the California Code of Regulations (CCR). The Board establishes and maintains entry standards of qualification and conduct within the acupuncture profession, primarily through its authority to license.

BPC § 4928.1 establishes that the protection of the public is the Acupuncture Board’s highest priority. The Board protects 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 establishing education training standards for entry level practice, continuing education, enforcement of the acupuncture practice act, and public outreach.

1. Describe the make-up and functions of each of the board’s committees (cf., Section 12, Attachment B).

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 one 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 currently has the following three committees:

Licensing Committee –

Addresses issues related to development and administration of the examination, exam policy, miscellaneous exam related issues, licensing policy, and license issuance and renewal processes, educational standards, tutorial programs, and continuing education.

Executive and Legislation Committee –

Addresses issues related to expenditures/ revenue/fund condition, legislation, outreach, committee policy/procedures, and special administrative projects.

Enforcement Committee –

Addresses issues related to scope of practice, standard of care, competency, complaints, disciplinary decisions, probation monitoring, reinstatement of licensure, and miscellaneous issues.

Table 1a. Attendance			
John Harabedian			
Date Appointed:	12/22/20217		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	03/30/2018	Sacramento	Y
Board Meeting	04/13/2018	Teleconference – Sacramento/Los Angeles/Berkeley	Y
Board Meeting	06/28/2018	San Diego	Y
Board Meeting	06/29/2018	San Diego	Y
Board Meeting	10/25/2018	Berkeley	Y
Board Meeting	10/26/2018	Berkeley	Y
Board Meeting	03/28/2019	Sacramento	Y
Board Meeting	03/29/2019	Sacramento	Y
Education/Research Committee Meeting	06/13/2019	Whittier	Y
Board Meeting	06/13/2019	Whittier	Y
Board Meeting	06/14/2019	Whittier	Y
Board Meeting	08/15/2019	San Jose	Y
Board Meeting	08/16/2019	San Jose	Y
Board Meeting	06/26/2020	WebEx	Y
Board Meeting	08/27/2020	WebEx	Y
Board Meeting	08/27/2020	WebEx	Y
Education/Research Committee Meeting	12/17/2020	WebEx	Y
Board Meeting	12/17/2020	WebEx	Y
Board Meeting	12/18/2020	WebEx	Y
Board Meeting	03/25/2021	WebEx	Y
Board Meeting	03/26/2021	WebEx	Y
Board Meeting	06/24/2021	WebEx	N
Board Meeting	06/25/2021	WebEx	Y
Board Meeting	08/26/2021	WebEx	Y
Board Meeting	12/09/2021	WebEx	Y
Board Meeting	12/10/2021	WebEx	Y
Board Meeting	03/25/2022	WebEx	Y
Board Meeting	05/20/2022	WebEx	Y

Ruben Osorio			
Date Appointed:	05/09/2017		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	08/4/2017	Sacramento	Y
Board Meeting	10/20/2017	Sacramento	Y
Board Meeting	11/17/2017	Sacramento	Y
Board Meeting	12/15/2017	Sacramento	Y
Board Meeting	03/30/2018	Sacramento	Y
Board Meeting	04/13/2018	Teleconference – Sacramento/Los Angeles/Berkeley	Y
Board Meeting	06/28/2018	San Diego	Y
Board Meeting	06/29/2018	San Diego	Y
Board Meeting	10/25/2018	Berkeley	Y
Board Meeting	10/26/2018	Berkeley	Y
Board Meeting	03/28/2019	Sacramento	N
Board Meeting	03/29/2019	Sacramento	N
Education/Research Committee Meeting	06/13/2019	Whittier	Y
Board Meeting	06/13/2019	Whittier	Y
Board Meeting	06/14/2019	Whittier	Y
Board Meeting	06/26/2020	WebEx	Y
Board Meeting	08/15/2019	San Jose	Y
Board Meeting	08/16/2019	San Jose	Y
Board Meeting	08/27/2020	WebEx	Y
Board Meeting	08/27/2020	WebEx	Y
Education/Research Committee Meeting	12/17/2020	WebEx	Y
Board Meeting	12/17/2020	WebEx	Y
Board Meeting	12/18/2020	WebEx	Y
Board Meeting	03/25/2021	WebEx	Y
Board Meeting	03/26/2021	WebEx	Y
Board Meeting	06/24/2021	WebEx	Y
Board Meeting	06/25/2021	WebEx	Y
Board Meeting	08/26/2021	WebEx	Y
Board Meeting	12/09/2021	WebEx	Y
Board Meeting	12/10/2021	WebEx	Y
Board Meeting	03/25/2022	WebEx	Y
Board Meeting	05/20/2022	WebEx	Y

Yong Ping Chen			
Date Appointed:	03/05/2020		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	03/28/2019	Sacramento	Y
Board Meeting	03/29/2019	Sacramento	Y
Education/Research Committee Meeting	06/13/2019	Whittier	Y
Board Meeting	06/13/2019	Whittier	Y
Board Meeting	06/14/2019	Whittier	Y
Board Meeting	06/26/2020	WebEx	Y
Board Meeting	08/15/2019	San Jose	Y
Board Meeting	08/16/2019	San Jose	Y
Board Meeting	08/27/2020	WebEx	Y
Board Meeting	08/27/2020	WebEx	Y
Education/Research Committee Meeting	12/17/2020	WebEx	Y
Board Meeting	12/17/2020	WebEx	Y
Board Meeting	12/18/2020	WebEx	Y
Board Meeting	03/25/2021	WebEx	Y
Board Meeting	03/26/2021	WebEx	Y
Board Meeting	06/24/2021	WebEx	Y
Board Meeting	06/25/2021	WebEx	Y
Board Meeting	08/26/2021	WebEx	Y
Board Meeting	12/09/2021	WebEx	Y
Board Meeting	12/10/2021	WebEx	Y
Board Meeting	03/25/2022	WebEx	Y
Board Meeting	05/20/2022	WebEx	Y

Hyun “Francisco” Kim			
Date Appointed:	11/02/2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	03/28/2019	Sacramento	Y
Board Meeting	03/29/2019	Sacramento	Y
Education/Research Committee Meeting	06/13/2019	Whittier	Y
Board Meeting	06/13/2019	Whittier	Y
Board Meeting	06/14/2019	Whittier	Y
Board Meeting	06/26/2020	WebEx	Y
Board Meeting	08/15/2019	San Jose	Y
Board Meeting	08/16/2019	San Jose	Y
Board Meeting	08/27/2020	WebEx	Y
Board Meeting	08/27/2020	WebEx	Y
Education/Research Committee Meeting	12/17/2020	WebEx	Y
Board Meeting	12/17/2020	WebEx	Y
Board Meeting	12/18/2020	WebEx	Y
Board Meeting	03/25/2021	WebEx	Y
Board Meeting	03/26/2021	WebEx	Y
Board Meeting	06/24/2021	WebEx	Y
Board Meeting	06/25/2021	WebEx	Y
Board Meeting	08/26/2021	WebEx	Y
Board Meeting	12/09/2021	WebEx	Y
Board Meeting	12/10/2021	WebEx	Y
Board Meeting	03/25/2022	WebEx	Y
Board Meeting	05/20/2022	WebEx	Y

Shu Dong Li			
Date Appointed:	11/05/2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	03/28/2019	Sacramento	Y
Board Meeting	03/29/2019	Sacramento	Y
Education/Research Committee Meeting	06/13/2019	Whittier	Y
Board Meeting	06/13/2019	Whittier	Y
Board Meeting	06/14/2019	Whittier	Y
Board Meeting	06/26/2020	WebEx	Y
Board Meeting	08/27/2020	WebEx	Y
Board Meeting	08/15/2019	San Jose	Y
Board Meeting	08/16/2019	San Jose	Y
Board Meeting	08/27/2020	WebEx	Y
Education/Research Committee Meeting	12/17/2020	WebEx	Y
Board Meeting	12/17/2020	WebEx	Y
Board Meeting	12/18/2020	WebEx	Y
Board Meeting	03/25/2021	WebEx	Y
Board Meeting	03/26/2021	WebEx	Y
Board Meeting	06/24/2021	WebEx	Y
Board Meeting	06/25/2021	WebEx	Y
Board Meeting	08/26/2021	WebEx	Y
Board Meeting	12/09/2021	WebEx	Y
Board Meeting	12/10/2021	WebEx	Y
Board Meeting	03/25/2022	WebEx	Y
Board Meeting	05/20/2022	WebEx	Y

Dr. Amy Matecki			
Date Appointed:	11/01/2016		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	08/04/2017	Board Meeting	Y
Board Meeting	10/20/2017	Board Meeting	Y
Board Meeting	11/17/2017	Board Meeting	Y
Board Meeting	12/15/2017	Board Meeting	Y
Board Meeting	03/30/2018	Sacramento	Y
Board Meeting	04/13/2018	Teleconference – Sacramento/Los Angeles/Berkeley	Y
Board Meeting	06/28/2018	San Diego	Y
Board Meeting	06/29/2018	San Diego	Y
Board Meeting	10/25/2018	Berkeley	Y
Board Meeting	10/26/2018	Berkeley	Y
Board Meeting	03/28/2019	Sacramento	Y
Board Meeting	03/29/2019	Sacramento	Y
Education/Research Committee Meeting	06/13/2019	Whittier	Y
Board Meeting	06/13/2019	Whittier	Y
Board Meeting	06/14/2019	Whittier	Y
Board Meeting	06/26/2020	WebEx	Y
Board Meeting	08/15/2019	San Jose	Y
Board Meeting	08/16/2019	San Jose	Y
Board Meeting	08/27/2020	WebEx	Y
Board Meeting	08/27/2020	WebEx	Y
Education/Research Committee Meeting	12/17/2020	WebEx	Y
Board Meeting	12/17/2020	WebEx	Y
Board Meeting	12/18/2020	WebEx	Y
Board Meeting	03/25/2021	WebEx	Y
Board Meeting	03/26/2021	WebEx	Y
Board Meeting	06/24/2021	WebEx	Y
Board Meeting	06/25/2021	WebEx	Y
Board Meeting	08/26/2021	WebEx	Y
Board Meeting	12/09/2021	WebEx	Y
Board Meeting	12/10/2021	WebEx	Y
Board Meeting	03/25/2022	WebEx	Y
Board Meeting	05/20/2022	WebEx	Y

Kitman Chan			
Date Appointed:	08/14/2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	08/04/2017	Board Meeting	Y
Board Meeting	10/20/2017	Board Meeting	Y
Board Meeting	11/17/2017	Board Meeting	N
Board Meeting	12/15/2017	Board Meeting	Y
Board Meeting	10/25/2018	Berkeley	Y
Board Meeting	10/26/2018	Berkeley	Y
Board Meeting	03/28/2019	Sacramento	Y
Board Meeting	03/29/2019	Sacramento	Y
Education/Research Committee Meeting	06/13/2019	Whittier	Y
Board Meeting	06/13/2019	Whittier	Y
Board Meeting	06/14/2019	Whittier	Y
Board Meeting	06/26/2020	WebEx	Y
Board Meeting	08/15/2019	San Jose	Y
Board Meeting	08/16/2019	San Jose	Y
Board Meeting	08/27/2020	WebEx	Y
Board Meeting	08/27/2020	WebEx	Y
Education/Research Committee Meeting	12/17/2020	WebEx	Y
Board Meeting	12/17/2020	WebEx	Y
Board Meeting	12/18/2020	WebEx	Y
Board Meeting	03/25/2021	WebEx	Y
Board Meeting	03/26/2021	WebEx	Y
Board Meeting	06/24/2021	WebEx	N
Board Meeting	06/25/2021	WebEx	Y
Board Meeting	08/26/2021	WebEx	Y

Bradley Cimino			
Date Appointed:	11/07/2018		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	03/28/2019	Sacramento	Y
Board Meeting	03/29/2019	Sacramento	Y
Education/Research Committee Meeting	06/13/2019	Whittier	Y
Board Meeting	06/13/2019	Whittier	Y
Board Meeting	06/14/2019	Whittier	Y
Board Meeting	08/15/2019	San Jose	Y
Board Meeting	08/16/2019	San Jose	Y

Francisco Hsieh			
Date Appointed:	05/22/2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	08/04/2017	Sacramento	Y
Board Meeting	10/20/2017	Sacramento	N
Board Meeting	11/17/2017	Sacramento	Y
Board Meeting	12/15/2017	Sacramento	Y
Board Meeting	03/30/2018	Sacramento	Y
Board Meeting	04/13/2018	Teleconference – Sacramento/Los Angeles/Berkeley	N

Jeanne Kang			
Date Appointed:	09/13/2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	08/04/2017	Sacramento	Y
Board Meeting	10/20/2017	Sacramento	Y
Board Meeting	11/17/2017	Sacramento	Y
Board Meeting	12/15/2017	Sacramento	Y
Board Meeting	03/30/2018	Sacramento	N
Board Meeting	04/13/2018	Teleconference – Sacramento/Los Angeles/Berkeley	Y

Table 1b. Board/Committee Member Roster

Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Yong Ping Chen	03/05/2020	06/01/2021	06/01/2025	Governor	Professional
Shu Dong Li	11/05/2018		06/01/2025	Assembly Speaker	Public
Hyun "Francisco" Kim	11/02/2018	06/25/2021	06/01/2025	Governor	Professional
Bradley Cimino	11/07/2018		12/06/2019	Governor	Professional
John Harabedian	12/22/2017		06/01/2025	Governor	Public
Ruben Osorio	05/09/2017		06/01/2025	Senate Rules	Public
Dr. Amy Matecki	11/01/2016	06/21/2021	06/01/2025	Governor	Professional
Jeanne Kang	09/13/2013	08/04/2017	04/26/2018	Governor	Professional
Kitman Chan	08/14/2013	06/01/2017	10/26/2021	Governor	Public
Francisco Hsieh	05/22/2013		06/01/2018	Assembly Speaker	Public
Vacant (Chan)				Governor	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 was not prevented from holding a meeting during the last four years due to a lack of quorum.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:
- 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.

Change in Leadership

The Board's office leadership consists of Executive Officer Ben Bodea, Staff Services Manager Jay Herdt and Staff Services Manager Marisa Ochoa. The Executive Officer remains unchanged from the last Sunset Review in fiscal year 2016-17. To properly align manager-to-staff ratios consistent with California Department of Human Resources, the Board received position and dollar authority for one Staff Services Manager through the Budget Change Proposal process. To achieve proper oversight and management of the Board's Central Services Unit, the Board reclassified an Office Technician to a Staff Services Manager I position.

The Election of Board Officers was held on June 24, 2021. The results of the Election of Officers are:

- President – John Harabedian
- Vice-President – Ruben Osorio

Staffing

Board staff numbers have temporarily grown since the last review, on a limited term basis, to address the increased workload during the development and transition to the Board's new IT system. The Board received 2.0 Associate Governmental Program Analyst position through the Budget Change Proposal process. As of June 30, 2022, the authority for those positions have expired.

Relocation

On June 23, 2022, the Board relocated to new office space to a suite within the Department of Consumer Affairs headquarters building in Natomas. The office move resulted in a smaller rental rate per square foot.

Strategic Planning

The Board 2018-2022 was developed in 2017. The plan includes six areas of focus: Licensing, Enforcement, Education, Legislation and Regulation, Outreach, and Board Administration. The Board has worked diligently on each of the goals outlined in the plan since its development. The Board's next plan will be developed following the conclusion of its fiscal year 2022-23 Sunset Review to discuss and include any legislative recommendations raised in the Sunset Review process.

Refer to Attachment 13.E.1 in Section 13 for the Board's 2018-2022 Strategic Plan.

Business Modernization

The Board received budgetary authority to proceed with modernizing its business processes as well as two analyst positions to address the increased workload during the development and transition to the new IT system. The Board joined efforts with three other Department of Consumer Affairs (DCA) programs to create the Business Modernization Cohort 1 under the project direction of DCA's Office of Information Services (OIS). Working together allows the programs to pool resources and achieve cost savings in developing a new IT platform to facilitate licensing, enforcement, and online payment and cashing. In October and November of 2019, the Board, along with its business modernization cohort members, OIS, and the Department of Technology, reviewed multiple responses to Requests for Offers for a new IT platform to address current business needs to conduct the Board's licensing and enforcement duties. In January of 2020, the Board began implementation of its new IT platform via the Business Modernization project.

On September 16, 2020, the Board, in collaboration with the Department's Office of Information Services, launched the first phase of a new application, licensing, and enforcement system known as "AcuConnect". Through phased software releases from September 2020 through July 2022, the Board has implemented these functions:

- Initial license application
- License Renewals
- Address changes

Legislation

The Board did not sponsor any legislation since the last Sunset Review.

The Board has been affected by the following legislation since its last Sunset Review:

SB 1448 (Hill, Chapter 570, Statutes of 2018) - Requires healing arts licensees under probation (through an order made on or after July 1, 2019) to disclose that status to their patients or their patients' guardians or health care advocates prior to their first visit.

AB 3142 (Low, Chapter 596, Statutes of 2018) – Reauthorization of Acupuncture License Act and the Acupuncture Board until January 1, 2023. Changes the required status of an approved educational and training program to pre-accreditation status (from candidacy status) with the Accreditation Commission for Acupuncture and Herbal Medicine. Expands the scope of unlawful practice of acupuncture.

AB 2138 (Chiu, Chapter 995, Statutes of 2018) – Requires boards considering discipline of a licensee or denial of an applicant for licensure to consider criminal convictions only if those convictions show a substantial relationship to the qualifications, functions or duties of the profession of licensure.

AB 779 (Low, Chapter 308, Statutes of 2019) – Established a “wall license” that assigns a unique license number to each place of practice registered by the licensee.

SB 878 (Jones, Chapter 131, Statutes of 2020) – Requires Boards within the Department of Consumer Affairs to begin displaying on their websites, effective July 1, 2021, information on the processing times for initial and renewal license applications.

AB 2113 (Low, Chapter 186, Statutes of 2020) – Requires Boards within the Department of Consumer Affairs to expedite the initial licensure process for an applicant with approved refugee, asylum, or special immigrant visa status.

AB 3330 (Calderon, Chapter 359, Statutes of 2020) - Set new fee amounts and established new fees for licensees and continuing education providers. Fees went into effect in 2021.

Regulations Approved by the Board

The following regulatory packages have been approved by the Board since the last Sunset review:

- Treatment Procedures; Hand Hygiene Requirements (Title 16 CCR 1399.451(a))

Approved by the Board in January 2014, the proposed regulations would add to the handwashing requirements in regulation. The proposed changes would align the regulatory language with recommendations from the California Department of Public Health and the Center for Infectious Disease. This package is currently under development with staff.

- Disciplinary Guidelines; Probation Disclosure; Uniform Standards for Substance Abusing Licensees; Probation Disclosure (Title 16 CCR section 1399.469)

Approved by the Board in March 2019, these proposed regulations address the provisions of SB 1441 (Ridley-Thomas, Chapter 538, Statutes of 2008), updating the Board’s Disciplinary Guidelines to reflect Uniform Standards for Substance Abusing Licensees. The Board approved additional language in December 2020 to align the Guidelines with AB 2138.

This package also includes language to ensure that the Board’s Disciplinary Guidelines are consistent with SB 1448 (Hill, Chapter 570, Statutes of 2018), concerning the disclosure by licensees on probation (pursuant to a probationary order made on or after July 1, 2019) of their probationary status to patients or their guardians or health care surrogates. Following review from the DCA’s Legal Affairs Division, the Board will consider revised language at a meeting in 2023.

- Align Curriculum Standards and Approval Related Regulations with Statute (Title 16 CCR sections 1399.415, 1399.434, 1399.435, 1399.437, 1399.438, 1399.439)

The Board approved regulatory language for this package at its August 2019 and March 2021 meetings. The proposed regulations add to previously promulgated regulations that ensure the Board’s compliance with SB 1246 (Lieu, Chapter 397, Statutes of 2014). The law changed the Board’s authority from approving schools and colleges of acupuncture to approving an education and training program’s acupuncture curriculum. This package is currently under development with staff.

- Application for Retired Status; Retired Status (Title 16 CCR section 1399.419.3)

Approved by the Board at the August 2019 meeting, the proposed regulations would create a retired status license type, set criteria for applying for that status, and for applying for restoration of active status from retired status. The package is currently under development with staff and legal counsel.

- Application Process for Licensing Examination and Re-examination, and Criteria, and Procedures for Approval of a Credential Evaluation Service (Add Title 16 CCR sections 1399.409, 1399.416.2, 1399.416.3, and 1399.416.4, and amend sections 1399.411, 1399.413, 1399.414, 1399.416, 1399.417, and 1399.419 419 in Title 16 of the CCR)

The Board approved regulatory language for this package at its March 2021 meeting. The proposed regulations would allow the Board to approve credential evaluation services for evaluating the foreign education of applicants for licensure, reflecting changes in Business and Professions Code Section 4939. The regulatory package is currently under development by staff.

- Continuing Education Requirements (Title 16 CCR sections 1399.483, 1399.489)

Approved by the Board at the March 2021 meeting, the proposed regulations would require four (4) hours of continuing education credits in law and ethics for licensees seeking renewal. There would be other changes made to clean up existing language. The regulatory package is currently under development with staff.

- Standards of Practice for Telehealth Services (Title 16 CCR section 1399.452.1)

Approved by the Board at the March 2021 meeting, the proposed regulations would make specific to acupuncture the guidance outlined in Business and Professions Code Section 2290.5 on the provision of services through telehealth. This package follows guidance on telehealth the Board issued to licensees in 2020 and the Governor's Executive Orders encouraging greater use of telehealth during the COVID-19 pandemic (Executive Orders N-39-20 and N-43-20). The regulatory package is currently under development with staff.

Regulatory Packages Approved by the Office of Administrative Law since last Sunset Review

- Sponsored Free Health Care Events (Article 1.5 of Division 13.7 of Title 16 CCR sections 1399.407, 1399.407.1, 1399.407.1, 1399.407.2, 1399.407.3)

This package set regulations for the Acupuncture Board to implement and make specific Business and Professions Code section 901. The regulations cover how entities might sponsor free health care events and how out of state practitioners might participate in such events without a California license. The regulations were effective October 1, 2017.

- Increase Board Fees (*Section 100 process*) (Title 16 CCR 1399.460, 1399.462)

This package implemented the recent fee increases set by AB 3330 (Calderon, Chapter 359, Statutes of 2020). The only changes to regulations were the fee amounts, so the package was submitted through the Section 100 process. The Office of Administrative Law approved the regulations on May 24, 2021, and they are effective as of that date.

- Repeal of Sponsored Free Health Care Events (*Section 100 process*) (Article 1.5 of Division 13.7 of Title 16 CCR sections 1399.407, 1399.407.1, 1399.407.2, 1399.407.3)

The proposed changes would remove language in the Code of California Regulations for which the underlying authority (Business and Professions Code section 901) has been repealed. As the changes would reflect existing law, the package was submitted through the Section 100 process. The regulatory package was filed with the Office of Administrative Law in June 2021. The regulations were approved and made effective August 6, 2021.

- Substantial Relationship and Rehabilitation Criteria (Title 16 CCR sections 1399.469.4, 1399.469.5, 1399.469.6)

Approved by the Board in March 2019, these proposed regulations address the provisions of AB 2138 (Chiu, Chapter 995, Statutes of 2018). The new language would require the Board to consider a licensee's criminal conviction when disciplining them only if there is a substantial relationship between the conviction and the qualifications, functions, or duties of the profession. This package was approved by OAL on September 2, 2021.

Regulations Abandoned since last Sunset Review

- Advertising Guidelines; Display of License Number in Advertising (Title 16 CCR 1399.455)

This package would have required acupuncturists who advertise their services to be active licensees and to include their license number in any advertising. The Board voted at the October 2018 Board meeting to not pursue this regulatory package.

- Prohibited Sexual Acts (Title 16 CCR 1399.469.4)

This package would make it more difficult to use an acupuncture business as a front for sexual activity. Anyone subject to regulation by the Acupuncture Board who knowingly engages or aides in owning, leasing, licensing, or operating a location where sexual acts or attempted sexual acts occur, whether or not fees or services are paid, would be guilty of unprofessional conduct. The Board did not approve regulatory language at this meeting, but directed the Legal Counsel conduct additional research to address concerns about clarity and necessity of the proposed language. Based on the opinions of the attorneys Board staff consulted, additional regulations would be unnecessary. Enforcement should be able to proceed with administrative discipline for violations of BPC Section 731 without convictions. The Board voted at the July 2022 Board meeting to not pursue this regulatory package.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

Fee Study

In 2019, the Board contracted with Capital Accounting Partners to conduct and prepare a detailed costs analysis of its fees to address the Board's structural imbalance. The Board's only source of revenue are fees charged to each of the various licenses/processes, so it is vital that the fees charged fully recover the costs to the Board.

The Board's third-party fee study was completed in August 2019. The fee study reported revenue losses amongst all the fees set in statute under Business and Professions Code (BPC) sections 4970 and 4971. The fee study also identified increased fee amounts at a base level that would allow the Board to align its revenues with projected expenditures, thereby, balancing the Board's budget.

In addition, the fee study identified new proposed fees based upon processes and workload performed by the Board, but which the Board does not currently charge a fee, such as CE Course Per Unit, Foreign Applicants, Wall License, and Retirement Status License. While the Board has statutory authority to charge a fee for these services, the Board has not done so in the past. This means the Board is incurring a revenue loss on these services.

In response to the audit's findings, the Board pursued legislation to amend and the update the fees for licensees during the 2020-21 legislative session. Chapter 359, Statutes of 2020, provides the revision of the fees as specified. The Board was then able to increase fees through the regulation process to align with Statute.

Occupational Analysis

The Board, in coordination with the Office of Professional Examination Services, conducted an Occupational Analysis of the California Acupuncture Licensing Exam (CALE) in the spring of 2021. The Analysis, which will inform the next update to the CALE, was sent to all active licensees, yielding a 23.6 percent participation rate.

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 the 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?

The Board does not have memberships in any national associations. Board staff have attended the Council of Colleges of Acupuncture and Herbal Medicine conference to address training programs directly, inform of any changes, and collaborate on issues.

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.

Please see Attachment 13.E.2a in Section 13 for the Board's quarterly performance measure reports, and Attachment 13.E.2b in Section 13 for the Board's annual performance measure report.

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.

Please see Attachment 13.E.3 in Section 13 for the Board's Consumer Satisfaction Surveys.

The Board received eleven Consumer Satisfaction Survey responses. With minimal response rate, it is difficult for the Board to conclude the level of satisfaction from the survey results.

The Board did not receive any completed Consumer Satisfaction Surveys in the following quarters:

- 2017-18 Q1 – No Results
- 2017-18 Q3 – No Results
- 2017-18 Q4 – No Results
- 2018-19 Q3 – No Results
- 2019-20 Q1 – No Results
- 2019-20 Q2 – No Results
- 2019-20 Q3 – No Results
- 2019-20 Q4 – No Results
- 2020-21 Q2 – No Results
- 2020-21 Q3 – No Results
- 2021-22 Q1 – No Results
- 2021-22 Q2 – No Results
- 2021-22 Q3 – No Results
- 2021-22 Q4 – No Results

The Consumer Satisfaction Survey, provided by DCA, was developed and is used as a performance measure to gauge the consumer's satisfaction regarding how their complaint was processed. This survey is sent to the consumer (complainant) with the Board's letter when a case is closed. The consumer can complete the survey in a variety of ways: online or through a QR Code Reader.

Section 3 – Fiscal and Staff Fiscal Issues

8. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

No, the Board's fund is not continuously appropriated.

9. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

The Boards' current reserve level is projected to be 11.4 months in reserve, or \$3.9 million at the end of 2022-23. The Board has historically achieved cost savings each year. The statutory reserve level for the fund is no more than 24 months based on B&PC Section 128.5.

10. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

The Board does not currently project a deficit in the foreseeable future and no fee increases or decrease are anticipated.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Beginning Balance*	4,418	3,766	4,021	3,477	3,650	3,865
Revenues and Transfers	2,658	2,415	3,090	3,757	4,063	4,063
Total Revenue	\$7,076	\$6,181	\$7,110	\$7,234	\$7,713	\$7,928
Budget Authority (incl Reimbursements)	3,432	4,690	4,730	4,192	3,903	4,075
Expenditures**	3,032	3,459	3,921	3,584	3,848	4,075
Loans to General Fund	0	0	0	0	0	0
Accrued Interest, Loans to General Fund	N/A	N/A	N/A	N/A	N/A	N/A
Loans Repaid From General Fund	N/A	1,000	N/A	N/A	N/A	N/A
Fund Balance	\$4,044	\$3,721	\$3,190	\$3,650	\$3,865	\$3,853
Months in Reserve	14.0	11.4	10.7	11.4	11.4	11.3

*Includes PY adjustments

**Less Reimbursements, includes direct draws to the fund (i.e. Statewide ProRata, Pension Payments, etc)

11. 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?

In fiscal year 2011-12, the Board provided a \$5 million loan to the General Fund, of which \$4 million was repaid in 2016-17 with approximately \$87,000 in interest income. The remaining \$1 million was repaid 2019-20 with approximately \$30,000 in interest income.

12. 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.

The Board expenditures are comprised of the expenditure amounts and percentages, by program components: (1) Enforcement; (2) Examination; (3) Licensing; and (4) Administration.

In 2017-18, the Board had \$1 million in Personnel Services cost and \$1.8 million in Operating Expenses & Equipment cost, a total of \$2.8 million in program expenditures and spent 83.1 percent of its \$3.3 million authorized budget. The Enforcement program spent \$476,000 or 17.2 percent of total expenditures, Examination program spent \$639,000 or 23 percent, Licensing program spent \$546,000 or 19.7 percent, Administration program spent \$321,000 or 11.6 percent, and DCA Pro Rata costs were \$791,000 or 28.5 percent.

In 2018-19, the Board had \$1 million in Personnel Services cost and \$1.8 million in Operating Expenses & Equipment cost, a total of \$2.8 million in program expenditures and spent 82.5 percent of its \$3.4 million authorized budget. The Enforcement program spent \$620,000 or 22 percent of total expenditures, Examination program spent \$629,000 or 22.4% of total expenditures, Licensing program spent \$481,000 or 17.1 percent, Administration program spent \$405,000 or 14.4 percent, and DCA Pro Rata costs were \$670,000 or 24.1 percent. In addition, the Board transferred \$250,000 to an Architectural Revolving Fund for its relocation.

In 2019-20, the Board had \$1.3 million in Personnel Services cost and \$2 million in Operating Expenses & Equipment cost, a total of \$3.3 million in program expenditures and spent 70.4 percent of its \$4.7 million authorized budget. The Enforcement program spent \$827,000 or 25.2 percent of total expenditures, Examination program spent \$646,000 or 19.7 percent of total expenditures, Licensing program spent \$478,000 or 14.6%, Administration program spent \$534,000 or 16.3%, and DCA Pro Rata costs were \$799,000 or 24.3 percent.

In 2020-21, the Board had \$1.2 million in Personnel Services cost and \$2.6 million in Operating Expenses & Equipment cost, a total of \$3.8 million in program expenditures and spent 80.5 percent of its \$4.7 million authorized budget. The Enforcement program spent \$929,000 or 24.5 percent of total expenditures, Examination program spent \$764,000 or 20.2 percent of total expenditures, Licensing program spent \$592,000 or 15.6 percent, the Administration program spent \$655,000 or 17.3 percent, and DCA Pro Rata costs were \$849,000 or 22.4 percent.

FY 2021-22, the Board had \$1.4 million in Personnel Services cost and \$1.9 million in Operating Expenses & Equipment cost, a total of \$3.3 million in program expenditures and spent 78.8 percent of its \$4.2 million authorized budget. The Enforcement program spent \$616,000 or 18.8 percent of total expenditures, Examination program spent \$677,000 or 20.6% of total expenditures, Licensing program spent \$579,000 or 17.6 percent, Administration program spent \$563,000 or 17.1 percent, and DCA Pro Rata costs were \$850,000 or 25.9 percent.

For the last five fiscal years, Board's total program expenditures have increased by \$512,000 or 15.6 percent. Personnel Services expenditures increased by \$402,000 or 28.4 percent and Operating Expenses & Equipment (OE&E) expenditures increased by \$110,000 or 5.9 percent, and DCA Pro Rata costs increased \$59,000 or 6.9 percent.

Table 3. Expenditures by Program Component (list dollars in thousands)										
	FY 2017/18		FY 2018/19		FY 2019/20		FY 2020/21		FY 2021/22	
	Person nel Service s	OE&E	Person nel Service s	OE&E	Person nel Service s	OE&E	Person nel Service s	OE&E	Person nel Service s	OE&E
Enforcement	214	262	224	396	320	507	320	609	298	318
Examination	214	425	240	389	254	392	253	511	320	357
Licensing	365	181	302	179	320	158	320	272	404	175
Administration *	220	101	255	150	359	175	353	302	393	170
DCA Pro Rata	0	791	0	679	0	799	0	849	0	850
Diversion (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	\$1,013	\$1,760	\$1,021	\$1,793	\$1,253	\$2,031	\$1,246	\$2,543	\$1,415	\$1,870
*Administration includes costs for executive staff, board, administrative support, and fiscal services.										

13. Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

The Board was originally scheduled for Release 3 of the BreEZe system and contributed a total of \$171,931 through fiscal year 2017-18. The Board and other Release 3 programs were eliminated from the project due to technical issues. The Board does not anticipate contributing any additional costs to the BreEZe program.

14. 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.

Licenses are renewed on a biennial basis on birth month, with the exception of first-time renewals which are pro-rated based on the date the license is issued and the birth month.

Over the past 10 years, the Board increased fees once in 2020-21. The following chart shows each new fee. (B&PC Sections 4970 and 4971 and Title 16, California Code of Regulations section 1399.460 – 1399.462).

The Board's fees are set either through statutory or regulatory authority. The statutory authority for fees is set forth in B&PC Sections 4970, 4971, and 4972. The regulatory authority for fees is set for in Title 16, California Code of Regulations section 1399.460 – 1399.462.

See fee chart below:

Fee Name	Fees Prior to 1/1/21	New Fees as of 1/1/21
Licensee Fees		
Exam Fee - Acupuncturist	\$550	\$800
Re-Exam Fee - Acupuncturist	\$550	\$800
Application Fee - Acupuncturist	\$75	\$250
Foreign Trained Applicants	---	\$350
Initial Cert - Acupuncturist	\$325	*\$500
Biennial Renewal Fee - Acupuncturist	\$325	\$500
Delinquent Renewal - Acupuncturist	\$25	\$150
Replacement Pocket License	\$10	\$50
Wall License Registration	---	\$50
Wall License Replacement/Renewal	\$15/---	\$50
Delinquent Renewal – Wall License	---	\$25
Endorsement	\$10	\$100
CE Provider Fees		
CE Provider Approval Fee	\$150	\$500
CE Provider Approval Renewal Fee	\$150	\$500
CE Course Fee	---	\$10/CE hour
Tutorial Fees		
Application Fee - Acupuncturist Supervisor	\$200	\$100
Annual Renewal - Acupuncturist Supervisor	\$50	\$200
Application Fee - Acupuncturist Trainee	\$25	\$1000
Annual Renewal - Acupuncturist Trainee	\$10	\$500
Delinquent Fee Acu. Trainee	\$5	\$100
Delinquent Fee Acu. Supr.	\$25	\$100

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)								
Fee	Current Fee Amount	Statutory Limit	FY 2017/18 Revenue	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	FY 2021/22 Revenue	% of Total Revenue
Delinquent Renewal - Licensure	\$150	\$150	14	13	12	14	42	0.7
Delinquent Renewal - Tutorial Trainee	\$100	\$200	0	0	0	0	0	0
Delinquent Renewal - Tutorial Supervisor	\$100	\$100	0	0	0	0	0	0
Delinquent Renewal – Wall License	\$25	\$25	0	0	0	0	0	0
Renewal - Licensure	\$500	\$775	1,889	1,996	1,905	2,345	2,710	75.1
Renewal – Tutorial Supervisor	\$200	\$500	1	1	1	4	1	0.1
Renewal – Tutorial Trainee	\$500	\$600	0	0	0	7	10	0.1
Renewal – Wall License	\$50	\$50	0	0	0	2	5	0.1
Renewal – Continuing Education Provider	\$500	\$700	0	0	0	38	83	0.8
Application - Licensure	\$500	\$500	114	104	66	107	125	3.6
Application - Tutorial Trainee	\$1,000	\$2,500	1	1	0	12	24	0.3
Application – Tutorial Supervisor	\$100	\$200	6	6	3	5	5	0.2
Application - Foreign	\$350	\$500	0	0	0	0	6	0
Initial Certification - Licensure	\$500	\$500	114	104	66	107	125	3.6
Initial – Wall License	\$50	\$50	0	0	0	41	98	1.0
Exam	\$800	\$800	160	249	180	250	342	8.2
Re-Exam	\$800	\$800	110	85	41	58	42	2.3
Continuing Education Provider Approval	\$500	\$700	43	47	42	24	11	1.2
Duplicate Renewal Receipt	\$50	\$50	1	1	2	3	12	0.1
Duplicate – Additional Office	\$50	\$50	7	0	0	0	0	0.1
Replacement – Wall License	\$50	\$50	0	7	6	5	1	0.1
Endorsement	\$100	\$100	2	2	1	8	14	0.2

15. 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
1111-052	2018-19	Acupuncture Management	1.0 – SSM I	1.0 – SSM I	114,000	114,000	17,000	17,000
1111-300	2019-20	Business Modernization Project Implementation	2.0 - AGPA	2.0 - AGPA	227,000	227,000	920,000	920,000
1111-051	2020-21	Business Modernization Continued Implementation	0	0	0	0	1,208,000	1,208,000
1111-051	2021-22	Business Modernization Cohort 1	-1.5 - AGPA	-1.5 - AGPA	56,000	56,000	378,000	378,000
1111-078	2022-23	Business Modernization Cohort 1 Maintenance & Operations	-0.5 - AGPA	-0.5 - AGPA	0	0	330,000	330,000

Staffing Issues

16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

During the past five fiscal years, position vacancy rates were between 7% and 21%, or approximately one to three positions. These vacancy rates were primarily the results of staff promoting or taking lateral transfers outside of the Board.

Due to the ongoing COVID-19 pandemic, it has been challenging for the Board to recruit and hire qualified staff for its vacant associate governmental program analyst positions. As a temporary solution to this issue, the Board has re-allocated workload to existing staff and offered compensating time off to assist with completing mission critical functions.

17. Describe the board's staff development efforts and total spent annually on staff development (cf., Section 12, Attachment D).

In support of staff development, the Board utilizes and encourages staff to attend internal training services provided by the DCA, Strategic Organization, Leadership, and Individual Development (SOLID) Training Solution. SOLID offers a range of training and services to provide opportunity for employee development and learning through various platforms.

Additionally, the Board's management staff have attended leadership development training courses offered by the Department of Human Resources.

Trainings provided by SOLID are included in the Board's DCA Pro Rata expenses. Over the past five fiscal years, the Board has spent the following on training outside of SOLID:

- 2017-18: \$420
- 2018-19: \$2,790
- 2019-20: \$10,863
- 2020-21: \$0
- 2021-22: \$4,405

Section 4 – Licensing Program

18. What are the board's performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board strives to meet a target of ten (10) days or less in its licensing performance targets and has been successful in doing so. This performance measure represents the time starting with receipt of the initial license payment to the issuance of the license number. In the first four (4) fiscal years covered by this report, the average processing time was two (2) days. With the implementation of the CONNECT system in 2021, an initial license is established within nine (9) business days of payment of the initial license fee which allows for payment posting, processing time, and the completion for fingerprint clearances from the Federal Bureau of Investigation (FBI) and Californian Department of Justice (DOJ).

19. 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? If so, 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?

The Board has not experienced an increase in its average time to process applications, administer exams, or issue licenses since the last Sunset Report. The Board continues to improve its application processing timeframes by streamlining the process using the CONNECT online portal. As of September 2020, applications for exam and licensure can be processed online. Licensees can renew and order wall licenses in the online system.

In October 2018 the Board changed from a twice-yearly paper/pencil exam to computer-based testing, which is offered six (6) days a week at Psychological Services Incorporated (PSI) Testing Center sites across CA, and the U.S. With the reduction of the total time required for exam application processing, applicants now have the ability to apply as soon as they graduate and can be approved to take the exam as soon as the Board receives all required documentation. Upon approval and payment of the exam fee, the applicant can schedule themselves online with PSI for the site and date of their choice, usually within the month.

20. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

There have been no license denials based on criminal history in the last three (3) years.

Based on Business and Professions Code 480 (g)(1), the Board does not retain application records older than three (3) years.

BPC 480 (g) (1) For a minimum of three years, each board under this code shall retain application forms and other documents submitted by an applicant, any notice provided to an

² The term "license" in this document includes a license certificate or registration.

applicant, all other communications received from and provided to an applicant, and criminal history reports of an applicant.

Table 6. Licensee Population

		FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Licensed Acupuncturist	Active ³	12138	12274	12203	12138	11819
	Out of State	1325	1289	1218	1147	1003
	Out of Country	246	235	224	202	170
	Delinquent/Expired	973	996	1096	1217	1556
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A	N/A
	Inactive	1881	1910	2169	2334	2400
	Other ⁴	3066	3333	3556	3747	4010
Wall License	Active	N/A	N/A	N/A	721	3018
	Out of State	N/A	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A	N/A
	Delinquent/Expired	N/A	N/A	N/A	3	51
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A	N/A
	Other	N/A	N/A	N/A	11	125
Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both. Wall License Requirement effective January 1, 2021						

Table 7a. Licensing Data by Type

Application Type		Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
					Total (Close of FY)	Complete (within Board control)*	In-complete (outside Board control)*	Complete Apps	In-complete Apps	combined, IF unable to separate out
FY 2017/18	(Exam)	462	382		n/a	n/a	n/a	n/a	0	n/a
	(License)	451	451		0	0	0	9	0	n/a
	(Renewal)	5797	5797	n/a	0	0	0	3	0	n/a
FY 2018/19	(Exam)	567	532		n/a	n/a	n/a	n/a	0	n/a
	(License)	415	415		0	0	0	9	0	n/a
	(Renewal)	5967	5967	n/a	0	0	0	3	0	n/a
FY 2019/20	(Exam)	409	392		n/a	n/a	n/a	n/a	0	n/a
	(License)	272	272		0	0	0	9	0	n/a
	(Renewal)	6000	6000	n/a	0	0	0	3	0	n/a
FY 2020/21	(Exam)	454	410		n/a	n/a	n/a	n/a	0	n/a
	(License)	296	296		0	0	0	9	0	n/a
	(Renewal)	5994	5994	n/a	0	0	0	3	0	n/a
FY 2021/22	(Exam)	390	350		n/a	n/a	n/a	n/a	0	n/a
	(License)	311	311		0	0	0	9	0	n/a
	(Renewal)	5684	5684	n/a	0	0	0	3	0	n/a
* Optional. List if tracked by the board.										

³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Table 7b. License Denial					
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
License Applications Denied (no hearing requested)	0	0	0	0	0
SOIs Filed	0	2	0	0	0
Average Days to File SOI (from request for hearing to SOI filed)	n/a	93	n/a	n/a	n/a
SOIs Declined	0	0	0	0	0
SOIs Withdrawn	0	1	0	0	0
SOIs Dismissed (license granted)	0	0	0	0	0
License Issued with Probation / Probationary License Issued	1	2	0	0	0
Average Days to Complete (from SOI filing to outcome)	569	396	n/a	n/a	n/a

21. 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? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

Each applicant for licensure is required to be fingerprinted prior to obtaining a license. The results from the fingerprinting are sent to the Board from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). The results would reveal any past criminal record. Additionally, certified court records, law enforcement arrest/incident reports, and National Practitioner Data Bank (NPDB) records can also be obtained as needed. Based on BPC 480 (e) the Board cannot deny a license based on failure to disclose prior discipline:

A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license. A board shall not deny a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had it been disclosed.

- b. Does the board fingerprint all applicants?

Yes. If a clear fingerprint is not received from DOJ and FBI, then the Board's Enforcement Unit must gather relevant documentation to the prior discipline before the Executive Officer can review and decide if a license will be granted.

- c. Have all current licensees been fingerprinted?

Yes, all current licensees have been fingerprinted except for a few licensees whose licenses have been on inactive status since the regulation went into effect in 2011, and thus have not completed the fingerprinting requirement as set out in CCR § 1399.419.2. These acupuncturists would be required to complete the requirement if they apply to return to active status.

- 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 contracts with the National Practitioner Data Bank (NPDB), which is a database of reports submitted containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers in the United States. All out-of-state applicants for licensure are checked in this database for disciplinary actions or malpractice reports prior to issuing a license. Additionally, the Board receives ongoing electronic malpractice reports from mandated reporters via the NPDB.

The Board does not check the NPDB for license renewals.

e. Does the board require primary source documentation?

Yes, the Board requires that all certified diplomas and transcripts submitted to the Board as part of a prospective licensee's application are official documents sent directly from the issuing institution. All foreign trained applicants must use a foreign transcript evaluator from a member organization of the National Association of Credential Evaluation Services (NACES). This includes translations of their foreign transcripts, verification that the school is accredited, and a course-by-course evaluation.

22. 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 to qualify to take the CALE. If applicants pass the licensure exam, they are eligible for licensure pending the fingerprint background check.

Foreign-trained applicants are not required to graduate from a Board-approved training program, but they are required to meet the same training program curriculum requirements as those who have graduated from Board-approved training programs. Foreign applicants are required to arrange to have their schools send official transcripts to the approved foreign credential evaluator (that is a NACES member) who reviews, translates, and completes a course-by-course evaluation of the official transcripts, and identifies if the school has regional accreditation. Upon receipt of all documents, the Board reviews the transcript evaluation and determines whether the applicant has met the Board's curriculum and clinical requirements.

AB 2190 enacted additional changes to the Board's approval of foreign applicants. This bill requires an applicant whose education was completed outside the United States to submit documentation of his or her education to a Board-approved credential evaluation service and requires the Board to examine the results of the application. Additionally, the bill requires the Board to create a framework for approval of those foreign credential evaluation services. In order to be compliant with AB 2190 on March 2021 the Board approved language to amending existing regulations CCR sections 1399.409, 1399.411, 1399.413, 1399.414, 1399.415, 1399.416, 1399.416.1, 1399.416.2, 1399.416.3, 1399.416.4, 1399.417, 1399.419 to achieve compliance with AB 2190. That package is moving through the regulatory process with Spring 2023 anticipated completion date .

23. 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. A question regarding military service is included on license applications.

- 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?

Since the last Sunset Review Report, the Board has not been offered any applicant's military education for qualification for the CALE.

- 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. As a result, 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 specifically in Acupuncture and Asian Medicine.

- 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?

Since the last Sunset Review Report, the Board has waived fees for three (3) licensees pursuant to BPC § 114.3. The impact on Board Revenue is -\$1500.00 (\$500 biannual renewal fee x 3 licensees = \$1500.00 in revenue waived).

- e. How many applications has the board expedited pursuant to BPC § 115.5?

Since the last Sunset Review Report, the Board has not had any applications for licensure pursuant to BPC § 115.5.

24. 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.

The Board sends No Longer Interested notifications to DOJ on a regular and ongoing basis. These are not as of yet electronically submitted but the process is automated for deceased and cancelled licenses.

The Board does not have any backlog with No Longer Interested notifications;

Examinations

Table 8. Examination Data⁵				
California Examination (include multiple language) if any:				
License Type: Licensed Acupuncturist		English	Chinese	Korean
Exam Title: California Acupuncture Licensing Exam				
FY 2017/18	Number of Candidates	514	191	106
	Overall Pass %	54	66	61
	Overall Fail %	46	34	39
FY 2018/19	Number of Candidates	268	140	75
	Overall Pass %	77.9	89.2	78.6
	Overall Fail %	22	10.7	21.3
FY 2019/20	Number of Candidates	226	80	60
	Overall Pass %	70.7	75	70
	Overall Fail %	29.2	25	30
FY 2020/21	Number of Candidates	273	82	56
	Overall Pass %	72	73	86
	Overall Fail %	28	27	14
FY 2021/22	Number of Candidates	290	104	50
	Overall Pass %	68.6	70	70
	Overall Fail %	31.3	30	30
Date of Last OA		July 2021		
Name of OA Developer		Office of Professional Examination Services		
Target OA Date		2025-26		

⁵ This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

National Examination (include multiple language) if any: NO NATIONAL EXAMINATION FOR LICENSING				
License Type		N/A	N/A	N/A
Exam Title				
FY 2018/19	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2019/20	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2020/21	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2021/22	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
Date of Last OA				
Name of OA Developer				
Target OA Date				

25. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

Currently, passing the California Acupuncture Licensing Examination (CALE) is required for licensure in California. A national examination is not a requirement for licensure nor is it accepted in lieu of the CALE. Assembly Bill 918, of 2021 was seeking to change the CA Acupuncture Board requirements to utilize NCCAOM's exam. This bill failed to pass in 2021 and in 2022 due to the need for both organizations requiring audits of the other's exam after their most recent Job Task Analysis had been performed, which is anticipated to be possible in or after 2024.

The CALE is currently offered in English, Chinese, and Korean.

26. What are pass rates for first time vs. retakes in the past 4 fiscal years?

Are pass rates collected for examinations offered in a language other than English?

Pass Rates are collected for examinations offered in a language other than English. Please refer to Table 8: Examination Data for pass rates of first time vs. retakes in the last fiscal years.

27. 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 transitioned to computer-based testing in October 2018 for the CALE. The exam is available at contracted PSI sites with almost 20 available sites in CA as well as additional sites across the U.S. The exam is offered six (6) days a week except holidays. Applicants can schedule for the date and site of their choosing. Results are given at the test site immediately following the exam.

28. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

The Board recommends that BPC § 4938 License Requirements. (a)(2)(A)(i) should clarify that “completion” of a Board-approved training program refers to an applicant graduating from said program.

School approvals

29. 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?

Senate Bill (SB) 1246 (Lieu, Chapter 397, Statutes of 2014) became law January 1, 2017, and transitioned the responsibility of school (referred to as, “educational and training program”) approval from the Board to BPPE and the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) (since August of 2021, formerly the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)), respectively, as set forth in BPC § 4927.5, below. As such, the Board is solely responsible for approving an educational and training program’s curriculum meets the Board’s curriculum requirements.

- 4927.5 (a) *For purposes of this chapter, “approved educational and training program” means a school or college offering education and training in the practice of an acupuncturist that meets all of the following requirements:*
 1. 4927.5 (a)(1) – Requires CCR § 1399.434 curriculum approval from the California Acupuncture Board.
 2. 4927.5 (a)(2) – Requires the approval to operate granted by the Bureau of Private Post-Secondary Education (BPPE) per Education Code § 94885.
 3. 4927.5 (a)(3) – Requires official documentation of the intent to pursue accreditation from the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM).

As a result of SB 1246, the Board implemented several changes to its regulations to ensure that the Board’s curriculum approval are in compliance with BPC § 4927.5:

- CCR §1399.434 and §1399.436 were amended to remove two different curriculum standards. In 2005, the Board increased the curriculum hours required (as part of CCR §1399.434) but left the old curriculum hours as a pathway for applicants for the transition to the new curriculum (as part of §1399.436). The Board now only has one curriculum standard, reflected in CCR §1399.434 which is consistent for all applicants of the CALE.
- CCR §1399.437 was amended to set requirements for Board approval of curriculum, which includes the “Application for Board Approval of Curriculum (rev.4/15),” based on the Board’s curriculum requirements described in the CCR §1399.434.

These regulations became effective May 24, 2017.

BPPE is responsible for approval of the acupuncture school itself. In preparation for the implementation of SB 1246 and the new BPC § 4927.5, acupuncture training program approval standards, the Board cultivated a working relationship with BPPE by signing an operational memo of understanding between the two agencies, allowing the Board and BPPE to share confidential information. The Board’s collaboration with BPPE has culminated in a clear identification of each agencies’ jurisdiction. This relationship has provided support to both the Board and BPPE in addressing complaints and enforcement actions.

BPC § 4927.5(a)(3) requires that all acupuncture training programs be in the process of accreditation with ACAHM, the national accrediting agency for specialized and professional education of Acupuncture and Asian Medicine that is recognized by the U.S. Department of Education. The primary purpose of ACAHM is to establish and accredit comprehensive educational and institutional requirements for acupuncture training programs in the United States. ACAHM and its recognition by the U.S. Department of Education has made it possible for acupuncture and Asian Medicine students to obtain federal student loans for their education. The Board continues to work collaboratively with ACAHM to understand each other's processes, which has included Board staff attending ACAHM accreditation site visits for acupuncture training programs in California.

30. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

As of June 30, 2022, the Board recognizes 36 training programs; 21 are in California and 15 are located in other states. In the past two (2) FYs nine (9) new approved educational and training programs have been added.

The full review of an acupuncture training program curriculum only occurs when programs are reviewed as part of the Boards' "Application for Board Approval of Curriculum," available online at: http://www.acupuncture.ca.gov/pubs_forms/app_board_curriculum.pdf.

Prior to making any changes to the approved curriculum, acupuncture training programs are required to submit their proposed curriculum to the Board for review and approval. Both ACAHM and BPPE conduct periodic on-site visits for re-approvals or re-accreditations of all their programs. This includes onsite visits conducted independently by each agency, which involve full program review. Board staff routinely checks that status based on their respective standards.

In the last two (2) fiscal years, there have been four (4) acupuncture training programs that have lost the status of an approved educational and training program. Two (2) training programs lost approval due to failure to obtain BPPE approval. One (1) training program lost approval due to failing to obtain ACAHM approval in a timely manner. One (1) training program lost approval per the school's decision to no longer continue offering the program.

31. What are the board's legal requirements regarding approval of international schools?

Currently, the Board does not have the authority to approve foreign acupuncture training programs.

Continuing Education/Competency Requirements

32. 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? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

As per BPC § 4945(b), 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. License renewals are only approved upon completion of the minimum of required CE hours.

Those who fail to submit this declaration of 50 CE hours have a hold placed on the renewal of their license. The hold is not removed until, under penalty of perjury, they have submitted their renewal attesting to the completion of the CE course work. Licensees are notified by letter that they are no longer eligible to practice and must cease from practicing until the Board receives attestation of CE compliance.

The Board is the primary source verifier of CE completion as it is the sole approver of CE providers and courses which can be used to fulfill the CE hours required for Acupuncture License renewal.

Board staff, in conjunction with the California Department of Technology, and the DCA, have developed a online CE management module in the CONNECT system, as part of its recent Business Modernization efforts. This system became available to CE providers in the Fall of 2022.

- b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

The Board's policy is to conduct random CE Audits of 5% of the licensing population that has renewed. The Board randomly selects licensees for the audit and verifies that the required CE has been completed by reviewing the Certificates of Completion for the submitted coursework.

- c. What are consequences for failing a CE audit?

Licensees who have failed a CE audit are subject to administrative enforcement actions consisting of a citation, fine, and order of abatement. Licensees who have been issued multiple citations for failure of a CE Audit and fail to come into compliance may be subject to formal disciplinary action taken against their license.

- d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

None. Due to changes needed for an ongoing auditing process the Board paused its 2018 CE audit program. A new CE audit process was designed at the end of 2019 but was paused before implementation due the CE completion waivers afforded licensees during the pandemic. Staff will restart the CE audit process of 5% of the licensing population starting after the end of the emergency waivers allowing licensees to renew without satisfying their continuing education requirements.

- e. What is the board's CE course approval policy?

The Board's course approval policy is set forth in CCR § 1399.483 and 1399.484, and states that board-approved CE providers may obtain course approval for courses relevant to the practice of acupuncture and Asian medicine. The course approval policy requires course applications to meet submission deadlines, include course descriptions, outlines, as well as specified objectives depending on whether the course is a direct benefit to patient care or not a direct benefit, such as practice management. Courses that require in-person techniques are excluded from distance learning. All courses require Board approval to qualify for CE hours.

Statutory changes from the enactment of Assembly Bill 3330 (AB 3330) (Calderon, Chapter 359, Statutes of 2020), included changes to the course approval process to include course approval application fees assessed at \$10.00 per hour of instruction, and once approved those courses may be offered to licensees for a period of one year from the date of Board approval. This bill also increased the fee for new and renewing CE providers from \$150.00 to \$ 500.00 effective January 1, 2021.

- f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

The Board approves all CE providers and all CE courses that can be used to meet license renewal requirements. The Board's process for approving CE providers is set forth in CCR § 1399.481 –

Criteria for Provider Approval. Both provider and course applications can be submitted online using the AcuConnect online CE business portal available at: <https://connect.acupuncture.ca.gov/#/User/LoginBusinessPortal> or by mail using forms available on the Boards website.

The prospective or renewing CE provider must submit a "Continuing Education Provider Application" with a \$500.00 fee either using the online system or by mail. The Board then reviews and approves the application if the CE provider meets the requirements above and the provider is offering CE courses compliant with regulations. A CE provider is approved for a two (2) year period. At the expiration of two (2) years, the provider may renew for another two (2) years as an active CE provider for \$500.00. Upon approval, the new or renewing CE provider may submit as many course applications for approval as desired within the two-year period. All course applications must be approved by the Board and accompanied by a form as described below.

The Board's process for approving CE courses is set forth in CCR § 1399.483, *Approval of continuing education courses* and 1399.484, *Application for Course Approval*. Board-approved CE providers are required to submit the "Request for Continuing Education (CE) Course Approval Form" either using the online system or by mail.

This application must be submitted at least 45 calendar days prior to new courses being offered. If there are questions regarding the content of a CE course, the Board consults a subject matter expert to weigh in on the final determination.

- g. How many applications for CE providers and CE courses were received? How many were approved?

	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Provider Applications Received	265	257	274	150	43
Provider Applications Approved	265	257	274	150	43
Course Applications Received	2635	3002	3703	2,827	2,509
Course Applications Approved	2382	2700	3220	2,720	2,493

- h. Does the board audit CE providers? If so, describe the board's policy and process.

CCR § 1399.482(g)(h) provides the Board the authority to audit CE providers.

The Board initiates a CE provider audit when it receives evidence that CE Provider is not in compliance with the required regulations. Such evidence may include consumer complaints, falsified documentation, or for incomplete Certificates of Completion, or unapproved courses.

- 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 has not reviewed its CE policy to evaluate performance-based assessments of a licensee's continuing competence. Presently, all licensees taking distance education CE courses are required to complete and pass an examination at the end of the course. The examination must test participants mastery of the course material to receive CE credit. Live courses are not required to provide examinations at the end of the course but may be included as part of the live course.

Table 8a. Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Licensed Acupuncturists	Biennially	50	5%
Continuing Education Providers	Biennially	N/A	Included as part of the Licensee audit process

Section 5 – Enforcement Program

33. 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?

In 2010, the Board set the following performance measure (PM) targets to quantify the effectiveness of its Enforcement program. Department of Consumer Affairs (DCA) set the overall process time from complaint receipt to the effective date of a decision to 540 days or approximately 18 months.

- Target: 10 days average for complaint intake cycle time (PM 2, Intake – Cycle Time)
- Target: 200 days average for days to complete cases not resulting in formal discipline (PM 3, Investigations – Cycle Time)
- Target: 540 days average for days to complete cases resulting in formal discipline (PM 4, Formal Discipline – Cycle Time)
- Target: 10 days average for a probation monitor to make first contact (PM 7, Probation Intake – Cycle Time)
- Target: 10 days average for the Board to take appropriate action on a probation violation (PM 8, Probation Violation Response – Cycle Time)

FY 2017/18 performance measures show that the Board is meeting its performance targets for all PMs for all quarters except for PM4. The cases that result in discipline are the Board's more complex cases that require any one of the following: one or more expert reviews, idle time waiting for the hearing date, and lengthy negotiations to come to a stipulated settlement agreement. The Executive Officer and Enforcement staff prioritize the review and filing of accusations and provide settlement terms quickly for cases when appropriate.

FY 2018/19 performance measures show that the Board did not meet PM3 targets on Q3 and Q4. Nevertheless, the average days for PM3 for the entirety of the fiscal year is 174 days, which is well below the target date of 200 days. PM4 for Q3 is also above the target of 540 days. To address these backlogs, the Board is tracking workload trends to ensure that the current staffing levels meet the workload requirements.

FY 2019/20 performance measures show that the Board is meeting its performance targets for all quarters except PM4 for Q3 and Q4. Due to the uncertainty brought about by the Covid-19 pandemic, enforcement workload was affected. In this time, Board staff adjusted to a telework setting to ensure compliance with shelter in place mandates and minimize work disruption.

FY 2020/21 performance measures show that the Board is not meeting its performance targets for PM3 Q2 and Q3 as well as PM4 Q1. Due to the changes brought about by the Covid-19 pandemic, enforcement processes and workload were affected. Board staff continued to adapt to pandemic protocols.

FY 2021/22 performance measures show that the Board is not meeting its performance targets for PM3 and PM4 for all quarters. Due to the continued effects of the Covid-19 pandemic, enforcement backlog increased. Agencies and private institutions the Board works with to address enforcement matters also had their own backlogs which led to longer processing times for the Board to proceed with cases.

34. 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?

In the past five (5) fiscal years, the number of complaints received decreased during the pandemic. The numbers show that the decrease in volume is mainly attributed to public complaints and internal complaints initiated by the Board. In contrast, the statistics also show an increase in complaints referred by governmental agencies, which would include arrests and convictions referred from Department of Justice.

Disciplinary data shows minimal changes in all areas: cases initiated, pending, and closed. Performance analysis indicates that, with exception, the Board has not met its performance measure target for discipline cases, which is set at 540 days. Historically, the Board receives a larger number of completed investigation reports from the Division of Investigation (DOI) mid-fiscal year. This creates an increase in initiated and pending disciplinary cases with the Office of the Attorney General. Presently, the Board's biggest challenge is the high variability of the average overall process time for cases that result in discipline.

The biggest step to bringing process times down consistently for discipline cases is to ensure the Enforcement Unit is adequately staffed. The Board is increasing collaboration and communication with DOI, who conduct the Board's investigations, and the Attorney General's Office. Board staff has met with the Attorney General's Office in an effort to streamline where both agencies' processes meet. The Board maintains consistent communication with DOI staff to help ensure items are acted upon as soon as resources are available.

In 2023, the Board will begin development of its new enforcement module as part of its business modernization efforts. Work began in 2018 when process maps were created for the Board's primary functions in Licensing and Enforcement. These maps were then reviewed for possible process improvements that a new system can provide. Licensing processes were rolled out in 2021 and 2022. The enforcement processes will be developed and released next and are anticipated to improve the Board's ability to address and meet enforcement responsibilities and timeframes.

Table 9a. Enforcement Statistics

	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
COMPLAINTS					
Intake					
Received	159	192	181	109	109
Closed without Referral for Investigation	2	0	3	0	0
Referred to INV	169	195	206	190	141
Pending (close of FY)	3	0	1	0	0
Conviction / Arrest					
CONV Received	58	55	53	29	35
CONV Closed Without Referral for Investigation	0	0	0	0	0
CONV Referred to INV	61	56	59	29	37
CONV Pending (close of FY)	1	0	0	0	0
Source of Complaint ⁶					
Public	76	75	72	62	59
Licensee/Professional Groups	20	15	5	8	2
Governmental Agencies	16	10	12	12	39
Internal	71	122	117	32	8
Other	24	18	23	11	24
Anonymous	10	7	5	13	12
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	7	9	4	5	5
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	7	0	4	0	0
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	7	9	4	5	5
INVESTIGATION					
Desk Investigations					
Opened	229	251	230	139	144
Closed	198	186	147	126	88
Average days to close (from assignment to investigation closure)	150	106	131	221	347
Pending (close of FY)	97	105	152	139	188
Non-Sworn Investigation					
Opened	n/a	n/a	n/a	n/a	n/a
Closed	n/a	n/a	n/a	n/a	n/a
Average days to close (from assignment to investigation closure)	n/a	n/a	n/a	n/a	n/a
Pending (close of FY)	n/a	n/a	n/a	n/a	n/a
Sworn Investigation					
Opened	48	57	36	26	7
Closed	36	26	40	47	25
Average days to close (from assignment to investigation closure)	385	571	512	694	907
Pending (close of FY)	62	93	89	68	50

⁶ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

All investigations ⁷					
Opened	229	251	230	139	144
Closed	234	212	187	173	113
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	186	163	212	349	471
Average days for investigation closures (from start investigation to investigation closure)	224	212	256	375	440
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	214	740	n/a	789	1,289
Average days from receipt of complaint to investigation closure	227	216	259	379	445
Pending (close of FY)	159	198	241	204	238
CITATION AND FINE					
Citations Issued	47	43	33	22	2
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	151	179	201	541	399
Amount of Fines Assessed	\$30,850	\$23,160	\$27,020	\$33,780	\$3,750
Amount of Fines Reduced, Withdrawn, Dismissed	\$1,500	\$6,040	\$2,290	\$350	\$250
Amount Collected	\$33,085	\$24,485	\$17,180	\$17,330	\$13,050
CRIMINAL ACTION					
Referred for Criminal Prosecution	3	1	3	6	1
ACCUSATION					
Accusations Filed	9	9	17	7	7
Accusations Declined	0	0	0	0	1
Accusations Withdrawn	0	0	0	1	1
Accusations Dismissed	0	0	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	119	76	100	161	127
INTERIM ACTION					
ISO & TRO Issued	0	0	0	0	0
PC 23 Orders Issued	0	2	1	2	0
Other Suspension/Restriction Orders Issued	0	0	0	0	0
Referred for Diversion	n/a	n/a	n/a	n/a	n/a
Petition to Compel Examination Ordered	0	0	0	0	0
DISCIPLINE					
AG Cases Initiated (cases referred to the AG in that year)	12	15	17	13	11
AG Cases Pending Pre-Accusation (close of FY)	6	6	5	12	8
AG Cases Pending Post-Accusation (close of FY)	8	9	14	6	10
DISCIPLINARY OUTCOMES					
Revocation	3	0	1	3	0
Surrender	2	5	4	5	0
Suspension only	0	0	0	0	0
Probation with Suspension	0	0	0	1	0
Probation only	7	8	2	5	3
Public Reprimand / Public Reprimand / Public Letter of Reprimand	0	0	1	0	0
Other	1	1	0	0	0

⁷ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

DISCIPLINARY ACTIONS					
Proposed Decision	4	2	1	3	0
Default Decision	4	2	1	3	0
Stipulations	9	11	7	11	3
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	211	217	320	282	373
Average Days from Closure of Investigation to Imposing Formal Discipline	330	293	420	443	496
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	637	748	1,062	958	1,435
PROBATION					
Probations Completed	5	7	7	10	5
Probationers Pending (close of FY)	42	40	32	29	21
Probationers Tolerated	1	2	2	0	1
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	2	5	1	1	1
SUBSEQUENT DISCIPLINE⁸					
Probations Revoked	1	1	0	0	1
Probationers License Surrendered	0	2	0	0	1
Additional Probation Only	0	0	0	0	0
Suspension Only Added	0	0	0	0	0
Other Conditions Added Only	0	0	0	0	0
Other Probation Outcome	0	0	0	0	0
SUBSTANCE ABUSING LICENSEES					
Probationers Subject to Drug Testing	12	13	6	2	0
Drug Tests Ordered	12	13	6	2	0
Positive Drug Tests	7	7	2	1	0
PETITIONS					
Petition for Termination or Modification Granted	0	1	0	0	0
Petition for Termination or Modification Denied	0	0	1	0	0
Petition for Reinstatement Granted	0	1	0	0	0
Petition for Reinstatement Denied	1	2	0	0	0
DIVERSION					
New Participants	n/a	n/a	n/a	n/a	n/a
Successful Completions	n/a	n/a	n/a	n/a	n/a
Participants (close of FY)	n/a	n/a	n/a	n/a	n/a
Terminations	n/a	n/a	n/a	n/a	n/a
Terminations for Public Threat	n/a	n/a	n/a	n/a	n/a
Drug Tests Ordered	n/a	n/a	n/a	n/a	n/a
Positive Drug Tests	n/a	n/a	n/a	n/a	n/a

⁸ Do not include these numbers in the Disciplinary Outcomes section above.

Table 10. Enforcement Aging							
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Cases Closed	Average %
Investigations (Average %)							
Closed Within:							
90 Days		125	84	69	46	430	47
91 - 180 Days	52	29	29	13	6	129	14
181 - 1 Year	42	29	29	23	11	134	15
1 - 2 Years	25	18	34	41	17	135	15
2 - 3 Years	8	9	9	19	15	60	6
Over 3 Years	1	2	2	9	18	32	3
Total Investigation Cases Closed	234	212	187	174	113	920	100
Attorney General Cases (Average %)							
Closed Within:							
0 - 1 Year	8	9	5	6	1	29	57
1 - 2 Years	3	4	2	6	2	17	33
2 - 3 Years	2	0	0	2	0	4	8
3 - 4 Years	0	0	1	0	0	1	2
Over 4 Years	0	0	0	0	0	0	0
Total Attorney General Cases Closed	13	13	8	14	3	51	100

35. What do overall statistics show as to increases or decreases in disciplinary action since last review?

The overall statistics show that 90% of cases are being closed in two years or less in FY 2017-18 to FY 2021-22, whereas only 26% of cases were being closed in two years or less for FYs 2013-14 – FY 2016-17.

36. 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 utilizes the DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 2016 edition), which can be found under Appendix G. This is the most recent version of the DCA's *Complaint Prioritization Guidelines for Health Care Agencies*. Cases are categorized by the nature and severity of the complaint. Case priority is determined during complaint intake and is assigned with the following categories: routine, high priority, and urgent. Cases are further prioritized by case age.

37. 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 BPC § 801, insurers and uninsured licensees are required to report malpractice settlements and judgments of \$3,000.00 or more. In 2016, the Board developed a form as a tool for insurers and licensees to use when reporting settlements and judgments of \$3,000.00 or more. The form is on the Board's website for use. With the Board's active and continued use of the National Practitioner Databank (NPDB), the Board does not have any problems receiving the ongoing electronic malpractice reports from mandated reporters.

- a. What is the dollar threshold for settlement reports received by the board?

The dollar threshold for settlement reporting is \$3,000.00.

- b. What is the average dollar amount of settlements reported to the board?

The average dollar amount of settlements reported to the Board from FY 2017/18 to FY 2021/22 was \$47,944.47.

38. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

- a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

The Board does not settle cases prior to filing a formal Accusation or Statement of Issues; therefore, there have been no pre-accusation cases that resulted in hearings.

- b. What is the number of cases, post-accusation, that the board settled for the past five years, compared to the number that resulted in a hearing?

Decision Type	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Settlements	9	11	7	11	3
Hearings	1	2	0	1	0

- c. What is the overall percentage of cases for the past five years that have been settled rather than resulted in a hearing?

Over the past five years, 91% of cases were resolved through a Stipulated Settlement, and 9% were resolved through an Administrative Hearing.

39. 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?

The Board does not have statute of limitations, nor does it have any policy regarding statute of limitations for any of its administrative enforcement statutes. However, BPC § 4935 is the Board's only criminal statute in its Act that is considered a misdemeanor which has a statute of limitations of one year from the time the last violation act occurred. There are no recorded cases that have been lost due to statute of limitations. For all administrative cases, the Board uses DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 2016 edition) to address more urgent cases, or cases involving criminal offenses outside of the Board's Act. These cases are expedited with higher priority.

40. 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. If a criminal prosecution is not

pursued or a conviction does not 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. However, the Board does investigate every complaint received.

The Board has provided outreach at Board meetings to educate stakeholders, including licensees and the public, who have expressed concerns regarding other healthcare practitioners providing acupuncture or needling without an acupuncture license. The Board has communicated with other healing arts boards about this issue to promote collaboration of enforcement efforts against this type of unlicensed activity, affording other programs the knowledge of the Board's jurisdiction, and the ability to refer such actions to the Board.

Cite and Fine

41. 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 violations can be remedied through an order of abatement and fine. The Board addresses the more technical violations through citations. The Board also only issues citations in cases that do not necessitate restrictions on the license to ensure consumer protection. There have been no changes with the Board's cite and fine authority since the last sunset review nor has there been any update to the regulations. The Board has authority to issue a citation with a maximum of \$5,000.00.

42. How is cite and fine used? What types of violations are the basis for citation and fine?

The Board uses citations to educate its recipient (in the case of unlicensed practice) or the licensee and bring them 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 technical 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, and licensees' failure to change one's mailing address. The Board also uses citations to address minor probation violations or various unprofessional conduct that can be remedied through simple orders of abatement. In addition, citations are used for unlicensed practice of an individual holding oneself out as engaging in the practice of acupuncture. Although unlicensed cases generally pose a risk to public safety, the Board lacks jurisdiction over unlicensed individuals performing acupuncture, so citations are the only recourse available to the Board to prevent unlicensed activity involving acupuncture.

The other types of violations that result in cite and fines include inadequate record keeping, failure to register address changes, failure to have and display a license for each practice location, and CE provider violations.

43. 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?

Set out below is a chart containing the information.

	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Number of informal office conferences, Disciplinary Review Committee reviews and/or Administrative Procedure Act appeals of a citation or fine	18	14	12	8	2

44. What are the five most common violations for which citations are issued?

1. Unprofessional Conduct
2. Failure to Notify of Address Change
3. Failure to Disclose a Conviction on an Application to the Board
4. Continuing Education Provider violations
5. Unlicensed Practice

45. What is average fine pre- and post- appeal?

The average pre-appeal fine is \$801.00 and the average post-appeal fine is \$768.00.

46. 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 (3) 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). If the Board does not have an individual's social security number due to him or her being unlicensed, then the fines are determined to be uncollectible.

Cost Recovery and Restitution

47. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

Since the 2018 Sunset Review Report, the Board has gone through its outstanding cost recoveries and has sent respondents demand for payment in compliance with FTB and DCA's protocol. For demands in which the Board has received a response from the respondent, the Board has either received total payment on its balances or the respondent is making regular payments through an installment plan. The respondents who have failed to respond have been sent to the FTB IIP for cost recovery.

In current probationary cases, the Board's probation monitor ensures that the probationer is making payments towards his or her cost recovery on a regular basis or has received approval from the probation monitor for some other payment plan. When a licensee's probation is coming to an end, a review is conducted and 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.

The Board is allowed to have continuing jurisdiction over a licensee past his or her probation term if costs are not paid in full. This allows the Board to continue collecting payments or allows the Board to petition for violation of probation if the licensee is not cooperative.

48. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

Forty-eight (48) cases ordering cost recovery were established since FY 2017/18, totaling \$570,429.58. Twenty-seven (27) of those cases are determined to be uncollectable because they are revocations and voluntary surrenders, totaling \$360,008.65. Analysis of these cases presents three primary causes of costs being determined uncollectible:

- First, most of the Board's surrender cases reached by Stipulated Settlement state that the respondent is only required to pay the ordered cost recovery as a condition of reinstatement.
- Second, most of the respondents whose license were revoked do not pay cost recovery because they may not have income, or they may not feel obligated since they no longer have a license with the Board.
- Third, cost recovery is determined uncollectible against deceased respondents should there be no funds left in their estate. For cases in which the respondent is ordered to pay costs as part of a revocation or the respondent is deceased, the Board works with the FTB IIP to recoup these costs.

49. Are there cases for which the board does not seek cost recovery? Why?

BPC § 4959 (a) authorizes cost recovery only in cases where a licensee has been found guilty of unprofessional conduct. It does not allow cost recovery for Statements of Issues. Therefore, the Board does not seek cost recovery for decisions involving applicants for licensure. BPC § 125.3 also only allows cost recovery for violations of the Acupuncture Licensure Act. In addition, the Board may waive costs to achieve a stipulated surrender of a license to resolve the case.

50. 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, relying on FTB IIP for all its outstanding recovery costs as ordered. Future outstanding cases will be submitted to FTB IIP on a continual basis.

51. 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 since the 2016 Sunset Review Report; therefore, there have been no attempts to collect any restitution. If a future decision orders restitution and respondent fails to pay, the Board has the authority to petition for revocation of his or her probation for violating the term of restitution.

Table 11. Cost Recovery⁹ (list dollars in thousands)					
	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Total Enforcement Expenditures	\$476	\$620	\$827	\$929	\$616
Potential Cases for Recovery *	8	8	9	8	2
Cases Recovery Ordered	11	9	10	15	3
Amount of Cost Recovery Ordered	\$47	\$48	\$154	\$274	\$48
Amount Collected	\$51	\$33	\$35	\$40	\$54
* "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 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Amount Ordered	\$0	\$0	\$0	\$517	\$0
Amount Collected	\$0	\$0	\$0	\$1	\$1

⁹ Cost recovery may include information from prior fiscal years.

Section 6 – Public Information Policies

52. 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?

The Board regularly posts announcements and new information concerning new laws and regulations, alerts, and policy on its homepage at acupuncture.ca.gov under the "What's New" section. News and announcements are also disseminated through email via the Board's two Listserv subscription lists; one list is directed to licensees and another list for interested parties and stakeholders.

The Board routinely posts its Board meeting materials on its website in one convenient link adjacent to the relevant meeting date at the following webpage:

https://www.acupuncture.ca.gov/about_us/board_meetings.shtml. Materials are generally posted one to two weeks prior to the meeting date. Materials remain on the Board's website indefinitely. Draft meeting minutes are not posted separately but are included in each subsequent Board meeting materials when taken to the Board for vote. After the Board approves meeting minutes, a direct link to the final minutes is posted the following week on the Board's website. Final meeting minutes are posted indefinitely on the Board's website.

53. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long do webcast meetings remain available online?

Yes, all Board and committee meetings are webcasted per the availability of DCA webcasting resources. The Board plans to continue webcasting all future Board meetings, as well as committee meetings, whenever possible. Webcasted meeting are uploaded to DCA's YouTube page where they remain online indefinitely and the Board provides direct links to the webcast on its "Board Meetings" page (https://www.acupuncture.ca.gov/about_us/board_meetings.shtml).

54. Does the board establish an annual meeting calendar, and post it on the board's web site?

The Board establishes an annual tentative meeting calendar during the last Board meeting of each calendar year. The finalized meeting date(s) are posted on the Board's webpage under "Board Meetings". If the Board needs to schedule additional meetings, the meeting dates are posted online as soon as the dates are confirmed. Any changes or additions to the meeting schedule are posted in accordance with the Bagley-Keene Open Meeting Act and Administrative Procedure Act.

55. 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 follow DCA's recommended Minimum Standards for Consumer Complaint Disclosure. The board posts all Penal Code Section 23 suspension and bail condition Orders, Accusations, and final Decision and Orders on its website.

56. 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 provides the following information to the public regarding licensees:

- Licensee's Name;
- License number, issue date, expiration date, and status;
- Current Address of Record;
- Practice Address(es)
- Disciplinary Actions (if any)

The Board does not post education completed, awards, certificates, or specialty areas.

57. What methods are used by the board to provide consumer outreach and education?

Consumer outreach and education is a priority that the Board continues to develop. The Board utilizes its website to provide pertinent information, forms/applications, laws and regulations, proposed regulations, board meeting materials and minutes, board and committee meeting webcasts, and other important notices for applicants, licensees, and the public.

The Board also utilizes email software called ListServ to send out important emails to stakeholders. Anyone can join the Board's e-mail subscription by registering on the Board's website.

Section 7 – Online Practice Issues

58. 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 online practice of Acupuncture has not been prevalent prior to the COVID-19 pandemic.

The Board regulates online practice in the same manner as in-person practice, with the understanding that only those services which can be delivered via telehealth are provided by the licensees.

When a telehealth complaint is received, it is investigated and reviewed by the Board's subject matter expert to assess whether or not the appropriate standard of care was utilized in delivering acupuncture services.

There has been no threat to public safety to warrant additional regulation of acupuncture telehealth.

Section 8 – Workforce Development and Job Creation

59. What actions has the board taken in terms of workforce development?

The Board conducts an Occupational Analysis (OA) every five (5) years, with the most recent OA completed in July 2021. Board staff sent invitations to participate in the survey on its website, by email and mail. Of the 11,828 acupuncturists invited to complete the questionnaire, 4,806 (40.6%) responded by accessing the online questionnaire. The final sample size included in the data analyses was 2,795 active licenses, or 23.6% of the licensed acupuncturist population that was invited to complete the questionnaire. Compared to the 2015 OA response rate of 11% of active licensed population, a high response rate from licensees provides a more comprehensive and accurate reflection of the practice of acupuncture in California and enables the Board to monitor trends in the acupuncture workforce.

Business and Professions Code section 4940 gives the Board authority to offer the Tutorial Training Program. This program allows for an apprentice program that consists of on-the-job training combined with classroom education that allows tutorial students a pathway to qualify for the licensing exam. Board staff have participated in DCA workforce development meetings in collaborations with the CA Division of Apprenticeship Standards to explore opportunities and support for apprentice programs in CA. The tutorial training program offers the opportunity of an on-the-job training pathway for new acupuncture trainees to establish eligibility for licensure who may not have access to acupuncture educational and training program. This program also provides opportunity to out of state or foreign trained acupuncturists that allows for the program to accept prior training that has been completed in the last ten (10) years.

60. Describe any assessment the board has conducted on the impact of licensing delays.

Licensing delays have largely been eliminated as the Board has been successful in implementing changes which have reduced the licensing cycle times. The current cycle time is the 24- 48-hour payment processing time and the fingerprint clearance from the FBI and DOJ that averages seven (7) days to clear those background checks, with a total cycle time for approved applications to licensure of nine (9) days. The AcuConnect Licensing System became available in September of 2020 and allows for licensing applicants the ability to apply for and pay for an acupuncture license online without having to contact the Board directly.

Additionally, staff is engaged continually to refine and streamline the licensing process to prevent delays, and periodic updates to the licensing desk manual.

61. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

Board staff have regular communication with the 29 schools that house the 35 approved Master and Doctoral licensing program curriculums offered. Since the CA licensing requirement of accreditation standing from the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM, formally ACAOM), the Board has strived to create a collaborative relationship and work to foster alignment with the regulatory requirements of the Board with the accreditation standards of ACAHM. This relationship helped the Board navigate the needs of schools, students, and consumers to allow

acupuncture training to continue under emergency requirements and subsequent waivers that were necessitated by the pandemic.

Beginning in 2017 Board staff have attended the biannual meetings of the Council of Colleges for Acupuncture and Herbal Medicine (CCAHM, formally CCAOM). The CCAHM is a national organization whose members are comprised of ACAHM accredited programs. Attending these meeting allows the Board to stay up to date with trends and developments within the acupuncture training industry. Key topics that the Board are following and learning from are the development of competency-based evaluation of training, distance education, and telemedicine. Attending this conference also allows Board staff to network and have discussions with schools with Board approved curriculums, as well as programs from other states to better understand what is occurring with acupuncture training nationally.

62. Describe any barriers to licensure and/or employment the board believes exist.

Out-of-state acupuncture schools who do not have all the approvals from the Board, BPPE and ACAHM to offer acupuncture training that meets California standards often have students who wish to apply for licensure in California. Since their programs are not approved, they will typically have to transfer some of their completed acupuncture training to an approved school or transfer their hours to a tutorial program to become eligible to sit for the CALE. This transfer can add several months to several years to a student's time before the student is qualified to take the CALE. Out of state transfer students can use the tutorial training pathway to qualify to take the CALE which often shortens the time needed as compared to returning to complete a program at an acupuncture training program.

63. 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 outside of the OA and its CALE pass/fail statistics that are analyzed by school, language, first-time test takers vs. re-takers, and pass/fail. In the 2021 OA, workforce related questions were added to the demographic questions to provide some workforce data. However, there is no annual workforce survey done for acupuncture by the Board, as workforce development is not within the Board's scope of duties. Additionally, the Board is unaware of any such survey conducted by Acupuncture Associations or professional groups.

Section 9 – Current Issues

64. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The Board approved proposed language along with the proposed 'Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees' document at its March 2019 Board meeting. In December 2020, the Board approved a revised version dated December 2020 so sections that incorporated AB 2138 substantial relationship criteria and criteria of rehabilitation were aligned with the modified language recently adopted by the Board. The draft rulemaking package was submitted for Legal review in May 2021. In December of 2021 the Board conferred with the Department of Justice on the language and staff is now anticipating bringing the language back before the Board in 2023.

65. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The CPEI regulations went into effect October 1, 2015.

66. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

- a. Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

The Board is not utilizing BreEZe, and was identified as a release three board. No change requests were made.

- b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

The Board is part of the DCA Business Modernization Cohort 1 (BMC1). This initiative included both organizational readiness activities such as process mapping and functional requirement development, as well as project planning through the California Department of Technology's (CDT) four-stage Project Approval Lifecycle (PAL).

Since the Board is part of the BMC1 project it will not be necessary to use any workarounds or bridge IT systems.

In January 2020 the Board was one of the three boards and one bureau (boards/bureau) that following extensive planning completed the Project Approval Lifecycle process and began project implementation activities: The Board of Professional Engineers, Land Surveyors, and Geologists (BPELSG), the Bureau of Private Postsecondary Education (BPPE), the California Acupuncture Board (CAB), and the Board of Chiropractic Examiners (BCE). Collectively, these boards/bureaus make up the BMC1. This project to date has delivered functionality to production that includes online application for the licensing Exam, Licensing and Renewal application submissions, the ability to pay for those services by credit or debit cards, back office streamlined workflows, and real-time application status updates with the applicant via email and text messages. To date, the project is

within its baseline budget and is within a month of its baseline schedule. Several successful software releases have occurred since project implementation increasing and refining functionality for the AcuConnect Licensing System.

The approved Stage 4 Fiscal Analysis Worksheet (FAW) for BMC1, which represents the initial cost baseline of the project, supports the maintenance costs identified as needed to support this project. BMC1 Boards/Bureau received one-time funding in 2020-21 for project activities. Of the \$5.231 million BMC1 project budget the Board received 1.208 million of funding and 2.0 limited term positions to support its Business Modernization implementation and systems development.

The BMC1 project is currently in the operations and maintenance stage of this project. The Board plans to continue in the BMC1 project for additional system development of the Enforcement Module.

Section 10 – Board Actions and Responses to COVID-19.

67. In response to COVID-19, has the board implemented teleworking policies for employees and staff?

- a. How have those measures affected board operations? If so, how?

The Board implemented teleworking policies for all staff in response to COVID-19. Board operations slowed down as staff adjusted to the state of emergency and the new hybrid working environment. Challenges occurred in delays to communications and to document processing where staff working from home identified a document they would need access to which was not digitized and thus stored in the office. As staff adjusted to the new environment, such workflow challenges became accounted for.

68. In response to COVID-19, has the board utilized any existing state of emergency statutes?

- a. If so, which ones, and why?

The Board utilized DCA Waiver DCA-20-01 Continuing Education, and its extensions, to allow an individual renewing a license to do so without requiring the completion of the continuing education requirements. Licensees were advised that the executive order allowed for a six-month extension to complete their continuing education requirements, unless further extended by additional waivers.

69. Pursuant to the Governor's Executive Orders N-40-20 and N-75-20, has the board worked on any waiver requests with the Department?

- a. Of the above requests, how many were approved?
- b. How many are pending?
- c. How many were denied?
- d. What was the reason for the outcome of each request?

The Board worked with its stakeholders and the Department to allow for a waiver of the regulatory requirement that acupuncture students receive their clinical education in-person. This would have allowed the Board to align with the exception being made by the national acupuncture accreditor, the Accreditation Commission for Acupuncture and Herbal Medicine.

The Board did not receive a response to its request.

70. In response to COVID-19, has the board taken any other steps or implemented any other policies regarding licensees or consumers?

No additional policies were implemented regarding licensees or consumers. The Board issued a statement on the responsibilities for the use of telehealth.

71. Has the board recognized any necessary statutory revisions, updates or changes to address COVID-19 or any future State of Emergency Declarations?

The Board has approved telehealth language to codify what a licensee can carry out in online practice such that it is clear for future State of Emergency Declarations.

Section 11 – 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 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.

ISSUE #1: (Structural Budget Deficit). What is the CAB's plan to balance its budget?

Staff Recommendation: *The CAB should discuss its plan to address the structural imbalance or otherwise avoid insolvency, such as implementing minimum reserve thresholds, seeking authority to charge a fee for school curriculum approval (Issue #6) or continuing education course review (Issue #10), pursuing improvements or cost savings identified under the Business Modernization Plan (Issue #2), or any other potential options.*

Board's April 13, 2018, Response to Staff Recommendation:

The Board has been operating with structural imbalance for a period of time to reduce its fund balance reserve. At the end of fiscal year 2010-11, the Board's fund balance reserve was approximately 37 months, which exceeded its 24-month statutory limit.

In 2011-12, the Board provided a \$5 million General Fund (GF) loan, which reduced the fund balance reserve to approximately 8.4 months. Since 2011-12, the structural imbalance has contributed to reducing the fund balance reserve to approximately 4.9 months by the end of 2015-16. In 2016-17, \$4 million of the GF loan was repaid with interest, which increased the fund balance reserve to approximately 16.6 months.

At the current rate of revenues and expenditure, the Board will remain solvent until 2022-23. The Board is monitoring the structural imbalance and will likely be required to adjust fees in the next few years.

The Board's fee limits are set in statute and implemented through regulations. Except for the delinquent license renewal fee (set regulatorily at \$25 pursuant to 16 CCR § 1399.460(f) and a statutory limit of \$150 pursuant to BPC § 163.5), which generates minimal revenue, all of the Board's other fees are currently set at their statutory limit. Additionally, Board staff has identified that the Board has statutory authority pursuant to BPC § 4945(b) to approve continuing education providers and set a fee covering the cost of approval and monitoring. The Board will review a regulatory fee proposal at an upcoming Board meeting. As a result, any increases to Board fees (except the delinquent license renewal fee, and continuing education course fee, which can be increased through regulations) would require a statutory change.

Board's 2022 Sunset Review Update to Issue #1:

The Board contracted with Capital Accounting Partners, LLC (contractor) in 2019 to conduct a fee audit of the Board's budget, including revenue and costs associated with each business process and service provided. The results of the fee audit determined that the Board has been providing services at no cost to the applicant despite having authority to do so. Additionally, the

audit determined that the Board must raise revenue or cut costs to remain solvent moving forward.

The contractor recommended that the Board set fees to recover full costs and maintain additional reserves that would sustain the Board for three to six (3-6) months of expenditures in times that revenues do not meet expenditures. Further, it was recommended to the Board to raise the statutory cap to cover the regular fee increases described here and to give the Board the ability to raise fees as needed over the next few years. The contractor recommended the Board establish guidelines pertaining to pricing and how the Board would prefer certain costs are allocated to or subsidized by certain fee types. Lastly, it was recommended to the Board to conduct a fee audit every three to five years to reassess revenue, costs of business processes, and how the regulatory landscape has changed to the extent that it would necessitate additional changes to the Board's fee schedule.

During the Board's August 2019 public meeting, proposed minimum and maximum fees were brought to the Board for consideration to take to an author with the Legislature to introduce as new statutory language. The Board approved the proposed fees at this time. Board staff worked with the Department and the Legislature to implement the new fees in statute. Effective January 1, 2021, the new fees as part of Assembly Bill 3330 (AB 3330) (Calderon, Chapter 359, Statutes of 2020) were made law. Subsequently, the new fees were set in regulation effective May 24, 2021.

The Board continues to closely monitor its budget and remaining months in reserve. Staff has identified a new fee study will be conducted sometime in the next two fiscal years to ensure the Board sustains a healthy reserve and maintains solvency.

ISSUE #2: (Business Modernization Plan and BreEZe). What is the CAB's status on the transition to BreEZe or its alternative?

Staff Recommendation: *The CAB should discuss its progress with the Business Modernization Plan, when it anticipates moving to the next stage in CalTech's Project Approval Lifecycle, whether the BreEZe contributions will cover the costs of the Business Modernization Plan, and how the redirection of staff resources will impact the CAB's operations.*

Board's April 13, 2018, Response to Staff Recommendation:

The Board was previously scheduled to adopt the BreEZe system as part of Release #3. Those Department of Consumer Affairs entities, including the Board, which were scheduled for Release #3, are now undergoing a Business Modernization Plan (BMP) to determine whether the BreEZe system (or another IT system) is the most appropriate IT system for them.

The Board has begun Phase #1 of the BMP to map the current "as is" business processes and requirements. This phase is anticipated to be completed on or around May 15, 2018.

Phase #2 will then map the Board's "could be" processes. Upon completion of Phase #1 and #2, a cost benefit analysis will be conducted to determine the most appropriate IT system for the Board.

The Board's BreEZe funding contributions are sufficient to cover any BMP costs. The Board has been required (and will continue) to redirect staffing resources during this time. The Board notes the redirection of resources has resulted in workload being delayed in various program areas, but any delay has not affected public safety. Additionally, any impacts resulting from the redirection of resources are anticipated to be cleared upon the completion of Phase #1.

Board's 2022 Sunset Review Update to Issue #2:

Please refer to question 67.

To date, the Board has completed development of major licensing functions in the AcuConnect system, allowing for online application and payment of a number of applications including, application for examination, application for licensure, and wall license application. Continuing Education functionality will be added in late 2022, and development will begin on the enforcement module in 2023.

ISSUE #3: (Workload and Staff Managers). What are the impediments preventing the CAB from hiring additional managers?

Staff Recommendation: *Given that this is a high priority for the CAB, the CAB should discuss the difficulties it has faced in trying to hire additional managers and what would be needed to do so.*

Board's April 13, 2018, Response to Staff Recommendation:

The 2018-19 Governor's Budget includes funding and position authority for 1.0 Staff Services Manager I (SSMI) to be effective July 1, 2018. The Board's 2018-19 Budget Change Proposal (BCP) requesting this position provides detailed explanation and justification for authorizing the SSMI position to align the Board's management-to-staffing ratios consistent with CalHR staffing guidelines.

The Legislature is scheduled to begin hearings to deliberate on the Board's BCP request beginning in April 2018.

The Board will continue monitoring its workload to assure it has the proper staffing ratios.

Board's 2022 Sunset Review Update to Issue #3:

Board staff continues to operate sufficiently with two Staff Services Manager I positions; one who oversees the licensing, examination, and education functions of the Board, the second manager who oversees the central services of the Board, including administration and policy, and the Executive Officer manages the Board's enforcement unit.

ISSUE #4: (Board Member Conflict of Interest Policies). Does the CAB review potential conflicts of interest outside of public board meetings?

Staff Recommendation: *The CAB should discuss its current process for managing board member conflicts of interest and whether that process can be improved.*

Board's April 13, 2018, Response to Staff Recommendation:

The Board works pro-actively to address any actual or perceived Conflicts of Interest. Board Members have filed their Conflict-of-Interest Statement Form 700 on time every year, as well as upon appointment, reappointment, and end of appointment. Board Members also take the required Conflict of Interest Training per DCA's policies and the Board's Administrative Procedure Manual. Board Members, along with the Executive Officer, work closely with the Board's Legal Counsel, as well as the DCA's Ethics Officer, to address potential conflicts of interest (real and perceived). The Board members have also asked for and received additional training at Board Meetings from Legal Counsel, such as the "Role of a Regulatory Board" and "How Stakeholders Can Communicate with the Board."

Board's 2022 Sunset Review Update to Issue #4:

The Board continues to receive training about board member conflicts of interest, as well as its role as a Board. Since the Board's April 2018 response, the Board has received additional training from Legal Counsel at its June 13-14, 2019, meeting regarding open and closed session protocols, the Adjudication Process, and conflicts of interest. Further, the Board received training regarding ex-parte communication on August 27, 2020, at a public board meeting during the process of updating the Board's Administration Manual. At its June 24 – 25, 2021 Board meeting, Legal Counsel provided training on the role of the Board. Legal Counsel is available to discuss conflict of interest matters as they arise. Formal presentations and training will be offered to Board members at every Board Member Orientation Training, and additionally if needed, to ensure proper protocol is followed in Board communications and matters involving conflict of interest.

ISSUE #5: (Strategic Plan). When does the CAB anticipate completing its 2013-2017 Strategic plan and adopting its 2018-2022 Strategic Plan?

Staff Recommendation: *While the CAB has made considerable progress on completing its 2013-2017 Strategic Plan, it should discuss the status of the remaining items and progress on the development of its 2018-2022 Strategic Plan.*

Board's April 13, 2018, Response to Staff Recommendation:

The Board continues to work to implement the 2013-2017 Strategic Plan and has made considerable progress in the last two years. Additionally, the Board will be reviewing all uncompleted items at its upcoming March 30, 2018, Strategic Planning Meeting as it establishes its goals for its new 2018-2021 Strategic Plan. Once these goals are established, the Board will review and approve them and move on to creating the action plan that will guide the Board's actions in the next four years.

Set out below is an update on the current 2013-2017 outstanding strategic plan items which are still being pursued by the Board.

Goal 2: Enforcement

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. Not completed

The Board is continuing to work on this goal with an expected completion date by or before Quarter three of 2018.

2.3. Seek legislation to expand non-complaint-based clinic inspection authority to further public protection. Not completed

The Board will consider this as a goal option for its 2018 – 2021 Strategic Plan.

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. Not completed

The Board will consider this as a goal option for its 2018 – 2021 Strategic Plan.

Goal 3: Education

3.2. To ensure that students are qualified to successfully complete Acupuncture training programs, the Board will explore increasing initial licensure qualifications to a

bachelor's degree or set a score for the Medical College Admission Test (MCAT). Not completed

The Board will consider this as a goal option for its 2018 – 2021 Strategic Plan.

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). Not completed

The Board will consider this as a goal option for its 2018 – 2021 Strategic Plan.

3.5. The Education Committee will evaluate the feasibility of enhancing school curriculum regulations by adding a required course in Standardized Acupuncture terminology. Not completed

The Board will consider this as a goal option for its 2018 – 2021 Strategic Plan.

Goal 4: Professional Qualifications

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. Not completed

The Board will consider this as a goal option for its 2018 – 2021 Strategic Plan.

4.2. Formalize the continuing education audit process of the Education Committee's review of potentially non-compliant continuing education courses and providers. Not completed

The Board will consider this as a goal option for its 2018 – 2021 Strategic Plan.

Goal 5: Outreach

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. Not completed

The Board will consider this as a goal option for its 2018 – 2021 Strategic Plan.

5.4. Educate stakeholders on requirements of the Affordable Care Act and the implications for electronic records management.

The Board has determined that this is not within its authority to address and is no longer pursuing this item.

Board's 2022 Sunset Review Update to Issue #5:

The Board reviewed its 2013-2017 Strategic Plan when developing its 2018 – 2022 Strategic Plan and included any items still necessary to address in the new plan. The Board will begin the 2023 – 2027 Strategic Planning session in the Spring of 2023.

Education and Examination Issues

ISSUE #6: (School Approval). Are there additional updates, issues, or hurdles relating to the school approval process?

Staff Recommendation: *The CAB should update the Committees on any outstanding issues relating to the school approval process transition, including any outstanding statutory changes needed to complete the transition, foreseeable hurdles, and whether it will perform a fee audit or seek statutory authority to charge a curriculum review fee.*

Board's April 13, 2018, Response to Staff Recommendation:

The Board has worked closely with the two additional agencies now required as part of Acupuncture Training Program Approval: California's Bureau of Private Post-Secondary Education (BPPE), and the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The Board has developed open communication channels and responsive protocols such that relevant information can be shared to satisfy each agency's role in the approval and enforcement of approved acupuncture training programs. In 2016, Board staff and members met with BPPE and ACAOM representatives on numerous occasions to understand the separate processes each are charged with. Board staff and ACAOM, as well as Board staff and BPPE, have observed the other's site visit process and all three agencies have worked together on enforcement matters. The Board does not have any outstanding issues with ACAOM or BPPE in the administration of training program approvals and is committed to continued improvement in this collaborative effort.

Board staff has identified potential statutory changes which could be considered by the Committees to improve public protection. These items are planned to be brought before the Board to consider in the summer of 2018. Specifically, the issues to be considered for the Board's review and revision are:

- Clarifying the statutory text of BPC § 4927.5(3)(B) to be consistent with the current terminology used by ACAOM.
- Staff has observed confusion on the part of new training programs about the process necessary to complete BPC § 4927.5(3)(C), and the absence of a requirement of this statute to include a completed site visit by ACAOM for programs pursuing initial accreditation. Staff recommendation is that the standard necessary to meet BPC § 4927.5(3)(C) be set at a later point in the existing ACAOM accreditation process to include a completed site visit by ACAOM.
- Statute provides that meeting the three approval requirements of BPC § 4927.5 constitutes the requirements to become an *"approved educational and training program."* Currently there is no authority assigned to any one agency to verify all three approvals required of programs to have their students be eligible for the licensing examination. With all three approvals, an approved training program now can allow for enrolled students to engage in the pre-licensure practice of acupuncture (with the required supervision). However, this creates the possibility that a training program may begin operating prior to completing all necessary approvals as described in BPC § 4927.5. Since the January 1, 2017, implementation of BPC § 4927.5, Board staff has observed programs that have begun operating in this manner. This highlights the need for appropriate oversight necessary to meet the Board's mandate for public protection. Staff has recommended that the Board consider taking a position to amend this statute to give the Board the authority to verify that acupuncture training programs have met all three requirements in BPC § 4927.5. Once this verification has been completed, training programs would be officially recognized by the Board, as Board approved training programs.
- To further support the full enactment of BPC § 4927.5, the Board is aware of the need for changes to the regulations in 16 CCR §§ 1399.435, 1399.438-1399.439 that address a program's required documentation, enforcement and monitoring. There are items that may be eliminated that are currently being monitored by ACAOM and BPPE. There is also a need to revise or promulgate regulations to address training program accountability in response to enforcement actions to include training program ownership. Under current law, the jurisdiction for training program enforcement of the practice of acupuncture falls on the clinic supervisors (as licensees) and students (as unlicensed practice).

- The Board will keep the Committees updated on its discussion on seeking statutory authority to charge a curriculum review fee.

Board's 2022 Sunset Review Update to Issue #6:

The 2019 Fee audit identified that curriculum review fees were recommended as they require several weeks for staff to review and are currently not assessed a fee. Staff has identified the issue of the need to monitor ongoing curriculum compliance. Educational and Training programs are required to report curriculum changes in yearly reporting although there are no program fees to support this monitoring and compliance.

ISSUE #7: (Foreign Education and Training). Are there additional updates, issues, or hurdles relating the implementation of the approval process for education and training obtained outside of the United States?

Staff Recommendation: *The CAB should discuss its progress on implementing AB 2190, including any hurdles or unforeseen issues, such as lack of credential evaluation service providers, costs, or large disparities in curriculum or courses.*

Board's April 13, 2018, Response to Staff Recommendation:

Staff has moved to researching AB 2190 requirements after completion of its regulations tied to SB 1246, which took effect on May 24, 2017. As of March 2018, the Board has continued working on developing regulations to implement AB 2190 at a staff level. To date, these actions have included:

- Regular staff meetings to develop proposed regulations and processes implementing AB 2190. Board staff has drafted the proposed text to implement AB 2190 and is continuing to refine as the process continues.
- Staff has met and communicated with members of the National Association of Credential Evaluation Services (NACES) to better understand the process of credential evaluation and to assist in developing best practices for the process.
- Staff is drafting a survey to be released to all eligible evaluation companies for a comprehensive look at the process.
- Board staff has consulted with the Board of Accountancy, who shares similar statutory authority (BPC § 5094 et seq.) for assistance in implementing regulations.
- Similarly, Board staff has consulted with the Board of Registered Nursing for their assistance in understanding the foreign equivalency process.

Staff plans to bring proposed AB 2190 regulations before the Board in Fall 2018.

Board's 2022 Sunset Review Update to Issue #7:

The Board reviewed regulatory language at the March 2021 Board meeting and approved language changes at the March and August 2021 Board meetings. The regulatory package is currently being developed by staff.

ISSUE #8: (Examination). Are there updates from the CAB on the use of the California Acupuncture Licensing Examination (CALE) or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination?

Staff Recommendation: *The CAB should discuss feasibility, cost, and time constraints related to: (1) switching the CALE to computer-based testing; (2) developing a California supplement to the NCCAOM examination or for purposes of reciprocity; and (3) working nationally with other states and potentially federal healthcare agencies to increase the portability of the California acupuncture license and improve reciprocity with other out-of-state licenses.*

Board's April 13, 2018, Response to 8.1 Staff Recommendation:

The Board agrees with the Committees that computer-based testing would be an effective and efficient upgrade. This would allow for continuous, adaptive, on-demand testing as opposed to the current system of pencil and paper exams held twice a year. High security and testing standards would be maintained and will also allow for greater accessibility by offering multiple testing sites available year-round.

The Board application to move to computer-based testing with the DCA's Office of Information Services has been approved. Implementation of computer-based testing is estimated to be available October 1, 2018.

The costs of switching to computer-based testing have yet to be determined. The Board anticipates that computer-based testing will lower the costs to administer the CALE with the cost of developing the CALE remaining the same.

The Board continues to meet with the Office of Professional Examination Services (OPES) for their input and contract requirements, as well as with the Office of Information Services (OIS) for technical expertise in the transition. This process began in the fall of 2017 and will take twelve to eighteen months.

Board's 2022 Sunset Review Update to Issue #8.1:

The Board has transitioned to, and has been using, computer testing since October of 2018.

Board's April 13, 2018, Response to 8.2 Staff Recommendation:

As the background paper noted, after reviewing OPES's audit of the NCCAOM examinations, in June 2016, the Board voted to support legislation that would transition the licensing examination from the one-day CALE to requiring four of the NCCAOM modules as well as a California supplemental examination, not to take place before January 1, 2019.

OPES is in the process of reviewing the NCCAOM's most recent Job Task Analysis which will provide a clearer picture on how to develop a California Supplemental Exam. The Board will also reach out to other boards that have developed their own California supplemental exams to develop policies, procedures, and regulations necessary for implementation.

The overall cost and length of time needed to develop a California supplemental exam is yet to be determined. Once unresolved issues and the overall feasibility of a change in examination format have been addressed, the Board is confident that the creation of a supplemental exam can be completed when the need and a timeline have been clearly defined.

The Board has noted discrepancies in the total cost to applicants to take all four modules of the NCCAOM, as well as additional fees to provide those examination results to the Board for qualification for licensure. Additionally, at the June 10, 2016 Board Meeting, the Board discussed with NCCAOM developing one module, instead of four, for California only, as well as providing NCCAOM recognition for currently licensed California acupuncturists. These concerns have been addressed by the Board at several meetings and remain unresolved. The Board confirms that current pricing to applicants of all four modules of the NCCAOM is at

\$1,795, along with an additional fee of \$100 for submitting a written application as opposed to an online application. The Board also notes that the NCCAOM website is no longer displaying additional fees to take the modules in a foreign language as opposed to in English, a difference of \$200 per module for a total of \$800. The Board affirms that the cost to applicants for the CALE is \$625.

Board's 2022 Sunset Review Update to Issue #8.2:

Board staff have met with OPES and the NCCAOM to review the necessary requirements. It was identified that a third-party audit of the most current Occupational Analysis (OA), and NCCAOM's Job Analysis Survey (JAS) will be required for the Board to make an informed decision. The Board completed its OA in 2021, and the NCCAOM will be completing its JAS in 2024. The Board will revisit the audit in 2024.

Board's April 13, 2018, Response to 8.3 Staff Recommendation:

For acupuncture education and practice, each state sets their own specific standards. As the Background Paper notes, there are 16 states that license acupuncturists which recognize out-of-state licenses and can administer reciprocal licensing agreements.

The Board has discussed and directed board staff to research other states' licensing requirements and the possibility of working with other states to accept the CALE or the California Acupuncture License. With each state enforcing their own standards, there may be the additional requirement of California licensees to pass that state's supplemental examination.

In California, applicants are required to complete an approved 3000-hour curriculum at an approved training program. Many states require 1900 hours.

The Board needs to discuss the feasibility, cost, and time constraints necessary to increase the portability of the California acupuncture license and improve reciprocity with other out-of-state licenses.

Board's 2022 Sunset Review Update to Issue #8.3:

California Licensed Acupuncturists continue to be accepted by other states as the education requirements exceed those of most states. However, due to the lack of parity for education requirements, acupuncturists licensed outside of California continue to not meet the licensing requirements here. To sit for the California Acupuncture Licensing Examination such applicants can complete their missing education in a tutorial program (aka apprenticeship program) or at a training program that offers an approved curriculum.

ISSUE #9: (Licensee Continuing Education Audits). Has the CAB taken steps to avoid future lapses in its CE audit process?

Staff Recommendation: *The CAB should update the Committees on the status of its CE audit program. It should also discuss plans for or progress on implementing processes to avoid future lapses in audits, such as additional cross-training of staff or back-up protocols.*

Board's April 13, 2018, Response to Staff Recommendation:

The Board has filled its vacancy for the staff position conducting CE Course reviews and Licensee Audits. This position has now been trained, allowing the Board to begin the CE Audit

process. Staff has been cross trained on the CE Audit process, as well as created updated procedures for conducting the CE Audit.

The Board conducts its Licensee CE Audit by randomly selecting 10% of the renewing active licensees. In the coming months, staff will work to eliminate the backlog that was a result of staffing issues.

Board's 2022 Sunset Review Update to Issue #9:

A new CE audit process was designed at the end of 2019 but was paused before implementation due to the Executive Waivers issued such that licensees could renew their license without needing to complete their CE requirements during the pandemic, with the requirement that the licensees come into compliance with the CE requirements within six months after the expiration of the Executive Waivers. Staff will start the new CE audit process of 5% of the licensing population after the end of the emergency waivers.

ISSUE #10: (Continuing Education Course Providers). Are there impediments to performing audits of CE providers or affirmatively enforcing the CAB's conflict of interest policy?

Staff Recommendation: *The CAB should discuss possibilities for seeking a CE course review fee and implementing CE provider audits.*

Board's April 13, 2018, Response to Staff Recommendation:

The Board has discussed CE Course Review Fees at past meetings. The Board has determined that it currently has the authority pursuant to BPC § 4945(b) to set fees for continuing education course applications. As such, staff is researching costs and constraints to present to the Board for future action, as well as a more comprehensive approach to monitoring and Auditing CE Providers, including:

- Working with subject matter experts to attend and review CE courses for compliance
- Monitoring live web-cast courses
- Inquiring with national CE accreditors, as well as other DCA Board's to identify best practices to improve the efficacy of CE education to maintain continued competency in the practice of acupuncture.

Board's 2022 Sunset Review Update to Issue #10:

The Board sought legislative authority to establish CE Course fees and received it in AB 3330 which became operative on January 1, 2021. The Board now is required to assess the fee for continuing education course applications to the continuing education provider at a floor of \$10 per hour of continuing education requested to offer, and a cap of \$20 per hour of continuing education requested to offer, allowing up to a maximum of 50 hours to be approved per course application. The bill would specify that an approved course may be offered for a period of one year from the date of the board course approval.

CE Provider audits will be carried out at the time of Licensee CE audits.

ISSUE #11: (Disciplinary Guidelines and Uniform Standards). What is the status of the CAB's updates to its Disciplinary Guidelines and Uniform Standards?

Staff Recommendation: *The CAB should discuss the details regarding OAL disapproval of other regulatory packages updating Uniform Standards and whether the CAB is still on track to have both packages ready in 2018.*

Board's April 13, 2018, Response to Staff Recommendation:

In April 2017, the Board decided to withdraw its pending regulatory package implementing the Uniform Standards. This decision was based on several factors, including:

- Limited time remaining within Office of Administrative Law's (OAL) one-year filing deadline (which was to expire in April 2017) to complete the rulemaking;
- A review of the Board's proposed Uniform Standards manual requested of the Attorney General's office in March 2017. This was completed in July 2017 and contained multiple changes;
- Rejection by OAL of similar healing arts boards' rulemaking packages. For example, the Osteopathic Medical Board submitted their regulations implementing the Uniform Standards to OAL on October 25, 2016. On December 9, 2016, OAL rejected the regulatory package based on several factors. Most notably, OAL noted that BPC § 315 clearly requires Boards to adhere to all sixteen Uniform Standards and requires standards to be used by each healing arts Board whether or not the Board chooses to have a formal diversion program. The Acupuncture Board's 2016 regulatory rulemaking package, as proposed to be submitted, did not contain uniform standards #13 -16 since the Board does not have a diversion program.

Staff is awaiting guidance from Legal Counsel as to how to integrate the missing uniform standards (if necessary) into the Board's rulemaking package. However, the Board has been continuing work on a new Uniform Standards rulemaking package at a staff level, and anticipates presenting the rulemaking package to the Board during the Summer of 2018.

Separately, the Board approved changes to its 1996 Disciplinary Guidelines as a new, distinct rulemaking package at the February 24, 2017, public meeting. As with the Board's proposed Uniform Standards, the Attorney General's office was requested, in March 2017, to review and suggest changes to the Disciplinary Guidelines. Their review was completed in July 2017 and contained multiple changes. The Board has been continuing work on the Disciplinary Guidelines at a staff level, and anticipates presenting a rulemaking package to the Board during Summer of 2018.

Board's 2022 Sunset Review Update to Issue #11:

The Board approved proposed language along with the proposed 'Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees' document at its March 2019 Board meeting. In December 2020, the Board approved a revised version dated December 2020 so sections that incorporated AB 2138 substantial relationship criteria and criteria of rehabilitation were aligned with the modified language recently adopted by the Board. The draft rulemaking package was submitted for Legal review in May 2021. In December of 2021 the Board conferred with the Department of Justice on the language and has updated language that will be brought back before the Board in 2023.

ISSUE #12: (Acupuncture Services by Non-Acupuncturists). Is action needed to address the performance of acupuncture services by other types of licensed healthcare professionals?

Staff Recommendation: *It is unclear whether action is needed at this time. The CAB should discuss whether this issue is manageable with its current authority and any*

plans to increase awareness or further coordinate with other DCA boards to streamline referrals.

Board's April 13, 2018, Response to Staff Recommendation:

The Board agrees with the Committee staff's recommendation on this issue and does not believe any further action is needed at this time. At present, the Board has sufficient authority within the Acupuncture Licensure Act to take appropriate action on the unlawful practice of acupuncture, and actively collaborates with other Healing Arts Boards to attend to the investigation and enforcement of these violations. The Board will continue to discuss the issue at the Board Committee level and is open to further discussion and insight offered by the public and stakeholders.

Board's 2022 Sunset Review Update to Issue #12:

The Board continues to have sufficient authority within the Acupuncture Licensure Act to take appropriate action on the unlawful practice of acupuncture, and actively collaborates with other Healing Arts Boards to attend to the investigation and enforcement of these violations.

ISSUE #13: (Professional to Public Board Member Ratio). Should the CAB's ratio of professional to public members be adjusted?

Staff Recommendation: The CAB should discuss its current balance of professional to public members and whether any changes are needed.

Board's April 13, 2018, Response to Staff Recommendation:

The Board is comprised of three licensed members and four public members, with one current vacancy for a Governor appointed licensed member. The ratio of public to licensed members has not been brought up as an issue by stakeholders at Board meetings, nor has the Board discussed the issue as an agenda item. At present, the Board affirms that the current balance of professional to public members is sufficient for the Board to conduct business and does not seek any changes to the ratio.

Board's 2022 Sunset Review Update to Issue #13:

The current balance of professional to public members is necessary and sufficient for the Board to conduct business.

ISSUE #14: (Technical Changes). Are there technical changes that can improve the CAB or its functions?

Staff Recommendation: The CAB should continue to work with the Committees and suggest any technical clean-up that may be needed.

Board's April 13, 2018, Response to Staff Recommendation:

The Board appreciates the opportunity to address technical changes to the Acupuncture Licensure Act, and offers the following suggestions:

(Existing text is italicized. Proposed additions are underlined, and deletions are in strikethrough)

BPC § 4927.5(a)(3)(C): Has submitted a letter of intent to pursue accreditation to the Accreditation Commission for Acupuncture and Oriental Medicine within 30 days of receiving full institutional approval pursuant to paragraph (2), and is granted candidacy pre-accreditation status within three years of the date that letter was submitted.

Rationale: As of October 21, 2017, ACAOM has changed their terminology to describe their pre-candidacy and candidacy status¹⁰ as “pre-accreditation” status. Changing the terminology to match ACAOM’s terminology will provide clarity and consistency for the Board and potential approved training programs.

BPC § 4935(c): A person holds himself or herself out as engaging in the practice of acupuncture by the use of any title or description of services incorporating the words “acupuncture,” “acupuncturist,” “certified acupuncturist,” “licensed acupuncturist,” “Asian medicine,” “oriental medicine,” “Chinese medicine,” or any combination of those words, phrases, or abbreviations of those words or phrases, or by representing that he or she is trained, experienced, or an expert in the field of acupuncture, Asian medicine, oriental medicine, or Chinese medicine.

Rationale: This proposed change would add and make consistent placement of terms which are already set out in the same statutory section, and brings additional clarity to the statute.

BPC § 4938(a)(5): Completes a clinical internship training program approved by the board. The clinical internship training program shall not exceed nine months in duration and shall be located in a clinic in this state that is an approved educational and training program. The length of the clinical internship shall depend upon the grades received in the examination and the clinical training already satisfactorily completed by the individual prior to taking the examination. On and after January 1, 1987, individuals with 800 or more hours of documented clinical training shall be deemed to have met this requirement. The purpose of the clinical internship training program shall be to ensure a minimum level of clinical competence.

Rationale: This deleted section is no longer consistent with the definition of “Approved educational and training program” as set out in BPC § 4927.5(a)(1). That definition requires a minimum of 950 hours of supervised clinical instruction. This change will help to clarify the statute and make the requirement consistent.

BPC § 4955(e): Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of blood-borne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Health Services developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, other healing arts boards as listed in Division 2, sections 500 – 4999.129 of the Business and Professions Code to encourage appropriate consistency in the implementation of this subdivision.

Rationale: While the Board continues to consult with boards currently listed in the statute, it may be appropriate to codify consulting with all applicable healing arts boards as listed in Division 2, sections 500-4999.129 of the Business and Professions Code. The Board already informally consults with other healing arts boards not listed within the statute. This change

¹⁰ ACAOM Standards and Master’s Level and Postgraduate Doctoral [DAOM] Pg.6. Available at: <http://acaom.org/wp-content/uploads/2018/01/ACAOM-Standards-and-Criteria-Manual-Masters-DAOM.pdf>

would make formal a consultation process with all healing arts boards which the Board already follows.

BPC § 4961(b): *An acupuncturist licensee shall post his or her wall license in a conspicuous location in his or her place of practice at all times. If an acupuncturist has more than one place of practice, he or she shall obtain from the board a duplicate wall license for each additional location and post the duplicate wall license at each location.*

Rationale: The Board has observed that some licensees are unaware or uncertain about the posting of additional licenses at duplicate practice locations. When applicable, the Board will take disciplinary action again those licensees. In other cases, the licensees will attempt to order duplicate renewal receipts (also known as “pocket” licenses, which are issued upon normal license renewal) in order to fulfill this requirement. This proposed change provides clarity to the licensee as to which license is required to be posted at all duplicate address locations and better connects the fee associated with ordering the duplicate wall license (currently \$15.00). Additionally, the change matches the terminology as set forth in BPC § 4970(g), which states, “The duplicate **wall** license fee is an amount equal to the cost to the board for the issuance of the duplicate license.” (emphasis added).

Board’s 2022 Sunset Review Update to Issue #14:

The Board has no technical changes to address.

Continued Regulation of the Profession

ISSUE #15: (Sunset Extension). Should the State continue to license and regulate acupuncturists under the current CAB?

Staff Recommendation: *The CAB should continue to regulate licensed acupuncturists order to protect the interests of the public. However, given the CAB’s inconsistent past and recent membership change, the CAB should be extended for two years with a reduced reporting requirement, unless the CAB can demonstrate that the current progress and focus will continue.*

Board’s April 13, 2018, Response to Staff Recommendation:

The Board agrees with the staff recommendation to continue regulating licensed acupuncturists to protect the interests of the public. Overall, the Board has noted considerable improvement in the last two years, and believes it is poised for continued improvement in the coming years. The Board has engaged in increased collaboration with the Legislature, stakeholders, and colleagues within the Department of Consumer Affairs, receiving commendation from its stakeholders for its evaluation and responsiveness to the public’s concerns. The Board’s accomplishments also include measurable progress in the key areas as identified by the Committees. Additionally, the Board has prioritized addressing the Committees’ concerns through statutory implementation; changes in regulatory language; meeting or exceeding enforcement timelines; and improving its daily functions and operations.

Although the Board has gone through a recent Board membership change, the current Board shares the Committees’ strong commitment and dedication to the protection of the public. The Board will continue collaborating and communicating with the Committees such that the attention and focus that the Board has demonstrated in the last two years endures.

Board’s 2022 Sunset Review Update to Issue #15:

The Board is committed to the continued regulation of licensed acupuncturists to protect the interests of the public.

Section 12 – 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 raised under prior Sunset Review that have not been addressed.

None.

2. New issues identified by the board in this report.

The Board has heard from stakeholders regarding the treatment modality 'Asian Massage'. This modality is included in an acupuncturist's scope of practice such that they can perform or prescribe its use. The challenge is that this modality is referred to as manual therapy in the allied health fields, and can create confusion for the public and consumers, let alone other adjacent industries not familiar with acupuncture. Additionally, the term 'Asian Massage' may be misconstrued by the public and consumers as referring to illegal black market sexual services.

Stakeholders have requested that the Board seek to change the term 'Asian massage' in the scope to 'manual therapy'.

3. New issues not previously discussed in this report.

None.

4. New issues raised by the Committees.

None.

Section 13– Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
 - a. 2019 Fee Study
 - b. 2021 Occupational Analysis
- D. Year-end organization charts for last five 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).
- E. Additional Attachments
 - a. 2018 – 2022 Strategic Plan
 - b. Section 2, Question 6 – Enforcement Quarterly Performance Measures 2017 – 2021
 - c. Section 2, Question 6 – Enforcement Annual Performance Measures 2017 - 2021

State of California

California Acupuncture Board Board Member Administrative Manual

Adopted August 27, 2020



Department of Consumer Affairs, State of California

Members of the Board

Dr. Amy Matecki, MD, L.Ac, President, Licensed Member

Kitman Chan, Vice President, Public Member

Dr. Yon Ping Chen, L.Ac., Ph.D., Licensed Member

John Harabedian, Public Member

Hyun Francisco Kim, Licensed Member

Dr. Shu Dong Li, Ph.D., Public Member

Ruben Osorio, Public Member

Executive Officer

Benjamin Bodea, Executive Officer

This procedure manual is a general reference including a review of important laws, regulations, and basic Board policies to guide the actions of 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 the people of California by upholding acupuncture practice standards through the oversight and enforcement of the Acupuncture Licensure Act.

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.

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 AB 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 and expanded the acupuncturists' 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).

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.

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, Statutes of 2014), was signed into law. This bill extended the Board's sunset date to January 1, 2017. On September 26, 2016, AB 2190 (Chapter 667, Statutes of 2016) was signed into law. This bill extended the Board's sunset date to January 1, 2019.

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
DCA	Department of Consumer Affairs
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 the Legislature, 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

(B & P 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, they 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 up to two weeks after 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 their 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.

Audio Recording

(Government Code Section 11124.1(b))

The meeting may be audio and video recorded by the public or any other entity in accordance with the Bagley-Keene Open Meeting Act, the members of the public may audio record, video record 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 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 as determined by Board President. 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 a President and Vice President.

Election of Officers

Elections of the officers shall occur annually at the second meeting of each calendar year, or the first meeting after a Sunset Hearing if during a Sunset Hearing 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 their 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, their 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 they deem 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 they are 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.

Communication 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, their 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 their 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 agendaize 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 their official position to influence a governmental decision in which they know or have reason to know they have a financial interest.

Any Board Member who has a financial interest shall disqualify themselves from making or attempting to use their official position to influence the decision.

Any Board Member who feels they are 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 their 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 their capacity as Board Member, they 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 appointee's 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 their 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 they realize 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, they 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, they should be told that the Board Member will be required to recuse themselves from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

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

The 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 their 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 they, in consultation with the Executive Officer and staff counsel, may determine whether the potential for conflict of interest exists.

Required Training

California law requires all appointees to take the following training:

- **Board Member Orientation**

The Board Member orientation is a full day session that shall be given to new and reappointed Board Members within one year of assuming office.

- **Ethics**

An ethics orientation within the first six months of appointment and to repeat this ethics orientation every two years throughout their term.

- **Sexual Harassment Prevention Training** *(Government Code Section 12950.1)*

Board Members are required to complete sexual harassment prevention training and education upon appointment and every odd year.

- **Defensive Driver Training**

Upon appointment and completed once every four years



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2022-23 Acupuncture Board Committees

Licensing Committee

Chair: Dr. Amy Matecki, MD, L.Ac.
Hyun “Francisco” Kim, L.Ac.
Staff Consultant: Jay Herdt

Executive & Legislation Committee

Chair: Dr. Yong Ping Chen, L.Ac., Ph. D.
Dr. Shudong Li, Ph. D.
Staff Consultant: Ben Bodea

Enforcement Committee

Chair: Ruben Osorio
Staff Consultant: Ben Bodea



California Acupuncture Board, Report Fee Analysis

August 2019



Capital Accounting Partners, LLC
3570 Buena Vista Drive
Sacramento, CA 95864
(916) 670-0001

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Introduction and Scope

The mission of the California Acupuncture Board is to protect the people of California by upholding acupuncture practice standards through the oversight and enforcement of the Acupuncture Licensure Act. The Board exists to protect the health and safety of consumers and promote quality care provided by Acupuncture practitioners. As such, it provides an important public safety function. This project aligns with the mission of the Board by developing the resources so that this mission can be fully executed. Without adequate financial resources, the Board cannot meet this important role of consumer protection.

This report summarizes the processes, procedures, and findings of the Board's fee audit. It details the analysis that resulted in calculations of cost for individual and institutional licenses issued by the Board for licensees operating in the State of California.

In accordance with the Acupuncture Licensure Act, the Board engaged Capital Accounting Partners to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only sources of revenues are fees charged for each of the various licenses. Thus, the Board is fully self-supporting so it is vital that the fees charged to licensees fully recover the costs of the program.

The scope of this study included the following objectives:

- Calculate full cost of licenses;
- Determine a fair and equitable method of allocating non-fee expenses, such as enforcement, to each license type;
- Develop revenue projections for 5-10 years to set the cap; and
- Review performance of core business processes.

The process used for collecting and analyzing the data required active participation by the Board's management and staff. We want to take this opportunity to recognize their participation, time, and effort to collect the data and discuss the analysis, results, and recommendations.

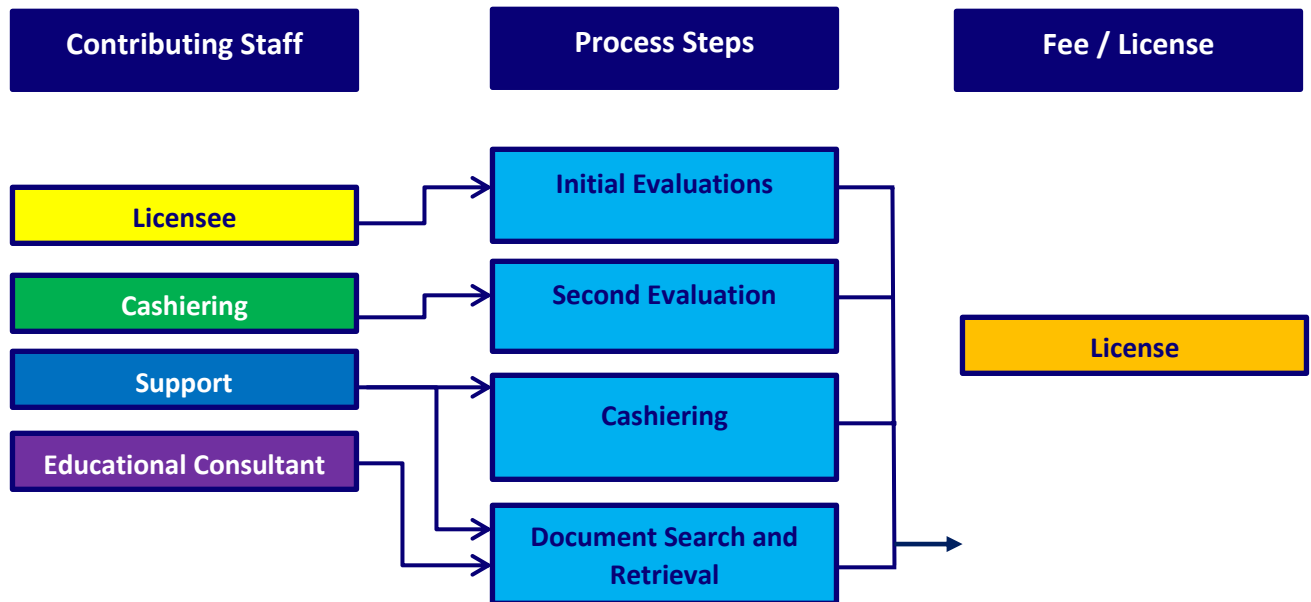
Summary of Costing Methodologies

Driver Based Costing Models

Developing a driver-based costing model is a detailed and robust method of calculating the cost of a specific service. It is based on the principles of activity-based costing so it seeks to understand cost at an operational level. This means it relies on understanding the time staff

invests in core business processes to process certificates and licenses as well as enforcement and administrative services. Graphically, the following figure illustrates this methodology.

Hypothetical Illustration of a Driver Based Costing Model



Step 1: Collect Data – This first step involves discussions with staff to identify those positions within each program that provide and support direct services. It also involves collecting program budget and expenditure data, identifying the salary and benefits for each position, and identifying non-personnel expenditures, as well as any program and Board overhead. Specifically, the steps involve the following:

- **Identifying staff positions** – This includes identifying both position titles and names.
- **Calculating the number of productive hours** – Frequently we will calculate the actual number of productive hours available on an annual basis. However, in this project we used the DCA pre-calculated number of 1,732 hours.
- **Identifying and allocating non-personnel costs** – Costs for materials and supplies are allocated to the salary and benefits for each position.

- **Assigning any other expenses that are budgeted in other areas** – There are often expenses that should be included with the total cost of services. Examples of such costs might include amortized capital expenses for vehicles and technology.
- **Identifying core business processes or activities** – This step also involves discussions with staff to understand, at an operational level, the work of the operating unit. Core business processes used to provide services are identified and then defined by the tasks that are involved. Processes are also organized by direct and indirect categories.
- **Direct processes and activities** – Those processes that directly contribute to the processing of an application or certificate are first identified. Evaluation of the license application is the most notable example.
- **Indirect processes and activities** – Those processes that support, but do not directly apply to the processing of a specific license. An example of an indirect activity is customer service and cashing.

Step 2: Building cost structures – This second step involves significant interaction with staff and the development of time estimates for both direct and indirect processes in each program area. Specifically, this step is at the core of the analysis. There are three processes that comprise this step:

- **Gathering time estimates for direct processes** – By interviewing staff in individual and group meetings, an estimate of time was assigned to each service by the process that is indicated. The sum of all the process steps is the total time that is required to provide that specific service.
- **Assigning indirect time** – An annual time estimate is gathered from staff for those indirect or support processes in which they are involved. These include Board as well as program administration, customer service, and educational consultants.
- **Calculating fully loaded hourly rates and the cost of service** – Once the total time for each direct and indirect service is estimated, the cost of service is calculated by using the fully loaded hourly rates for each staff member or position that is involved with the service. The fully loaded hourly rate for each employee is based on the employee's salary and benefit costs plus a share of non-personnel and Board overhead costs divided by the employee's available work hours, i.e. 1,732. Thus, the direct and indirect cost by activity also includes program and Board overhead as well as non-labor costs.
- **Gathering activity or volume data** – A critical element in the analysis is the number of times a given license or certificate is provided on an annual basis. This is critical data for three reasons:
 - It allows a calculated projection of current revenue based on current prices. This is compared with actual revenue to see if there is a close match as the data should match.

- It allows for a calculated projection of revenue at full cost. This is compared to actual expenditures to see if there is a close match as the data should match.
- It allows for a calculation of total hours consumed. Hours consumed must closely match actual hours available.

If any of the three calculations do not approximate actual numbers, then time estimates and/or volume data need to be re-evaluated. These are critical quality checks for costing accuracy.

Step 3: Allocating enforcement and other support activities – This third step allocates enforcement activities to arrive at the full cost of service for each direct license or certificate. For the Boards and Bureaus of the Department of Consumer Affairs, enforcement is a significant portion of cost and one that is growing.

Step 4: Set cost recovery policy – Depending on Board policies and other considerations, the level of cost recovery is a decision that should be made for each type or group of licenses. For example, the Board may want to subsidize one type of licenses with revenues from others.

Step 5: Set fees

Fees should be based on any cost recovery policy and at a price that will fully recover the Board's cost and provide a sustainable future.

Quality Assurance

Assuring the accuracy and quality of results is an important function of the analysis. Our approach builds on the concept that a quality process assures a quality outcome. Besides focusing on a quality process, we also incorporate quantitative checks of our results. These quantitative checks include:

1. Are the total costs that we have coming into the model (the budget) equal the total costs coming out of the model (projected revenues)?
2. Are the total number of staff hours available fully accounted for in the model?
3. Does the projection of annual revenues (current) built into the cost model reasonably match actual or projected revenues by the DCA budget office?

When our results fall within our parameters reasonable ranges, then we assume the results are accurate. The following graphic reflects the results of our quality assurance checks.

Resource - Cost and Revenue Summary	
Resources Available (Budget)	\$ 4,451,262
Resources Assigned (Projected Revenues at Full Cost)	\$ 4,105,582
Examination Development	
Total Cost	\$ 4,105,582
Difference	\$ (345,680)
Total Hours Available	31,418
Total Hours Assigned	31,419
Difference	0.09
Revenue Projected From Fees at Current Prices	\$ 2,627,615
Budgeted Revenue Fy 19-20	\$ 2,627,292
Difference	\$ 323
Percentage Difference (acceptable = plus or minus 5%-10%)	0%
Target: Pricing Model	\$ 4,721,400
Difference from Target *	\$ 270,138

The difference between full cost of the Board and projected revenues based on full cost recovery (\$345,680) is because the Board is currently providing services for which a fee has not been authorized. This difference will be made up as the Legislature approves the new fee schedule and pricing model recommended by staff.

Summary of Findings – Fiscal 2018-2019

Primary Data Sources

For this project, there are four primary sources of data that has driven the analysis:

1. Budgeted expense data (2018-2019), which includes:
 - a. Salaries and benefit expenditures;
 - b. Services and supplies;
 - c. Overhead, including both Department and State pro rata allocations; and
 - d. External enforcement costs from the Attorney General's Office, the Office of Admin. Hearings, and Evidence / Witness fees.
2. Time estimates for staff to process each license type, broken down by core processes or activities. These included such activities as:
 - a. Initial review of application
 - b. Review application for completion

- c. Final license issuance
 - d. Prepare petition packet
 - e. Process post court decision on probation request
 - f. Audits of licensees (5%)
 - g. Process educational requirements
 - h. Process renewals
3. Staff participation in support and administrative services. These include:
 - a. Regulatory policy and review
 - b. Enforcement Support and Admin
 - c. Education Support and Admin
 4. Activity data such as the annual number each license type is processed. Examples of this would be the number of initial applications and the number of renewals.

Assumptions Used in the Costing Model

Any project to calculate costs comes with certain assumptions.

Expense Data – Current Budget

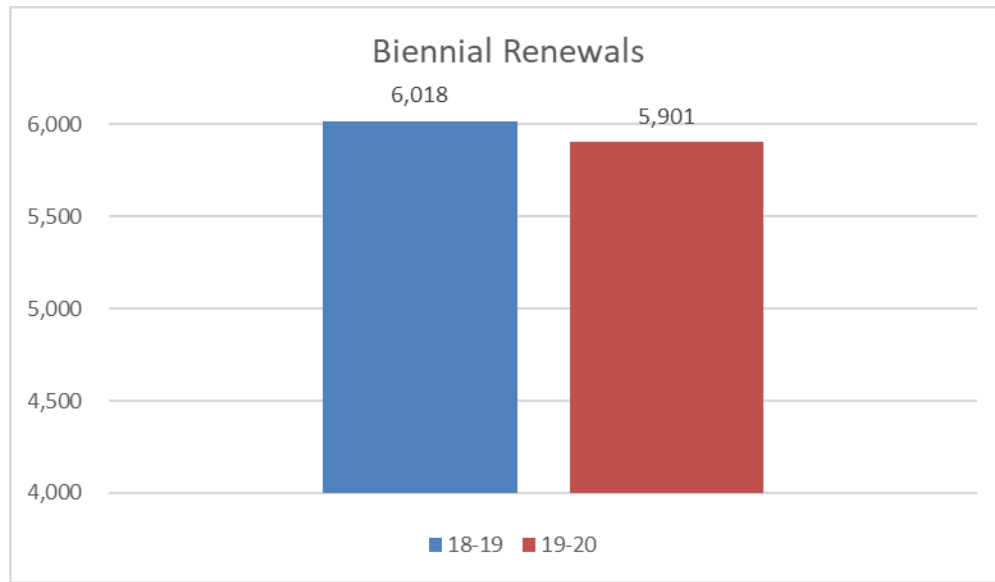
In all cases fiscal year 2018 - 2019 budget data has been used. We recognized that there are often differences between budgeted expenses and actual expenses. Actual expenses can vary based on a variety of factors. Frequently these include lower spending on services and supplies than anticipated, pushing back the hiring of new staff, or just the timing of staff turning over. However, our assumption is that the budget will be fully spent. We made no adjustment for multiyear averages in labor, services, or any of the pro rata costs that are allocated to the Board.

Revenues – Consistent Activity Data

A significant component of the analysis is dependent upon annual activity data. Specifically, the number of times each license is processed on an annual basis. For example, the number of times annual renewals are processed. This is important to the analyses for two reasons:

1. In our costing models, activity data drives the total consumption of staff hours. If the activity data is not correct it will either over assign staff time or underestimate staff time relative to the total time that is available.

2. Projecting revenue. If the number of applications for licenses vary wildly on an annual basis, projecting revenue will be challenging. However, if the number of applications for licenses is stable, then revenues will be stable. For example, the following graph shows two years of projected annual renewals. This gives us confidence that there is no need to do any smoothing of activity data over time.



Direct Vs. Indirect Allocated Costs

For this analysis, direct costs are being defined as the direct time required to process a specific application type. This is driven by a calculation of a productive hourly rate for each staff position. This rate includes salaries, benefits, and a prorated amount for services and supplies. Then indirect costs are layered on top of the direct costs to establish the full cost of issuing the license. Indirect costs include:

- DCA and State pro rata;
- Board management & administration;
- Board customer service;
- Regulatory policy and review;
- Enforcement Support and Admin;
- Education Support and Admin (where appropriate); and
- Licensing Support and Admin.

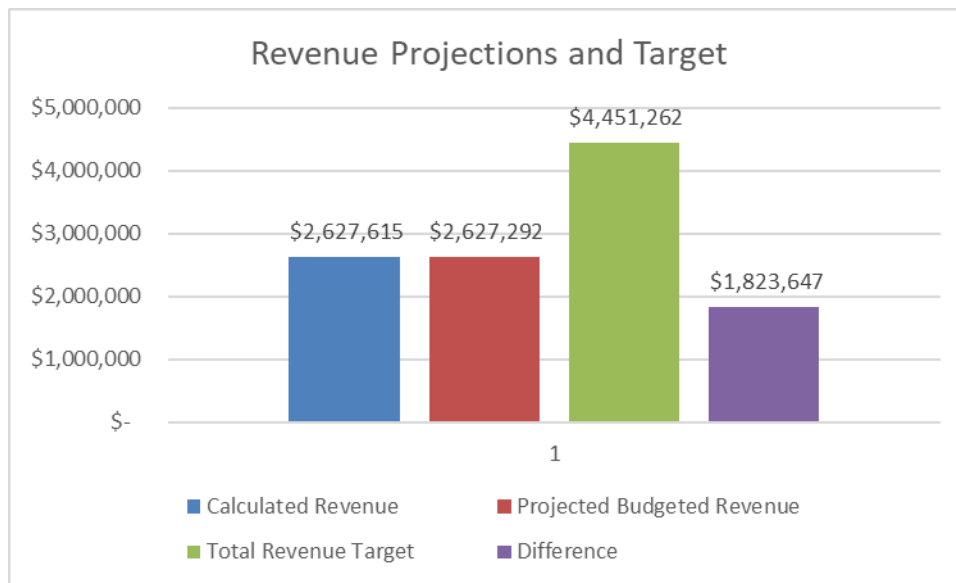
The following is the summary of the analysis for the Biennial Renewals.

Example Cost Calculation Biennial Renewals			
License Type	Processing Requirement (in hours)	Average Productive Hourly Rate	Direct Cost Assignment
Biennial Renewal Fee - Acupuncturist	0.33	\$58.36	\$ 19.49
Sources of Indirect Costs			Total Indirect Cost Assignment
Dept/State Pro Rata			\$ 13.65
Board Management & Administration			\$ 23.61
Customer Service/Program Mgt			\$ 6.20
Regulatory policy and review			\$ 12.26
Enforcement Support and Admin			\$ 251.32
Education Support and Admin			\$ -
Licensing Support and Admin			\$ 3.19
Total Cost			\$ 329.73

Projections of Revenue

As part of our quality assurance analysis we develop a projection of current revenues based on current fees and activity data. We then compare this with projected revenue. Our margin of error is 10%. As the reader will notice, our calculation of current revenue is \$2,627,615 and the budgeted projection of revenue is \$2,627,292. This is well within our margin of error.

The reader will also note that this revenue is short of meeting operating requirements by a \$1,823,647 - wide margin.



Allocating the Cost of Enforcement

In each of our engagements with the Department of Consumer Affairs (DCA), we have consistently seen enforcement costs increasing at a rate that is exponentially faster than general operating costs. In recent years we have completed nine other studies for DCA. In each of these other studies, enforcement costs were consistently 55%-65% of total costs. For the Acupuncture Board, this rate is about half that amount.

There are two sources of enforcement costs:

- External costs assigned to the Board, which include the State Attorney General, the Office of Administrative Hearings, Evidence & Witness Fees, and Investigations Pro Rata; and
- Direct Board expense from staff who process complaints and initiate investigations.

Our approach to assigning these costs to Board fees is to split these two costs. 1) External cost is allocated to all fees and services provided by the Board, and 2) direct costs of Board staff is allocated 100% to renewal fees. This seems to strike a balance between assigning costs to those fees or licensees that trigger cost while not making renewal fees so high that licensees would object.

The following graphic details the full allocated costs for the Biennial renewal fee. The reader will note that the direct cost of processing the application for renewal is a relatively minor part of the whole cost. This cost is based on multiplying the productive hourly rate that was calculated by the time that was required for each person in the process. Each of the additional costs was allocated based on the direct costs.

Breakdown of Biennial Renewal Fee		
Direct Unit Cost	\$	19.49
Dept/State Pro Rata	\$	13.65
Board Management & Administration	\$	23.61
Customer Service/Program Mgt	\$	6.20
Regulatory policy and review	\$	12.26
Enforcement Support and Admin	\$	251.32
Licensing Support and Admin	\$	3.19
Total Cost Assigned	\$	329.73

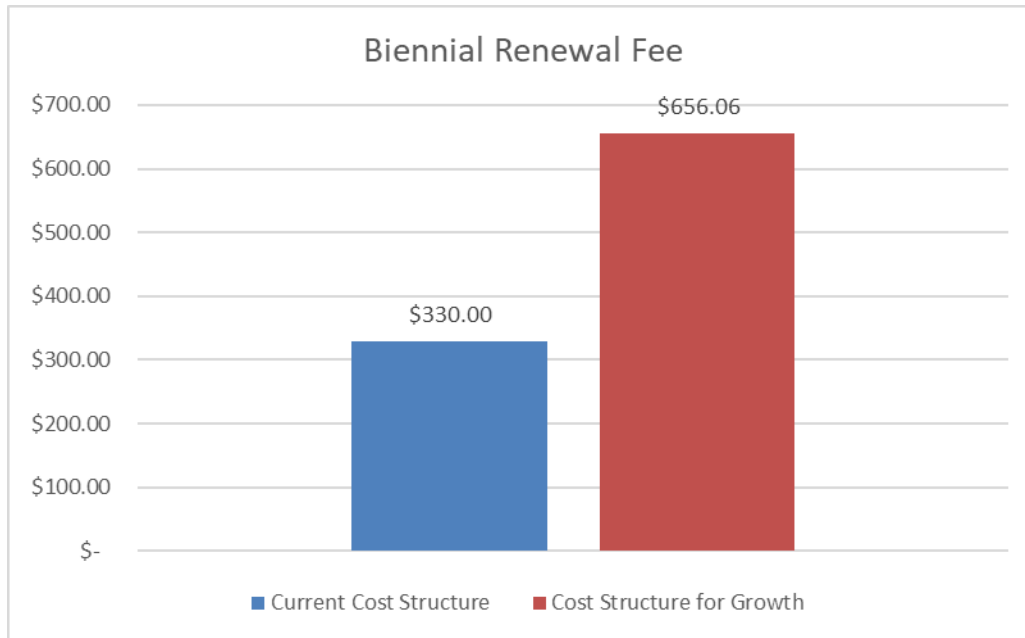
Setting Prices for Fees

Establishing the cost for a fee or services is the objective of this project. However, the Board is under no requirement that we know of, that requires it to charge this amount. Most of the Boards and Bureaus that we have worked with have taken the cost analysis and made adjustments to the final price, while maintaining enough revenues for meet cost recovery targets.

The full fee table, including the proposed prices established by staff can be found in Appendix 1.

Planning for Growth

In working with staff, we created a growth scenario for the Board. This scenario added 4 FTE to the internal enforcement function and doubled the external cost associated with enforcement. The logic is that there are currently 3 FTE working in enforcement and if this number grows to 7, there will be an equivalent increase in enforcement cost that are external to the Board, (see page 10 for the breakdown of these costs). The primary function of these additional staff will be completing site inspections, which the Board is currently not doing. All of these additional costs have been added to the Biennial renewal fee. The difference in the cost to the Biennial renewal is illustrated in the following manner:



The breakdown of new costs being allocated to the Biennial Renewal fee follows:

Breakdown of Biennial Renewal Fee		
Direct Unit Cost	\$	17.58
Dept/State Pro Rata	\$	12.34
Board Management & Administration	\$	21.41
Customer Service/Program Mgt	\$	6.08
Regulatory policy and review	\$	12.09
Enforcement Support and Admin	\$	443.39
Licensing Support and Admin	\$	3.15
Other Enforcement Cost	\$	140.03
Total Cost Assigned	\$	656.

The careful reader will notice that in the remaining fees, the costs go down under the growth scenario. This is because in the model, the additional staff are pulling more services and supplies and overhead costs into enforcement activities.

Observations and Recommendations

The primary observation that we have in evaluating fees and appropriate fee levels is that there has not been a pattern, practice, or history of regular fee adjustments. This is not unlike many of the boards and bureaus that make up the Department of Consumer Affairs.

If there were one recommendation we can make to any Board, Bureau, or local government agency providing fee-based services, it would be this: adjust fee on a regular basis. Annual is best. Consistently, we find government agencies put off adjusting fees and then it is 10-15 years before then attempt to bring them up to full cost recovery. Then they feel a need to phase in the new fees, but the phases get lost. The result is poor customer service, staff are frustrated because they cannot acquire the resources, they need to provide a quality service.

Setting Caps

The Board does have some ability to regularly adjust fees through the Caps system. Because of this we have provided a 10-year forward projection of fees based on an annual increase of 4.5%. We would recommend working with the State Legislature to set the CAPS at either the 5- or 10-year amount. Then adjusting fees annually or at least bi-annually to maintain alignment of revenues and expenditures.

Regular Assessment of Fee Levels

We also recommend a formal audit of fees every 3-5 years. There are enough changes in regulations and the overall business environment over this time frame that a formal assessment of cost is warranted. Enforcement costs are a major driver of this. In each of the fee audits we have completed for DCA enforcement costs has been the single largest component of cost. Furthermore, it was growing at a rate that far exceeded the general inflationary pressures. While enforcement cost for the Board is currently low, in comparison to other Boards, this may change going forward. In addition, much of these costs are outside the control of the Board. When a case is referred to the State Attorney General's Office, the Board has little control over the cost.

Appendices

Appendix 1 – Fees Based on Current Cost Structure

- Pages 1-2 shows the analysis of cost for each individual fee item and the comparison of revenues at full cost and at current prices;
- Pages 3-4 shows the results of applying a 4.5% annual escalator to the current fee. These can be used to set the CAPS for individual licenses.

Appendix 2 – Fees Based on Four Additional Enforcement Staff

The second appendix shows the same as appendix number 1 but with the costs of four additional enforcement staff

- Pages 1-2 shows the analysis of cost for each individual fee item and the comparison of revenues at full cost and at current prices;
- Pages 3-4 shows the results of applying a 4.5% annual escalator to the current fee. These can be used to set the CAPS for individual licenses.

License & Certificates

California Acupuncture Board
Licensing & Misc Fees / Current Cost
Structure



No.	Fee Name	Notes	Actual Work Volume	Recovered Revenue Volume	Unit Cost Summary			Annual Cost Calculations (At Actual Costs Calculated)			Results Pricing Model	
					Total Cost Assigned	Current Fee / Revenue	Unit Surcharge or (Subsidy)	Revenue at Full Cost of Services	Projection of Revenues at Current Fees	Annual Surplus (subsidy)	Pricing Scenerio	Annual Revenue Pricing Model
	Retirement* status license	Potential new			\$645		(\$645)	\$ -				\$ -
								\$ -			\$ -	\$ -
								\$ -			\$ -	\$ -
								\$ -			\$ -	\$ -
								\$ -			\$ -	\$ -
								\$ -			\$ -	\$ -
		Current						\$ -			\$ -	\$ -
											\$ -	

Annual Revenue Impacts			Annual Revenue	
Revenue at Full Cost of Services	Projection of Revenues at Current Fees	Annual Surplus (subsidy)		Annual Revenue Pricing Model
\$ 4,105,582	\$ 2,780,355	(\$1,325,227)		\$ 4,680,540

License & Certificates

California Acupuncture Board
Licensing & Misc Fees / Current Cost
Structure



				Ten Year Projection of Fee Requirements									
No.	Fee Name	Notes	Actual Work Volume	Year #1	Year #2	Year #3	Year #4	Year #5	Year #6	Year #7	Year #8	Year #9	Year #10
	Retirement" status license	Potential new											
		Current											

Annual Revenues (Projected)									
Year #1	Year #2	Year #3	Year #4	Year #5	Year #6	Year #7	Year #8	Year #9	Year #10
\$ 4,381,727	\$ 4,578,905	\$ 4,784,955	\$ 5,000,278	\$ 5,225,291	\$ 5,460,429	\$ 5,706,148	\$ 5,962,925	\$ 6,231,256	\$ 6,511,663

APPENDIX 2:

The second appendix shows the same as appendix number 1 but with the costs of additional resources that have been requested by the Board's Executive staff.

- Pages 1-2 shows the analysis of cost for each individual fee item and the comparison of revenues at full cost and at current prices;
- Pages 3-4 shows the results of applying a 4.5% annual escalator to the current fee. These can be used to set the CAPS for individual licenses.

Licensing & Misc Fees / Scenerio 2

[illegible]

California Acupuncture Board
Licensing & Misc Fees / Scenerio 2



No.	Fee Name	Notes	Actual Work Volume	Recovered Revenue Volume
	Wall license registration - (Initial renewal)	Duplicate	6,000	
	Wall license duplicate - (Initial & ongoing)	Duplicate	500	
	Renewal Wall license registration - (Initial renewal)	Duplicate		
	Retirement" status license	Potential new		
		Current		

Total Cost Assigned	Current Fee / Revenue	Unit Surcharge or (Subsidy)	Revenue at Full Cost of Services	Projection of Revenues at Current Fees	Annual Surplus (subsidy)	Pricing Scenerio	Annual Revenue Pricing Model
	\$ 15	\$15	\$ -			\$ 75	\$ 450,000
	\$ 15	\$15	\$ -			\$ 75	\$ 37,500
\$50	\$ 15	(\$35)	\$ -				\$ -
\$551		(\$551)	\$ -				\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -

Annual Revenue Impacts		
Revenue at Full Cost of Services	Projection of Revenues at Current Fees	Annual Surplus (subsidy)
\$ 5,690,651	\$ 2,682,855	(\$3,007,796)

Annual Revenue	
	Annual Revenue Pricing Model
	\$ 6,085,200

Licensing & Misc Fees / Scenerio 2



Ten Year Projection of Fee Requirements

California Acupuncture Board

Licensing & Misc Fees / Scenerio 2



		Ten Year Projection of Fee Requirements									
No.	Fee Name	Year #1	Year #2	Year #3	Year #4	Year #5	Year #6	Year #7	Year #8	Year #9	Year #10
	Wall license registration - (Initial renewal)	\$78	\$82	\$86	\$89	\$93	\$98	\$102	\$107	\$111	\$116
	Wall license duplicate - (Initial & ongoing)	\$78	\$82	\$86	\$89	\$93	\$98	\$102	\$107	\$111	\$116
	Renewal Wall license registration - (Initial renewal)										
	Retirement" status license										

Annual Revenues (Projected)									
Year #1	Year #2	Year #3	Year #4	Year #5	Year #6	Year #7	Year #8	Year #9	Year #10
\$ 6,359,034	\$ 6,645,191	\$ 6,944,224	\$ 7,256,714	\$ 7,583,266	\$ 7,924,513	\$ 8,281,116	\$ 8,653,767	\$ 9,043,186	\$ 9,450,130

	A	B	C	D	E	F	A	AM	AN	AO	AP	AQ	A	AS	AT	AU	A	AW	AX
1			0108 - Acupuncture																
2			Analysis of Fund Condition																
3			(Dollars in Thousands)																Prepared 7/17/2019
4																			
5			Fee Audit V1 Scenario																
6																			
7																			
8																			
9																			
10																			
11			BEGINNING BALANCE																
12			Prior Year Adjustment																
13			Adjusted Beginning Balance																
14																			
15			REVENUES AND TRANSFERS																
16			Revenues:																
17				4129200	Other regulatory fees														
18				4129400	Other regulatory licenses and permits														
19				4127400	Renewal fees														
20				4121200	Delinquent fees														
23				4163000	Income from surplus money investments														
24				4163000	Interest Income From Interfund Loans														
26				4171400	Escheat of unclaimed checks and warrants														
27					Fee Increase (effective 1/1/21)														
28			Totals, Revenues																
29																			
30			Transfers from Other Funds																
33			Proposed GF 11-12 Loan Repayment, 1110-011-0108 Budget Act																
38					Totals, Revenues and Transfers														
39																			
40					Totals, Resources														
41																			
42			EXPENDITURES																
43			Disbursements:																
48			1111 - Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)																
49			1111 - Business Modernization Spring Finance Letter																
51			8880 - Financial Information System for California																
52			9892 - Supplemental Pension Payment																
54			9900 - Statewide General Administrative Expenditures (ProRata)																
55			Total Disbursements																
56																			
57			FUND BALANCE																
58			Reserve for economic uncertainties																
59																			
60			Months in Reserve																
61																			
68																			
69																			
70																			

	A	B	C	D	E	F	AL	AM	AN	AO	AP	AQ	AS	AT	AU	AW	AX
1	0108 - Acupuncture																
2	Analysis of Fund Condition																
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Prepared 7/17/2019



OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURIST PROFESSION

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

CALIFORNIA ACUPUNCTURE BOARD

OCCUPATIONAL ANALYSIS OF THE ACUPUNCTURIST PROFESSION



July 2021

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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 acupuncturist practice in California. The purpose of the OA is to define practice for acupuncturists in terms of the tasks that newly licensed acupuncturists must be able to perform at the time of licensure and the knowledge required to perform those tasks safely and competently. The results of this OA provide a description of practice for the acupuncturist profession that can be used to develop the California Acupuncture Licensing Examination (CALE). In addition, the results of this OA can be used to evaluate national acupuncturist examination programs for use in California licensure.

OPES test specialists began by researching the profession and by conducting telephone interviews with acupuncturists working in locations throughout California. The purpose of these interviews was to identify the tasks performed by acupuncturists and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in acupuncturist practice along with statements representing the knowledge required to perform those tasks.

OPES convened three workshops to review and refine the preliminary lists of tasks and knowledge statements. The workshops included acupuncturists, or subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs identified changes and trends in acupuncture practice and performed a preliminary linkage of each task with a knowledge statement. Additional tasks and knowledge statements were created as needed to create a comprehensive description of acupuncture practice in California.

The SMEs also determined demographic questions for a three-part OA questionnaire to be completed by acupuncturists statewide. After the third workshop, OPES test specialists developed the questionnaire. Questionnaire development included a pilot study that was conducted using a group of acupuncturists. The pilot study participants' feedback was reviewed and used in refining the final questionnaire.

In the first part of the OA questionnaire, the acupuncturists were asked to provide demographic information relating to their work settings and practice. In the second part, they were asked to rate specific tasks in terms of frequency (i.e., how often the acupuncturist performs the task in the acupuncturist's current or most recent practice) and importance (i.e., how important the task is to effective performance of the acupuncturist's current or most recent practice). In the third part, they were asked to rate each knowledge statement in terms of how important it is to effective performance of the acupuncturist's most recent practice.

In March 2021, the Board sent a letter to all acupuncturists with an active license and address of record in California (11,828). The letter invited them to complete the OA questionnaire online and included a link to the questionnaire (Appendix D). A total of 333 mailed letters were

returned as undeliverable. The Board also sent email invitations to approximately 1,900 email addresses on its subscriber alert list and to approximately 6,800 acupuncturists whose email address was on file with the Board.

In April 2021, the Board sent an OA questionnaire reminder email to approximately 6,800 acupuncturists whose email address was on file with the Board. In April 2021, the Board also mailed out an OA questionnaire reminder postcard to all acupuncturists with an active license and address of record in California (11,828).

In addition to providing the link to the OA questionnaire in the letter, the Board posted the link on its website. To further promote the OA effort, the Board also announced the OA at the December 2020 and the March 2021 Board meetings.

Of the 11,828 acupuncturists invited to complete the questionnaire, 4,806 (40.6%) responded by accessing the online questionnaire. The final sample size included in the data analyses was 2,795, or 23.6% of the licensed acupuncturist population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they had not practiced as acupuncturists in California within the last 18 months. Second, questionnaires containing a large volume of missing data were also excluded. The final respondent sample appears to be representative of the population of California acupuncturists based on the sample's demographic composition.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive a criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data were analyzed, OPES conducted an additional workshop with SMEs in May 2021 to review the results of the OA. The SMEs evaluated the criticality indices and determined whether any tasks or knowledge statements should be removed from the examination outline. The SMEs in this group also established the final linkage between tasks and knowledge statements and finalized the organization of the tasks and knowledge statements into content areas. The SMEs then determined the final content area and subarea weights for the examination outline. The new examination outline was reviewed and finalized in a July 2021 workshop.

The examination outline is structured into four content areas. It provides a description of the scope of practice for acupuncturists, and identifies the tasks and knowledge critical to safe and competent acupuncturist practice in California at the time of licensure. Additionally, the examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to acupuncturist practice in California.

OVERVIEW OF THE CALIFORNIA ACUPUNCTURE LICENSING EXAMINATION (CALE) OUTLINE

Content Area		Content Area Description	Percent Weight
01.	Patient assessment	This area assesses the practitioner's knowledge of assessing patient's chief complaint and underlying health conditions using Traditional Chinese Medicine (TCM) and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.	27
02.	Diagnosis and treatment planning	This area assesses the practitioner's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan according to TCM theories. It also evaluates the practitioner's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.	17
03.	Treatment	This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.	44
04.	Professional responsibilities	This area assesses the practitioner's knowledge of legal requirements, ethical guidelines, and professional standards related to the acupuncturist profession in California.	12
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) as part of the Board's comprehensive review of acupuncturist practice in California. The purpose of the OA is to define practice for acupuncturists in terms of the tasks that newly licensed acupuncturists must be able to perform at entry level and the knowledge required to perform those tasks safely and competently. The results of this OA provide a description of practice for the acupuncturist profession that can be used to develop the California Acupuncture Licensure Examination (CALE). In addition, the results of this OA can be used to evaluate national acupuncturist examinations for possible use in California licensure.

CONTENT VALIDATION STRATEGY

To ensure that the description of acupuncturist practice resulting from the OA reflects the tasks performed by practicing acupuncturists, OPES incorporated the technical expertise of California acupuncturists throughout the OA process.

PARTICIPATION OF SUBJECT MATTER EXPERTS

OPES selected Board-approved California acupuncturists to participate as subject matter experts (SMEs) during all phases of the OA. The SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. During the interviews and the first three of four workshops, SMEs provided technical expertise and information about acupuncturist practice. This information was needed to develop tasks and knowledge statements and organize them into meaningful content areas. They also developed demographic questions for the survey, reviewed rating scales for tasks and knowledge statements, and performed a preliminary linkage of tasks and knowledge statements. During the last workshop, the SMEs reviewed the results of the OA, including the demographic composition of the final sample and task and knowledge ratings. They also performed the final linkage of tasks and knowledge statements, finalized the organization of tasks and knowledge statements into content areas, and developed the examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions (B&P) Code § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.

- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure examination to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

California B&P Code § 4927(d) defines acupuncture as follows:

"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.

California B&P Code § 4937 describes authorized practices under an acupuncturist license as follows:

An acupuncturist's license authorizes the holder thereof:

(a) To engage in the practice of acupuncture.

(b) To perform or prescribe the use of Asian massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health. Nothing in this section prohibits any person who does not possess an acupuncturist's license or another license as a healing arts practitioner from performing, or prescribing the use of any modality listed in this subdivision.

(c) For purposes of this section, a "magnet" means a mineral or metal that produces a magnetic field without the application of an electric current.

(d) For purposes of this section, "plant, animal, and mineral products" means naturally occurring substances of plant, animal, or mineral origin, except that it does not include synthetic compounds, controlled substances or dangerous drugs as defined in Sections 4021 and 4022, or a controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

(e) For purposes of this section, "dietary supplement" has the same meaning as defined in subsection (ff) of Section 321 of Title 21 of the United States Code, except that dietary supplement does not include controlled substances or dangerous drugs as defined in Section 4021 or 4022, or a controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

OPES contacted 12 acupuncturists to conduct semi-structured telephone interviews. During the interviews, the SMEs were asked to identify major content areas of their practice and the tasks performed in each content area. They were also asked to identify the knowledge necessary to perform the tasks safely and competently.

TASKS AND KNOWLEDGE STATEMENTS

OPES test specialists developed a preliminary list of tasks and knowledge statements based on the information gathered from a literature review of profession-related sources (e.g., previous OA reports, articles, industry publications, laws and regulations) and from the interviews with SMEs. The statements were organized into major content areas of practice.

OPES conducted three workshops with practicing SMEs from diverse backgrounds (i.e., years licensed, specialty, and practice location) to develop comprehensive lists of tasks and knowledge statements reflecting current acupuncture practice in California.

In September 2020, OPES test specialists facilitated the first workshop with eight SMEs to review and revise the preliminary lists of tasks and knowledge statements. The SME review ensured the technical accuracy and comprehensiveness of the tasks and knowledge statements. The SMEs also made recommendations regarding the organization of tasks and knowledge statements into content areas.

In November 2020, OPES test specialists facilitated the second workshop with eight SMEs. One of those SMEs had also participated in the first workshop. The SMEs continued to review and revise the lists of tasks and knowledge statements for technical accuracy and comprehensiveness. They also made several changes to the organization of tasks and knowledge statements into content areas.

In January 2021, OPES test specialists facilitated the third workshop with nine SMEs. Two of those SMEs had also participated in the second workshop. The SMEs reviewed and finalized the lists of tasks and knowledge statements and confirmed the organization of tasks and knowledge statements into content areas. The SMEs also performed the preliminary linkage of tasks and knowledge statements. Each task was linked to all knowledge statements that underlie safe and effective performance of that task. The SMEs also developed demographic questions for the OA survey and reviewed the rating scales to be used to rate tasks and knowledge statements on the OA survey.

OPES used the finalized list of tasks and knowledge statements, demographic questions, and rating scales to develop an online questionnaire.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit acupuncturists' ratings of the tasks and knowledge statements. The surveyed acupuncturists were instructed to rate how often each task is performed in their current or most recent practice (Frequency) and how important the task is for effective performance of their current or most recent practice (Importance). In addition, they were instructed to rate how important each knowledge statement is for effective performance of tasks in their most recent practice (Importance).

The response options for the Frequency scale used for rating tasks were:

- 0 – Never
- 1 – Very rarely
- 2 – Rarely
- 3 – Occasionally
- 4 – Frequently
- 5 – Very Frequently

The response options for the Importance scale used for rating tasks and knowledge statements were:

- 0 – Does not apply to my job
- 1 – Not important
- 2 – Of minor importance
- 3 – Moderately important
- 4 – Very important
- 5 – Critically important

The OA questionnaire also included a demographic section to obtain relevant information about the professional backgrounds of responding acupuncturists.

A PDF version of the OA questionnaire can be found in Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. After review by Board staff, the questionnaire was sent to 28 SMEs who participated in previous workshops. A total of 9 SMEs responded to the pilot survey invitation. They provided information about the technical accuracy and comprehensiveness of the tasks and knowledge statements, the estimated time to complete the survey, and the functionality of the questionnaire. OPES used this feedback to refine the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In March 2021, the Board sent a letter to all acupuncturists with an active license and address of record in California (11,828). The letter (Appendix D) invited them to complete the OA questionnaire online and contained a link to the questionnaire. A total of 333 mailed letters were returned as undeliverable. In March 2021, the Board also sent email invitations to approximately 1,900 email addresses on its subscriber alert list and to approximately 6,800 acupuncturists whose email address was on file with the Board.

In April 2021, the Board sent an OA questionnaire reminder email to approximately 6,800 acupuncturists whose email address was on file with the Board. In April 2021, the Board also mailed out an OA questionnaire reminder postcard to all acupuncturists with an active license and address of record in California (11,828).

In addition to providing the link to the OA questionnaire in the letter, the Board posted the link on its website. To further promote the OA effort, the Board also announced the OA at the December 2020 and the March 2021 Board meetings.

Of the 11,828 acupuncturists invited to complete the questionnaire, 4,806 (40.6%) responded by accessing the online questionnaire. The final sample size included in the data analyses was 2,795, or 23.6% of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently practicing and had not practiced as acupuncturists in California within the last 18 months. Second, questionnaires containing a large volume of missing data were excluded. The final respondent sample appears to be representative of the population of California acupuncturists based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

Tables 1–23 and Figures 1–23 provide detailed demographic information about the final sample included in the data analyses.

Table 1 and Figure 1 show that the majority of respondents (92.1%) indicated that they were currently practicing in California as licensed acupuncturists. The remaining respondents indicated that they were not currently practicing but had practiced in the past 18 months.

Respondents represented the profession at all experience levels (Table 2 and Figure 2). The distribution of respondents across experience categories was relatively balanced, with acupuncturists in different experience categories being similarly represented in the final sample.

Similarly, Table 3 and Figure 3 show that similar percentages of respondents, around 20%, reported working fewer than 10 hours per week, 11–20 hours per week, 21–30 hours per week, and 31–40 hours per week as licensed acupuncturists. Only about 10% reported working more than 40 hours per week as licensed acupuncturists.

Table 4 and Figure 4 show that the reported number of patients seen per week varies significantly among respondents, with the majority of respondents seeing fewer than 20 patients per week (53.2%) and only about 10.3% seeing 51 or more patients per week.

The majority of respondents can also be described in terms of the following demographic characteristics:

- Have a primary practice in an urban location (Table 5 and Figure 5).
- Have a primary practice that can be described as a sole proprietorship (Table 6 and Figure 6).
- Are self-employed (Table 7 and Figure 7).
- Have patients who pay for services primarily out-of-pocket or using health insurance (Table 8 and Figure 8).
- Have not used telehealth services over the past 12 months to provide patient care (Table 9 and Figure 9).
- Describe the primary focus of their practice as pain management (Tables 10 and Figure 10) and have practiced pain management more often than any other treatment category over the past 12 months (Table 11 and Figure 11).
- Use acupuncture, cupping, herbal therapy, diet and nutrition recommendations, electroacupuncture, infrared therapy, ear seeds, manual therapy, heat therapy, and moxibustion in their practice (Table 12 and Figure 12).
- Report acupuncture as the treatment modality used most often in their practice over the last 12 months (Table 13 and Figure 13).
- Report English as their native language (Table 14 and Figure 14).
- Report English as the language spoken by the majority of their patients (Table 15 and Figure 15).
- Have a master's degree or higher in acupuncture or Asian medicine (Table 16 and Figure 16).
- Report generating less than \$50,000 in gross annual income from employment as a licensed acupuncturist (Table 18 and Figure 18), but feel that they are able to make a living from working as an acupuncturist (Table 19 and Figure 19).
- Report a decrease in income due to the COVID-19 pandemic (Table 20 and Figure 20).
- Feel that their acupuncture training program prepared them for their first year in practice (Table 21 and Figure 21).

When asked to identify subjects that would have helped adequately prepare them for their first year in practice (Table 22 and Figure 22), almost two thirds of respondents wished they had had more training in practice management and business skills, while almost half wished they had had more training in insurance billing.

Table 23 and Figure 23 show the location of respondents' primary practice organized by geographical region. For comparison, they also show the address of record organized by region for the overall population of actively licensed acupuncturists with a California address of record at the time of the survey. The data show that the sample included in the analysis was

geographically representative of the overall population of actively licensed acupuncturists in California. The proportions of respondents with a primary practice in each region in the final sample closely mirror the proportions of acupuncturists whose address of record with the Board is located in each region.

The highest number of respondents reported their primary practice location in Los Angeles County and vicinity, followed by the San Francisco Bay Area, and San Diego and vicinity. The remaining regions were reported as their primary practice location by fewer than 5% of respondents: Riverside and vicinity, South and Central Coast, North Coast, Sacramento Valley, Sierra Mountain Valley, San Joaquin Valley, and Shasta and Cascade.

TABLE 1 – CURRENTLY PRACTICING AS AN ACUPUNCTURIST

RESPONSE	NUMBER (N)	PERCENT
Currently practicing as an acupuncturist	2,575	92.1
Has practiced in the past 18 months	220	7.9
Total	2,795	100.0

FIGURE 1 – CURRENTLY PRACTICING AS AN ACUPUNCTURIST

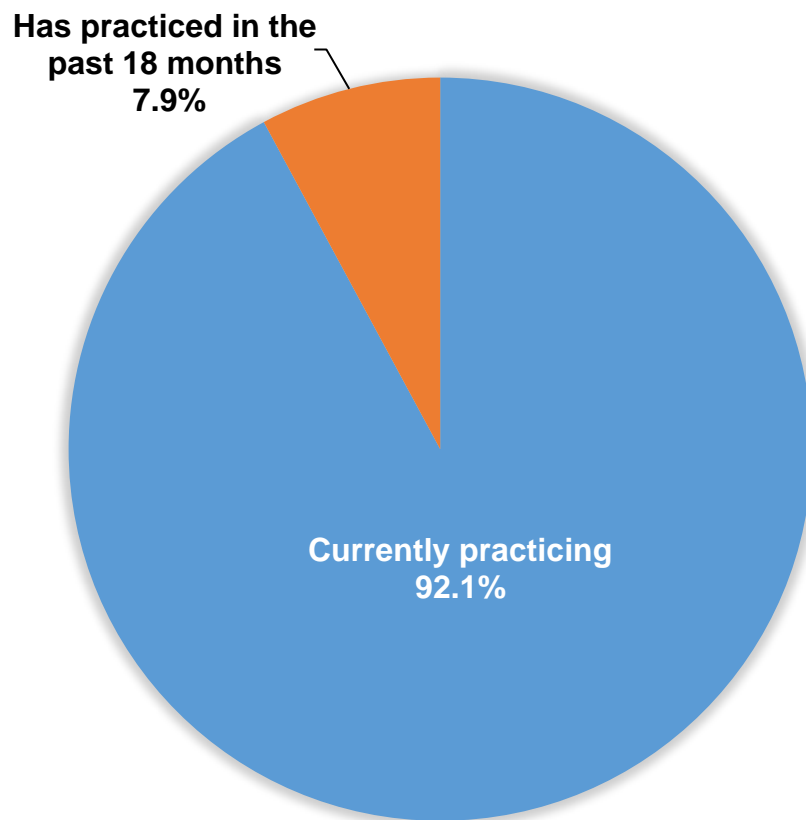


TABLE 2 – NUMBER OF YEARS LICENSED AS AN ACUPUNCTURIST

YEARS	NUMBER (N)	PERCENT
0–5 years	583	20.9
6–10 years	531	19.0
11–15 years	522	18.7
16–20 years	449	16.1
21–25 years	312	11.2
26–30 years	139	5.0
More than 30 years	259	9.3
Total	2,795	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 2 – NUMBER OF YEARS LICENSED AS AN ACUPUNCTURIST

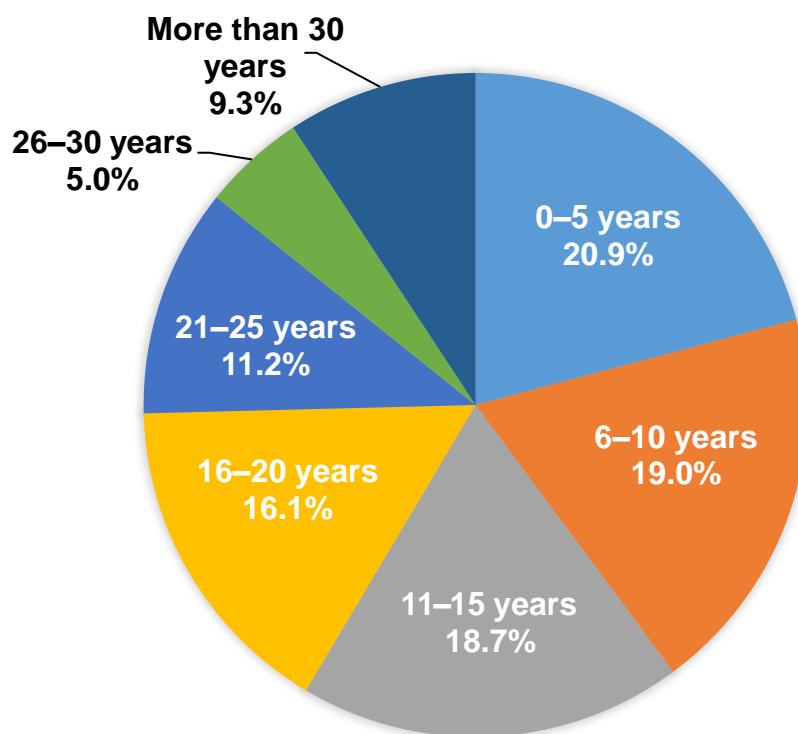


TABLE 3 – HOURS PER WEEK WORKING AS A LICENSED ACUPUNCTURIST

HOURS PER WEEK	NUMBER (N)	PERCENT
0–10 hours	568	20.3
11–20 hours	624	22.3
21–30 hours	673	24.1
31–40 hours	635	22.7
41 or more hours	283	10.1
Missing	12	0.4
Total	2,795	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 3 – HOURS PER WEEK WORKING AS A LICENSED ACUPUNCTURIST

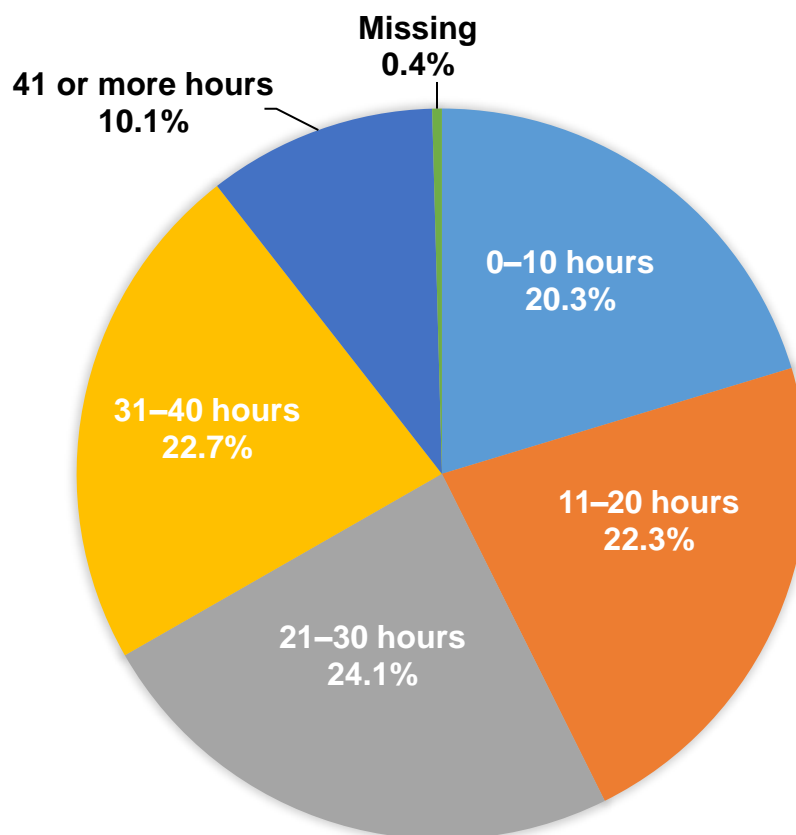


TABLE 4 – PATIENTS SEEN PER WEEK AS A LICENSED ACUPUNCTURIST

PATIENTS PER WEEK	NUMBER (N)	PERCENT
0–10 patients	781	27.9
11–20 patients	707	25.3
21–30 patients	576	20.6
31–50 patients	433	15.5
51 or more patients	287	10.3
Missing	11	0.4
Total	2,795	100.0

FIGURE 4 – PATIENTS SEEN PER WEEK AS A LICENSED ACUPUNCTURIST

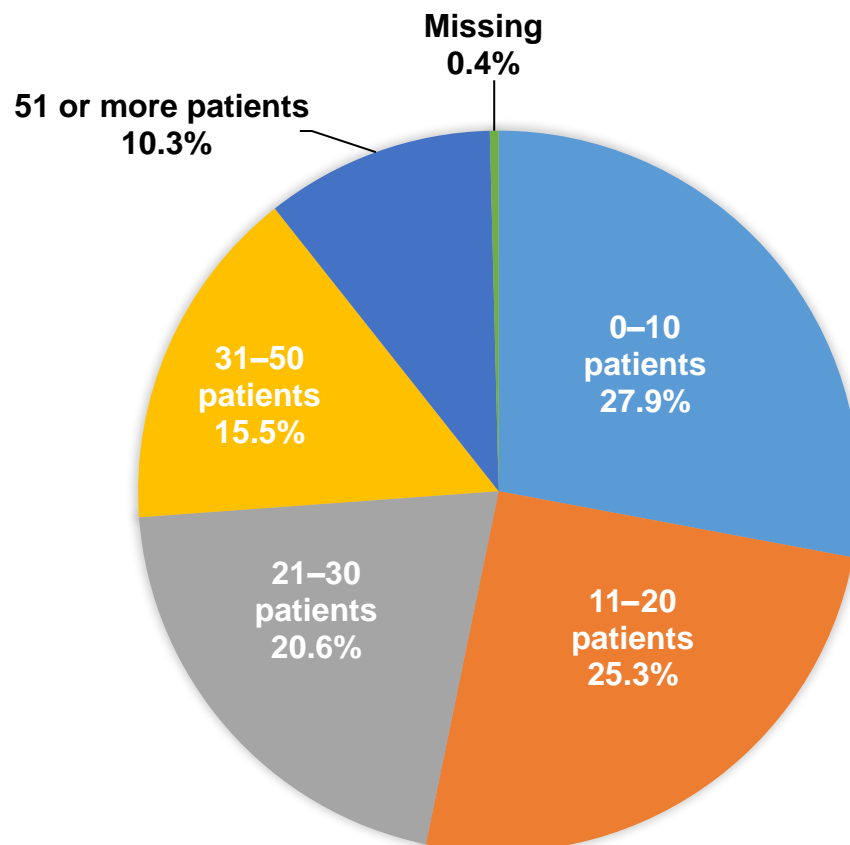


TABLE 5 – PRIMARY PRACTICE LOCATION TYPE

LOCATION TYPE	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	2,435	87.1
Rural (fewer than 50,000 people)	334	11.9
Missing	26	0.9
Total	2,795	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 5 – PRIMARY PRACTICE LOCATION TYPE

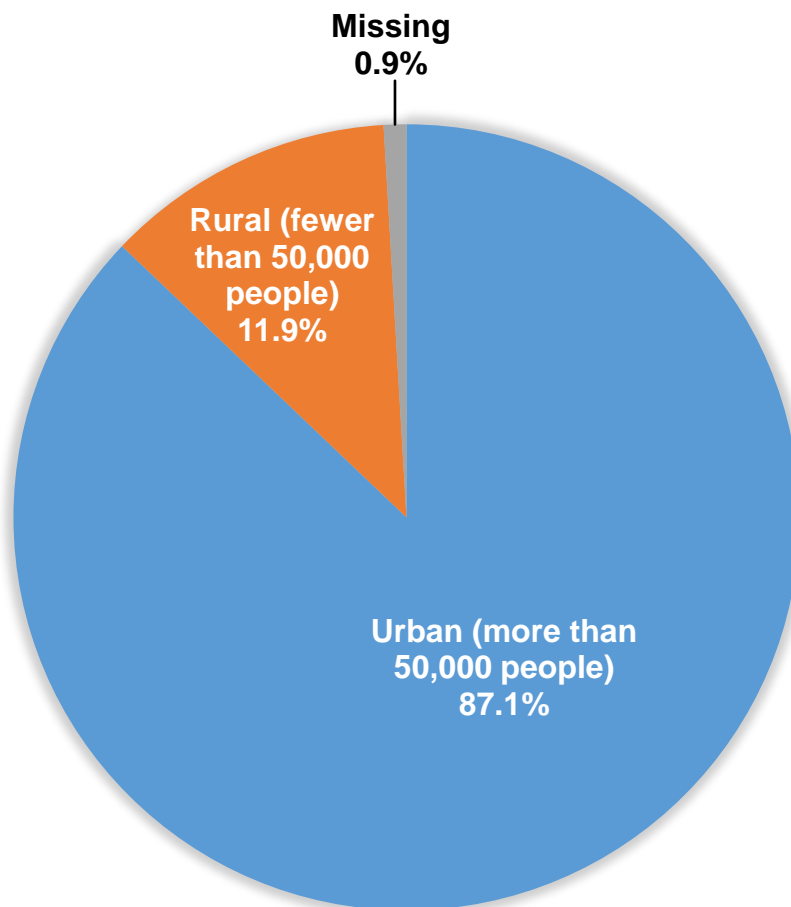


TABLE 6 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT*
Sole proprietor	1,645	58.9
Group multidisciplinary practice	255	9.1
Acupuncture medical group (Inc. or LLC)	241	8.6
Group acupuncture practice	221	7.9
Community acupuncture clinic	88	3.1
Mobile practice (house calls / home visits)	65	2.3
Multiple settings	62	2.2
Educational institution (e.g., instructor)	37	1.3
Hospital	35	1.3
Spa	14	0.5
Telehealth	11	0.4
Other	121	4.3

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample (2,795) who chose each answer option.

FIGURE 6 – PRIMARY PRACTICE SETTING

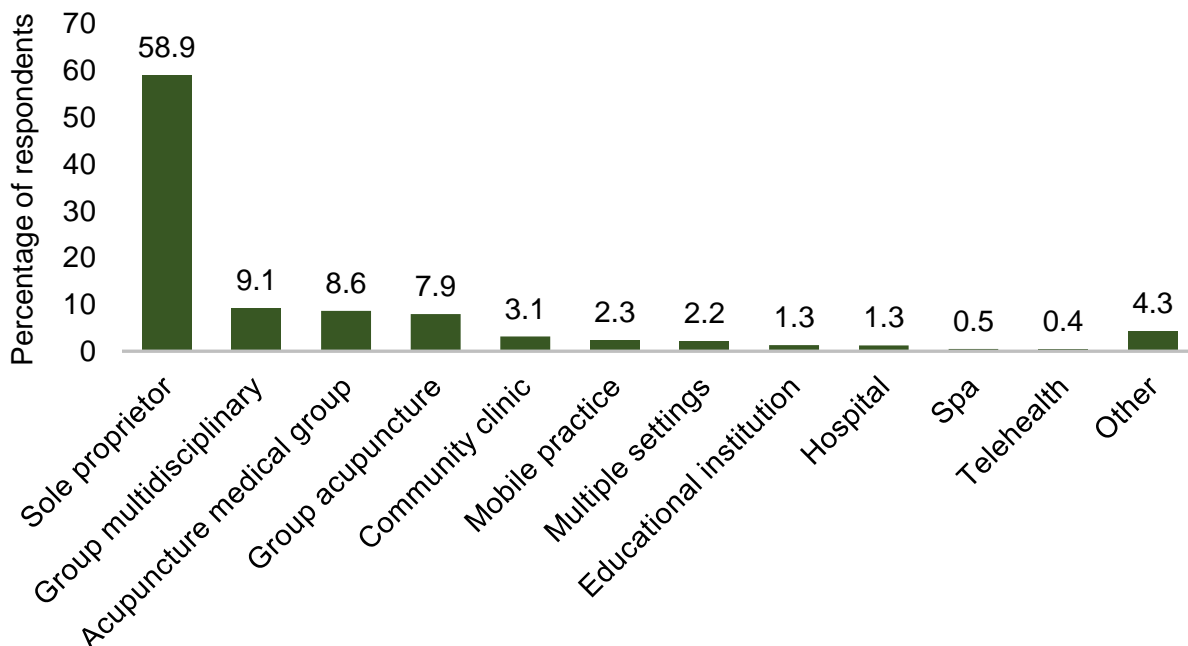


TABLE 7 – EMPLOYMENT STATUS

EMPLOYMENT STATUS	NUMBER (N)	PERCENT
Self-employed	2,087	74.7
Independent contractor	247	8.8
Hourly employee	170	6.1
Salaried employee	240	8.6
Commissioned employee	43	1.5
Missing	8	0.3
Total	2,795	100.0

FIGURE 7 – EMPLOYMENT STATUS

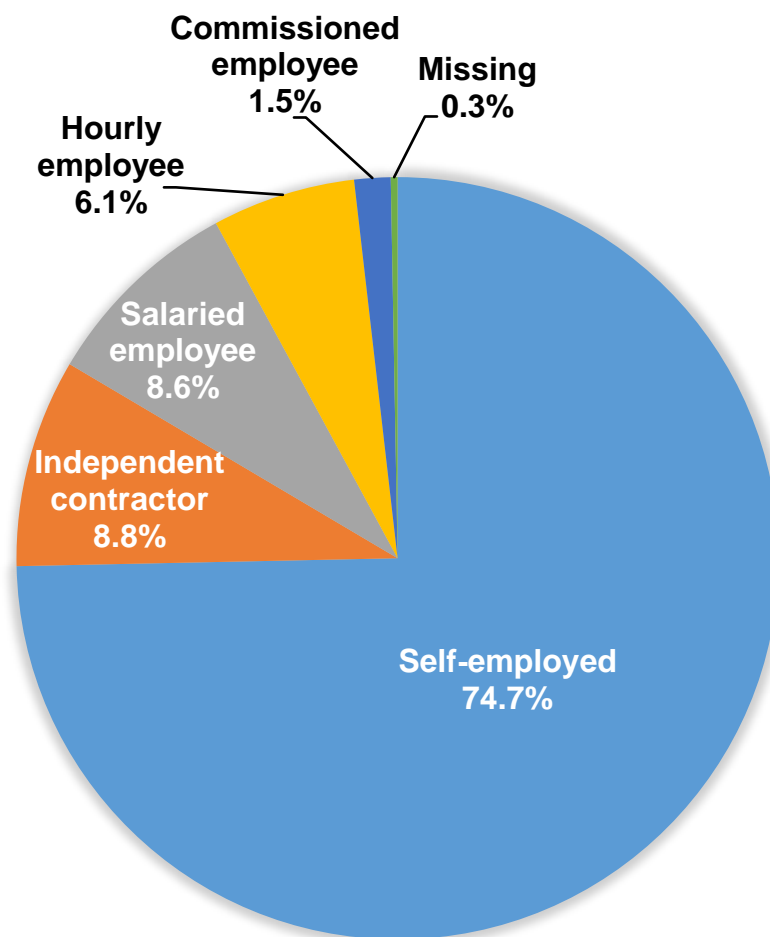


TABLE 8 – PRIMARY WAY PATIENTS PAY FOR SERVICES

PAYMENT TYPE	NUMBER (N)	PERCENT*
Out-of-pocket (e.g., cash, check, credit/debit, etc.)	2,286	81.8
Health insurance (e.g., HMO, PPO)	1,551	55.5
Workers' compensation	562	20.1
Personal injury	408	14.6
Veterans affairs	282	10.1
Medicaid/Medicare/Medi-Cal	261	9.3
Other	70	2.5

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample (2,795) who chose each answer option.

FIGURE 8 – PRIMARY WAY PATIENTS PAY FOR SERVICES

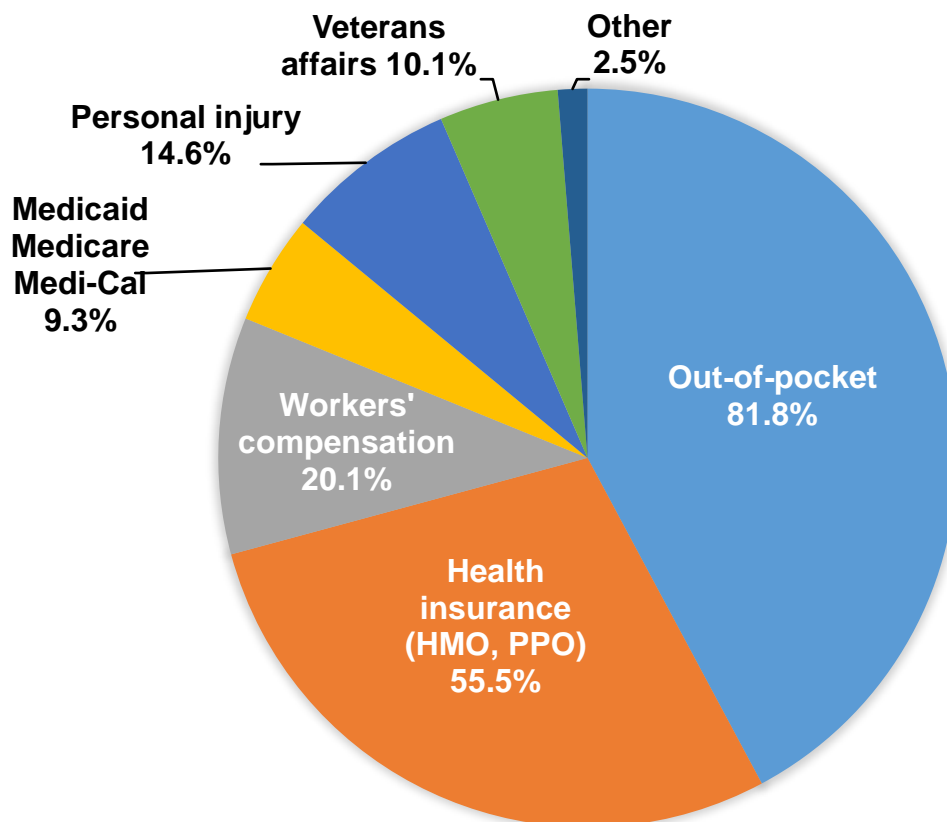


TABLE 9 – PERCENTAGE OF TIME USING TELEHEALTH TO PROVIDE PATIENT CARE SERVICES OVER THE PAST 12 MONTHS

PERCENTAGE OF TIME	NUMBER (N)	PERCENT
None, did not use telehealth	1,548	55.4
1–5%	717	25.7
6–10%	199	7.1
11–20%	113	4.0
21–30%	51	1.8
31–50%	52	1.9
51–75%	42	1.5
76–95%	34	1.2
96–100%	32	1.1
Missing	7	0.3
Total	2,795	100.0

FIGURE 9 – PERCENTAGE OF TIME USING TELEHEALTH TO PROVIDE PATIENT CARE SERVICES OVER THE PAST 12 MONTHS

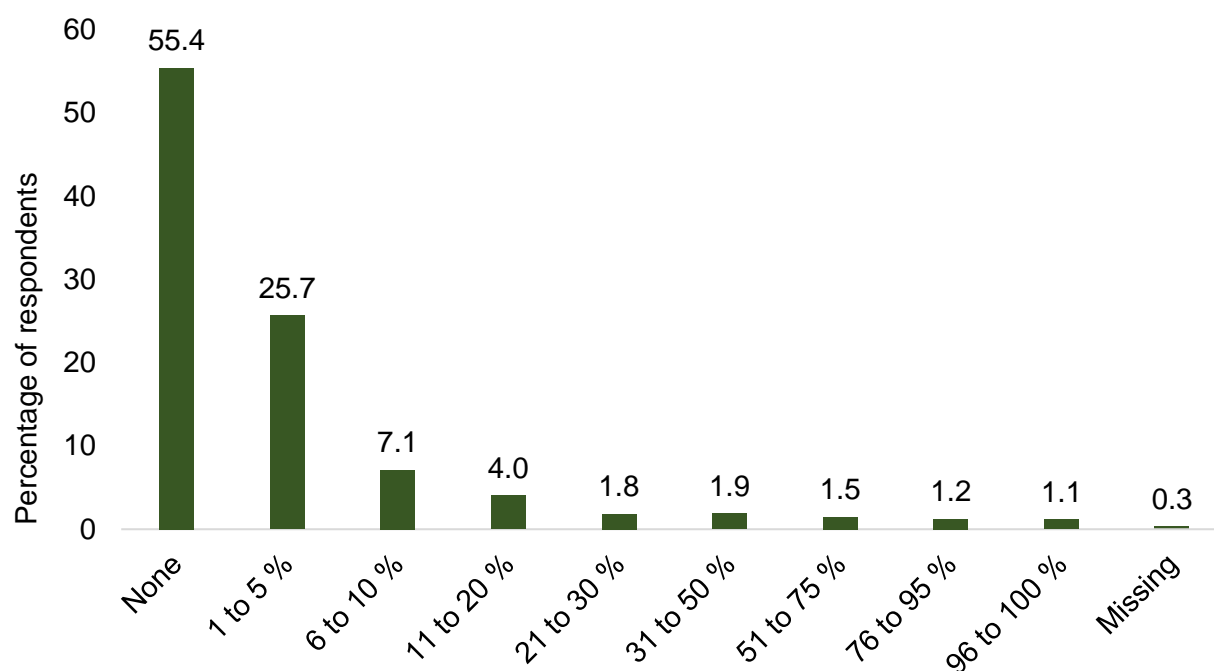


TABLE 10 – TREATMENT CATEGORY THAT BEST DESCRIBES PRIMARY FOCUS OF ACUPUNCTURE PRACTICE

TREATMENT CATEGORY	NUMBER (N)	PERCENT*
Pain Management	2,174	77.8
General	1,181	42.3
Women's health	783	28.0
Mental health	476	17.0
Orthopedics	426	15.2
Gastrointestinal	374	13.4
Fertility	368	13.2
Sports medicine	317	11.3
Immune disorders	238	8.5
Neurological	196	7.0
Endocrine health	126	4.5
Dermatological or cosmetic	106	3.8
Geriatrics	101	3.6
Oncology support	91	3.3
Men's health	62	2.2
Respiratory	51	1.8
Addiction	45	1.6
Cardiovascular	38	1.4
Pediatrics	38	1.4
Other	115	4.1

*NOTE: Respondents were asked to select up to three options. Percentages represent the proportion of respondents in the total sample (2,795) who chose each answer option.

FIGURE 10 – TREATMENT CATEGORY THAT BEST DESCRIBES PRIMARY FOCUS OF ACUPUNCTURE PRACTICE

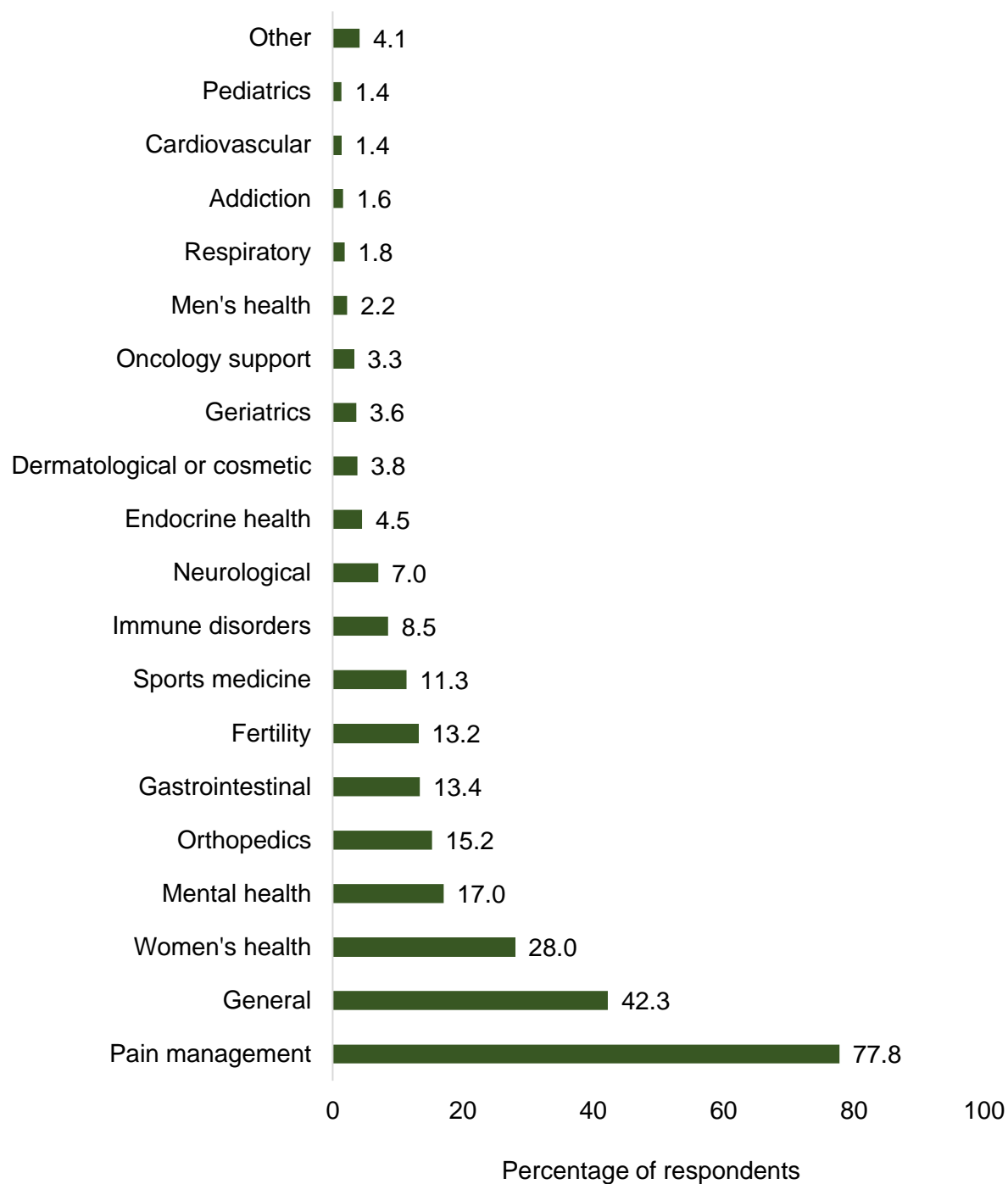


TABLE 11 – TREATMENT CATEGORY APPLIED MOST OFTEN WITH PATIENTS
OVER THE LAST 12 MONTHS

TREATMENT CATEGORY	NUMBER (N)	PERCENT
Pain management	1,559	55.8
General	335	12.0
Mental health	164	5.9
Women's health	140	5.0
Orthopedics	123	4.4
Fertility	94	3.4
Gastrointestinal	57	2.0
Immune disorders	44	1.6
Sports medicine	42	1.5
Neurological	28	1.0
Oncology support	24	0.9
Geriatrics	19	0.7
Dermatological or cosmetic	17	0.6
Endocrine health	12	0.4
Addiction	8	0.3
Respiratory	8	0.3
Cardiovascular	6	0.2
Pediatrics	6	0.2
Men's health	5	0.2
Missing	16	0.6
Other	88	3.1
Total	2,795	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 11 – TREATMENT CATEGORY APPLIED MOST OFTEN WITH PATIENTS OVER THE LAST 12 MONTHS

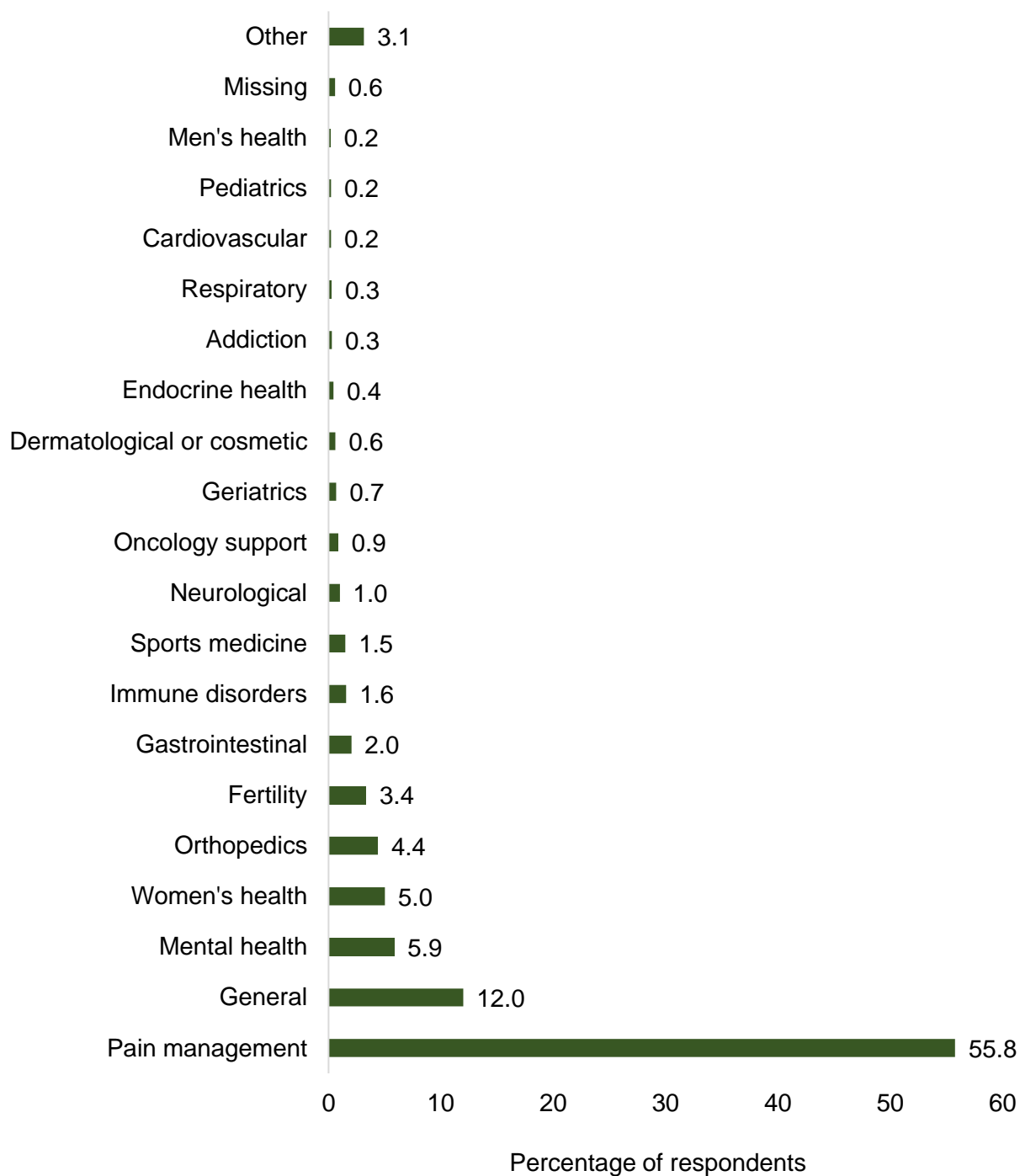


TABLE 12 – TREATMENT MODALITIES USED

TREATMENT MODALITY	NUMBER (N)	PERCENT
Acupuncture	2,765	98.9
Cupping	2,199	78.7
Herbal therapy	1,939	69.4
Diet and nutrition	1,830	65.5
Electroacupuncture	1,823	65.2
Infrared therapy	1,644	58.8
Ear seeds	1,570	56.2
Manual therapy	1,475	52.8
Exercise	1,467	52.5
Heat therapy	1,464	52.4
Moxibustion	1,407	50.3
Gua Sha	1,192	42.6
Breathing techniques	1,118	40.0
Herbal plaster	569	20.4
Kinesiology tape	438	15.7
Laser acupuncture	130	4.7
Other	171	6.1
Pediatrics	6	0.2
Men's health	5	0.2
Missing	16	0.6
Other	88	3.1

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample (2,795) who chose each answer option.

FIGURE 12 – TREATMENT MODALITIES USED

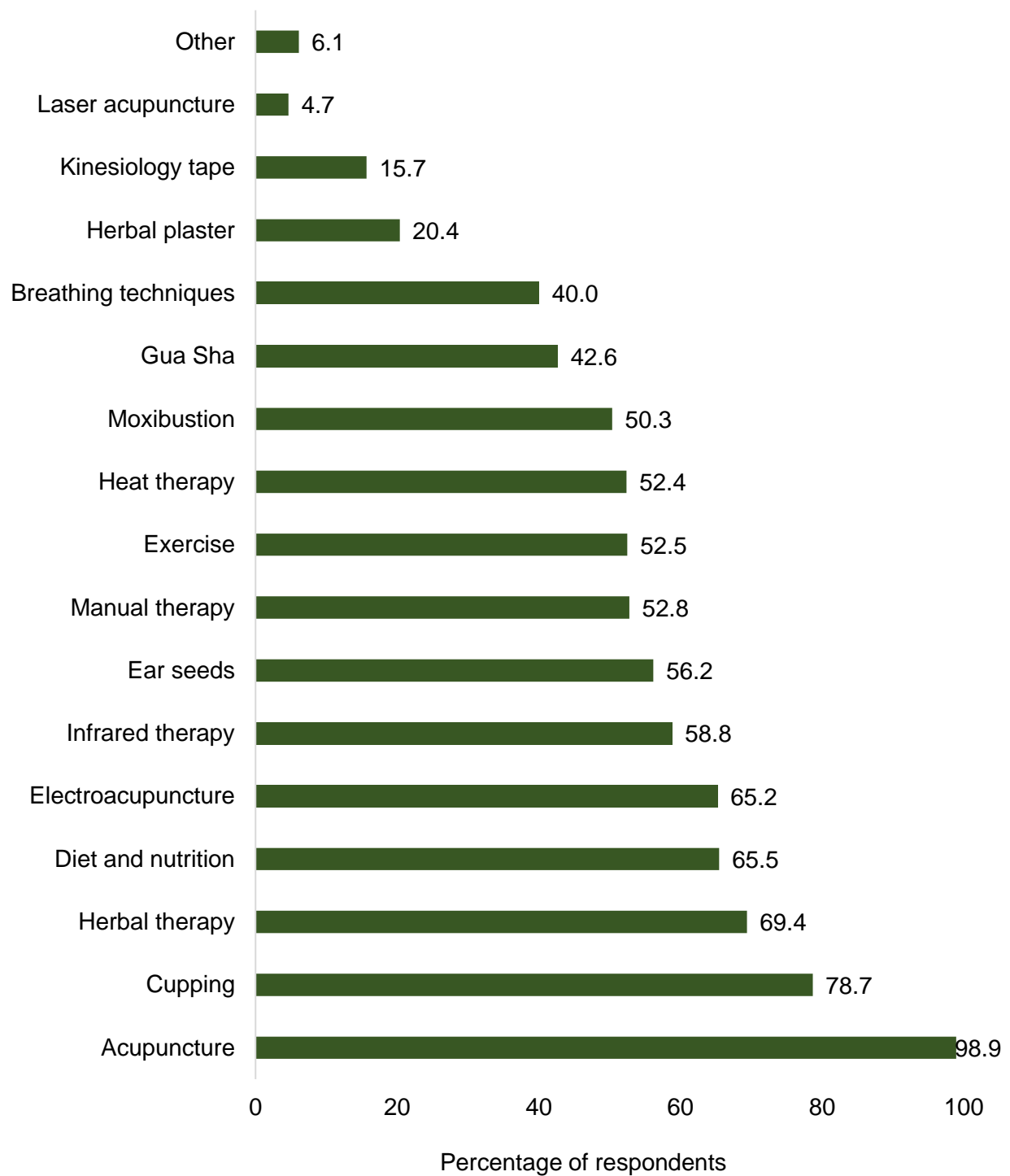


TABLE 13 – TREATMENT MODALITY USED MOST OFTEN OVER THE LAST 12 MONTHS

TREATMENT MODALITY	NUMBER (N)	PERCENT
Acupuncture	2,270	81.2
Electroacupuncture	176	6.3
Herbal therapy	128	4.6
Diet and nutrition	42	1.5
Manual therapy	41	1.5
Cupping	19	0.7
Moxibustion	11	0.4
Exercise	10	0.4
Breathing techniques	9	0.3
Ear seeds	6	0.2
Infrared therapy	6	0.2
Heat therapy	5	0.2
Herbal plaster	3	0.1
Laser acupuncture	3	0.1
Gua Sha	1	0.0
Missing	11	0.4
Other	54	1.9
Total	2,795	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 13 – TREATMENT MODALITY USED MOST OFTEN OVER THE LAST 12 MONTHS

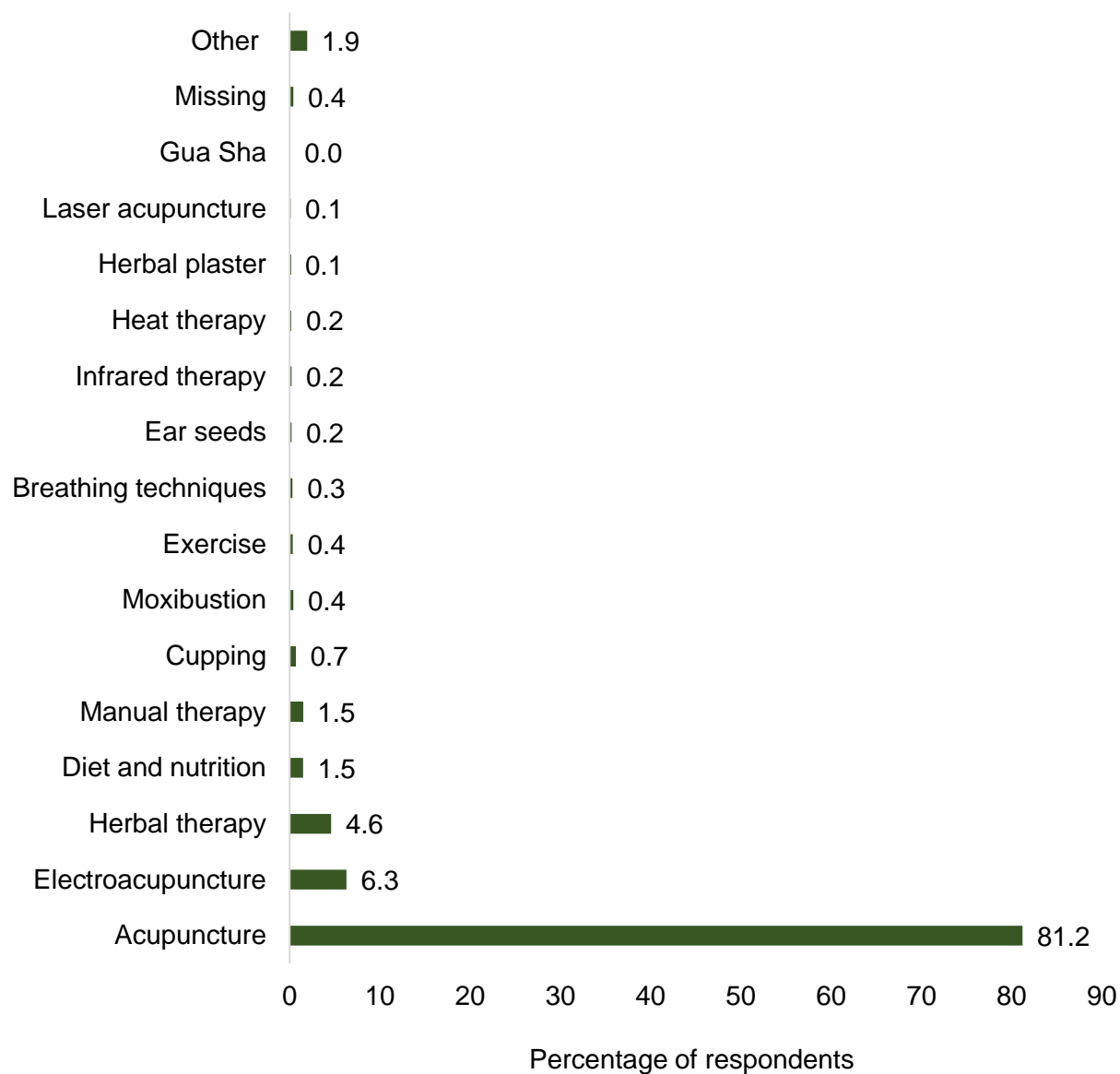


TABLE 14 – NATIVE LANGUAGE OF RESPONDENTS

NATIVE LANGUAGE	NUMBER (N)	PERCENT
English	1,497	53.6
Chinese	634	22.7
Korean	447	16.0
Spanish	31	1.1
Missing	2	0.1
Other	184	6.6
Total	2,795	100.0*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 14 – NATIVE LANGUAGE OF RESPONDENTS

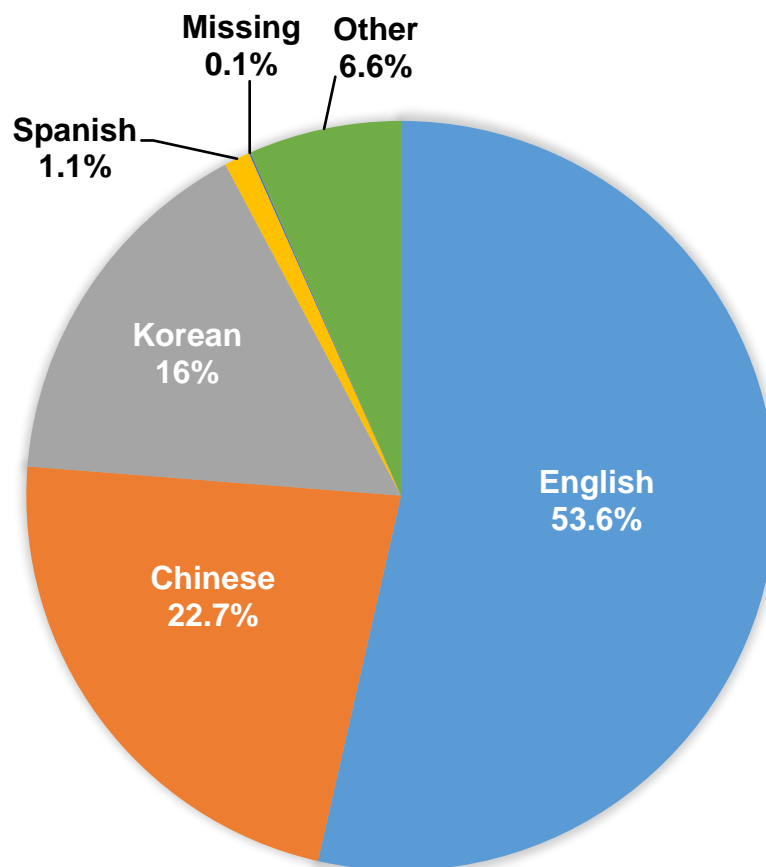


TABLE 15 – LANGUAGE SPOKEN BY THE MAJORITY OF PATIENTS

LANGUAGE	NUMBER (N)	PERCENT
English	2,374	84.9
Chinese	217	7.8
Korean	127	4.5
Spanish	32	1.1
Missing	11	0.4
Other	34	1.2
Total	2,795	100.0

FIGURE 15 – LANGUAGE SPOKEN BY THE MAJORITY OF PATIENTS

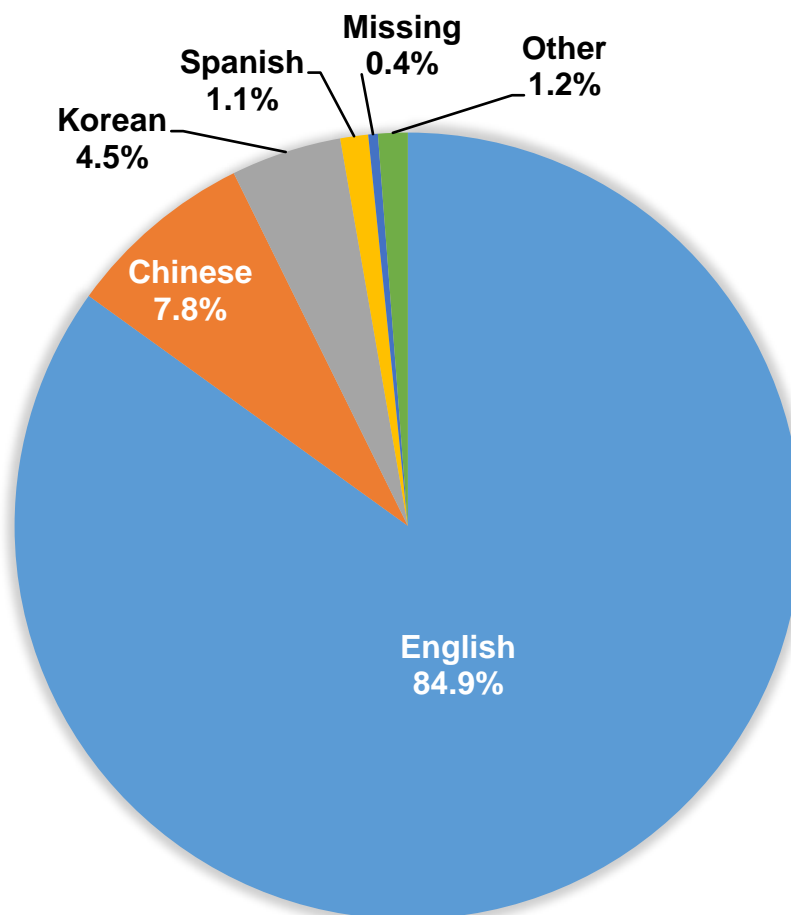


TABLE 16 – HIGHEST LEVEL OF EDUCATION ACHIEVED

DEGREE	NUMBER (N)	PERCENT
Associate degree	17	0.6
Bachelor's degree	98	3.5
Master's degree	1,580	56.5
Doctorate	994	35.6
Certificate	58	2.1
Other	40	1.4
Missing	8	0.3
Total	2,795	100.0

FIGURE 16 – HIGHEST LEVEL OF EDUCATION ACHIEVED

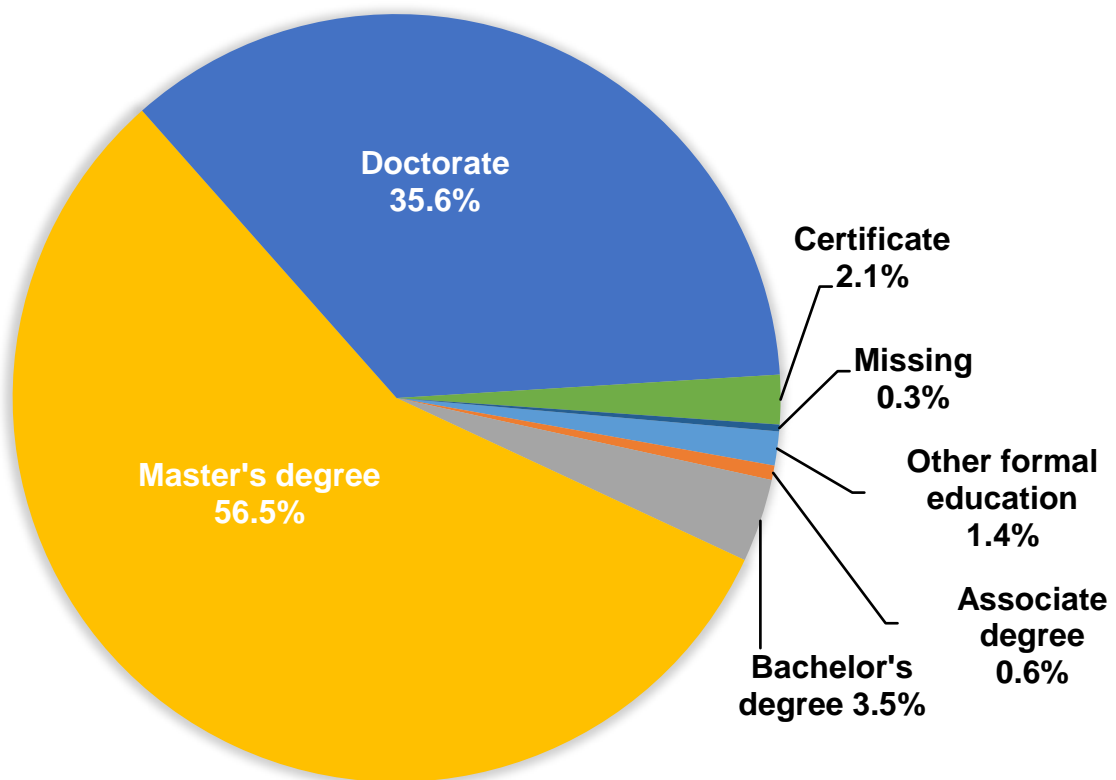


TABLE 17 – OTHER PROFESSIONAL LICENSES HELD

LICENSE	NUMBER (N)	PERCENT*
Massage Therapist	220	7.9
Chiropractor	99	3.5
Registered Nurse (RN) or Nurse Practitioner (NP)	55	2.0
Esthetician	44	1.6
Naturopathic Doctor	21	0.8
Physical Therapist	17	0.6
Athletic Trainer	17	0.6
Pharmacist (RPh) or Pharmacy Technician (TCH)	9	0.3
Real Estate	9	0.3
Physician	7	0.3
Mental health therapist (Psychologist, LMFT, LPCC, LCSW)	5	0.2
Attorney	4	0.1
Other	116	4.2

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample (2,795) who chose each answer option.

FIGURE 17 – OTHER PROFESSIONAL LICENSES HELD

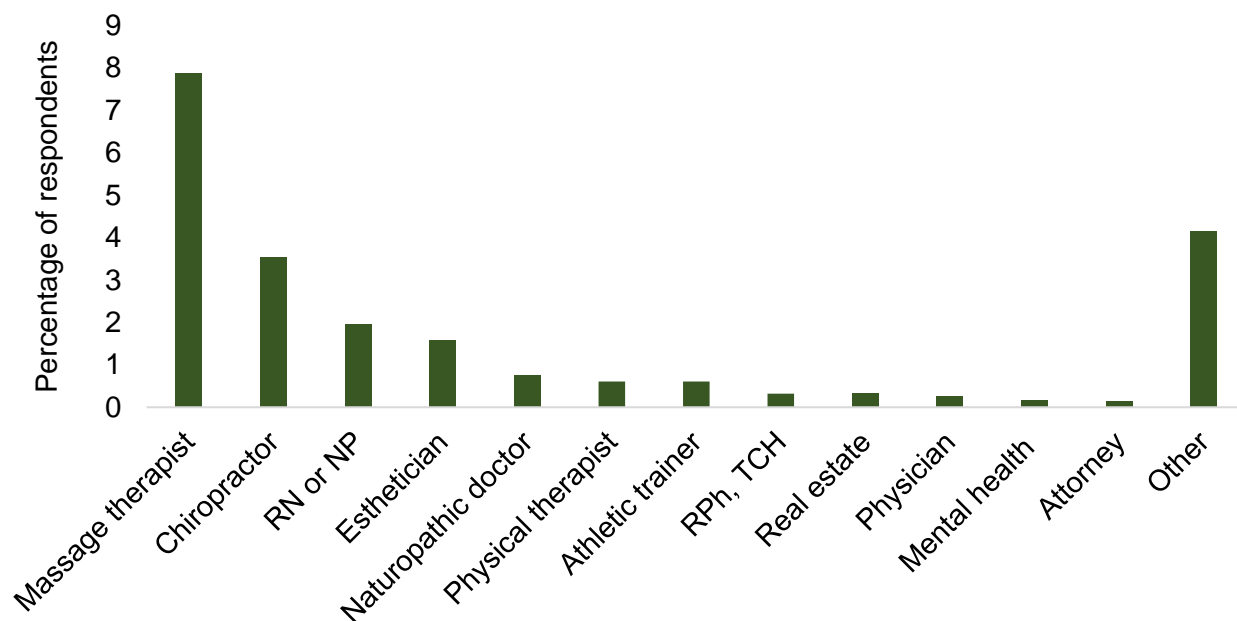


TABLE 18 – APPROXIMATE GROSS ANNUAL INCOME GENERATED FROM EMPLOYMENT AS A LICENSED ACUPUNCTURIST

APPROXIMATE INCOME	NUMBER (N)	PERCENT
Under \$15,000	500	17.9
\$15,000–\$29,999	455	16.3
\$30,000–\$49,999	512	18.3
\$50,000–\$74,999	482	17.2
\$75,000–\$99,999	317	11.3
\$100,000–\$149,999	275	9.8
\$150,000–\$200,000	127	4.5
Over \$200,000	103	3.7
Missing	24	0.9
Total	2,795	100.0

FIGURE 18 – APPROXIMATE GROSS ANNUAL INCOME GENERATED FROM EMPLOYMENT AS A LICENSED ACUPUNCTURIST

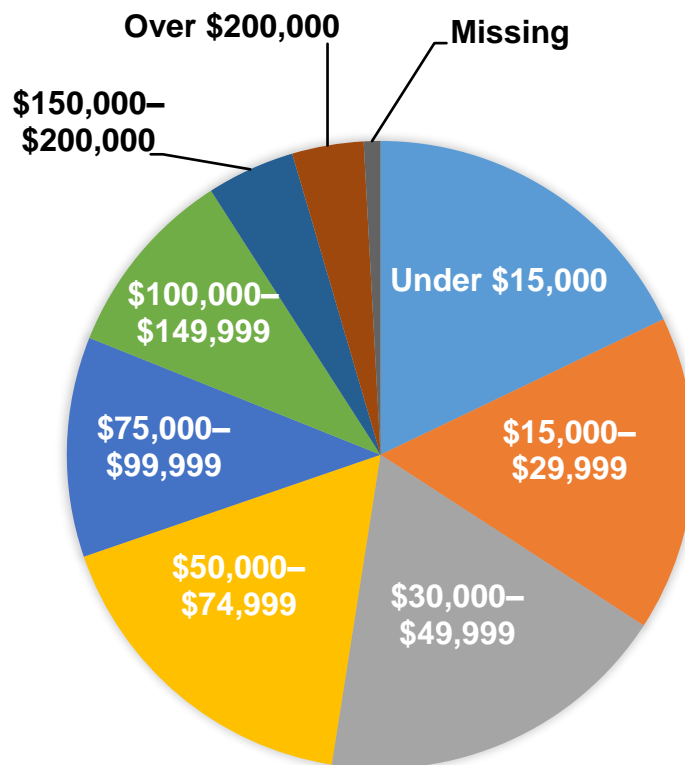


TABLE 19 – RESPONDENT FEELS ABLE TO EARN A LIVING WAGE FROM EMPLOYMENT AS A LICENSED ACUPUNCTURIST

FEELS ABLE TO EARN A LIVING WAGE	NUMBER (N)	PERCENT
Yes	1,643	58.8
No	1,133	40.5
Missing	19	0.7
Total	2,795	100.0

FIGURE 19 – RESPONDENT FEELS ABLE TO EARN A LIVING WAGE FROM EMPLOYMENT AS A LICENSED ACUPUNCTURIST

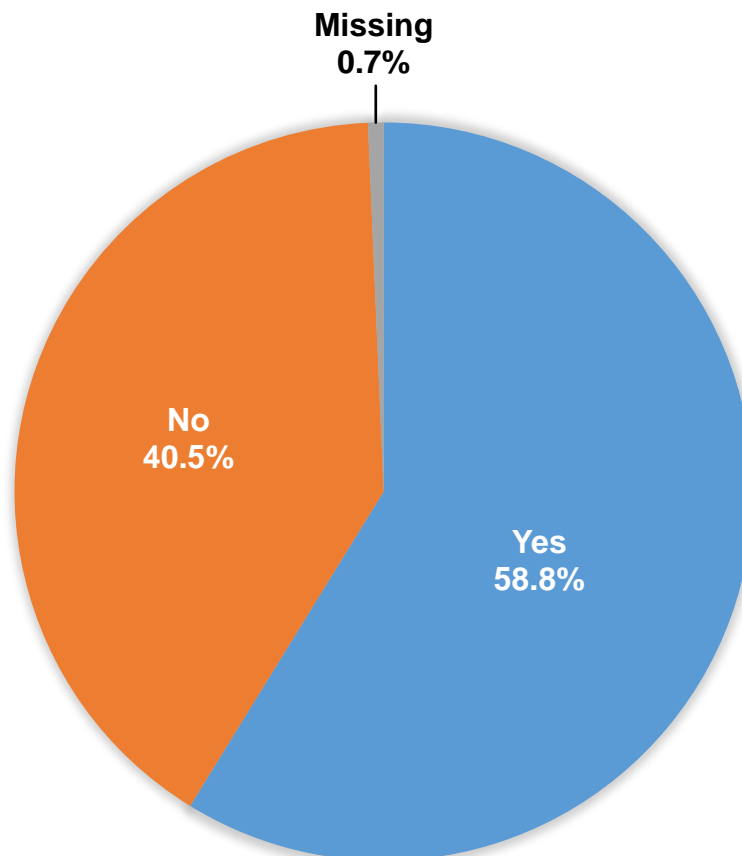


TABLE 20 – CHANGE IN RESPONDENTS' INCOME DUE TO THE COVID-19 PANDEMIC

INCOME CHANGE	NUMBER (N)	PERCENT
Increased significantly	66	2.4
Increased slightly	152	5.4
No change	271	9.7
Decreased slightly	607	21.7
Decreased significantly	1,674	59.9
Missing	25	0.9
Total	2,795	100.0

FIGURE 20 – CHANGE IN RESPONDENTS' INCOME DUE TO THE COVID-19 PANDEMIC

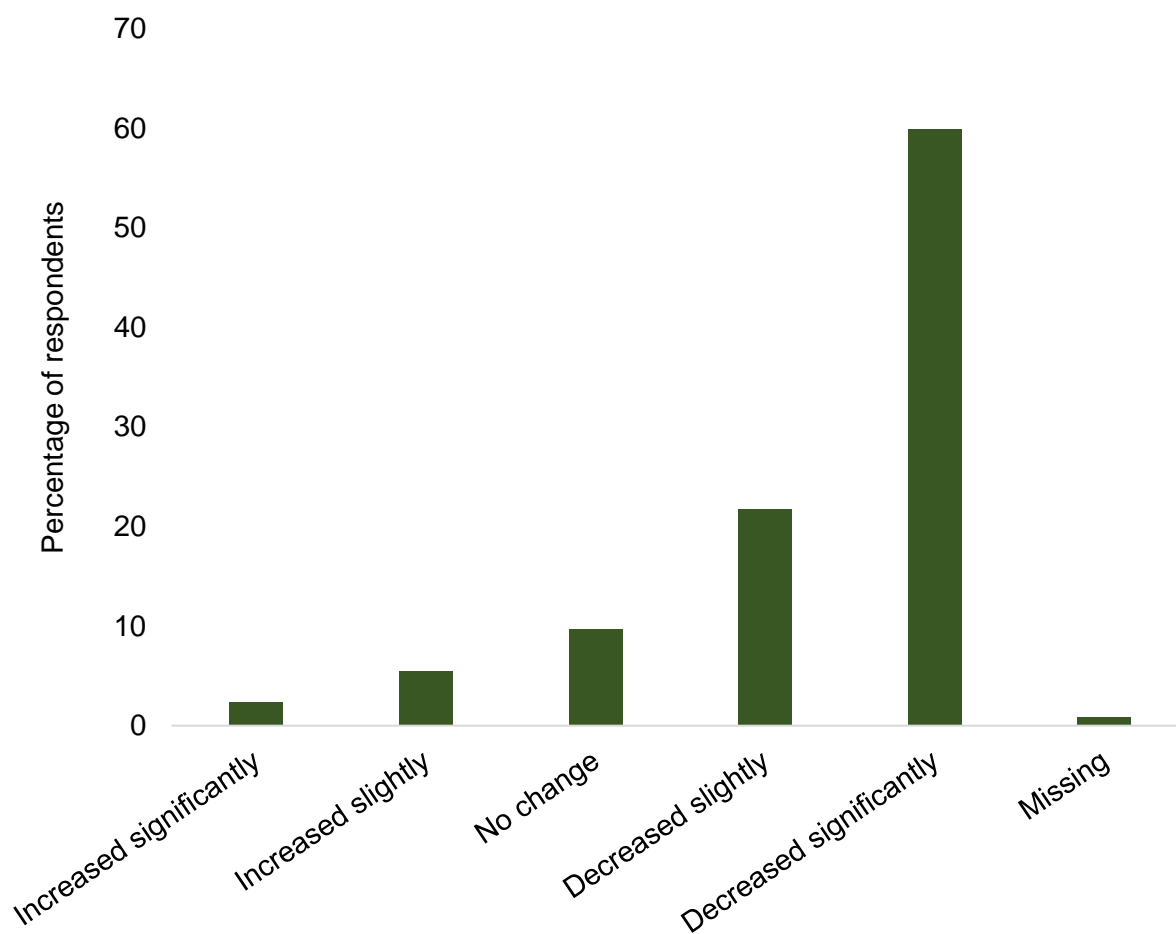


TABLE 21 – ACUPUNCTURE TRAINING PROGRAM PREPARATION FOR FIRST YEAR IN PRACTICE

PROGRAM PREPARATION	NUMBER (N)	PERCENT
Training program prepared me for first year in practice	1,769	63.3
Training program did not prepare me for first year in practice	997	35.7
Missing	29	1.0
Total	2,795	100.0

FIGURE 21 – ACUPUNCTURE TRAINING PROGRAM PREPARATION FOR FIRST YEAR IN PRACTICE

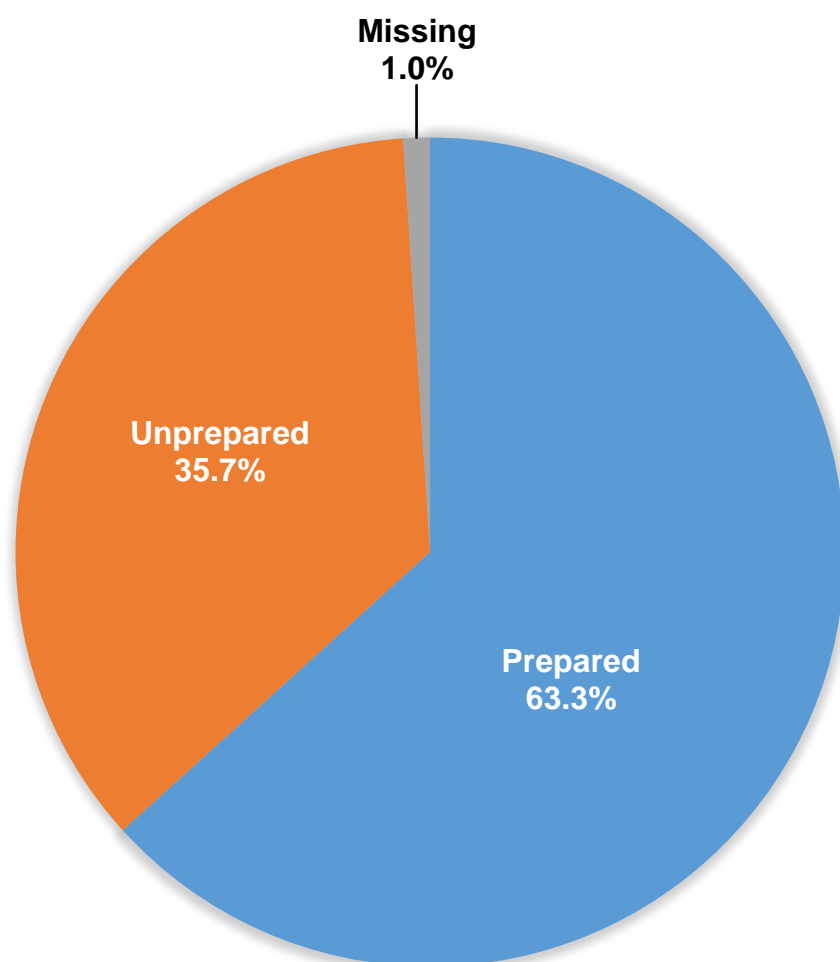


TABLE 22 – SUBJECTS THAT WOULD HAVE BEEN BENEFICIAL FOR ADEQUATE PREPARATION FOR FIRST YEAR IN PRACTICE

SUBJECT	NUMBER (N)	PERCENT*
Practice management and business skills	1,787	63.3
Insurance billing	1,344	48.1
Clinical experience in diverse practice settings	874	31.3
Patient education and counseling	799	28.6
Clinical experience with diverse patient populations	607	21.7
Additional clinical practice hours	505	18.1
Other	269	9.6

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample (2,795) who chose each answer option.

FIGURE 22 – SUBJECTS THAT WOULD HAVE BEEN BENEFICIAL FOR ADEQUATE PREPARATION FOR FIRST YEAR IN PRACTICE

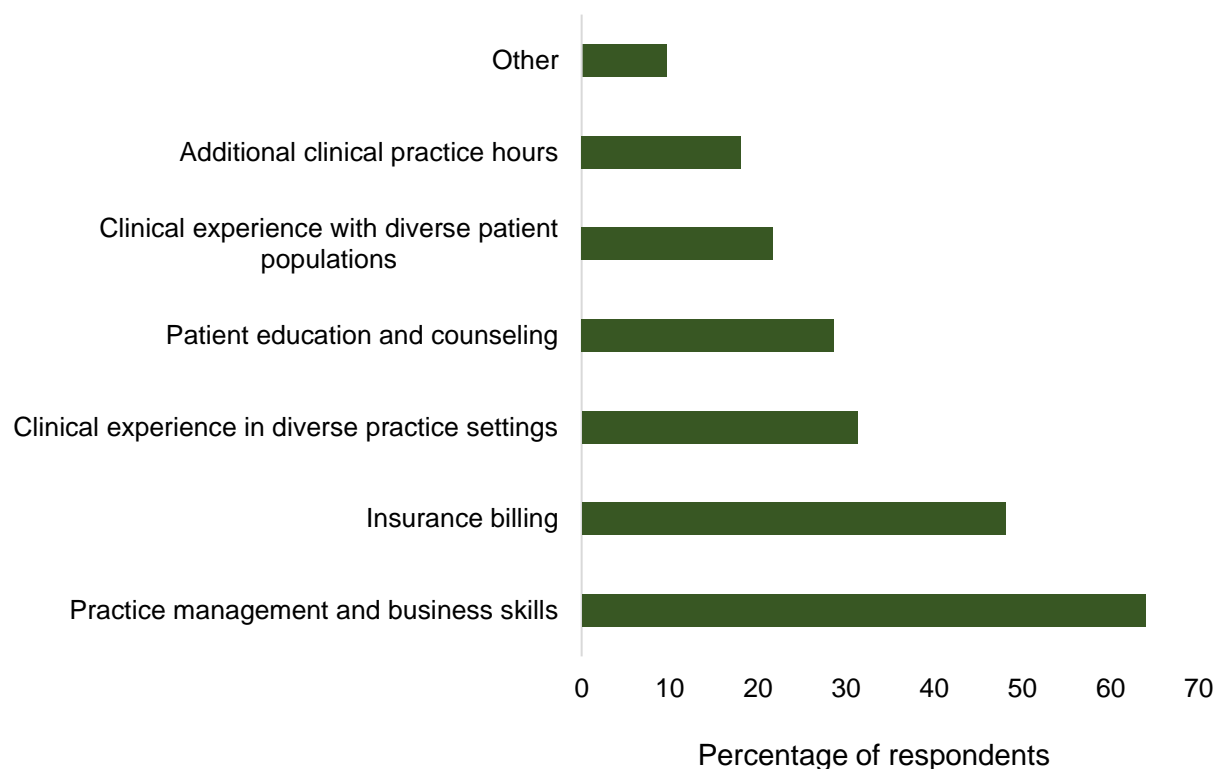


TABLE 23 – PRIMARY PRACTICE LOCATION IN FINAL SAMPLE AND ADDRESS OF RECORD IN POPULATION BY REGION*

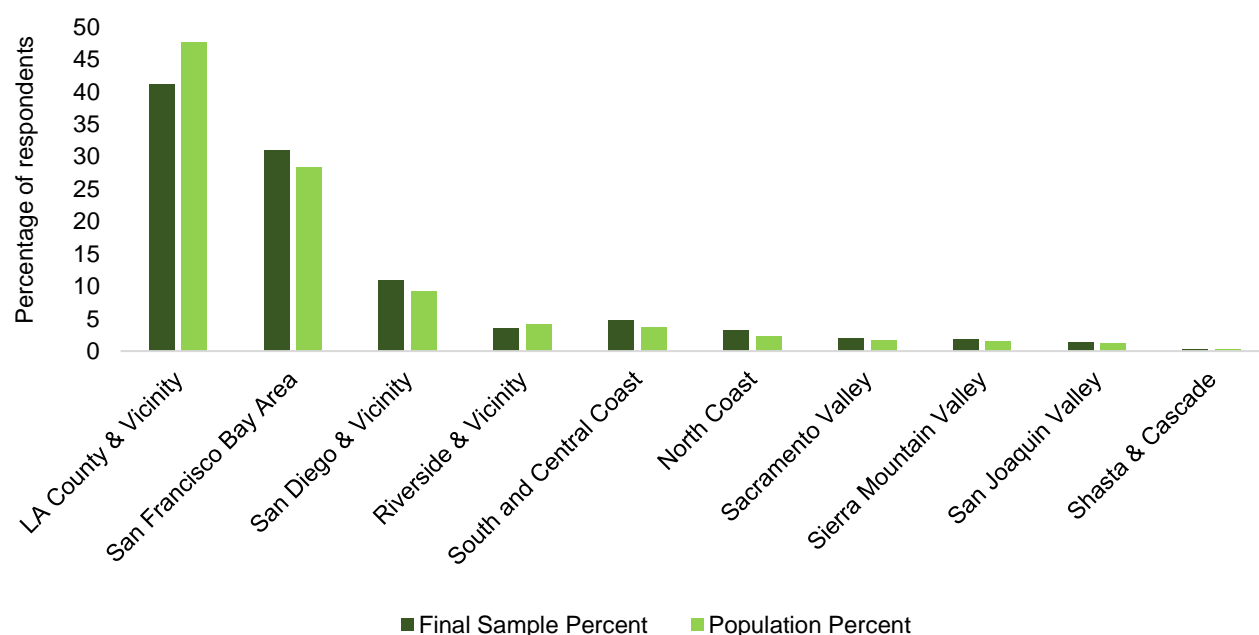
REGION	PRACTICE LOCATION FINAL SAMPLE		ADDRESS OF RECORD POPULATION**	
	NUMBER	PERCENT	NUMBER	PERCENT
Los Angeles County and Vicinity	1,150	41.1	5,633	47.6
San Francisco Bay Area	867	31.0	3,357	28.4
San Diego County and Vicinity	305	10.9	1,093	9.2
Riverside and Vicinity	100	3.6	486	4.1
South and Central Coast	133	4.8	431	3.6
North Coast	87	3.1	276	2.3
Sacramento Valley	55	2.0	202	1.7
Sierra Mountain Valley	52	1.9	179	1.5
San Joaquin Valley	38	1.4	137	1.2
Shasta and Cascade	8	0.3	34	0.3
Total	2,795	100.0***	11,828	100.0***

*NOTE: See Appendix A for a more detailed breakdown of the frequencies by region.

**NOTE: Population values represent address of record for acupuncturists in California at the start of survey.

***NOTE: Percentages may not add to 100 due to rounding.

FIGURE 23 – PRIMARY PRACTICE LOCATION IN FINAL SAMPLE AND ADDRESS OF RECORD IN POPULATION BY REGION



CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings obtained by the questionnaire with a standard index of reliability, coefficient alpha (α), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 24 displays the reliability coefficients for the task statement frequency and importance rating scales by content area and overall. The task statement frequency and importance ratings in each content area and overall were highly reliable. Table 25 displays the reliability coefficients for the knowledge statement importance rating scale by content area and overall. The knowledge statement importance ratings in each content area and overall were highly reliable.

TABLE 24 – RELIABILITY OF TASK FREQUENCY AND IMPORTANCE RATING SCALES BY CONTENT AREA AND OVERALL

CONTENT AREA	NUMBER OF STATEMENTS	α FREQUENCY	α IMPORTANCE
01. Patient assessment	43	.956	.961
02. Diagnosis and treatment planning	25	.921	.934
03. Treatment	71	.953	.962
04. Professional responsibilities	19	.838	.900
Overall*	158	.976	.981

*NOTE: Ratings for all task statements were included in the reliability analysis.

TABLE 25 – RELIABILITY OF KNOWLEDGE IMPORTANCE RATING SCALE BY CONTENT AREA AND OVERALL

CONTENT AREA	NUMBER OF STATEMENTS	α IMPORTANCE
01. Patient assessment	59	.983
02. Diagnosis and treatment planning	28	.974
03. Treatment	93	.984
04. Professional responsibilities	20	.973
Overall*	200	.992

*NOTE: Ratings for all knowledge statements were included in the reliability analysis.

TASK CRITICALITY INDICES

OPES convened a workshop including nine acupuncturist SMEs in May 2021. The SMEs used the results of the OA questionnaire to identify the essential tasks and knowledge required for safe and effective acupuncturist practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index and evaluated the mean importance ratings for all knowledge statements.

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (F_i) and the importance rating (I_i) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

$$\text{Task criticality index} = \text{mean } [(F_i) \times (I_i)]$$

The task statements, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B. The task statements were sorted by criticality index in descending order.

The SMEs who participated in the May 2021 workshop evaluated the task criticality indices derived from the questionnaire results. OPES test specialists instructed the SMEs to determine if any of the tasks had a criticality index that was too low for the task to be included on the examination outline. Based on their review, the SMEs indicated that tasks with a criticality index of 2.23 and above should be included on the examination outline and those with a criticality index of 1.89 or lower should be excluded from the examination outline. This resulted in the exclusion of the following tasks from the examination outline:

- Task 118: Apply herbal plaster therapy to treat indicated conditions.
- Task 74: Select points on patient in accordance with midnight-noon ebb-flow principles (e.g., chrono-acupuncture, Zi Wu Liu Zhu theory, Horary points).
- Task 110: Apply intradermal needles to treat indicated conditions.
- Task 119: Apply kinesiology tape to patients to treat indicated conditions.
- Task 111: Perform laser acupuncture to treat indicated conditions.

The exclusion of a task statement from the examination outline does not mean that the task is not used in practice. The SMEs decided that excluding it from testing was justified due to a very low criticality index relative to other tasks within the scope of acupuncturist practice. A low criticality index is an indication that questionnaire respondents rated the task low in terms of how often it is performed and how important it is for effective practice.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance rating for each statement was calculated. The knowledge statements, sorted by mean importance ratings in descending order, are presented in Appendix C.

The SMEs who participated in the May 2021 workshop and who evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. Based on their review, the SMEs found that the knowledge statements with the lowest mean importance ratings were closely associated with the tasks that had the lowest criticality ratings and were excluded from the examination outline. The SMEs determined that the following 10 knowledge statements had a mean importance index that was too low (3.23 or lower) to be included on the examination outline:

- Knowledge 155: Knowledge of indications, contraindications, and side effects of herbal plaster therapy.
- Knowledge 51: Knowledge of the Five Spirits theory and pattern differentiation methods.
- Knowledge 139: Knowledge of indications, contraindications, and side effects of application of intradermal needles.
- Knowledge 95: Knowledge of clinical significance of selecting points based upon specific time of day.
- Knowledge 154: Knowledge of the application of herbal plaster.
- Knowledge 138: Knowledge of application of intradermal needles.
- Knowledge 157: Knowledge of indications, contraindications, and side effects of kinesiology tape application.
- Knowledge 156: Knowledge of the application of kinesiology tape to patient's body.
- Knowledge 141: Knowledge of indications, contraindications, and side effects of laser acupuncture.
- Knowledge 140: Knowledge of methods and procedures for laser acupuncture.

CHAPTER 5 | WRITTEN EXAMINATION OUTLINE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the May 2021 workshop performed the final linkage of tasks and knowledge statements. For each task, the SMEs identified all knowledge statements that underlie the safe and effective performance of the task.

CONTENT AREAS AND WEIGHTS

The SMEs in the May 2021 workshop also finalized the weights for content areas on the California Acupuncturist Licensing Examination (CALE) outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of the content areas to entry-level acupuncturist practice in California. Through discussion, the SMEs determined that adjustments to preliminary content area weights were necessary to reflect the relative importance of each area more accurately. The SMEs also determined the distribution of the content area weights across the subareas by consensus.

The SMEs also made two changes to the tasks and knowledge statements on the examination outline. The SMEs revised task statement T127 from “Identify herbal therapy with *equivalent* action to Western medications” to “Identify herbal therapy with *similar and complementary* action to Western medications.” The SMEs created a new knowledge statement K201, “Knowledge of principles for selecting sedation and tonification points,” to be added to the “Acupuncture point selection” content subarea 0301.

OPES convened a CALE development workshop in July 2021. The SMEs who participated in the July 2021 workshop reviewed and finalized the new CALE outline developed in the May 2021 workshop. They made two final changes to the CALE outline. First, they moved the subarea “Communication with patients and other health care providers” and its associated weight from content area “Professional responsibilities” to content area “Diagnosis and treatment planning.” Second, the SMEs changed the reference to “Lower He-Sea points” in task statement 83 and knowledge statement 107 to “He-Sea points.”

A summary of the content area and subarea weights for the CALE outline is presented in Table 26.

The CALE outline is presented in Table 27.

TABLE 26 – CALE OUTLINE CONTENT AREA WEIGHTS

CONTENT AREA	Preliminary Percent Weight	Final Percent Weight
01. Patient assessment	28	27
0101. Patient assessment using Traditional Chinese Medicine methods	23	18
0102. Patient assessment using Western medicine methods	4	7
0103. Referrals and emergency management	2	2
02. Diagnosis and treatment planning	16	18
0201. Diagnosis	8	11
0202. Treatment planning	4	6
0203. Communication with patients and other health care providers	4	1
03. Treatment	40	44
0301. Acupuncture point selection	16	16
0302. Acupuncture point location and needling techniques	8	8
0303. Adjunct treatment modalities	5	5
0304. Herbal therapy	11	15
04. Professional responsibilities	16	11
0401. Records, confidentiality, mandated reporting, and informed consent	5	3
0402. Infection control and environmental safety	5	4
0403. Professional conduct and ethics	6	4
Total	100	100

TABLE 27 – EXAMINATION OUTLINE: CALE

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>	<i>Task</i>	<i>Associated Knowledge Statement</i>
0101. Patient assessment using Traditional Chinese Medicine (TCM) methods (18%)	T1 Identify patient's chief complaint.	K1 Knowledge of interview techniques for obtaining information about patient health.
		K2 Knowledge of observational techniques for obtaining information about patient health.
		K3 Knowledge of listening and smelling techniques for obtaining information about patient health.
		K4 Knowledge of palpation examination methods and techniques.
	T2 Collect information about family health history.	K1 Knowledge of interview techniques for obtaining information about patient health.
		K5 Knowledge of effects of patient and family health history on current health status.
	T3 Collect information about patient health history.	K1 Knowledge of interview techniques for obtaining information about patient health.
		K5 Knowledge of effects of patient and family health history on current health status.
	T4 Identify supplements and herbs that the patient is taking.	K1 Knowledge of interview techniques for obtaining information about patient health.
		K6 Knowledge of signs and symptoms associated with use of supplements and herbs.
		K83 Knowledge of interactions between commonly used supplements, herbs, foods, and Western medications.
		K84 Knowledge of actions and side effects of commonly used supplements.

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>	<i>Task</i>	<i>Associated Knowledge Statement</i>
0101. Patient assessment using TCM methods, continued (18%)	T5 Identify signs and symptoms associated with use of supplements and herbs.	K1 Knowledge of interview techniques for obtaining information about patient health.
		K2 Knowledge of observational techniques for obtaining information about patient health.
		K6 Knowledge of signs and symptoms associated with use of supplements and herbs.
		K83 Knowledge of interactions between commonly used supplements, herbs, foods, and Western medications.
		K84 Knowledge of actions and side effects of commonly used supplements.
	T6 Assess emotional health to inform pattern differentiation.	K1 Knowledge of interview techniques for obtaining information about patient health.
		K2 Knowledge of observational techniques for obtaining information about patient health.
		K10 Knowledge of clinical manifestations of Shen.
		K13 Knowledge of signs and symptoms of psychosocial dysfunction associated with disharmony patterns.
		K14 Knowledge of emotions associated with disharmony patterns.
	T7 Evaluate level and quality of Qi to inform pattern differentiation.	K2 Knowledge of observational techniques for obtaining information about patient health.
		K8 Knowledge of clinical indicators of the level and quality of Qi.
		K26 Knowledge of respiratory signs and symptoms associated with disharmony patterns.
		K29 Knowledge of cardiovascular signs and symptoms associated with disharmony patterns.
		K37 Knowledge of the relationship between quality and strength of voice and patterns of disharmony.
		K40 Knowledge of radial pulse characteristics associated with patterns of disharmony.

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0101. Patient assessment using TCM methods, continued (18%)	T8	Assess Shen to inform pattern differentiation.	K2	Knowledge of observational techniques for obtaining information about patient health.
			K7	Knowledge of clinical indicators of the level and quality of Blood.
			K9	Knowledge of clinical indicators of Essence.
			K10	Knowledge of clinical manifestations of Shen.
			K12	Knowledge of the associations between patient physical characteristics and disharmony patterns.
			K13	Knowledge of signs and symptoms of psychosocial dysfunction associated with disharmony patterns.
			K14	Knowledge of emotions associated with disharmony patterns.
			K30	Knowledge of skin characteristics and conditions associated with disharmony patterns.
			K37	Knowledge of the relationship between quality and strength of voice and patterns of disharmony.
	T9	Assess patient physical characteristics to inform pattern differentiation.	K2	Knowledge of observational techniques for obtaining information about patient health.
			K3	Knowledge of listening and smelling techniques for obtaining information about patient health.
			K4	Knowledge of palpation examination methods and techniques.
			K7	Knowledge of clinical manifestations of Shen.
			K9	Knowledge of clinical indicators of the level and quality of Blood.
			K12	Knowledge of the associations between patient physical characteristics and disharmony patterns.
	T10	Identify external factors (e.g., stress, pollutants, noise, climate) influencing health.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K15	Knowledge of external factors (e.g., stress, pollutants, noise, climate) that affect health.

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<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0101. Patient assessment using TCM methods, continued (18%)	T11	Identify lifestyle factors influencing health.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K16	Knowledge of effects of lifestyle factors on health.
	T12	Identify patient sleep patterns to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K7	Knowledge of clinical indicators of the level and quality of Blood.
			K9	Knowledge of clinical indicators of Essence.
			K17	Knowledge of sleep patterns indicating health imbalance.
	T13	Identify dietary habits to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K18	Knowledge of effects of dietary habits and nutrition on health and wellness.
	T14	Identify food and drink flavor preferences, cravings, and aversions to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K19	Knowledge of food and drink flavor preferences, cravings, and aversions associated with disharmony patterns.
			K20	Knowledge of food and drink temperature preferences and aversions associated with disharmony patterns.
	T15	Identify preferences and aversions related to temperature of food and drinks to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K20	Knowledge of food and drink temperature preferences and aversions associated with disharmony patterns.
	T16	Assess thirst and fluid intake to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K21	Knowledge of thirst characteristics associated with patterns of disharmony.
			K22	Knowledge of relationship between fluid intake and disharmony patterns.

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<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0101. Patient assessment using TCM methods, continued (18%)	T17	Identify gastrointestinal signs and symptoms (e.g., characteristics of bowel movements, pain) indicating health imbalance.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K3	Knowledge of listening and smelling techniques for obtaining information about patient health.
			K4	Knowledge of palpation examination methods and techniques.
			K18	Knowledge of effects of dietary habits and nutrition on health and wellness.
			K23	Knowledge of gastrointestinal signs and symptoms associated with disharmony patterns.
	T18	Identify genitourinary signs and symptoms indicating health imbalance.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K24	Knowledge of genitourinary signs and symptoms associated with disharmony patterns.
			K27	Knowledge of mucus characteristics in relation to disharmony patterns.
			K28	Knowledge of phlegm characteristics in relation to disharmony patterns.
	T19	Identify signs and symptoms of gynecological and reproductive systems indicating health imbalance.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K25	Knowledge of signs and symptoms of gynecological and reproductive functioning associated with disharmony patterns.
			K27	Knowledge of mucus characteristics in relation to disharmony patterns.
			K28	Knowledge of phlegm characteristics in relation to disharmony patterns.

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0101. Patient assessment using TCM methods, continued (18%)	T20	Identify respiratory signs and symptoms indicating health imbalance.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K3	Knowledge of listening and smelling techniques for obtaining information about patient health.
			K11	Knowledge of clinical manifestations of Body Fluids.
			K26	Knowledge of respiratory signs and symptoms associated with disharmony patterns.
			K27	Knowledge of mucus characteristics in relation to disharmony patterns.
			K28	Knowledge of phlegm characteristics in relation to disharmony patterns.
	T21	Identify mucus characteristics to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K11	Knowledge of clinical manifestations of Body Fluids.
			K27	Knowledge of mucus characteristics in relation to disharmony patterns.
	T22	Identify phlegm characteristics to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K11	Knowledge of clinical manifestations of Body Fluids.
			K28	Knowledge of phlegm characteristics in relation to disharmony patterns.

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0101. Patient assessment using TCM methods, continued (18%)	T23	Identify cardiovascular signs and symptoms indicating health imbalance.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K3	Knowledge of listening and smelling techniques for obtaining information about patient health.
			K29	Knowledge of cardiovascular signs and symptoms associated with disharmony patterns.
	T24	Identify skin conditions and characteristics indicating health imbalance.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K11	Knowledge of clinical manifestations of Body Fluids.
			K30	Knowledge of skin characteristics and conditions associated with disharmony patterns.
	T25	Assess fever and chills to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K30	Knowledge of skin characteristics and conditions associated with disharmony patterns.
			K31	Knowledge of fever and chills associated with disharmony patterns.
			K32	Knowledge of patient’s sensations of heat and cold associated with health imbalance.
			K33	Knowledge of conditions associated with abnormal localized temperature upon palpation.
			K34	Knowledge of abnormal perspiration associated with disharmony patterns.

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<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0101. Patient assessment using TCM methods, continued (18%)	T26	Identify patient perspiration patterns to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K11	Knowledge of clinical manifestations of Body Fluids.
			K34	Knowledge of abnormal perspiration associated with disharmony patterns.
	T27	Identify ocular and visual signs and symptoms indicating health imbalance.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K35	Knowledge of ocular signs and symptoms associated with disharmony patterns.
	T28	Identify auditory signs and symptoms indicating health imbalance.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K36	Knowledge of auditory signs and symptoms associated with disharmony patterns.
	T29	Assess patient sounds, voice quality, and vocal strength to inform pattern differentiation.	K3	Knowledge of listening and smelling techniques for obtaining information about patient health.
			K37	Knowledge of the relationship between quality and strength of voice and patterns of disharmony.
	T30	Assess level, nature, locations, and frequency of pain to inform pattern differentiation.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K2	Knowledge of observational techniques for obtaining information about patient health.
			K4	Knowledge of palpation examination methods and techniques.
			K38	Knowledge of methods and procedures for assessing pain.

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0101. Patient assessment using TCM methods, continued (18%)	T31	Assess patient tongue body and coating to inform pattern differentiation.	K2	Knowledge of observational techniques for obtaining information about patient health.
			K3	Knowledge of listening and smelling techniques for obtaining information about patient health.
			K39	Knowledge of tongue characteristics associated with disharmony patterns.
	T32	Assess patient pulse to inform pattern differentiation.	K4	Knowledge of palpation examination methods and techniques.
	T33	Palpate areas of body or channels to inform pattern differentiation.	K40	Knowledge of radial pulse characteristics associated with patterns of disharmony.
			K41	Knowledge of methods for obtaining pulse information from various locations on the body.
	T34	Assess patient odors to inform pattern differentiation.	K3	Knowledge of listening and smelling techniques for obtaining information about patient health.
0102. Patient assessment using Western medicine methods (7%)	T57	Identify pharmaceuticals that the patient is taking.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K82	Knowledge of the classification, clinical indications, contraindications, and side effects of commonly prescribed Western medications.
	T58	Identify signs and symptoms associated with the use of pharmaceuticals.	K1	Knowledge of interview techniques for obtaining information about patient health.
			K82	Knowledge of the classification, clinical indications, contraindications, and side effects of commonly prescribed Western medications.
			K83	Knowledge of interactions between commonly used supplements, herbs, foods, and Western medications.
			K84	Knowledge of actions and side effects of commonly used supplements.

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0102. Patient assessment using Western medicine methods, continued (7%)	T59	Perform biomedical physical examination (e.g. observation, auscultation, palpation, vital signs) on patients to determine present health condition.	K71	Knowledge of biomedical physical examination methods and techniques (e.g. observation, auscultation, palpation, vital signs).
			K72	Knowledge of human anatomy, physiology, and pathology.
			K73	Knowledge of procedures for obtaining vital signs.
			K74	Knowledge of normal range of vital signs.
			K75	Knowledge of methods and procedures for assessing neuromusculoskeletal function and integrity.
			K76	Knowledge of pathways and functions of cranial nerves for determination of neurological pathology.
			K77	Knowledge of dermatome technique for assessment of neuromuscular pathology.
			K78	Knowledge of neuromusculoskeletal conditions.
			K79	Knowledge of patient genetics and heredity associated with symptom development.
			K80	Knowledge of clinical significance of common diagnostic and laboratory tests used for diagnostic and treatment purposes.
			K81	Knowledge of common Western medical conditions, terminology, and definitions.
	T62	Order diagnostic tests to determine health condition.	K80	Knowledge of clinical significance of common diagnostic and laboratory tests used for diagnostic and treatment purposes.
			K81	Knowledge of common Western medical conditions, terminology, and definitions.
			K82	Knowledge of the classification, clinical indications, contraindications, and side effects of commonly prescribed Western medications.

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0102. Patient assessment using Western medicine methods, continued (7%)	T60	Perform neurological examination (e.g., sensation, strength) on patients to determine health condition.	K71	Knowledge of biomedical physical examination methods and techniques (e.g. observation, auscultation, palpation, vital signs).
			K72	Knowledge of human anatomy, physiology, and pathology.
			K73	Knowledge of procedures for obtaining vital signs.
			K74	Knowledge of normal range of vital signs.
			K75	Knowledge of methods and procedures for assessing neuromusculoskeletal function and integrity.
			K76	Knowledge of pathways and functions of cranial nerves for determination of neurological pathology.
			K77	Knowledge of dermatome technique for assessment of neuromuscular pathology.
			K78	Knowledge of neuromusculoskeletal conditions.
			K79	Knowledge of patient genetics and heredity associated with symptom development.
	T61	Perform orthopedic examination on patients to determine health condition.	K71	Knowledge of biomedical physical examination methods and techniques (e.g. observation, auscultation, palpation, vital signs).
			K72	Knowledge of human anatomy, physiology, and pathology.
			K75	Knowledge of methods and procedures for assessing neuromusculoskeletal function and integrity.
			K77	Knowledge of dermatome technique for assessment of neuromuscular pathology.
			K78	Knowledge of neuromusculoskeletal conditions.
			K79	Knowledge of patient genetics and heredity associated with symptom development.

01. Patient assessment (27%) – This area assesses the practitioner’s knowledge of assessing patient’s chief complaint and underlying health conditions using TCM and Western medicine assessment methods, referring the patient to another health care provider if indicated by assessment results, and identifying and responding to patient emergency situations.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0102. Patient assessment using Western medicine methods, continued (7%)	T63	Review patient diagnostic reports to gather additional information regarding patient complaint.	K72	Knowledge of human anatomy, physiology, and pathology.
			K74	Knowledge of normal range of vital signs.
			K78	Knowledge of neuromusculoskeletal conditions.
			K80	Knowledge of clinical significance of common diagnostic and laboratory tests used for diagnostic and treatment purposes.
			K81	Knowledge of common Western medical conditions, terminology, and definitions.
			K82	Knowledge of the classification, clinical indications, contraindications, and side effects of commonly prescribed Western medications.
			K83	Knowledge of interactions between commonly used supplements, herbs, foods, and Western medications.
0103. Referrals and emergency management (2%)	T55	Refer client to other health care providers based on assessment findings.	K84	Knowledge of actions and side effects of commonly used supplements.
	T56	Identify signs and symptoms that require emergency management.	K67	Knowledge of clinical conditions that require patient referral to other health care providers.
			K68	Knowledge of signs and symptoms of emergency conditions.
			K68	Knowledge of signs and symptoms of emergency conditions.
			K69	Knowledge of methods for administering cardiopulmonary resuscitation.
			K70	Knowledge of methods for providing first aid treatment.

02. Diagnosis and treatment planning (18%) - This area assesses the practitioner's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan according to TCM theories. It also evaluates the practitioner's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0201. Diagnosis (11%)	T35	Evaluate patient data to determine whether additional information is needed.	K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K47	Knowledge of clinical indicators associated with disease of the channels.
	T36	Interpret and integrate assessment findings (e.g., pulse, tongue, history, channel, diagnostic test results) to inform pattern differentiation.	K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K45	Knowledge of the relationship between the Organs and channels in disease progression and transformation.
			K46	Knowledge of the relationship between the Zang Fu and vital substances (i.e., the Liver stores the Blood).
			K47	Knowledge of clinical indicators associated with disease of the channels.
			K48	Knowledge of the functions, distribution, and clinical significance of the channels.
	T37	Identify primary disharmony patterns by prioritizing patient signs and symptoms.	K50	Knowledge of methods for prioritizing indicators of disharmony to develop a differential diagnosis.
	T38	Identify phase of pathogen progression.	K42	Knowledge of disease progression from superficial to deep levels of the human body.
			K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K45	Knowledge of the relationship between the Organs and channels in disease progression and transformation.

02. Diagnosis and treatment planning (18%) - This area assesses the practitioner's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan according to TCM theories. It also evaluates the practitioner's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0201. Diagnosis, continued (11%)	T39	Identify affected channels.	K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K45	Knowledge of the relationship between the Organs and channels in disease progression and transformation.
			K47	Knowledge of clinical indicators associated with disease of the channels.
			K48	Knowledge of the functions, distribution, and clinical significance of the channels.
			K53	Knowledge of the functions of and the relationship between the Zang Fu and the channels.
	T40	Identify Root and Branch condition.	K42	Knowledge of disease progression from superficial to deep levels of the human body.
			K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K45	Knowledge of the relationship between the Organs and channels in disease progression and transformation.
			K49	Knowledge of principles for treating root versus branch disharmony patterns.
	T41	Identify Five Element disharmony patterns.	K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K52	Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.
			K54	Knowledge of the Five Elements theory and pattern differentiation methods.

02. Diagnosis and treatment planning (18%) - This area assesses the practitioner's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan according to TCM theories. It also evaluates the practitioner's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0201. Diagnosis, continued (11%)	T42	Identify Zang Fu disharmony patterns.	K42	Knowledge of disease progression from superficial to deep levels of the human body.
			K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K46	Knowledge of the relationship between the Zang Fu and vital substances (i.e., the Liver stores the Blood).
			K53	Knowledge of the functions of and the relationship between the Zang Fu and the channels.
			K59	Knowledge of the clinical indications associated with Zang Fu disharmonies.
			K60	Knowledge of methods for identifying simultaneous Zang Fu disharmonies.
	T43	Identify Eight Principles categorization.	K42	Knowledge of disease progression from superficial to deep levels of the human body.
			K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K55	Knowledge of the Eight Principles theory and pattern differentiation methods.
	T44	Identify disharmony pattern using Six Stages (i.e., Shang Han Lun) of differentiation.	K42	Knowledge of disease progression from superficial to deep levels of the human body.
			K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K57	Knowledge of the Six Stages (Shang Han Lun) theory and pattern differentiation methods.

02. Diagnosis and treatment planning (18%) - This area assesses the practitioner's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan according to TCM theories. It also evaluates the practitioner's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0201. Diagnosis, continued (11%)	T45	Identify disharmony pattern using Four Levels (i.e., Wei, Qi, Ying, and Xue) of differentiation.	K42	Knowledge of disease progression from superficial to deep levels of the human body.
			K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K58	Knowledge of the Four Levels theory and pattern differentiation methods.
	T46	Identify disharmony pattern using Triple Burner (i.e., San Jiao) differentiation.	K42	Knowledge of disease progression from superficial to deep levels of the human body.
			K43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.
			K44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.
			K56	Knowledge of the Triple Burner theory and pattern differentiation methods.

02. Diagnosis and treatment planning (18%) - This area assesses the practitioner's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan according to TCM theories. It also evaluates the practitioner's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0201. Diagnosis, continued (11%)	T47	Develop a differential diagnosis list for identified disharmony patterns.	K50	Knowledge of methods for prioritizing indicators of disharmony to develop a differential diagnosis.
			K52	Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.
			K53	Knowledge of the functions of and the relationship between the Zang Fu and the channels.
			K54	Knowledge of the Five Elements theory and pattern differentiation methods.
			K55	Knowledge of the Eight Principles theory and pattern differentiation methods.
			K56	Knowledge of the Triple Burner theory and pattern differentiation methods.
			K57	Knowledge of the Six Stages (Shang Han Lun) theory and pattern differentiation methods.
			K58	Knowledge of the Four Levels theory and pattern differentiation methods.
			K59	Knowledge of the clinical indications associated with Zang Fu disharmonies.
			K60	Knowledge of methods for identifying simultaneous Zang Fu disharmonies.
			K61	Knowledge of functions and disharmonies associated with Vital Substances.
0202. Treatment planning (6%)	T48	Develop treatment principles (e.g., tonify, sedate, harmonize) for patients.	K62	Knowledge of development of treatment principles based on different theories of pattern differentiation.
			K65	Knowledge of the association between stimulation techniques and treatment principles.

02. Diagnosis and treatment planning (18%) - This area assesses the practitioner's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan according to TCM theories. It also evaluates the practitioner's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0202. Treatment planning, continued (6%)	T49	Develop treatment plans by applying treatment principle (e.g., tonify, sedate, harmonize).	K63	Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.
			K64	Knowledge of treatment strategies for using tonification and sedation points.
	T50	Prioritize treatment principles and management of presenting problems.	K65	Knowledge of the association between stimulation techniques and treatment principles.
	T51	Evaluate patient progress during follow-up visit to determine adjustments to treatment plans.	K66	Knowledge of methods for evaluating patient progress.
	T52	Develop a differential diagnosis list for identified disharmony patterns.	K62	Knowledge of development of treatment principles based on different theories of pattern differentiation.
	T53	Identify a measurable metric for assessing treatment efficacy (e.g., outcome measures, questionnaires).	K63	Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.
			K64	Knowledge of treatment strategies for using tonification and sedation points.
			K65	Knowledge of the association between stimulation techniques and treatment principles.
			K66	Knowledge of methods for evaluating patient progress.

02. Diagnosis and treatment planning (18%) - This area assesses the practitioner's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan according to TCM theories. It also evaluates the practitioner's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0203. Communication with patients and other health care providers (1%)	T54	Collaborate with primary physicians and other health care providers to identify the most effective treatment for patients.	K85	Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.
	T64	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for patients and health care providers.	K86	Knowledge of Western medical diagnoses and physiological processes involved with disease progression.
	T65	Educate patients regarding differences between Traditional Chinese Medicine and Western medicine.	K87	Knowledge of techniques to communicate assessment findings, diagnoses, and treatment plans to patients or other health care providers.
	T66	Communicate assessment findings and diagnosis to patients.	K87	Knowledge of techniques to communicate assessment findings, diagnoses, and treatment plans to patients or other health care providers.
	T67	Communicate with patients about treatment plan and possible outcomes.		
	T68	Explain treatment procedures to patients before starting treatment.		

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0301. Acupuncture point selection (16%)	T69	Develop a point prescription based on treatment principles.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K90	Knowledge of principles for combining distal and proximal points.
			K91	Knowledge of principles for choosing local points.
			K92	Knowledge of principles for combining points from different channels.
			K93	Knowledge of principles for choosing points according to channel theory.
			K94	Knowledge of treatment modification based on patient response to treatment.
			K96	Knowledge of clinical significance of the sequence in which needles are inserted.
			K97	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.
			K98	Knowledge of the principles for balancing the points on the upper part of the body with those of the lower part.
			K99	Knowledge of principles for choosing points on the front and back to regulate internal Organs.
			K100	Knowledge of principles for choosing points in the center to treat conditions occurring on extremities.
			K101	Knowledge of principles for choosing points on the extremities to treat conditions occurring in the center.
			K201	Knowledge of principles for selecting sedation and tonification points.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0301. Acupuncture point selection, continued (16%)	T70	Select distal and/or proximal points.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K90	Knowledge of principles for combining distal and proximal points.
			K91	Knowledge of principles for choosing local points.
			K92	Knowledge of principles for combining points from different channels.
			K93	Knowledge of principles for choosing points according to channel theory.
			K97	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.
			K98	Knowledge of the principles for balancing the points on the upper part of the body with those of the lower part.
	T71	Select local points along the affected Meridian.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K91	Knowledge of principles for choosing local points.
			K92	Knowledge of principles for combining points from different channels.
			K93	Knowledge of principles for choosing points according to channel theory.
			K102	Knowledge of the therapeutic use of Ashi points.
	T72	Select points from different channels to treat Root and Branch.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K90	Knowledge of principles for combining distal and proximal points.
			K92	Knowledge of principles for combining points from different channels.
			K93	Knowledge of principles for choosing points according to channel theory.
			K98	Knowledge of the principles for balancing the points on the upper part of the body with those of the lower part.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0301. Acupuncture point selection, continued (16%)	T73	Select points on patient's body using mirroring methods (e.g., elbow-for-knee).	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K90	Knowledge of principles for combining distal and proximal points.
			K92	Knowledge of principles for combining points from different channels.
			K93	Knowledge of principles for choosing points according to channel theory.
			K96	Knowledge of clinical significance of the sequence in which needles are inserted.
			K97	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.
			K98	Knowledge of the principles for balancing the points on the upper part of the body with those of the lower part.
			K99	Knowledge of principles for choosing points on the front and back to regulate internal Organs.
			K100	Knowledge of principles for choosing points in the center to treat conditions occurring on extremities.
			K101	Knowledge of principles for choosing points on the extremities to treat conditions occurring in the center.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0301. Acupuncture point selection, continued (16%)	T75	Select points on patients to balance point distribution (e.g., right and left, above and below).	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K90	Knowledge of principles for combining distal and proximal points.
			K91	Knowledge of principles for choosing local points.
			K92	Knowledge of principles for combining points from different channels.
			K97	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.
			K98	Knowledge of the principles for balancing the points on the upper part of the body with those of the lower part.
			K99	Knowledge of principles for choosing points on the front and back to regulate internal Organs.
			K118	Knowledge of principles for choosing Mother and Son points (Four Needle Technique).
	T76	Select points from Yin and Yang channels to balance treatment prescription for patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K92	Knowledge of principles for combining points from different channels.
			K93	Knowledge of principles for choosing points according to channel theory.
			K97	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.
			K98	Knowledge of the principles for balancing the points on the upper part of the body with those of the lower part.
			K99	Knowledge of principles for choosing points on the front and back to regulate internal Organs.
			K104	Knowledge of principles for choosing Front-Mu points in treatment.
			K105	Knowledge of principles for choosing Back-Shu points in treatment.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0301. Acupuncture point selection, continued (16%)	T77	Select points on patient extremities to treat conditions occurring in the center.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K90	Knowledge of principles for combining distal and proximal points.
			K101	Knowledge of principles for choosing points on the extremities to treat conditions occurring in the center.
	T78	Select points on patient that are centrally located to treat conditions occurring in the extremities.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K100	Knowledge of principles for choosing points in the center to treat conditions occurring on extremities.
	T79	Select Ashi points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K91	Knowledge of principles for choosing local points.
			K102	Knowledge of the therapeutic use of Ashi points.
			K103	Knowledge of the therapeutic use of points along the Muscle channels.
	T80	Select points along the Muscle channels.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K103	Knowledge of the therapeutic use of points along the Muscle channels.
	T81	Select Front-Mu points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K104	Knowledge of principles for choosing Front-Mu points in treatment.
			K106	Knowledge of principles for combining Front-Mu points and Back-Shu points to balance treatment.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0301. Acupuncture point selection, continued (16%)	T82	Select Back-Shu points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K93	Knowledge of principles for choosing points according to channel theory.
			K105	Knowledge of principles for choosing Back-Shu points in treatment.
			K106	Knowledge of principles for combining Front-Mu points and Back-Shu points to balance treatment.
	T83	Select He-Sea points on patients to connect channels with respective Fu Organs.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K107	Knowledge of principles for choosing He-Sea points.
	T84	Select Five Shu (Five-Transporting) points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K104	Knowledge of principles for choosing Front-Mu points in treatment.
			K105	Knowledge of principles for choosing Back-Shu points in treatment.
			K106	Knowledge of principles for combining Front-Mu points and Back-Shu points to balance treatment.
			K107	Knowledge of principles for choosing He-Sea points.
			K108	Knowledge of principles for choosing Five Shu (Five-Transporting) points.
	T85	Select Confluent points of the Eight Extraordinary channels on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K109	Knowledge of principles for choosing Confluent points of the Eight Extraordinary channels.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0301. Acupuncture point selection, continued (16%)	T86	Select Extra points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K110	Knowledge of principles for choosing Extra points.
	T87	Select Intersecting or Crossing points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K111	Knowledge of principles for choosing Intersecting or Crossing points of channels.
	T88	Select Luo-Connecting points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K112	Knowledge of principles for choosing Luo-Connecting points.
	T89	Select Yuan-Source points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K113	Knowledge of principles for choosing Yuan-Source points.
	T90	Select Xi-Cleft points on patients to treat acute conditions of the related channel or corresponding Organs.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K114	Knowledge of principles for choosing Xi-Cleft points.
	T91	Select Eight Influential points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K117	Knowledge of principles for choosing Eight Influential points.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0301. Acupuncture point selection, continued (16%)	T92	Select points to treat muscle or joint mechanism dysfunction.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K102	Knowledge of the therapeutic use of Ashi points.
			K103	Knowledge of the therapeutic use of points along the Muscle channels.
			K120	Knowledge of auricular point selection principles.
			K121	Knowledge of dermatome map for point selection.
			K123	Knowledge of principles and indications for selecting motor points.
			K124	Knowledge of principles and indications for selecting trigger points.
	T93	Select points to treat a radiculopathy based on dermatome map.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K121	Knowledge of dermatome map for point selection.
	T94	Select scalp points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K119	Knowledge of scalp point selection principles.
	T95	Select auricular points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K120	Knowledge of auricular point selection principles.
	T96	Select points according to the Five Elements theory.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K122	Knowledge of point selection using the Five Elements theory.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0301. Acupuncture point selection, continued (16%)	T97	Select trigger points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K124	Knowledge of principles and indications for selecting trigger points.
	T98	Select motor points on patients.	K88	Knowledge of the clinical actions and indications of points.
			K89	Knowledge of the interrelationships between points, channels, and internal Organs.
			K123	Knowledge of principles and indications for selecting motor points.
0302. Acupuncture point location and needling techniques (8%)	T99	Locate points for needle insertion on patient by using anatomical landmarks and proportional measurements.	K125	Knowledge of anatomical landmarks and proportional measurements used in point location.
			K129	Knowledge of patient positions for locating and needling acupuncture points.
	T100	Select needle length and gauge according to treatment area, patient characteristics, and patient diagnosis.	K126	Knowledge of needle manipulation techniques.
			K130	Knowledge of recommended needling depths and angles.
			K135	Knowledge of principles for selecting needles.
	T101	Identify needle retention time for patients to achieve optimal treatment effects.	K127	Knowledge of needle retention methods for patterns of disharmony.
			K128	Knowledge of the impact of patient constitution and condition on duration of needle retention.
			K134	Knowledge of potential side effects of acupuncture treatment.
	T102	Select needle length and gauge according to treatment area, patient characteristics, and patient diagnosis.	K126	Knowledge of needle manipulation techniques.
			K129	Knowledge of patient positions for locating and needling acupuncture points.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>	<i>Task</i>	<i>Associated Knowledge Statement</i>
0302. Acupuncture point location and needling techniques, continued (8%)	T103 Insert needle within standard depth range to stimulate point on patients.	K115 Knowledge of the therapeutic use of tonification and sedation techniques.
		K130 Knowledge of recommended needling depths and angles.
		K133 Knowledge of points and patient conditions that require needling with caution.
		K135 Knowledge of principles for selecting needles.
	T104 Insert needle using recommended insertion angle.	K130 Knowledge of recommended needling depths and angles.
	T105 Manipulate needle to produce therapeutic effect in patients.	K115 Knowledge of the therapeutic use of tonification and sedation techniques.
		K126 Knowledge of needle manipulation techniques.
	T106 Identify contraindications for needling by evaluating patient condition to avoid injury and complications.	K126 Knowledge of needle manipulation techniques.
		K128 Knowledge of the impact of patient constitution and condition on duration of needle retention.
		K130 Knowledge of recommended needling depths and angles.
		K132 Knowledge of points and patient conditions that are contraindicated for needling.
		K134 Knowledge of potential side effects of acupuncture treatment.
	T107 Identify points that require needling with caution (e.g., points located near arteries) to avoid complications.	K130 Knowledge of recommended needling depths and angles.
		K133 Knowledge of points and patient conditions that require needling with caution.
		K134 Knowledge of potential side effects of acupuncture treatment.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0302. Acupuncture point location and needling techniques, continued (8%)	T108	Monitor patients before, during, and after treatment for adverse reactions and comfort level.	K130	Knowledge of recommended needling depths and angles.
			K131	Knowledge of signs and symptoms of patient distress.
			K132	Knowledge of points and patient conditions that are contraindicated for needling.
			K133	Knowledge of points and patient conditions that require needling with caution.
			K134	Knowledge of potential side effects of acupuncture treatment.
0303. Adjunct treatment modalities (5%)	T109	Apply moxibustion techniques on patients to treat indicated conditions.	K135	Knowledge of principles for selecting needles.
			K136	Knowledge of moxibustion (i.e., direct and indirect) techniques.
	T112	Perform electrotherapy (e.g., electroacupuncture, electrostimulation, TENS) on patients to enhance effectiveness of treatment for select conditions.	K137	Knowledge of indications, contraindications, and side effects of moxibustion.
			K142	Knowledge of electrotherapy techniques.
	T113	Perform cupping techniques on patients to treat indicated conditions.	K143	Knowledge of indications, contraindications, and side effects of electrotherapy.
			K144	Knowledge of cupping techniques.
	T114	Perform Gua Sha techniques to treat indicated conditions.	K145	Knowledge of indications, contraindications, and side effects of cupping.
			K146	Knowledge of Gua Sha techniques.
	T115	Perform manual therapy (e.g., Tui Na, acupressure) on patients to treat indicated conditions.	K147	Knowledge of indications, contraindications, and side effects of Gua Sha.
			K148	Knowledge of manual therapy techniques.
			K149	Knowledge of indications, contraindications, and side effects of manual therapy.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0303. Adjunct treatment modalities, continued (5%)	T116	Perform heat therapy (e.g., infrared light, heat pad) to treat indicated conditions.	K150	Knowledge of heat therapy techniques.
			K151	Knowledge of indications, contraindications, and side effects of heat therapy.
	T117	Apply ear seeds to treat indicated conditions.	K152	Knowledge of the application of ear seeds.
			K153	Knowledge of indications, contraindications, and side effects of ear seeds application.
	T120	Educate patients regarding therapeutic exercises to treat indicated conditions.	K158	Knowledge of lifestyle changes and stress reduction techniques that improve health condition.
			K159	Knowledge of therapeutic exercises to support patient treatment goals.
	T121	Educate patients regarding diet and nutrition to support treatment.	K160	Knowledge of dietary modifications to support patient treatment goals.
	T122	Educate patients regarding lifestyle changes (e.g., Qi Gong exercise, ergonomics, meditation) to improve health condition.	K158	Knowledge of lifestyle changes and stress reduction techniques that improve health condition.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0304. Herbal therapy (15%)	T123	Select or develop herbal formulas for patients based on treatment principle (e.g., tonify, sedate, harmonize).	K161	Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.
			K162	Knowledge of categories of herbs and herbal formulas.
	T124	Select or develop herbal formula based on patient constitution.	K163	Knowledge of the effects of herbs and herbal formulas on channels and Organs.
			K164	Knowledge of modifications of herbal formulas.
	T125	Select or develop herbal therapies that complement patient acupuncture treatments.	K165	Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.
			K166	Knowledge of the hierarchical principles governing herbal formulas.
			K167	Knowledge of the association between therapeutic effects of points and herbal therapy.
			K168	Knowledge of interactions between herbal therapies, supplements, and Western medications.
			K169	Knowledge of cautions and contraindications related to herbs and herbal formulas.
			K170	Knowledge of interactions between diet and herbal therapies.
			K171	Knowledge of effective dosages of herbs and herbal supplements.
			K172	Knowledge of the principles and guidelines for herbal formula preparation.
			K173	Knowledge of the relationships between herbal formulas and treatment principles.
			K174	Knowledge of herbs and combinations of herbs that are toxic or produce undesired side effects.

03. Treatment (44%) - This area assesses the practitioner's knowledge of using acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0304. Herbal therapy, continued (15%)	T125, cont'd	Select or develop herbal therapies that complement patient acupuncture treatments.	K175	Knowledge of methods for modifying herbal formulas to treat changes in patient condition.
			K176	Knowledge of the effects of processing on efficacy and toxicity of herbs.
			K177	Knowledge of forms (e.g., raw, granules, pill) used for administering herbs.
			K178	Knowledge of herbal formula recommendations based upon patient constitution.
	T126	Instruct patients on use of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	K161	Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.
			K167	Knowledge of the association between therapeutic effects of points and herbal therapy.
			K171	Knowledge of effective dosages of herbs and herbal supplements.
			K172	Knowledge of the principles and guidelines for herbal formula preparation.
			K173	Knowledge of the relationships between herbal formulas and treatment principles.
			K176	Knowledge of the effects of processing on efficacy and toxicity of herbs.
			K178	Knowledge of herbal formula recommendations based upon patient constitution.
	T127	Identify herbal therapy with similar or complementary action to Western medications.	K161	Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.
			K162	Knowledge of categories of herbs and herbal formulas.
			K163	Knowledge of the effects of herbs and herbal formulas on channels and Organs.
			K168	Knowledge of interactions between herbal therapies, supplements, and Western medications.

03. Treatment (44%) - This area assesses the practitioner's knowledge of using acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0304. Herbal therapy, continued (15%)	T128	Identify herbal therapy contraindications for the patient.	K161	Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.
			K168	Knowledge of interactions between herbal therapies, supplements, and Western medications.
			K169	Knowledge of cautions and contraindications related to herbs and herbal formulas.
			K170	Knowledge of interactions between diet and herbal therapies.
			K171	Knowledge of effective dosages of herbs and herbal supplements.
			K173	Knowledge of the relationships between herbal formulas and treatment principles.
	T129	Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	K161	Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.
			K168	Knowledge of interactions between herbal therapies, supplements, and Western medications.
			K169	Knowledge of cautions and contraindications related to herbs and herbal formulas.
	T130	Monitor and evaluate patient response to herbal therapy.	K169	Knowledge of cautions and contraindications related to herbs and herbal formulas.
			K174	Knowledge of herbs and combinations of herbs that are toxic or produce undesired side effects.
			K175	Knowledge of methods for modifying herbal formulas to treat changes in patient condition.
			K178	Knowledge of herbal formula recommendations based upon patient constitution.
	T131	Monitor effects of herbs when combined with Western medications to determine interactions.	K168	Knowledge of interactions between herbal therapies, supplements, and Western medications.
			K169	Knowledge of cautions and contraindications related to herbs and herbal formulas.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0304. Herbal therapy, continued (15%)	T132	Determine effective dosage of herbal therapy by evaluating patient condition.	K171	Knowledge of effective dosages of herbs and herbal supplements.
			K175	Knowledge of methods for modifying herbal formulas to treat changes in patient condition.
			K176	Knowledge of the effects of processing on efficacy and toxicity of herbs.
			K178	Knowledge of herbal formula recommendations based upon patient constitution.
	T133	Modify herbal prescription for patients based on patient response to herbal therapy.	K162	Knowledge of categories of herbs and herbal formulas.
			K163	Knowledge of the effects of herbs and herbal formulas on channels and Organs.
			K164	Knowledge of modifications of herbal formulas.
			K165	Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.
			K166	Knowledge of the hierarchical principles governing herbal formulas.
			K169	Knowledge of cautions and contraindications related to herbs and herbal formulas.
			K172	Knowledge of the principles and guidelines for herbal formula preparation.
			K173	Knowledge of the relationships between herbal formulas and treatment principles.
			K174	Knowledge of herbs and combinations of herbs that are toxic or produce undesired side effects.
			K175	Knowledge of methods for modifying herbal formulas to treat changes in patient condition.
			K177	Knowledge of forms (e.g., raw, granules, pill) used for administering herbs.
			K178	Knowledge of herbal formula recommendations based upon patient constitution.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0304. Herbal therapy, continued (15%)	T134	Identify type of herbal therapy indicated for the patient (e.g., powder, granular, raw herb, decoction, patent).	K177	Knowledge of forms (e.g., raw, granules, pill) used for administering herbs.
			K178	Knowledge of herbal formula recommendations based upon patient constitution.
	T135	Inspect raw herbs for authenticity and purity (e.g., appearance, taste, smell, texture).	K179	Knowledge of methods for ensuring authenticity and purity of raw herbs.
	T136	Obtain certificate of authenticity for herbs from the manufacturer.		
	T137	Label packaging containing herbal prescriptions following legal guidelines for supplements.	K179	Knowledge of methods for ensuring authenticity and purity of raw herbs.
			K180	Knowledge of requirements for labeling of containers used for storing or dispensing of herbal preparations.
	T138	Provide information about the herbal therapy prescriptions to patients.	K161	Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.
			K172	Knowledge of the principles and guidelines for herbal formula preparation.
			K177	Knowledge of forms (e.g., raw, granules, pill) used for administering herbs.
			K178	Knowledge of herbal formula recommendations based upon patient constitution.
			K179	Knowledge of methods for ensuring authenticity and purity of raw herbs.

03. Treatment (44%) - This area assesses the practitioner's knowledge of acupuncture, herbal therapy, and adjunct modalities to treat the patient's health imbalance.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0304. Herbal therapy, continued (15%)	T139	Prepare raw herbs following safety guidelines.	K161	Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.
			K162	Knowledge of categories of herbs and herbal formulas.
			K176	Knowledge of the effects of processing on efficacy and toxicity of herbs.
			K179	Knowledge of methods for ensuring authenticity and purity of raw herbs.
			K180	Knowledge of requirements for labeling of containers used for storing or dispensing of herbal preparations.

04. Professional responsibilities (11%) - This area assesses the practitioner's knowledge of legal requirements, ethical guidelines, and professional standards related to the acupuncturist profession in California.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>	
0401. Records, confidentiality, mandated reporting, and informed consent (3%)	T140	Document assessment, treatment, and patient response to treatment in accordance with legal and professional standards.	K181	Knowledge of legal requirements and professional standards pertaining to documentation of assessment, treatment, and patient response.
	T141	Maintain patient records in accordance with legal requirements.	K182	Knowledge of professional standards for writing medical records and reports.
	T142	Maintain patient privacy and confidentiality in accordance with legal requirements.	K183	Knowledge of legal requirements pertaining to maintenance and retention of patient records.
			K184	Knowledge of legal requirements pertaining to confidentiality of patient information (i.e., HIPAA).
			K185	Knowledge of legal requirements pertaining to disclosure of patient information.
			K186	Knowledge of legal requirements pertaining to reporting of child, elder, and dependent adult abuse and neglect.
			K187	Knowledge of legal requirements pertaining to reporting of communicable disease.
	T143	Identify and report cases of known or suspected abuse and neglect.	K186	Knowledge of legal requirements pertaining to reporting of child, elder, and dependent adult abuse and neglect.
	T144	Identify and report cases of communicable disease.	K188	Knowledge of indicators of child, elder, and dependent adult abuse and neglect.
			K187	Knowledge of legal requirements pertaining to reporting of communicable disease.
			K189	Knowledge of legal and ethical requirements pertaining to informed consent.
	T146	Assess patient capacity to make health care decisions.	K190	Knowledge of methods to assess patient capacity to make health care decisions.

04. Professional responsibilities (11%) - This area assesses the practitioner's knowledge of legal requirements, ethical guidelines, and professional standards related to the acupuncturist profession in California.

<i>Subarea</i>		<i>Task</i>		<i>Associated Knowledge Statement</i>
0402. Infection control and environmental safety (4%)	T147	Implement standard procedures to prevent disease transmission and minimize risk of infection.	K191	Knowledge of infection control guidelines.
			K192	Knowledge of the risks of infectious diseases in the practitioner and patient environment.
	T148	Implement measures to safely perform acupuncture and adjunct treatments on patients.	K193	Knowledge of standards and procedures for the Clean Needle Technique.
	T149	Practice clean needle techniques.	K194	Knowledge of legal requirements for maintaining clinical environments in accordance with OSHA requirements and clinical standards.
	T150	Maintain a clinical environment that adheres to OSHA requirements and clinical standards.		
	T151	Dispose of needles, contaminated material, and containers in accordance with Cal/OSHA guidelines.	K195	Knowledge of methods for isolating used needles.
			K196	Knowledge of legal requirements for disposal of contaminated materials
0403. Professional conduct and ethics (4%)	T152	Recognize situations and behaviors that may impair ability to practice safely and competently.	K197	Knowledge of methods to assess patient capacity to make health care decisions.
	T153	Comply with the acupuncturist legal scope of practice.	K198	Knowledge of laws and regulations pertaining to unprofessional conduct for California-licensed acupuncturists.
	T154	Develop advertisements regarding services provided in accordance with legal guidelines.	K199	Knowledge of legal requirements pertaining to advertisement and dissemination of information about professional qualifications and services.
	T155	Recognize situations and behaviors that constitute unprofessional conduct.	K198	Knowledge of laws and regulations pertaining to unprofessional conduct for California-licensed acupuncturists.

04. Professional responsibilities (11%) - This area assesses the practitioner's knowledge of legal requirements, ethical guidelines, and professional standards related to the acupuncturist profession in California.

<i>Subarea</i>	<i>Task</i>		<i>Associated Knowledge Statement</i>
0403. Professional conduct and ethics, continued (4%)	T156	Recognize and evaluate potential conflict of interest situations for impact on patients or therapeutic process.	K200 Knowledge of ethical and professional standards for licensed acupuncturists.
	T157	Establish and maintain professional boundaries.	
	T158	Safeguard patient rights to dignity.	

CHAPTER 6 | CONCLUSION

The OA of the acupuncturist profession described in this report provides a comprehensive description of current acupuncturist practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent acupuncturist practice.

Use of the CALE content outline included in this report ensures that the Board is compliant with Business and Professions Code §139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	851
Orange	299
TOTAL	1,150

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	207
Contra Costa	49
Marin	57
Napa	5
San Francisco	163
San Mateo	73
Santa Clara	245
Santa Cruz	59
Solano	9
TOTAL	867

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	9
Kern	9
Kings	1
Madera	1
San Joaquin	10
Stanislaus	7
Tulare	1
TOTAL	38

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	10
Lake	2
Sacramento	38
Yolo	4
Yuba	1
TOTAL	55

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	3
San Diego	302
TOTAL	305

SHASTA AND CASCADE

County of Practice	Frequency
Plumas	1
Shasta	5
Siskiyou	2
TOTAL	8

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	42
San Bernardino	58
TOTAL	100

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Calaveras	2
El Dorado	13
Inyo	2
Mariposa	2
Nevada	10
Placer	22
Tuolumne	1
TOTAL	52

NORTH COAST

County of Practice	Frequency
Humboldt	12
Mendocino	18
Sonoma	57
TOTAL	87

SOUTH AND CENTRAL COAST

County of Practice	Frequency
Monterey	22
San Benito	2
San Luis Obispo	23
Santa Barbara	33
Ventura	53
TOTAL	133

APPENDIX B | TASK CRITICALITY INDICES

Task Number	Task	Mean Importance	Mean Frequency	Task Criticality Index
151	Dispose of needles, contaminated material, and containers in accordance with Cal/OSHA guidelines.	4.87	4.82	23.63
149	Practice clean needle techniques.	4.86	4.80	23.59
153	Comply with the acupuncturist legal scope of practice.	4.84	4.76	23.19
1	Identify patient's chief complaint.	4.86	4.73	23.18
142	Maintain patient privacy and confidentiality in accordance with legal requirements.	4.83	4.76	23.16
150	Maintain a clinical environment that adheres to OSHA requirements and clinical standards.	4.79	4.73	22.91
148	Implement measures to safely perform acupuncture and adjunct treatments on patients.	4.76	4.73	22.76
158	Safeguard patient rights to dignity.	4.75	4.74	22.74
147	Implement standard procedures to prevent disease transmission and minimize risk of infection.	4.70	4.72	22.57
141	Maintain patient records in accordance with legal requirements.	4.77	4.65	22.38
157	Establish and maintain professional boundaries.	4.71	4.68	22.27
145	Obtain informed consent for treatment in accordance with legal and ethical guidelines.	4.64	4.64	22.00
107	Identify points that require needling with caution (e.g., points located near arteries) to avoid complications.	4.61	4.65	21.84
140	Document assessment, treatment, and patient response to treatment in accordance with legal and professional standards.	4.68	4.58	21.75
3	Collect information about patient health history.	4.70	4.49	21.40
108	Monitor patients before, during, and after treatment for adverse reactions and comfort level.	4.61	4.55	21.38
106	Identify contraindications for needling by evaluating patient condition to avoid injury and complications.	4.56	4.57	21.36
52	Modify treatment plans based on patient response to treatment.	4.54	4.46	20.64
51	Evaluate patient progress during follow-up visit to determine adjustments to treatment plans.	4.54	4.43	20.52
68	Explain treatment procedures to patients before starting treatment.	4.56	4.40	20.43
30	Assess level, nature, locations, and frequency of pain to inform pattern differentiation.	4.49	4.35	20.17

Task Number	Task	Mean Importance	Mean Frequency	Task Criticality Index
67	Communicate with patients about treatment plan and possible outcomes.	4.48	4.33	19.79
152	Recognize situations and behaviors that may impair ability to practice safely and competently.	4.16	4.61	19.71
104	Insert needle using recommended insertion angle.	4.40	4.31	19.62
36	Interpret and integrate assessment findings (e.g., pulse, tongue, history, channel, diagnostic test results) to inform pattern differentiation.	4.39	4.30	19.58
102	Place patients into recommended position for needle insertion.	4.42	4.28	19.50
100	Select needle length and gauge according to treatment area, patient characteristics, and patient diagnosis.	4.38	4.27	19.40
103	Insert needle within standard depth range to stimulate point on patients.	4.38	4.27	19.36
11	Identify lifestyle factors influencing health.	4.39	4.25	19.13
69	Develop a point prescription based on treatment principles.	4.32	4.20	18.86
99	Locate points for needle insertion on patient by using anatomical landmarks and proportional measurements.	4.30	4.19	18.86
70	Select distal and/or proximal points.	4.38	4.16	18.86
17	Identify gastrointestinal signs and symptoms (e.g., characteristics of bowel movements, pain) indicating health imbalance.	4.33	4.17	18.68
12	Identify patient sleep patterns to inform pattern differentiation.	4.36	4.16	18.67
32	Assess patient pulse to inform pattern differentiation.	4.27	4.12	18.46
39	Identify affected channels.	4.23	4.13	18.23
50	Prioritize treatment principles and management of presenting problems.	4.22	4.12	18.13
6	Assess emotional health to inform pattern differentiation.	4.26	4.09	18.12
101	Identify needle retention time for patients to achieve optimal treatment effects.	4.24	4.09	18.01
57	Identify pharmaceuticals that the patient is taking.	4.16	4.13	18.00
66	Communicate assessment findings and diagnosis to patients.	4.26	4.08	17.95
71	Select local points along the affected Meridian.	4.24	4.07	17.93

Task Number	Task	Mean Importance	Mean Frequency	Task Criticality Index
31	Assess patient tongue body and coating to inform pattern differentiation.	4.17	4.08	17.91
13	Identify dietary habits to inform pattern differentiation.	4.21	4.08	17.80
146	Assess patient capacity to make health care decisions.	3.93	4.26	17.74
4	Identify supplements and herbs that the patient is taking.	4.26	3.98	17.61
130	Monitor and evaluate patient response to herbal therapy.	3.94	4.07	17.53
121	Educate patients regarding diet and nutrition to support treatment.	4.13	4.08	17.50
37	Identify primary disharmony patterns by prioritizing patient signs and symptoms.	4.11	4.03	17.49
122	Educate patients regarding lifestyle changes (e.g., Qi Gong exercise, ergonomics, meditation) to improve health condition.	4.11	4.05	17.39
10	Identify external factors (e.g., stress, pollutants, noise, climate) influencing health.	4.17	4.01	17.39
33	Palpate areas of body or channels to inform pattern differentiation.	4.08	3.99	17.21
79	Select Ashi points on patients.	4.17	3.95	17.17
155	Recognize situations and behaviors that constitute unprofessional conduct.	3.66	4.48	17.14
48	Develop treatment principles (e.g., tonify, sedate, harmonize) for patients.	4.05	3.96	17.12
49	Develop treatment plans by applying treatment principle (e.g., tonify, sedate, harmonize).	4.01	3.94	16.90
7	Evaluate level and quality of Qi to inform pattern differentiation.	4.06	3.91	16.85
19	Identify signs and symptoms of gynecological and reproductive systems indicating health imbalance.	4.02	3.93	16.75
129	Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	3.74	4.06	16.72
65	Educate patients regarding differences between Traditional Chinese Medicine and Western medicine.	4.07	3.91	16.66
156	Recognize and evaluate potential conflict of interest situations for impact on patients or therapeutic process.	3.62	4.33	16.58
128	Identify herbal therapy contraindications for the patient.	3.74	4.00	16.48
132	Determine effective dosage of herbal therapy by evaluating patient condition.	3.78	3.93	16.42

Task Number	Task	Mean Importance	Mean Frequency	Task Criticality Index
40	Identify Root and Branch condition.	3.90	3.88	16.32
133	Modify herbal prescription for patients based on patient response to herbal therapy.	3.73	3.94	16.29
9	Assess patient physical characteristics to inform pattern differentiation.	4.03	3.82	16.26
35	Evaluate patient data to determine whether additional information is needed.	3.99	3.85	16.20
20	Identify respiratory signs and symptoms indicating health imbalance.	3.96	3.88	16.12
5	Identify signs and symptoms associated with use of supplements and herbs.	3.93	3.84	16.06
105	Manipulate needle to produce therapeutic effect in patients.	3.91	3.85	16.00
116	Perform heat therapy (e.g., infrared light, heat pad) to treat indicated conditions.	3.99	3.70	15.96
72	Select points from different channels to treat Root and Branch.	3.89	3.82	15.95
131	Monitor effects of herbs when combined with Western medications to determine interactions.	3.63	3.92	15.93
58	Identify signs and symptoms associated with the use of pharmaceuticals.	3.79	3.93	15.84
23	Identify cardiovascular signs and symptoms indicating health imbalance.	3.85	3.88	15.81
138	Provide information about the herbal therapy prescriptions to patients.	3.71	3.78	15.76
42	Identify Zang Fu disharmony patterns.	3.84	3.77	15.71
126	Instruct patients on use of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	3.65	3.82	15.70
92	Select points to treat muscle or joint mechanism dysfunction.	3.89	3.79	15.68
8	Assess Shen to inform pattern differentiation.	3.87	3.75	15.66
56	Identify signs and symptoms that require emergency management.	3.42	4.36	15.63
64	Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for patients and health care providers.	3.85	3.73	15.42
18	Identify genitourinary signs and symptoms indicating health imbalance.	3.83	3.72	15.17

Task Number	Task	Mean Importance	Mean Frequency	Task Criticality Index
82	Select Back-Shu points on patients.	3.81	3.72	15.15
53	Identify a measurable metric for assessing treatment efficacy (e.g., outcome measures, questionnaires).	3.72	3.75	15.14
77	Select points on patient extremities to treat conditions occurring in the center.	3.81	3.67	15.05
25	Assess fever and chills to inform pattern differentiation.	3.69	3.75	14.90
59	Perform biomedical physical examination (e.g. observation, auscultation, palpation, vital signs) on patients to determine present health condition.	3.64	3.72	14.90
120	Educate patients regarding therapeutic exercises to treat indicated conditions.	3.73	3.73	14.89
63	Review patient diagnostic reports to gather additional information regarding patient complaint.	3.68	3.73	14.71
154	Develop advertisements regarding services provided in accordance with legal guidelines.	3.24	3.76	14.68
2	Collect information about family health history.	3.97	3.49	14.56
123	Select or develop herbal formulas for patients based on treatment principle (e.g., tonify, sedate, harmonize).	3.51	3.72	14.55
16	Assess thirst and fluid intake to inform pattern differentiation.	3.76	3.59	14.47
125	Select or develop herbal therapies that complement patient acupuncture treatments.	3.50	3.65	14.29
43	Identify Eight Principles categorization.	3.60	3.57	14.29
124	Select or develop herbal formula based on patient constitution.	3.44	3.65	14.15
38	Identify phase of pathogen progression.	3.51	3.57	13.77
113	Perform cupping techniques on patients to treat indicated conditions.	3.52	3.52	13.72
14	Identify food and drink flavor preferences, cravings, and aversions to inform pattern differentiation.	3.64	3.49	13.71
95	Select auricular points on patients.	3.60	3.49	13.71
134	Identify type of herbal therapy indicated for the patient (e.g., powder, granular, raw herb, decoction, patent).	3.40	3.44	13.65
86	Select Extra points on patients.	3.62	3.50	13.64
24	Identify skin conditions and characteristics indicating health imbalance.	3.61	3.53	13.62
89	Select Yuan-Source points on patients.	3.55	3.48	13.55

Task Number	Task	Mean Importance	Mean Frequency	Task Criticality Index
80	Select points along the Muscle channels.	3.51	3.46	13.46
47	Develop a differential diagnosis list for identified disharmony patterns.	3.45	3.44	13.45
22	Identify phlegm characteristics to inform pattern differentiation.	3.52	3.50	13.38
76	Select points from Yin and Yang channels to balance treatment prescription for patients.	3.50	3.42	13.31
55	Refer client to other health care providers based on assessment findings.	3.37	3.73	13.30
15	Identify preferences and aversions related to temperature of food and drinks to inform pattern differentiation.	3.57	3.41	13.24
97	Select trigger points on patients.	3.40	3.39	13.07
115	Perform manual therapy (e.g., Tui Na, acupressure) on patients to treat indicated conditions.	3.35	3.38	13.03
75	Select points on patients to balance point distribution (e.g., right and left, above and below).	3.47	3.32	12.95
26	Identify patient perspiration patterns to inform pattern differentiation.	3.45	3.44	12.93
84	Select Five Shu (Five-Transporting) points on patients.	3.38	3.40	12.89
73	Select points on patient's body using mirroring methods (e.g., elbow-for-knee).	3.41	3.36	12.88
137	Label packaging containing herbal prescriptions following legal guidelines for supplements.	3.00	3.14	12.88
21	Identify mucus characteristics to inform pattern differentiation.	3.41	3.41	12.82
85	Select Confluent points of the Eight Extraordinary channels on patients.	3.40	3.40	12.81
81	Select Front-Mu points on patients.	3.41	3.41	12.80
83	Select Lower He-Sea points on patients to connect channels with respective Fu Organs.*	3.40	3.38	12.67
61	Perform orthopedic examination on patients to determine health condition.	3.22	3.40	12.55
112	Perform electrotherapy (e.g., electroacupuncture, electrostimulation,) on patients to enhance effectiveness of treatment for select conditions.	3.20	3.30	12.46

*NOTE: SMEs changed the task statement to read: "Select He-Sea points on patients to connect channels with respective Fu Organs" (Chapter 5).

Task Number	Task	Mean Importance	Mean Frequency	Task Criticality Index
29	Assess patient sounds, voice quality, and vocal strength to inform pattern differentiation.	3.38	3.28	12.25
60	Perform neurological examination (e.g., sensation, strength) on patients to determine health condition.	3.10	3.36	11.95
27	Identify ocular and visual signs and symptoms indicating health imbalance.	3.25	3.28	11.82
94	Select scalp points on patients.	3.15	3.31	11.61
41	Identify Five Element disharmony patterns.	3.08	3.17	11.59
88	Select Luo-Connecting points on patients.	3.23	3.22	11.56
90	Select Xi-Cleft points on patients to treat acute conditions of the related channel or corresponding Organs.	3.18	3.23	11.51
91	Select Eight Influential points on patients.	3.15	3.19	11.34
127	Identify herbal therapy with equivalent action to Western medications.*	2.93	3.14	11.17
93	Select points to treat a radiculopathy based on dermatome map.	2.99	3.10	11.15
78	Select points on patient that are centrally located to treat conditions occurring in the extremities.	3.09	3.12	11.11
28	Identify auditory signs and symptoms indicating health imbalance.	3.14	3.17	11.10
45	Identify disharmony pattern using Four Levels (i.e., Wei, Qi, Ying, and Xue) of differentiation.	3.02	3.14	11.04
143	Identify and report cases of known or suspected abuse and neglect.	2.36	4.26	10.88
87	Select Intersecting or Crossing points on patients.	3.06	3.11	10.77
136	Obtain certificate of authenticity for herbs from the manufacturer.	2.52	2.97	10.59
54	Collaborate with primary physicians and other health care providers to identify the most effective treatment for patients.	2.84	3.27	10.58
144	Identify and report cases of communicable disease.	2.28	4.14	10.44
96	Select points according to the Five Elements theory.	2.86	3.00	10.42
98	Select motor points on patients.	2.89	2.99	10.41

*NOTE: SMEs changed the task statement to read: "Identify herbal therapy with similar and complementary action to Western medications" (Chapter 5).

Task Number	Task	Mean Importance	Mean Frequency	Task Criticality Index
44	Identify disharmony pattern using Six Stages (i.e., Shang Han Lun) of differentiation.	2.83	3.04	10.23
117	Apply ear seeds to treat indicated conditions.	2.88	2.91	9.83
34	Assess patient odors to inform pattern differentiation.	2.85	2.94	9.69
109	Apply moxibustion techniques on patients to treat indicated conditions.	2.54	3.00	9.48
46	Identify disharmony pattern using Triple Burner (i.e., San Jiao) differentiation.	2.60	2.81	9.09
135	Inspect raw herbs for authenticity and purity (e.g., appearance, taste, smell, texture).	2.12	2.47	8.69
114	Perform Gua Sha techniques to treat indicated conditions.	2.44	2.72	8.60
139	Prepare raw herbs following safety guidelines.	1.97	2.37	8.52
62	Order diagnostic tests to determine health condition.	2.23	2.79	8.17
118	Apply herbal plaster therapy to treat indicated conditions.	1.89	2.28	6.28
74	Select points on patient in accordance with midnight-noon ebb-flow principles (e.g., chrono-acupuncture, Zi Wu Liu Zhu theory, Horary points).	1.91	2.25	6.23
110	Apply intradermal needles to treat indicated conditions.	1.48	1.87	4.74
119	Apply kinesiology tape to patients to treat indicated conditions.	1.23	1.61	3.89
111	Perform laser acupuncture to treat indicated conditions.	0.57	0.95	1.86

NOTE: Shaded task statements were not included on the examination outline (Chapter 4).

APPENDIX C | KNOWLEDGE MEAN IMPORTANCE RATINGS

Number	Knowledge Statement	Mean Importance
68	Knowledge of signs and symptoms of emergency conditions.	4.65
193	Knowledge of standards and procedures for the Clean Needle Technique.	4.64
195	Knowledge of methods for isolating used needles.	4.63
196	Knowledge of legal requirements for disposal of contaminated materials.	4.63
197	Knowledge of laws and regulations that define scope of practice and professional competence for acupuncturists.	4.63
192	Knowledge of the risks of infectious diseases in the practitioner and patient environment.	4.62
198	Knowledge of laws and regulations pertaining to unprofessional conduct for California-licensed acupuncturists.	4.62
200	Knowledge of ethical and professional standards for licensed acupuncturists.	4.62
184	Knowledge of legal requirements pertaining to confidentiality of patient information (i.e., HIPAA).	4.61
133	Knowledge of points and patient conditions that require needling with caution.	4.60
185	Knowledge of legal requirements pertaining to disclosure of patient information.	4.59
194	Knowledge of legal requirements for maintaining clinical environments in accordance with OSHA requirements and clinical standards.	4.59
132	Knowledge of points and patient conditions that are contraindicated for needling.	4.58
189	Knowledge of legal and ethical requirements pertaining to informed consent.	4.58
191	Knowledge of infection control guidelines.	4.58
183	Knowledge of legal requirements pertaining to maintenance and retention of patient records.	4.54
181	Knowledge of legal requirements and professional standards pertaining to documentation of assessment, treatment, and patient response.	4.53
131	Knowledge of signs and symptoms of patient distress.	4.52
134	Knowledge of potential side effects of acupuncture treatment.	4.52
1	Knowledge of interview techniques for obtaining information about patient health.	4.50
186	Knowledge of legal requirements pertaining to reporting of child, elder, and dependent adult abuse and neglect.	4.50
182	Knowledge of professional standards for writing medical records and reports.	4.48
2	Knowledge of observational techniques for obtaining information about patient health.	4.46
72	Knowledge of human anatomy, physiology, and pathology.	4.46

Number	Knowledge Statement	Mean Importance
187	Knowledge of legal requirements pertaining to reporting of communicable disease.	4.46
188	Knowledge of indicators of child, elder, and dependent adult abuse and neglect.	4.46
199	Knowledge of legal requirements pertaining to advertisement and dissemination of information about professional qualifications and services.	4.43
130	Knowledge of recommended needling depths and angles.	4.41
94	Knowledge of treatment modification based on patient response to treatment.	4.40
190	Knowledge of methods to assess patient capacity to make health care decisions.	4.40
67	Knowledge of clinical conditions that require patient referral to other health care providers.	4.39
88	Knowledge of the clinical actions and indications of points.	4.38
69	Knowledge of methods for administering cardiopulmonary resuscitation.	4.37
4	Knowledge of palpation examination methods and techniques.	4.36
70	Knowledge of methods for providing first aid treatment.	4.36
66	Knowledge of methods for evaluating patient progress.	4.34
38	Knowledge of methods and procedures for assessing pain.	4.33
125	Knowledge of anatomical landmarks and proportional measurements used in point location.	4.33
16	Knowledge of effects of lifestyle factors on health.	4.32
18	Knowledge of effects of dietary habits and nutrition on health and wellness.	4.32
89	Knowledge of the interrelationships between points, channels, and internal Organs.	4.32
135	Knowledge of principles for selecting needles.	4.32
17	Knowledge of sleep patterns indicating health imbalance.	4.31
129	Knowledge of patient positions for locating and needling acupuncture points.	4.30
74	Knowledge of normal range of vital signs.	4.29
91	Knowledge of principles for choosing local points.	4.26
158	Knowledge of lifestyle changes and stress reduction techniques that improve health condition.	4.26
174	Knowledge of herbs and combinations of herbs that are toxic or produce undesired side effects.	4.25
160	Knowledge of dietary modifications to support patient treatment goals.	4.24
169	Knowledge of cautions and contraindications related to herbs and herbal formulas.	4.24

Number	Knowledge Statement	Mean Importance
161	Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.	4.23
87	Knowledge of techniques to communicate assessment findings, diagnoses, and treatment plans to patients or other health care providers.	4.21
90	Knowledge of principles for combining distal and proximal points.	4.21
81	Knowledge of common Western medical conditions, terminology, and definitions.	4.20
92	Knowledge of principles for combining points from different channels.	4.19
15	Knowledge of external factors (e.g., stress, pollutants, noise, climate) that affect health.	4.18
23	Knowledge of gastrointestinal signs and symptoms associated with disharmony patterns.	4.17
73	Knowledge of procedures for obtaining vital signs.	4.17
102	Knowledge of the therapeutic use of Ashi points.	4.17
145	Knowledge of indications, contraindications, and side effects of cupping.	4.17
6	Knowledge of signs and symptoms associated with use of supplements and herbs.	4.16
43	Knowledge of methods for integrating assessment information to develop a differential diagnosis.	4.16
93	Knowledge of principles for choosing points according to channel theory.	4.16
159	Knowledge of therapeutic exercises to support patient treatment goals.	4.16
14	Knowledge of emotions associated with disharmony patterns.	4.15
83	Knowledge of interactions between commonly used supplements, herbs, foods, and Western medications.	4.15
171	Knowledge of effective dosages of herbs and herbal supplements.	4.15
39	Knowledge of tongue characteristics associated with disharmony patterns.	4.14
40	Knowledge of radial pulse characteristics associated with patterns of disharmony.	4.14
44	Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.	4.14
8	Knowledge of clinical indicators of the level and quality of Qi.	4.13
84	Knowledge of actions and side effects of commonly used supplements.	4.13
168	Knowledge of interactions between herbal therapies, supplements, and Western medications.	4.13
63	Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.	4.12

Number	Knowledge Statement	Mean Importance
25	Knowledge of signs and symptoms of gynecological and reproductive functioning associated with disharmony patterns.	4.11
29	Knowledge of cardiovascular signs and symptoms associated with disharmony patterns.	4.11
48	Knowledge of the functions, distribution, and clinical significance of the channels.	4.11
78	Knowledge of neuromusculoskeletal conditions.	4.11
85	Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.	4.11
46	Knowledge of the relationship between the Zang Fu and vital substances (i.e., the Liver stores the Blood).	4.10
86	Knowledge of Western medical diagnoses and physiological processes involved with disease progression.	4.10
126	Knowledge of needle manipulation techniques.	4.10
162	Knowledge of categories of herbs and herbal formulas.	4.10
5	Knowledge of effects of patient and family health history on current health status.	4.08
50	Knowledge of methods for prioritizing indicators of disharmony to develop a differential diagnosis.	4.08
82	Knowledge of the classification, clinical indications, contraindications, and side effects of commonly prescribed Western medications.	4.08
128	Knowledge of the impact of patient constitution and condition on duration of needle retention.	4.08
173	Knowledge of the relationships between herbal formulas and treatment principles.	4.08
151	Knowledge of indications, contraindications, and side effects of heat therapy.	4.07
7	Knowledge of clinical indicators of the level and quality of Blood.	4.06
75	Knowledge of methods and procedures for assessing neuromusculoskeletal function and integrity.	4.06
45	Knowledge of the relationship between the Organs and channels in disease progression and transformation.	4.05
47	Knowledge of clinical indicators associated with disease of the channels.	4.05
13	Knowledge of signs and symptoms of psychosocial dysfunction associated with disharmony patterns.	4.04
71	Knowledge of biomedical physical examination methods and techniques (e.g. observation, auscultation, palpation, vital signs).	4.04
163	Knowledge of the effects of herbs and herbal formulas on channels and Organs.	4.04

Number	Knowledge Statement	Mean Importance
32	Knowledge of patient's sensations of heat and cold associated with health imbalance.	4.03
178	Knowledge of herbal formula recommendations based upon patient constitution.	4.03
144	Knowledge of cupping techniques.	4.02
175	Knowledge of methods for modifying herbal formulas to treat changes in patient condition.	4.02
10	Knowledge of clinical manifestations of Shen.	4.01
12	Knowledge of the associations between patient physical characteristics and disharmony patterns.	4.01
26	Knowledge of respiratory signs and symptoms associated with disharmony patterns.	4.01
170	Knowledge of interactions between diet and herbal therapies.	4.01
176	Knowledge of the effects of processing on efficacy and toxicity of herbs.	4.01
105	Knowledge of principles for choosing Back-Shu points in treatment.	4.00
143	Knowledge of indications, contraindications, and side effects of electrotherapy.	4.00
31	Knowledge of fever and chills associated with disharmony patterns.	3.99
49	Knowledge of principles for treating root versus branch disharmony patterns.	3.99
149	Knowledge of indications, contraindications, and side effects of manual therapy.	3.99
24	Knowledge of genitourinary signs and symptoms associated with disharmony patterns.	3.97
164	Knowledge of modifications of herbal formulas.	3.97
3	Knowledge of listening and smelling techniques for obtaining information about patient health.	3.96
59	Knowledge of the clinical indications associated with Zang Fu disharmonies.	3.95
80	Knowledge of clinical significance of common diagnostic and laboratory tests used for diagnostic and treatment purposes.	3.95
165	Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.	3.95
11	Knowledge of clinical manifestations of Body Fluids.	3.93
33	Knowledge of conditions associated with abnormal localized temperature upon palpation.	3.93
9	Knowledge of clinical indicators of Essence.	3.92
53	Knowledge of the functions of and the relationship between the Zang Fu and the channels.	3.92

Number	Knowledge Statement	Mean Importance
127	Knowledge of needle retention methods for patterns of disharmony.	3.92
60	Knowledge of methods for identifying simultaneous Zang Fu disharmonies.	3.91
62	Knowledge of development of treatment principles based on different theories of pattern differentiation.	3.91
172	Knowledge of the principles and guidelines for herbal formula preparation.	3.91
101	Knowledge of principles for choosing points on the extremities to treat conditions occurring in the center.	3.90
42	Knowledge of disease progression from superficial to deep levels of the human body.	3.89
110	Knowledge of principles for choosing Extra points.	3.89
150	Knowledge of heat therapy techniques.	3.89
64	Knowledge of treatment strategies for using tonification and sedation points.	3.88
137	Knowledge of indications, contraindications, and side effects of moxibustion.	3.88
103	Knowledge of the therapeutic use of points along the Muscle channels.	3.87
30	Knowledge of skin characteristics and conditions associated with disharmony patterns.	3.86
65	Knowledge of the association between stimulation techniques and treatment principles.	3.86
76	Knowledge of pathways and functions of cranial nerves for determination of neurological pathology.	3.86
104	Knowledge of principles for choosing Front-Mu points in treatment.	3.86
177	Knowledge of forms (e.g., raw, granules, pill) used for administering herbs.	3.86
28	Knowledge of phlegm characteristics in relation to disharmony patterns.	3.85
34	Knowledge of abnormal perspiration associated with disharmony patterns.	3.84
120	Knowledge of auricular point selection principles.	3.84
142	Knowledge of electrotherapy techniques.	3.84
99	Knowledge of principles for choosing points on the front and back to regulate internal Organs.	3.83
148	Knowledge of manual therapy techniques.	3.83
19	Knowledge of food and drink flavor preferences, cravings, and aversions associated with disharmony patterns.	3.82
167	Knowledge of the association between therapeutic effects of points and herbal therapy.	3.82
21	Knowledge of thirst characteristics associated with patterns of disharmony.	3.81
22	Knowledge of relationship between fluid intake and disharmony patterns.	3.81

Number	Knowledge Statement	Mean Importance
115	Knowledge of the therapeutic use of tonification and sedation techniques.	3.81
27	Knowledge of mucus characteristics in relation to disharmony patterns.	3.80
77	Knowledge of dermatome technique for assessment of neuromuscular pathology.	3.80
55	Knowledge of the Eight Principles theory and pattern differentiation methods.	3.79
97	Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.	3.78
109	Knowledge of principles for choosing Confluent points of the Eight Extraordinary channels.	3.78
106	Knowledge of principles for combining Front-Mu points and Back-Shu points to balance treatment.	3.77
108	Knowledge of principles for choosing Five Shu (Five-Transporting) points.	3.77
113	Knowledge of principles for choosing Yuan-Source points.	3.77
153	Knowledge of indications, contraindications, and side effects of ear seeds application.	3.77
166	Knowledge of the hierarchical principles governing herbal formulas.	3.77
20	Knowledge of food and drink temperature preferences and aversions associated with disharmony patterns.	3.76
98	Knowledge of the principles for balancing the points on the upper part of the body with those of the lower part.	3.76
107	Knowledge of principles for choosing Lower He-Sea points.*	3.73
147	Knowledge of indications, contraindications, and side effects of Gua Sha.	3.70
35	Knowledge of ocular signs and symptoms associated with disharmony patterns.	3.68
36	Knowledge of auditory signs and symptoms associated with disharmony patterns.	3.67
114	Knowledge of principles for choosing Xi-Cleft points.	3.67
61	Knowledge of functions and disharmonies associated with Vital Substances.	3.66
124	Knowledge of principles and indications for selecting trigger points.	3.66
136	Knowledge of moxibustion (i.e., direct and indirect) techniques.	3.66
180	Knowledge of requirements for labeling of containers used for storing or dispensing of herbal preparations.	3.66
37	Knowledge of the relationship between quality and strength of voice and patterns of disharmony.	3.65
117	Knowledge of principles for choosing Eight Influential points.	3.63

*NOTE: SMEs changed the knowledge statement to read: "Knowledge of principles for choosing He-Sea points" (Chapter 5).

Number	Knowledge Statement	Mean Importance
79	Knowledge of patient genetics and heredity associated with symptom development.	3.62
119	Knowledge of scalp point selection principles.	3.61
152	Knowledge of the application of ear seeds.	3.61
112	Knowledge of principles for choosing Luo-Connecting points.	3.60
100	Knowledge of principles for choosing points in the center to treat conditions occurring on extremities.	3.57
41	Knowledge of methods for obtaining pulse information from various locations on the body.	3.56
179	Knowledge of methods for ensuring authenticity and purity of raw herbs.	3.55
96	Knowledge of clinical significance of the sequence in which needles are inserted.	3.51
54	Knowledge of the Five Elements theory and pattern differentiation methods.	3.50
52	Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.	3.49
123	Knowledge of principles and indications for selecting motor points.	3.48
146	Knowledge of Gua Sha techniques.	3.48
121	Knowledge of dermatome map for point selection.	3.47
111	Knowledge of principles for choosing Intersecting or Crossing points of channels.	3.43
116	Knowledge of principles for choosing Four Seas points.	3.43
57	Knowledge of the Six Stages (Shang Han Lun) theory and pattern differentiation methods.	3.41
122	Knowledge of point selection using the Five Elements theory.	3.38
58	Knowledge of the Four Levels theory and pattern differentiation methods.	3.37
118	Knowledge of principles for choosing Mother and Son points (Four Needle Technique).	3.27
56	Knowledge of the Triple Burner theory and pattern differentiation methods.	3.26
155	Knowledge of indications, contraindications, and side effects of herbal plaster therapy.	3.23
51	Knowledge of the Five Spirits theory and pattern differentiation methods.	3.14
139	Knowledge of indications, contraindications, and side effects of application of intradermal needles.	3.14
95	Knowledge of clinical significance of selecting points based upon specific time of day.	3.08
154	Knowledge of the application of herbal plaster.	3.00

NOTE: Shaded knowledge statements were not included on the examination outline (Chapter 4).

Number	Knowledge Statement	Mean Importance
138	Knowledge of application of intradermal needles.	2.89
157	Knowledge of indications, contraindications, and side effects of kinesiology tape application.	2.70
156	Knowledge of the application of kinesiology tape to patient's body.	2.47
141	Knowledge of indications, contraindications, and side effects of laser acupuncture.	2.30
140	Knowledge of methods and procedures for laser acupuncture.	2.02

NOTE: Shaded knowledge statements were not included on the examination outline (Chapter 4).

APPENDIX D | INVITATION TO PRACTITIONERS



CALIFORNIA
ACUPUNCTURE
BOARD

1747 North Market Blvd., Suite 180
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www.acupuncture.ca.gov



March 1, 2021

Dear Licensed Acupuncturist,

The Acupuncture Board (Board), is conducting an occupational analysis (OA) of the acupuncture profession in California. This survey was developed by several groups of licensed acupuncturists. We invite licensees to complete the OA survey to identify the knowledge, skills, and abilities required to perform the current practice of California licensed acupuncturists. Results of the occupational analysis will be used to update and improve the California Acupuncture Licensing Examination. Participation by the licensed community will help define what is required to practice acupuncture safely and effectively at the time of licensure.

The Board encourages the participation of California Acupuncturists to ensure all aspects of the profession's practices are recorded in this survey so that the results accurately reflect the practice of acupuncture in California.

The Board understands that our licensees' professional time is valuable, and in acknowledgement of that effort, is offering continuing education units in recognition of this important feedback. Participation in the occupational analysis is essential to this process. The Board requires responses from many licensees to achieve a more accurate representation of the different acupuncture practice areas and geographic locations. Individual responses to the survey questions will be kept confidential and will not be tied to your license or personal information.

Upon completion of the entire survey, participating acupuncturists will receive four (4) Category 1 Distance Continuing Education (CE) hours. The Board will issue CE Certificates of Completion four to six weeks after the survey closes.

To access the survey use this link: <https://www.surveymonkey.com/r/AcupuncturistOA2021>. Licensees can also go to the Board's website at <https://www.acupuncture.ca.gov>. On the main page, under the "What's New" section, click on "Acupuncturist Occupational Analysis Survey."

Please complete the OA survey and submit your responses by May 5, 2021.

The survey is available 24 hours a day/seven days a week and does not need to be completed in a single session. Participants will be able to return to the survey without losing responses if the survey is reopened from the same computer with the same web browser.

We value your contribution to this project and your dedication to the exemplary practice of Acupuncture in California.

Sincerely,

Dr. Amy Matecki M.D., L.Ac

Acupuncture Board President

APPENDIX E | QUESTIONNAIRE



2021 Acupuncturist Occupational Analysis Survey

Message from the California Acupuncture Board

Dear Licensed Acupuncturist:

Thank you for participating in this study of the acupuncture profession in California, a project of the California Acupuncture Board (Board). For completing all questions on this survey, you will receive 4 continuing education credits.*

The Board is conducting an occupational analysis of the acupuncturist practice in California. The Board is collecting information about the tasks performed by acupuncturists in California and the knowledge required to perform those tasks. We will use this information to ensure that the examination used for licensure of acupuncturists reflects current acupuncture practice in California.

Please take the time to complete the survey as it relates to your work as an acupuncturist.

For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The weblink is available 24 hours a day, 7 days a week.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other acupuncturists and only group data will be analyzed.

If you have any questions or need assistance, please send an email to acupuncturistOA@dca.ca.gov.

To begin the survey, click **Next**. Please submit the completed survey by **May 5, 2021**.

*The Board will issue 4 hours of Category 1 Distance Continuing Education for **fully completed surveys only**. Credits will be issued within 4-6 weeks after the survey closes. You will be asked to submit your name, license number, and a current email address at the end of the survey so that the Board can issue your credits. The information you provide here will be used only to issue your credits and will not be linked to your survey responses.

We welcome your feedback and appreciate your time!

Thank you!

The California Acupuncture Board



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

Complete this survey only if you are currently licensed as an acupuncturist in California.

The Board recognizes that every acupuncturist may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study, and your contributions will help establish standards for safe and effective acupuncturist practice in the State of California.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

* 1. Are you currently licensed as an acupuncturist in California?

- ☐ Yes
☐ No



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

* 2. Are you currently working as an acupuncturist?

☐ Yes

☐ No



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

* 3. Have you worked as an acupuncturist within the past 18 months?

☐ Yes

☐ No



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

If you currently work as a licensed acupuncturist, please answer the questions as they pertain to your current work.

If you previously answered that you do not currently work as a licensed acupuncturist, then answer the questions as they pertain to the most recent employment you held as a licensed acupuncturist.

* 4. How long have you been licensed as an acupuncturist in California?

- ☐ 0 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 to 20 years
- ☐ 21 to 25 years
- ☐ 26 to 30 years
- ☐ More than 30 years

5. On average, how many hours per week do you work as a licensed acupuncturist?

- ☐ 0 to 10 hours
- ☐ 11 to 20 hours
- ☐ 21 to 30 hours
- ☐ 31 to 40 hours
- ☐ 41 or more hours

6. On average, how many patients do you see per week as a licensed acupuncturist?

- ☐ 0 to 10 patients
- ☐ 11 to 20 patients
- ☐ 21 to 30 patients
- ☐ 31 to 50 patients
- ☐ 51 or more patients

7. Which best describes the location of your primary work setting?

- ☐ Urban (more than 50,000 people)
- ☐ Rural (fewer than 50,000 people)

* 8. How would you describe your primary practice setting?

- ☐ Sole proprietor
- ☐ Group acupuncture practice
- ☐ Group multidisciplinary practice
- ☐ Community acupuncture clinic
- ☐ Acupuncture medical group (Inc. or LLC)
- ☐ Hospital
- ☐ Spa
- ☐ Mobile practice (house calls / home visits)
- ☐ Multiple settings
- ☐ Telehealth
- ☐ Educational institution (e.g., instructor)
- ☐ Other (please specify)



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

If you currently work as a licensed acupuncturist, please answer the questions as they pertain to your current work.

If you previously answered that you do not currently work as a licensed acupuncturist, then answer the questions as they pertain to the most recent employment you held as a licensed acupuncturist.

9. How would you describe your employment status?

- ☐ Self-employed
- ☐ Independent contractor
- ☐ Hourly employee
- ☐ Salaried employee
- ☐ Commissioned employee

10. In your primary practice setting, what is the primary way your patients pay for services? (Select all that apply.)

- ☐ Cash
- ☐ Health insurance (e.g., HMO, PPO)
- ☐ Workers' compensation
- ☐ Medicaid/Medicare
- ☐ Personal injury
- ☐ Veterans affairs
- ☐ Other (please specify)

11. Over the past 12 months, what percentage of your time spent providing patient care involved providing telehealth services?

- ☐ None, I did not use telehealth to provide patient care.
- ☐ 0 to 5 percent
- ☐ 6 to 10 percent
- ☐ 11 to 20 percent
- ☐ 21 to 30 percent
- ☐ 31 to 50 percent
- ☐ 51 to 75 percent
- ☐ 76 to 95 percent
- ☐ 96 to 100 percent

* 12. Which of the following treatment categories best describes the primary focus of your acupuncture practice? (Select up to 3 options.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Immune disorders | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Dermatological or cosmetic | <input type="checkbox"/> Men's health | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Endocrine health | <input type="checkbox"/> Mental health | <input type="checkbox"/> Sports medicine |
| <input type="checkbox"/> Fertility | <input type="checkbox"/> Neurological | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Oncology support | |
| <input type="checkbox"/> General | <input type="checkbox"/> Orthopedics | |
| <input type="checkbox"/> Other (please specify) | | |

13. Over the last 12 months, which of the following treatment categories have you applied most often with your patients? (Select one.)

- | | | |
|--|--|---------------------------------------|
| <input type="radio"/> Addiction | <input type="radio"/> Geriatrics | <input type="radio"/> Pain management |
| <input type="radio"/> Cardiovascular | <input type="radio"/> Immune disorders | <input type="radio"/> Pediatrics |
| <input type="radio"/> Dermatological or cosmetic | <input type="radio"/> Men's health | <input type="radio"/> Respiratory |
| <input type="radio"/> Endocrine health | <input type="radio"/> Mental health | <input type="radio"/> Sports medicine |
| <input type="radio"/> Fertility | <input type="radio"/> Neurological | <input type="radio"/> Women's health |
| <input type="radio"/> Gastrointestinal | <input type="radio"/> Oncology support | |
| <input type="radio"/> General | <input type="radio"/> Orthopedics | |
| <input type="radio"/> Other (please specify) | | |

14. Which of the following treatment modalities do you use as an acupuncturist? (Select all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Exercise | <input type="checkbox"/> Kinesiology tape |
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Gua Sha | <input type="checkbox"/> Laser acupuncture |
| <input type="checkbox"/> Cupping | <input type="checkbox"/> Heat therapy | <input type="checkbox"/> Manual therapy |
| <input type="checkbox"/> Diet and nutrition | <input type="checkbox"/> Herbal plaster | <input type="checkbox"/> Moxibustion |
| <input type="checkbox"/> Ear seeds | <input type="checkbox"/> Herbal therapy | |
| <input type="checkbox"/> Electroacupuncture | <input type="checkbox"/> Infrared therapy | |
| <input type="checkbox"/> Other (please specify) | | |

15. What treatment modality have you used most often in your practice over the last 12 months? (Select one.)

- | | | |
|--|--|---|
| <input type="radio"/> Acupuncture | <input type="radio"/> Exercise | <input type="radio"/> Kinesiology tape |
| <input type="radio"/> Breathing techniques | <input type="radio"/> Gua Sha | <input type="radio"/> Laser acupuncture |
| <input type="radio"/> Cupping | <input type="radio"/> Heat therapy | <input type="radio"/> Manual therapy |
| <input type="radio"/> Diet and nutrition | <input type="radio"/> Herbal plaster | <input type="radio"/> Moxibustion |
| <input type="radio"/> Ear seeds | <input type="radio"/> Herbal therapy | |
| <input type="radio"/> Electroacupuncture | <input type="radio"/> Infrared therapy | |
| <input type="radio"/> Other (please specify) | | |

16. What is your native language?

- ☐ English
☐ Chinese
☐ Korean
☐ Spanish
☐ Other (please specify)



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

If you currently work as a licensed acupuncturist, please answer the questions as they pertain to your current work.

If you previously answered that you do not currently work as a licensed acupuncturist, then answer the questions as they pertain to the most recent employment you held as a licensed acupuncturist.

17. What language is spoken by the majority of your patients?

- ☐ English
- ☐ Chinese
- ☐ Korean
- ☐ Spanish
- ☐ Other (please specify)

18. What is the highest level of education you have achieved in acupuncture or Asian medicine?

- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate
- ☐ Certificate
- ☐ Other formal education (please specify)

19. Do you hold any other professional license issued by the State of California?

- ☐ Chiropractor
- ☐ Naturopathic Doctor
- ☐ Physician
- ☐ Veterinarian
- ☐ Registered Veterinary Technician
- ☐ Registered Nurse or Nurse Practitioner
- ☐ Massage Therapist
- ☐ Physical Therapist
- ☐ Esthetician
- ☐ Athletic trainer
- ☐ Psychologist, LMFT, LPCC, LCSW
- ☐ Other (please specify)

20. What is the approximate gross annual income generated from your employment as a licensed acupuncturist?

- ☐ Under \$15,000
- ☐ Between \$15,000 and \$29,999
- ☐ Between \$30,000 and \$49,999
- ☐ Between \$50,000 and \$74,999
- ☐ Between \$75,000 and \$99,999
- ☐ Between \$100,000 and \$149,999
- ☐ Between \$150,000 and \$200,000
- ☐ Over \$200,000

21. Do you feel that you are able to earn a living wage from your employment as a licensed acupuncturist?

- ☐ Yes
- ☐ No

22. How was your income from acupuncture practice affected by the COVID-19 pandemic?

- ☐ My income increased significantly
- ☐ My income increased slightly
- ☐ My income remained the same as before
- ☐ My income decreased slightly
- ☐ My income decreased significantly

23. Do you feel that your acupuncture training program prepared you for your first year in practice?

- ☐ Yes
- ☐ No

24. During your education and training, what subjects would have been beneficial to adequately prepare you for your first year in practice?

- ☐ Practice management and business skills
- ☐ Patient education and counseling
- ☐ Additional clinical practice hours
- ☐ Clinical experience in diverse practice settings
- ☐ Clinical experience with diverse patient populations
- ☐ Insurance billing
- ☐ Other (please specify)

25. What reference materials are most useful to you during your daily acupuncture practice activities? Please specify.



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

If you currently work as a licensed acupuncturist, please answer the questions as they pertain to your current work.

If you previously answered that you do not currently work as a licensed acupuncturist, then answer the questions as they pertain to the most recent employment you held as a licensed acupuncturist.

* 26. Where do you perform the majority of your work?

- ☐ California
- ☐ U.S. state other than California
- ☐ Outside of the U.S. (please specify the country)



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

If you currently work as a licensed acupuncturist, please answer the questions as they pertain to your current work.

If you previously answered that you do not currently work as a licensed acupuncturist, then answer the questions as they pertain to the most recent employment you held as a licensed acupuncturist.

*** 27. In what California county do you perform the majority of your work?**

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |



2021 Acupuncturist Occupational Analysis Survey

Part I - Personal Data

If you currently work as a licensed acupuncturist, please answer the questions as they pertain to your current work.

If you previously answered that you do not currently work as a licensed acupuncturist, then answer the questions as they pertain to the most recent employment you held as a licensed acupuncturist.

* 28. In what U.S. state or district do you perform the majority of your work?

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="radio"/> Alabama | <input type="radio"/> Kentucky | <input type="radio"/> North Dakota |
| <input type="radio"/> Alaska | <input type="radio"/> Louisiana | <input type="radio"/> Ohio |
| <input type="radio"/> Arizona | <input type="radio"/> Maine | <input type="radio"/> Oklahoma |
| <input type="radio"/> Arkansas | <input type="radio"/> Maryland | <input type="radio"/> Oregon |
| <input type="radio"/> California | <input type="radio"/> Massachusetts | <input type="radio"/> Pennsylvania |
| <input type="radio"/> Colorado | <input type="radio"/> Michigan | <input type="radio"/> Rhode Island |
| <input type="radio"/> Connecticut | <input type="radio"/> Minnesota | <input type="radio"/> South Carolina |
| <input type="radio"/> Delaware | <input type="radio"/> Mississippi | <input type="radio"/> South Dakota |
| <input type="radio"/> District of Columbia | <input type="radio"/> Missouri | <input type="radio"/> Tennessee |
| <input type="radio"/> Florida | <input type="radio"/> Montana | <input type="radio"/> Texas |
| <input type="radio"/> Georgia | <input type="radio"/> Nebraska | <input type="radio"/> Utah |
| <input type="radio"/> Hawaii | <input type="radio"/> Nevada | <input type="radio"/> Vermont |
| <input type="radio"/> Idaho | <input type="radio"/> New Hampshire | <input type="radio"/> Virginia |
| <input type="radio"/> Illinois | <input type="radio"/> New Jersey | <input type="radio"/> Washington |
| <input type="radio"/> Indiana | <input type="radio"/> New Mexico | <input type="radio"/> West Virginia |
| <input type="radio"/> Iowa | <input type="radio"/> New York | <input type="radio"/> Wisconsin |
| <input type="radio"/> Kansas | <input type="radio"/> North Carolina | <input type="radio"/> Wyoming |
| <input type="radio"/> Other (please specify) | | |



2021 Acupuncturist Occupational Analysis Survey

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

This part of the survey contains **158** task statements. Please rate each task as it relates to your most recent practice as a licensed acupuncturist.

The boxes for rating the **Frequency** and **Importance** of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your practice.

If the task is not part of your practice, rate the task "0" (zero) frequency and "0" (zero) importance.

29. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

ASSESSMENT AND DIAGNOSIS

	Frequency	Importance
1. Identify patient's chief complaint.	<input type="text"/>	<input type="text"/>
2. Collect information about family health history.	<input type="text"/>	<input type="text"/>
3. Collect information about patient health history.	<input type="text"/>	<input type="text"/>
4. Identify supplements and herbs that the patient is taking.	<input type="text"/>	<input type="text"/>
5. Identify signs and symptoms associated with use of supplements and herbs.	<input type="text"/>	<input type="text"/>
6. Assess emotional health to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
7. Evaluate level and quality of Qi to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
8. Assess Shen to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
9. Assess patient physical characteristics to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
10. Identify external factors (e.g., stress, pollutants, noise, climate) influencing health.	<input type="text"/>	<input type="text"/>
11. Identify lifestyle factors influencing health.	<input type="text"/>	<input type="text"/>
12. Identify patient sleep patterns to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
13. Identify dietary habits to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
14. Identify food and drink flavor preferences, cravings, and aversions to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
15. Identify preferences and aversions related to temperature of food and drinks to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
16. Assess thirst and fluid intake to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
17. Identify gastrointestinal signs and symptoms (e.g., characteristics of bowel movements, pain) indicating health imbalance.	<input type="text"/>	<input type="text"/>
18. Identify genitourinary signs and symptoms indicating health imbalance.	<input type="text"/>	<input type="text"/>
19. Identify signs and symptoms of gynecological and reproductive systems indicating health imbalance.	<input type="text"/>	<input type="text"/>
20. Identify respiratory signs and symptoms indicating health imbalance.	<input type="text"/>	<input type="text"/>

30. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

ASSESSMENT AND DIAGNOSIS (CONTINUED)

	Frequency	Importance
21. Identify mucus characteristics to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
22. Identify phlegm characteristics to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
23. Identify cardiovascular signs and symptoms indicating health imbalance.	<input type="text"/>	<input type="text"/>
24. Identify skin conditions and characteristics indicating health imbalance.	<input type="text"/>	<input type="text"/>
25. Assess fever and chills to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
26. Identify patient perspiration patterns to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
27. Identify ocular and visual signs and symptoms indicating health imbalance.	<input type="text"/>	<input type="text"/>
28. Identify auditory signs and symptoms indicating health imbalance.	<input type="text"/>	<input type="text"/>
29. Assess patient sounds, voice quality, and vocal strength to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
30. Assess level, nature, locations, and frequency of pain to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
31. Assess patient tongue body and coating to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
32. Assess patient pulse to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
33. Palpate areas of body or channels to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
34. Assess patient odors to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
35. Evaluate patient data to determine whether additional information is needed.	<input type="text"/>	<input type="text"/>
36. Interpret and integrate assessment findings (e.g., pulse, tongue, history, channel, diagnostic test results) to inform pattern differentiation.	<input type="text"/>	<input type="text"/>
37. Identify primary disharmony patterns by prioritizing patient signs and symptoms.	<input type="text"/>	<input type="text"/>
38. Identify phase of pathogen progression.	<input type="text"/>	<input type="text"/>
39. Identify affected channels.	<input type="text"/>	<input type="text"/>
40. Identify Root and Branch condition.	<input type="text"/>	<input type="text"/>



2021 Acupuncturist Occupational Analysis Survey

Part II - Task Ratings

31. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

ASSESSMENT AND DIAGNOSIS (CONTINUED)

	Frequency	Importance
41. Identify Five Element disharmony patterns.	<input type="text"/>	<input type="text"/>
42. Identify Zang Fu disharmony patterns.	<input type="text"/>	<input type="text"/>
43. Identify Eight Principles categorization.	<input type="text"/>	<input type="text"/>
44. Identify disharmony pattern using Six Stages (i.e., Shang Han Lun) of differentiation.	<input type="text"/>	<input type="text"/>
45. Identify disharmony pattern using Four Levels (i.e., Wei, Qi, Ying, and Xue) of differentiation.	<input type="text"/>	<input type="text"/>
46. Identify disharmony pattern using Triple Burner (i.e., San Jiao) differentiation.	<input type="text"/>	<input type="text"/>
47. Develop a differential diagnosis list for identified disharmony patterns.	<input type="text"/>	<input type="text"/>
48. Develop treatment principles (e.g., tonify, sedate, harmonize) for patients.	<input type="text"/>	<input type="text"/>
49. Develop treatment plans by applying treatment principle (e.g., tonify, sedate, harmonize).	<input type="text"/>	<input type="text"/>
50. Prioritize treatment principles and management of presenting problems.	<input type="text"/>	<input type="text"/>
51. Evaluate patient progress during follow-up visit to determine adjustments to treatment plans.	<input type="text"/>	<input type="text"/>
52. Modify treatment plans based on patient response to treatment.	<input type="text"/>	<input type="text"/>
53. Identify a measurable metric for assessing treatment efficacy (e.g., outcome measures, questionnaires).	<input type="text"/>	<input type="text"/>



2021 Acupuncturist Occupational Analysis Survey

Part II - Task Ratings

32. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

ASSESSMENT AND DIAGNOSIS (CONTINUED)

	Frequency	Importance
54. Collaborate with primary physicians and other health care providers to identify the most effective treatment for patients.	<input type="text"/>	<input type="text"/>
55. Refer client to other health care providers based on assessment findings.	<input type="text"/>	<input type="text"/>
56. Identify signs and symptoms that require emergency management.	<input type="text"/>	<input type="text"/>
57. Identify pharmaceuticals that the patient is taking.	<input type="text"/>	<input type="text"/>
58. Identify signs and symptoms associated with the use of pharmaceuticals.	<input type="text"/>	<input type="text"/>
59. Perform biomedical physical examination (e.g. observation, auscultation, palpation, vital signs) on patients to determine present health condition.	<input type="text"/>	<input type="text"/>
60. Perform neurological examination (e.g., sensation, strength) on patients to determine health condition.	<input type="text"/>	<input type="text"/>
61. Perform orthopedic examination on patients to determine health condition.	<input type="text"/>	<input type="text"/>
62. Order diagnostic tests to determine health condition.	<input type="text"/>	<input type="text"/>
63. Review patient diagnostic reports to gather additional information regarding patient complaint.	<input type="text"/>	<input type="text"/>
64. Translate Traditional Chinese Medicine diagnostic concepts into common Western terminology for patients and health care providers.	<input type="text"/>	<input type="text"/>
65. Educate patients regarding differences between Traditional Chinese Medicine and Western medicine.	<input type="text"/>	<input type="text"/>
66. Communicate assessment findings and diagnosis to patients.	<input type="text"/>	<input type="text"/>
67. Communicate with patients about treatment plan and possible outcomes.	<input type="text"/>	<input type="text"/>
68. Explain treatment procedures to patients before starting treatment.	<input type="text"/>	<input type="text"/>

33. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

TREATMENT MODALITIES - ACUPUNCTURE

	Frequency	Importance
69. Develop a point prescription based on treatment principles.	<input type="text"/>	<input type="text"/>
70. Select distal and/or proximal points.	<input type="text"/>	<input type="text"/>
71. Select local points along the affected Meridian.	<input type="text"/>	<input type="text"/>
72. Select points from different channels to treat Root and Branch.	<input type="text"/>	<input type="text"/>
73. Select points on patient's body using mirroring methods (e.g., elbow-for-knee).	<input type="text"/>	<input type="text"/>
74. Select points on patient in accordance with midnight-noon ebb-flow principles (e.g., chrono-acupuncture, Zi Wu Liu Zhu theory, Horary points).	<input type="text"/>	<input type="text"/>
75. Select points on patients to balance point distribution (e.g., right and left, above and below).	<input type="text"/>	<input type="text"/>
76. Select points from Yin and Yang channels to balance treatment prescription for patients.	<input type="text"/>	<input type="text"/>
77. Select points on patient extremities to treat conditions occurring in the center.	<input type="text"/>	<input type="text"/>
78. Select points on patient that are centrally located to treat conditions occurring in the extremities.	<input type="text"/>	<input type="text"/>
79. Select Ashi points on patients.	<input type="text"/>	<input type="text"/>
80. Select points along the Muscle channels.	<input type="text"/>	<input type="text"/>
81. Select Front-Mu points on patients.	<input type="text"/>	<input type="text"/>
82. Select Back-Shu points on patients.	<input type="text"/>	<input type="text"/>
83. Select Lower He-Sea points on patients to connect channels with respective Fu Organs.	<input type="text"/>	<input type="text"/>
84. Select Five Shu (Five-Transporting) points on patients.	<input type="text"/>	<input type="text"/>
85. Select Confluent points of the Eight Extraordinary channels on patients.	<input type="text"/>	<input type="text"/>
86. Select Extra points on patients.	<input type="text"/>	<input type="text"/>
87. Select Intersecting or Crossing points on patients.	<input type="text"/>	<input type="text"/>
88. Select Luo-Connecting points on patients.	<input type="text"/>	<input type="text"/>
89. Select Yuan-Source points on patients.	<input type="text"/>	<input type="text"/>

34. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

TREATMENT MODALITIES - ACUPUNCTURE

	Frequency	Importance
90. Select Xi-Cleft points on patients to treat acute conditions of the related channel or corresponding Organs.	<input type="text"/>	<input type="text"/>
91. Select Eight Influential points on patients.	<input type="text"/>	<input type="text"/>
92. Select points to treat muscle or joint mechanism dysfunction.	<input type="text"/>	<input type="text"/>
93. Select points to treat a radiculopathy based on dermatome map.	<input type="text"/>	<input type="text"/>
94. Select scalp points on patients.	<input type="text"/>	<input type="text"/>
95. Select auricular points on patients.	<input type="text"/>	<input type="text"/>
96. Select points according to the Five Elements theory.	<input type="text"/>	<input type="text"/>
97. Select trigger points on patients.	<input type="text"/>	<input type="text"/>
98. Select motor points on patients.	<input type="text"/>	<input type="text"/>
99. Locate points for needle insertion on patient by using anatomical landmarks and proportional measurements.	<input type="text"/>	<input type="text"/>
100. Select needle length and gauge according to treatment area, patient characteristics, and patient diagnosis.	<input type="text"/>	<input type="text"/>
101. Identify needle retention time for patients to achieve optimal treatment effects.	<input type="text"/>	<input type="text"/>
102. Place patients into recommended position for needle insertion.	<input type="text"/>	<input type="text"/>
103. Insert needle within standard depth range to stimulate point on patients.	<input type="text"/>	<input type="text"/>
104. Insert needle using recommended insertion angle.	<input type="text"/>	<input type="text"/>
105. Manipulate needle to produce therapeutic effect in patients.	<input type="text"/>	<input type="text"/>
106. Identify contraindications for needling by evaluating patient condition to avoid injury and complications.	<input type="text"/>	<input type="text"/>
107. Identify points that require needling with caution (e.g., points located near arteries) to avoid complications.	<input type="text"/>	<input type="text"/>
108. Monitor patients before, during, and after treatment for adverse reactions and comfort level.	<input type="text"/>	<input type="text"/>



2021 Acupuncturist Occupational Analysis Survey

Part II - Task Ratings

35. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

ADJUNCT TREATMENT MODALITIES

	Frequency	Importance
109. Apply moxibustion techniques on patients to treat indicated conditions.	<input type="text"/>	<input type="text"/>
110. Apply intradermal needles to treat indicated conditions.	<input type="text"/>	<input type="text"/>
111. Perform laser acupuncture to treat indicated conditions.	<input type="text"/>	<input type="text"/>
112. Perform electrotherapy (e.g., electroacupuncture, electrostimulation,) on patients to enhance effectiveness of treatment for select conditions.	<input type="text"/>	<input type="text"/>
113. Perform cupping techniques on patients to treat indicated conditions.	<input type="text"/>	<input type="text"/>
114. Perform Gua Sha techniques to treat indicated conditions.	<input type="text"/>	<input type="text"/>
115. Perform manual therapy (e.g., Tui Na, acupressure) on patients to treat indicated conditions.	<input type="text"/>	<input type="text"/>
116. Perform heat therapy (e.g., infrared light, heat pad) to treat indicated conditions.	<input type="text"/>	<input type="text"/>
117. Apply ear seeds to treat indicated conditions.	<input type="text"/>	<input type="text"/>
118. Apply herbal plaster therapy to treat indicated conditions.	<input type="text"/>	<input type="text"/>
119. Apply kinesiology tape to patients to treat indicated conditions.	<input type="text"/>	<input type="text"/>
120. Educate patients regarding therapeutic exercises to treat indicated conditions.	<input type="text"/>	<input type="text"/>
121. Educate patients regarding diet and nutrition to support treatment.	<input type="text"/>	<input type="text"/>
122. Educate patients regarding lifestyle changes (e.g., Qi Gong exercise, ergonomics, meditation) to improve health condition.	<input type="text"/>	<input type="text"/>



2021 Acupuncturist Occupational Analysis Survey

Part II - Task Ratings

36. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

TREATMENT MODALITIES - HERBAL THERAPY

	Frequency	Importance
123. Select or develop herbal formulas for patients based on treatment principle (e.g., tonify, sedate, harmonize).	<input type="text"/>	<input type="text"/>
124. Select or develop herbal formula based on patient constitution.	<input type="text"/>	<input type="text"/>
125. Select or develop herbal therapies that complement patient acupuncture treatments.	<input type="text"/>	<input type="text"/>
126. Instruct patients on use of herbs (e.g., dosage, cooking, application) to produce intended therapeutic effect.	<input type="text"/>	<input type="text"/>
127. Identify herbal therapy with equivalent action to Western medications.	<input type="text"/>	<input type="text"/>
128. Identify herbal therapy contraindications for the patient.	<input type="text"/>	<input type="text"/>
129. Identify contraindications for herbs when combined with Western medications to avoid adverse interactions.	<input type="text"/>	<input type="text"/>
130. Monitor and evaluate patient response to herbal therapy.	<input type="text"/>	<input type="text"/>
131. Monitor effects of herbs when combined with Western medications to determine interactions.	<input type="text"/>	<input type="text"/>
132. Determine effective dosage of herbal therapy by evaluating patient condition.	<input type="text"/>	<input type="text"/>
133. Modify herbal prescription for patients based on patient response to herbal therapy.	<input type="text"/>	<input type="text"/>
134. Identify type of herbal therapy indicated for the patient (e.g., powder, granular, raw herb, decoction, patent).	<input type="text"/>	<input type="text"/>
135. Inspect raw herbs for authenticity and purity (e.g., appearance, taste, smell, texture).	<input type="text"/>	<input type="text"/>
136. Obtain certificate of authenticity for herbs from the manufacturer.	<input type="text"/>	<input type="text"/>
137. Label packaging containing herbal prescriptions following legal guidelines for supplements.	<input type="text"/>	<input type="text"/>
138. Provide information about the herbal therapy prescriptions to patients.	<input type="text"/>	<input type="text"/>
139. Prepare raw herbs following safety guidelines.	<input type="text"/>	<input type="text"/>

37. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your practice (Importance).

3. LEGAL AND PROFESSIONAL RESPONSIBILITIES

	Frequency	Importance
140. Document assessment, treatment, and patient response to treatment in accordance with legal and professional standards.	<input type="text"/>	<input type="text"/>
141. Maintain patient records in accordance with legal requirements.	<input type="text"/>	<input type="text"/>
142. Maintain patient privacy and confidentiality in accordance with legal requirements.	<input type="text"/>	<input type="text"/>
143. Identify and report cases of known or suspected abuse and neglect.	<input type="text"/>	<input type="text"/>
144. Identify and report cases of communicable disease.	<input type="text"/>	<input type="text"/>
145. Obtain informed consent for treatment in accordance with legal and ethical guidelines.	<input type="text"/>	<input type="text"/>
146. Assess patient capacity to make health care decisions.	<input type="text"/>	<input type="text"/>
147. Implement standard procedures to prevent disease transmission and minimize risk of infection.	<input type="text"/>	<input type="text"/>
148. Implement measures to safely perform acupuncture and adjunct treatments on patients.	<input type="text"/>	<input type="text"/>
149. Practice clean needle techniques.	<input type="text"/>	<input type="text"/>
150. Maintain a clinical environment that adheres to OSHA requirements and clinical standards.	<input type="text"/>	<input type="text"/>
151. Dispose of needles, contaminated material, and containers in accordance with Cal/OSHA guidelines.	<input type="text"/>	<input type="text"/>
152. Recognize situations and behaviors that may impair ability to practice safely and competently.	<input type="text"/>	<input type="text"/>
153. Comply with the acupuncturist legal scope of practice.	<input type="text"/>	<input type="text"/>
154. Develop advertisements regarding services provided in accordance with legal guidelines.	<input type="text"/>	<input type="text"/>
155. Recognize situations and behaviors that constitute unprofessional conduct.	<input type="text"/>	<input type="text"/>
156. Recognize and evaluate potential conflict of interest situations for impact on patients or therapeutic process.	<input type="text"/>	<input type="text"/>
157. Establish and maintain professional boundaries.	<input type="text"/>	<input type="text"/>
158. Safeguard patient rights to dignity.	<input type="text"/>	<input type="text"/>



2021 Acupuncturist Occupational Analysis Survey

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 200 knowledge statements. Please rate each knowledge statement based on how important you believe the knowledge is for effective performance of your most recent practice as a licensed acupuncturist.

If the knowledge is not required for effective performance of your most recent practice, rate the statement "Does not apply."

38. How important is this knowledge for effective performance of tasks in your practice?

ASSESSMENT AND DIAGNOSIS

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
1. Knowledge of interview techniques for obtaining information about patient health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge of observational techniques for obtaining information about patient health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of listening and smelling techniques for obtaining information about patient health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowledge of palpation examination methods and techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of effects of patient and family health history on current health status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge of signs and symptoms associated with use of supplements and herbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Knowledge of clinical indicators of the level and quality of Blood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of clinical indicators of the level and quality of Qi.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of clinical indicators of Essence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Knowledge of clinical manifestations of Shen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of clinical manifestations of Body Fluids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
12. Knowledge of the associations between patient physical characteristics and disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knowledge of signs and symptoms of psychosocial dysfunction associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Knowledge of emotions associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Knowledge of external factors (e.g., stress, pollutants, noise, climate) that affect health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Knowledge of effects of lifestyle factors on health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Knowledge of sleep patterns indicating health imbalance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Knowledge of effects of dietary habits and nutrition on health and wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Knowledge of food and drink flavor preferences, cravings, and aversions associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Knowledge of food and drink temperature preferences and aversions associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Knowledge of thirst characteristics associated with patterns of disharmony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Knowledge of relationship between fluid intake and disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Knowledge of gastrointestinal signs and symptoms associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Knowledge of genitourinary signs and symptoms associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Knowledge of signs and symptoms of gynecological and reproductive functioning associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2021 Acupuncturist Occupational Analysis Survey

Part III - Knowledge Ratings

39. How important is this knowledge for effective performance of tasks in your practice?

ASSESSMENT AND DIAGNOSIS (CONTINUED)

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
26. Knowledge of respiratory signs and symptoms associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Knowledge of mucus characteristics in relation to disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Knowledge of phlegm characteristics in relation to disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Knowledge of cardiovascular signs and symptoms associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Knowledge of skin characteristics and conditions associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Knowledge of fever and chills associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Knowledge of patient's sensations of heat and cold associated with health imbalance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Knowledge of conditions associated with abnormal localized temperature upon palpation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Knowledge of abnormal perspiration associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Knowledge of ocular signs and symptoms associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Knowledge of auditory signs and symptoms associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Knowledge of the relationship between quality and strength of voice and patterns of disharmony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Knowledge of methods and procedures for assessing pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Knowledge of tongue characteristics associated with disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
40. Knowledge of radial pulse characteristics associated with patterns of disharmony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Knowledge of methods for obtaining pulse information from various locations on the body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Knowledge of disease progression from superficial to deep levels of the human body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Knowledge of methods for integrating assessment information to develop a differential diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Knowledge of methods for integrating tongue and pulse characteristics to identify disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Knowledge of the relationship between the Organs and channels in disease progression and transformation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Knowledge of the relationship between the Zang Fu and vital substances (i.e., the Liver stores the Blood).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Knowledge of clinical indicators associated with disease of the channels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Knowledge of the functions, distribution, and clinical significance of the channels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Knowledge of principles for treating root versus branch disharmony patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Knowledge of methods for prioritizing indicators of disharmony to develop a differential diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. How important is this knowledge for effective performance of tasks in your practice?

ASSESSMENT AND DIAGNOSIS (CONTINUED)

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
51. Knowledge of the Five Spirits theory and pattern differentiation methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Knowledge of the interrelationships of the Five Elements and clinical indications of disharmony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Knowledge of the functions of and the relationship between the Zang Fu and the channels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Knowledge of the Five Elements theory and pattern differentiation methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Knowledge of the Eight Principles theory and pattern differentiation methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Knowledge of the Triple Burner theory and pattern differentiation methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Knowledge of the Six Stages (Shang Han Lun) theory and pattern differentiation methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Knowledge of the Four Levels theory and pattern differentiation methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Knowledge of the clinical indications associated with Zang Fu disharmonies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Knowledge of methods for identifying simultaneous Zang Fu disharmonies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Knowledge of functions and disharmonies associated with Vital Substances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Knowledge of development of treatment principles based on different theories of pattern differentiation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Knowledge of the effectiveness of combining treatment strategies in developing a treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Knowledge of treatment strategies for using tonification and sedation points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Knowledge of the association between stimulation techniques and treatment principles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Knowledge of methods for evaluating patient progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Knowledge of clinical conditions that require patient referral to other health care providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Knowledge of signs and symptoms of emergency conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Knowledge of methods for administering cardiopulmonary resuscitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Knowledge of methods for providing first aid treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. How important is this knowledge for effective performance of tasks in your practice?

ASSESSMENT AND DIAGNOSIS (CONTINUED)

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
71. Knowledge of biomedical physical examination methods and techniques (e.g. observation, auscultation, palpation, vital signs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Knowledge of human anatomy, physiology, and pathology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Knowledge of procedures for obtaining vital signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Knowledge of normal range of vital signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Knowledge of methods and procedures for assessing neuromusculoskeletal function and integrity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Knowledge of pathways and functions of cranial nerves for determination of neurological pathology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Knowledge of dermatome technique for assessment of neuromuscular pathology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Knowledge of neuromusculoskeletal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Knowledge of patient genetics and heredity associated with symptom development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Knowledge of clinical significance of common diagnostic and laboratory tests used for diagnostic and treatment purposes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Knowledge of common Western medical conditions, terminology, and definitions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Knowledge of the classification, clinical indications, contraindications, and side effects of commonly prescribed Western medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Knowledge of interactions between commonly used supplements, herbs, foods, and Western medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Knowledge of actions and side effects of commonly used supplements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Knowledge of the relationship between Western disease diagnoses and Traditional Chinese Medicine patterns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Knowledge of Western medical diagnoses and physiological processes involved with disease progression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Knowledge of techniques to communicate assessment findings, diagnoses, and treatment plans to patients or other health care providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2021 Acupuncturist Occupational Analysis Survey

Part III - Knowledge Ratings

42. How important is this knowledge for effective performance of tasks in your practice?

TREATMENT MODALITIES - ACUPUNCTURE

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
88. Knowledge of the clinical actions and indications of points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Knowledge of the interrelationships between points, channels, and internal Organs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Knowledge of principles for combining distal and proximal points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Knowledge of principles for choosing local points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Knowledge of principles for combining points from different channels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Knowledge of principles for choosing points according to channel theory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Knowledge of treatment modification based on patient response to treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Knowledge of clinical significance of selecting points based upon specific time of day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Knowledge of clinical significance of the sequence in which needles are inserted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Knowledge of therapeutic effects of needling points on the opposite side of the body from the location of the condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Knowledge of the principles for balancing the points on the upper part of the body with those of the lower part.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Knowledge of principles for choosing points on the front and back to regulate internal Organs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Knowledge of principles for choosing points in the center to treat conditions occurring on extremities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Knowledge of principles for choosing points on the extremities to treat conditions occurring in the center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Knowledge of the therapeutic use of Ashi points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
103. Knowledge of the therapeutic use of points along the Muscle channels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Knowledge of principles for choosing Front-Mu points in treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Knowledge of principles for choosing Back-Shu points in treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Knowledge of principles for combining Front-Mu points and Back-Shu points to balance treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Knowledge of principles for choosing Lower He-Sea points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Knowledge of principles for choosing Five Shu (Five-Transporting) points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Knowledge of principles for choosing Confluent points of the Eight Extraordinary channels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Knowledge of principles for choosing Extra points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2021 Acupuncturist Occupational Analysis Survey

Part III - Knowledge Ratings

43. How important is this knowledge for effective performance of tasks in your practice?

TREATMENT MODALITIES - ACUPUNCTURE (CONTINUED)

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
111. Knowledge of principles for choosing Intersecting or Crossing points of channels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Knowledge of principles for choosing Luo-Connecting points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Knowledge of principles for choosing Yuan-Source points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Knowledge of principles for choosing Xi-Cleft points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Knowledge of the therapeutic use of tonification and sedation techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Knowledge of principles for choosing Four Seas points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Knowledge of principles for choosing Eight Influential points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Knowledge of principles for choosing Mother and Son points (Four Needle Technique).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Knowledge of scalp point selection principles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Knowledge of auricular point selection principles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Knowledge of dermatome map for point selection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Knowledge of point selection using the Five Elements theory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Knowledge of principles and indications for selecting motor points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Knowledge of principles and indications for selecting trigger points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Knowledge of anatomical landmarks and proportional measurements used in point location.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. Knowledge of needle manipulation techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Knowledge of needle retention methods for patterns of disharmony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
128. Knowledge of the impact of patient constitution and condition on duration of needle retention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. Knowledge of patient positions for locating and needling acupuncture points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Knowledge of recommended needling depths and angles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Knowledge of signs and symptoms of patient distress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Knowledge of points and patient conditions that are contraindicated for needling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. Knowledge of points and patient conditions that require needling with caution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Knowledge of potential side effects of acupuncture treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Knowledge of principles for selecting needles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2021 Acupuncturist Occupational Analysis Survey

Part III - Knowledge Ratings

44. How important is this knowledge for effective performance of tasks in your practice?

TREATMENT MODALITIES - ADJUNCT

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
136. Knowledge of moxibustion (i.e., direct and indirect) techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Knowledge of indications, contraindications, and side effects of moxibustion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. Knowledge of application of intradermal needles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. Knowledge of indications, contraindications, and side effects of application of intradermal needles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. Knowledge of methods and procedures for laser acupuncture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Knowledge of indications, contraindications, and side effects of laser acupuncture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Knowledge of electrotherapy techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. Knowledge of indications, contraindications, and side effects of electrotherapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Knowledge of cupping techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Knowledge of indications, contraindications, and side effects of cupping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Knowledge of Gua Sha techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Knowledge of indications, contraindications, and side effects of Gua Sha.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. Knowledge of manual therapy techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. Knowledge of indications, contraindications, and side effects of manual therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Knowledge of heat therapy techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Knowledge of indications, contraindications, and side effects of heat therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
152. Knowledge of the application of ear seeds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. Knowledge of indications, contraindications, and side effects of ear seeds application.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Knowledge of the application of herbal plaster.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Knowledge of indications, contraindications, and side effects of herbal plaster therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Knowledge of the application of kinesiology tape to patient's body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Knowledge of indications, contraindications, and side effects of kinesiology tape application.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Knowledge of lifestyle changes and stress reduction techniques that improve health condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Knowledge of therapeutic exercises to support patient treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Knowledge of dietary modifications to support patient treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2021 Acupuncturist Occupational Analysis Survey

Part III - Knowledge Ratings

45. How important is this knowledge for effective performance of tasks in your practice?

TREATMENT MODALITIES - HERBAL THERAPY

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
161. Knowledge of therapeutic uses, indications, contraindications, and side effects of herbs and herbal formulas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Knowledge of categories of herbs and herbal formulas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. Knowledge of the effects of herbs and herbal formulas on channels and Organs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. Knowledge of modifications of herbal formulas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. Knowledge of the synergistic and antagonist relationships of ingredients in herbal formulas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. Knowledge of the hierarchical principles governing herbal formulas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Knowledge of the association between therapeutic effects of points and herbal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. Knowledge of interactions between herbal therapies, supplements, and Western medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. Knowledge of cautions and contraindications related to herbs and herbal formulas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. Knowledge of interactions between diet and herbal therapies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. Knowledge of effective dosages of herbs and herbal supplements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. Knowledge of the principles and guidelines for herbal formula preparation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. Knowledge of the relationships between herbal formulas and treatment principles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. Knowledge of herbs and combinations of herbs that are toxic or produce undesired side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
175. Knowledge of methods for modifying herbal formulas to treat changes in patient condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. Knowledge of the effects of processing on efficacy and toxicity of herbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. Knowledge of forms (e.g., raw, granules, pill) used for administering herbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. Knowledge of herbal formula recommendations based upon patient constitution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179. Knowledge of methods for ensuring authenticity and purity of raw herbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. Knowledge of requirements for labeling of containers used for storing or dispensing of herbal preparations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. How important is this knowledge for effective performance of tasks in your practice?

	Does not apply	Not important	Of minor importance	Moderately important	Very important	Critically important
181. Knowledge of legal requirements and professional standards pertaining to documentation of assessment, treatment, and patient response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Knowledge of professional standards for writing medical records and reports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. Knowledge of legal requirements pertaining to maintenance and retention of patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184. Knowledge of legal requirements pertaining to confidentiality of patient information (i.e., HIPAA).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185. Knowledge of legal requirements pertaining to disclosure of patient information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
186. Knowledge of legal requirements pertaining to reporting of child, elder, and dependent adult abuse and neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187. Knowledge of legal requirements pertaining to reporting of communicable disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
188. Knowledge of indicators of child, elder, and dependent adult abuse and neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
189. Knowledge of legal and ethical requirements pertaining to informed consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
190. Knowledge of methods to assess patient capacity to make health care decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191. Knowledge of infection control guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
192. Knowledge of the risks of infectious diseases in the practitioner and patient environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
193. Knowledge of standards and procedures for the Clean Needle Technique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
194. Knowledge of legal requirements for maintaining clinical environments in accordance with OSHA requirements and clinical standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
195. Knowledge of methods for isolating used needles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
196. Knowledge of legal requirements for disposal of contaminated materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
197. Knowledge of laws and regulations that define scope of practice and professional competence for acupuncturists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
198. Knowledge of laws and regulations pertaining to unprofessional conduct for California-licensed acupuncturists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
199. Knowledge of legal requirements pertaining to advertisement and dissemination of information about professional qualifications and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
200. Knowledge of ethical and professional standards for licensed acupuncturists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2021 Acupuncturist Occupational Analysis Survey

Continuing Education Credits

If you have completed **all questions on this survey**, you will receive 4 continuing education credits.

To issue the credits, the California Acupuncture Board (Board) needs to know your name, license number, and email address. Your personal information will be kept confidential and will not be linked to your responses on this survey.

The Board will issue the continuing education certificates approximately 4-6 weeks after the survey closes.

47. Please enter your first and last name.

48. Please enter your California acupuncturist license number.

49. Please enter your email address.



2021 Acupuncturist Occupational Analysis Survey

Thank you!

Thank you for taking the time to complete this survey. The California Acupuncture Board values your contribution to this study.

Please remember that you will receive CE credits **only if you completed all questions on the survey** and provided your name, license number, and email information on the previous page.

Please click "Done" to submit your responses. **After you click "Done," you will no longer be able to edit your responses.**

If you have questions about this survey, please send an email to acupuncturistOA@dca.ca.gov.

California Acupuncture Board
Licensing and Misc Fees - V1 (Floor)



							V1 - Floor				
							Annual Cost Calculations (At Actual Costs Calculated)			Results - V1 Pricing Model	
No.	Fee Name	Notes	Actual Work Volume	Total Cost Assigned per Unit	Current Fee Amount	Unit Gain/Loss	Total Annual Revenue at Cost per Unit	Total Annual Revenue at Current Fees	Total Annual Revenue Gain/Loss	V1 Fee Amount Level	V1 Total Annual Revenue
Renewal	Duplicate Renewal Receipt		112	\$ 54	\$ 10	(\$44)	\$ 6,089	\$1,120	(\$4,969)	\$ -	\$ -
Renewal	Endorsement		148	\$ 81	\$ 10	(\$71)	\$ 12,045	\$1,480	(\$10,565)	\$ 100	\$ 14,800
Renewal	Duplicate Cert-Add'l Office		510	\$ 110	\$ 15	(\$95)	\$ 56,329	\$7,650	(\$48,679)	\$ -	\$ -
New Education	CE Provider Approval Fee		299	\$ 484	\$ 150	(\$334)	\$ 144,684	\$44,850	(\$99,834)	\$ 500	\$ 149,500
Renewal Education	CE Provider Approval Renewal Fee		49	\$ 484	\$ 150	(\$334)	\$ 23,711	\$7,350	(\$16,361)	\$ 500	\$ 24,500
Initial	Application Fee - Acupuncturist		630	\$ 727	\$ 75	(\$652)	\$ 457,908	\$47,250	(\$410,658)	\$ 250	\$ 157,500
Education	Re-Exam Fee - Acupuncturist		315	\$ 854	\$ 550	(\$304)	\$ 269,067	\$173,250	(\$95,817)	\$ 800	\$ 252,000
New Education	Application Fee - Acupuncture Supvr		30	\$ 11,334	\$ 200	(\$11,134)	\$ 340,013	\$6,000	(\$334,013)	\$ 100	\$ 3,000
New Education	Application Fee - Acupuncture Trainee		25	\$ 11,363	\$ 25	(\$11,338)	\$ 284,085	\$625	(\$283,460)	\$ 1,000	\$ 25,000
New Exam	Exam Fee - Acupuncturist		525	\$ 773	\$ 550	(\$223)	\$ 405,759	\$288,750	(\$117,009)	\$ 800	\$ 420,000
Initial	Initial Cert - Acupuncturist		388	\$ 366	\$ 325	(\$41)	\$ 141,959	\$126,100	(\$15,859)	\$ 500	\$ 194,000
Renewal	Biennial Renewal Fee - Acupuncturist		5,870	\$ 330	\$ 325	(\$5)	\$ 1,935,518	\$1,907,750	(\$27,768)	\$ 500	\$ 2,935,000
Renewal Education	Annual Ren - Acupuncturist Supvr		15	\$ 359	\$ 50	(\$309)	\$ 5,390	\$750	(\$4,640)	\$ 200	\$ 3,000
Renewal Education	Annual Ren - Acupuncturist Trainee		16	\$ 359	\$ 10	(\$349)	\$ 5,749	\$160	(\$5,589)	\$ 500	\$ 8,000
Renewal	Delinquent Ren - Acupuncturist		580	\$ 29	\$ 25	(\$4)	\$ 16,993	\$14,500	(\$2,493)	\$ 50	\$ 29,000
Education	Delinquent Fee Acupuncture Trainee		1	\$ 142	\$ 5	(\$137)	\$ 142	\$5	(\$137)	\$ 50	\$ 50
Education	Delinquent Fee Acupuncture Supvr		1	\$ 142	\$ 25	(\$117)	\$ 142	\$25	(\$117)	\$ 50	\$ 50
	Potential New Fees										
Education	CE Course Fee	New	3,400	\$ 197	\$ -	(\$197)	\$ -	\$0	\$0	\$ 50	\$ 170,000
Initial	Foreign applicants	New	50	\$ 7,317	\$ -	(\$7,317)	\$ -	\$0	\$0	\$ 350	\$ 17,500
AB 779	Replacement Pocket License	New	100	\$ 54	\$ 10	(\$44)	\$ -	\$0	\$0	\$ 50	\$ 5,000
AB 779	Wall license duplicate - (Initial & ongoing)	New	5,870	\$ 110	\$ 15	(\$95)	\$ -	\$0	\$0	\$ 50	\$ 293,500
AB 779	Renewal Wall license registration - (Initial renewal)	New	400	\$ 110	\$ 15	(\$95)	\$ -	\$0	\$0	\$ 50	\$ 20,000

Revenue Target: \$4.7 million	Annual Revenue Impacts			Annual Revenue	
	Total Annual Revenue at Cost per Unit	Total Annual Revenue at Current Fees	Total Annual Revenue Gain/Loss		V1 Total Annual Revenue
	\$ 4,105,582	\$ 2,627,615	(\$1,477,967)		\$ 4,721,400
Net Revenue Increase:					\$ 2,093,785

California Acupuncture Board
Licensing and Misc Fees - V2 (Cap)



							V2 - Cap				
							Annual Cost Calculations (At Actual Costs Calculated)			Results -V2 Pricing Model	
No.	Fee Name	Notes	Actual Work Volume	Total Cost Assigned per Unit	Current Fee Amount	Unit Gain/Loss	Total Annual Revenue at Cost per Unit	Total Annual Revenue at Current Fees	Total Annual Revenue Gain/Loss	V2 Fee Amount Level	V2 Total Annual Revenue
Renewal	Duplicate Renewal Receipt		112	\$ 47	\$ 10	(\$37)	\$ 5,226	\$1,120	(\$4,106)	\$ -	\$ -
Renewal	Endorsement		148	\$ 70	\$ 10	(\$60)	\$ 10,337	\$1,480	(\$8,857)	\$ 100	\$ 14,800
Renewal	Duplicate Cert-Add'l Office		510	\$ 95	\$ 15	(\$80)	\$ 48,333	\$7,650	(\$40,683)	\$ -	\$ -
New Education	CE Provider Approval Fee		299	\$ 414	\$ 150	(\$264)	\$ 123,855	\$44,850	(\$79,005)	\$ 700	\$ 209,300
Renewal Education	CE Provider Approval Renewal Fee		49	\$ 414	\$ 150	(\$264)	\$ 20,297	\$7,350	(\$12,947)	\$ 700	\$ 34,300
Initial	Application Fee - Acupuncturist		630	\$ 623	\$ 75	(\$548)	\$ 392,421	\$47,250	(\$345,171)	\$ 350	\$ 220,500
Education	Re-Exam Fee - Acupuncturist		315	\$ 790	\$ 550	(\$240)	\$ 248,898	\$173,250	(\$75,648)	\$ 800	\$ 252,000
New Education	Application Fee - Acupuncture Supvr		30	\$ 9,701	\$ 200	(\$9,501)	\$ 291,032	\$6,000	(\$285,032)	\$ 200	\$ 6,000
New Education	Application Fee - Acupuncture Trainee		25	\$ 9,726	\$ 25	(\$9,701)	\$ 243,160	\$625	(\$242,535)	\$ 2,500	\$ 62,500
New Exam	Exam Fee - Acupuncturist		525	\$ 721	\$ 550	(\$171)	\$ 378,281	\$288,750	(\$89,531)	\$ 800	\$ 420,000
Initial	Initial Cert - Acupuncturist		388	\$ 314	\$ 325	\$11	\$ 121,652	\$126,100	\$4,448	\$ 500	\$ 194,000
Renewal	Biennial Renewal Fee - Acupuncturist		5,870	\$ 644	\$ 325	(\$319)	\$ 3,782,809	\$1,907,750	(\$1,875,059)	\$ 700	\$ 4,109,000
Renewal Education	Annual Ren - Acupuncturist Supvr		15	\$ 307	\$ 50	(\$257)	\$ 4,609	\$750	(\$3,859)	\$ 500	\$ 7,500
Renewal Education	Annual Ren - Acupuncturist Trainee		16	\$ 307	\$ 10	(\$297)	\$ 4,916	\$160	(\$4,756)	\$ 600	\$ 9,600
Renewal	Delinquent Ren - Acupuncturist		580	\$ 25	\$ 25	\$0	\$ 14,584	\$14,500	(\$84)	\$ 100	\$ 58,000
Education	Delinquent Fee Acupuncture Trainee		1	\$ 121	\$ 5	(\$116)	\$ 121	\$5	(\$116)	\$ 100	\$ 100
Education	Delinquent Fee Acupuncture Supvr		1	\$ 121	\$ 25	(\$96)	\$ 121	\$25	(\$96)	\$ 100	\$ 100
Potential New Fees											
Education	CE Course Fee	New	3,400	\$ 182	\$ -	(\$182)	\$ -	\$0	\$0	\$ 500	\$ 272,000
Initial	Foreign applicants	New	50	\$ 7,124	\$ -	(\$7,124)	\$ -	\$0	\$0	\$ 500	\$ 25,000
AB 779	Replacement Pocket License	New	100	\$ 47	\$ 10	(\$37)	\$ -	\$0	\$0	\$ 50	\$ 5,000
AB 779	Wall license duplicate - (Initial & ongoing)	New	5,870	\$ 95	\$ 15	(\$80)	\$ -	\$0	\$0	\$ 50	\$ 293,500
AB 779	Renewal Wall license registration - (Initial renewal)	New	400	\$ 95	\$ 15	(\$80)	\$ -	\$0	\$0	\$ 50	\$ 20,000

Revenue Target: \$6.2 million	Annual Revenue Impacts			Annual Revenue	
	Total Annual Revenue at Cost per Unit	Total Annual Revenue at Current Fees	Total Annual Revenue Gain/Loss		V2 Total Annual Revenue
	\$ 5,690,651	\$ 2,627,615	(\$3,063,036)		\$ 6,213,200
Net Revenue Increase:					\$ 3,585,585

California Acupuncture Board
Licensing and Misc Fees - V1 & V2



				Results - V1 Floor and V2 Cap Pricing Model					
No.	Fee Name	Current Fee / Revenue	2019-20 GB Annual Revenue	V1 Total Cost Assigned per Unit	V1 Pricing Scenario	V1 Annual Revenue	V2 Total Cost Assigned per Unit	V2 Pricing Scenario	V2 Annual Revenue
Renewal	Duplicate Renewal Receipt	\$ 10	\$ 1,120	\$ 54	\$ -	\$ -	\$ 47	\$ -	\$ -
Renewal	Endorsement	\$ 10	\$ 1,480	\$ 81	\$ 100	\$ 14,800	\$ 70	\$ 100	\$ 14,800
Renewal	Duplicate Cert-Add'l Office	\$ 15	\$ 7,650	\$ 110	\$ -	\$ -	\$ 95	\$ -	\$ -
New Education	CE Provider Approval Fee	\$ 150	\$ 44,850	\$ 484	\$ 500	\$ 149,500	\$ 414	\$ 700	\$ 209,300
Renewal Education	CE Provider Approval Renewal Fee	\$ 150	\$ 7,350	\$ 484	\$ 500	\$ 24,500	\$ 414	\$ 700	\$ 34,300
Initial	Application Fee - Acupuncturist	\$ 75	\$ 47,250	\$ 727	\$ 250	\$ 157,500	\$ 623	\$ 350	\$ 220,500
Education	Re-Exam Fee - Acupuncturist	\$ 550	\$ 173,250	\$ 854	\$ 800	\$ 252,000	\$ 790	\$ 800	\$ 252,000
New Education	Application Fee - Acupuncture Supvr	\$ 200	\$ 6,000	\$ 11,334	\$ 100	\$ 3,000	\$ 9,701	\$ 200	\$ 6,000
New Education	Application Fee - Acupuncture Trainee	\$ 25	\$ 625	\$ 11,363	\$ 1,000	\$ 25,000	\$ 9,726	\$ 2,500	\$ 62,500
New Exam	Exam Fee - Acupuncturist	\$ 550	\$ 288,750	\$ 773	\$ 800	\$ 420,000	\$ 721	\$ 800	\$ 420,000
Initial	Initial Cert - Acupuncturist	\$ 325	\$ 126,100	\$ 366	\$ 500	\$ 194,000	\$ 314	\$ 500	\$ 194,000
Renewal	Biennial Renewal Fee - Acupuncturist	\$ 325	\$ 1,907,750	\$ 330	\$ 500	\$ 2,935,000	\$ 644	\$ 700	\$ 4,109,000
Renewal Education	Annual Ren - Acupuncturist Supvr	\$ 50	\$ 750	\$ 359	\$ 200	\$ 3,000	\$ 307	\$ 500	\$ 7,500
Renewal Education	Annual Ren - Acupuncturist Trainee	\$ 10	\$ 160	\$ 359	\$ 500	\$ 8,000	\$ 307	\$ 600	\$ 9,600
Renewal	Delinquent Ren - Acupuncturist	\$ 25	\$ 14,500	\$ 29	\$ 50	\$ 29,000	\$ 25	\$ 100	\$ 58,000
Education	Delinquent Fee Acupuncture Trainee	\$ 5	\$ 5	\$ 142	\$ 50	\$ 50	\$ 121	\$ 100	\$ 100
Education	Delinquent Fee Acupuncture Supvr	\$ 25	\$ 25	\$ 142	\$ 50	\$ 50	\$ 121	\$ 100	\$ 100
	Potential New Fees								
Education	CE Course Fee	\$ -	\$ -	\$ -	\$ 50	\$ 170,000	\$ -	\$ 500	\$ 272,000
Initial	Foreign applicants	\$ -	\$ -	\$ -	\$ 350	\$ 17,500	\$ -	\$ 500	\$ 25,000
AB 779	Replacement Pocket License	\$ 10	\$ -	\$ -	\$ 50	\$ 5,000	\$ -	\$ 50	\$ 5,000
AB 779	Wall license registration - (Initial renewal)	\$ 15	\$ -	\$ -	\$ 50	\$ 293,500	\$ -	\$ 50	\$ 293,500
AB 779	Wall license duplicate - (Initial & ongoing)	\$ 15	\$ -	\$ -	\$ 50	\$ 20,000	\$ -	\$ 50	\$ 20,000

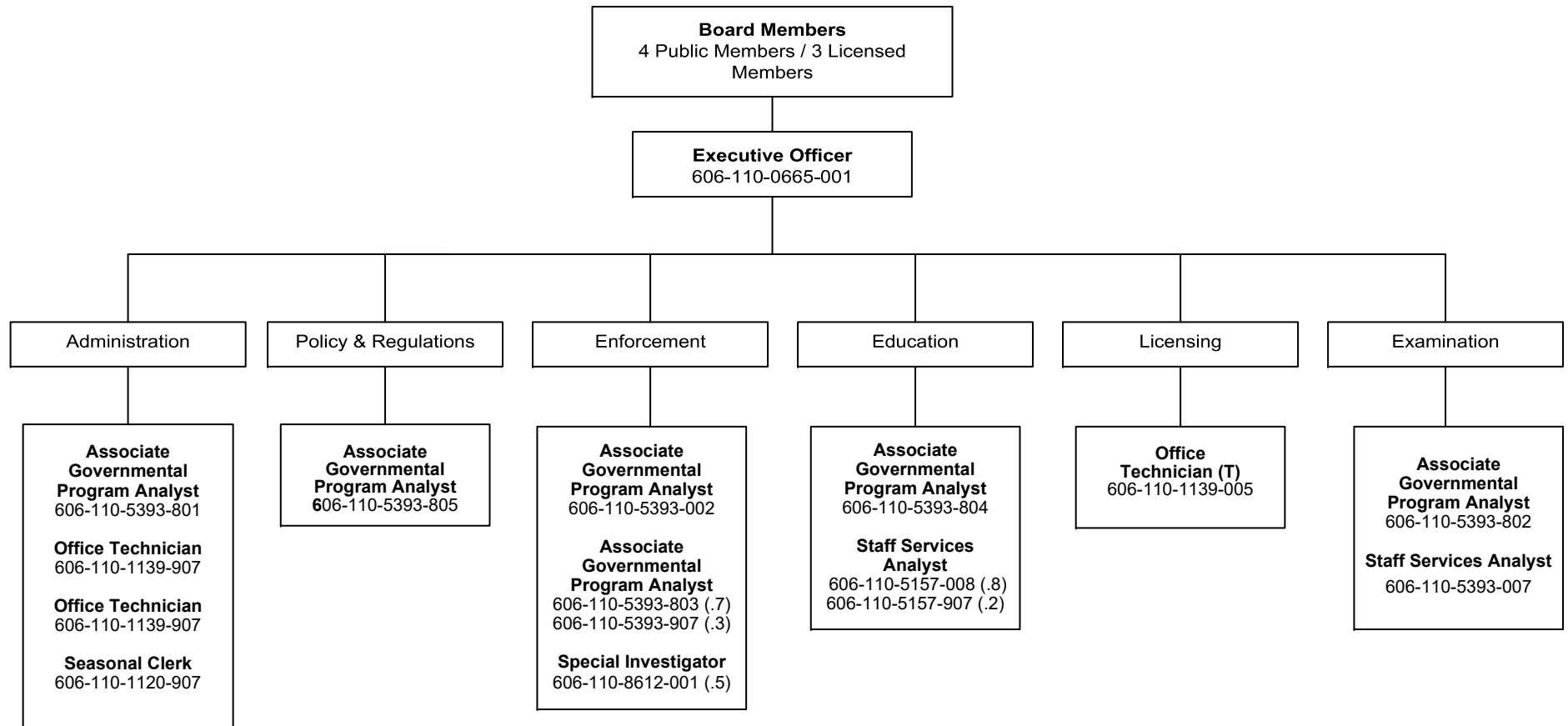
Annual Revenue
2019-20 GB Annual Revenue
\$ 2,627,615

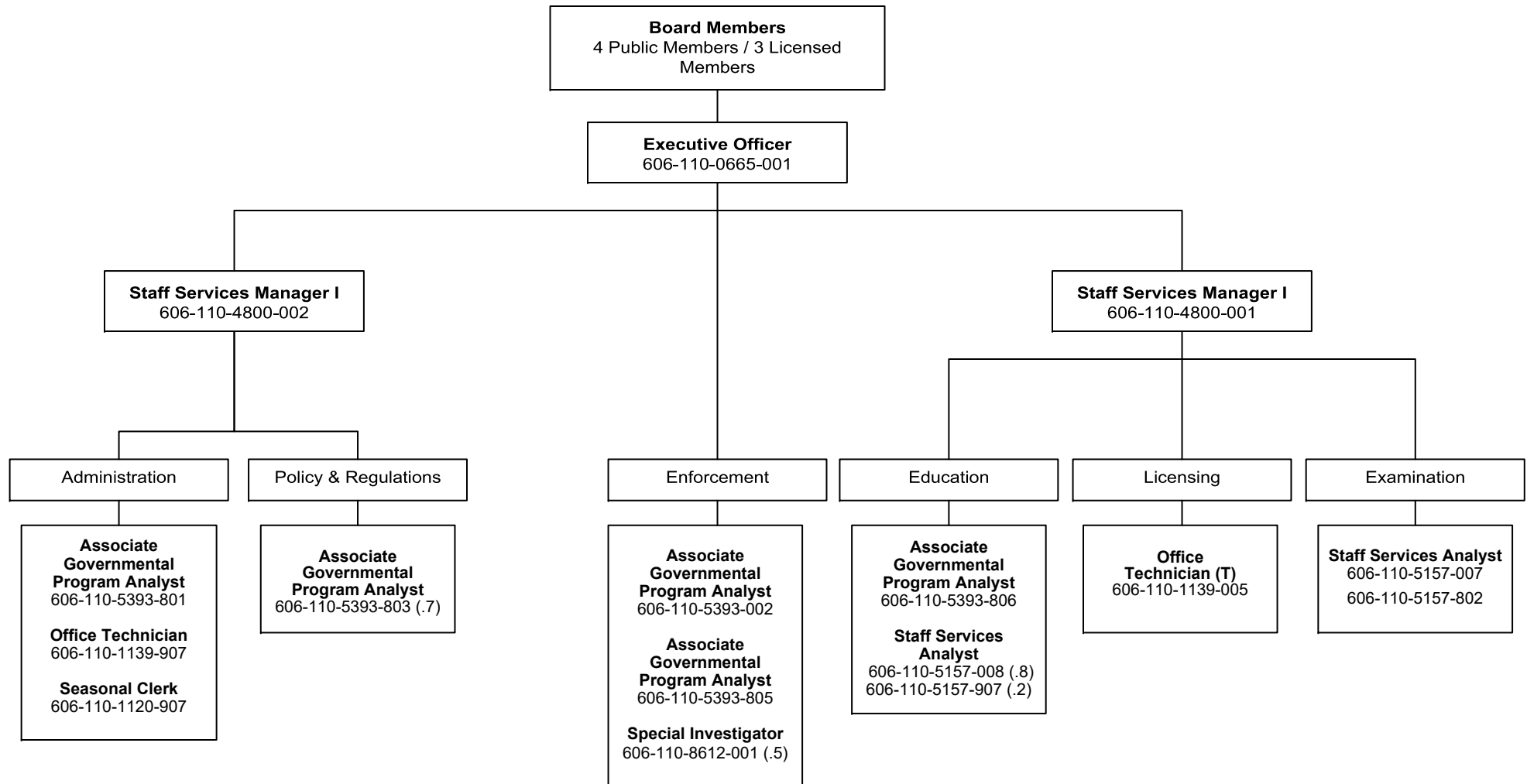
Annual Revenue
V1 Annual Revenue
\$ 4,721,400

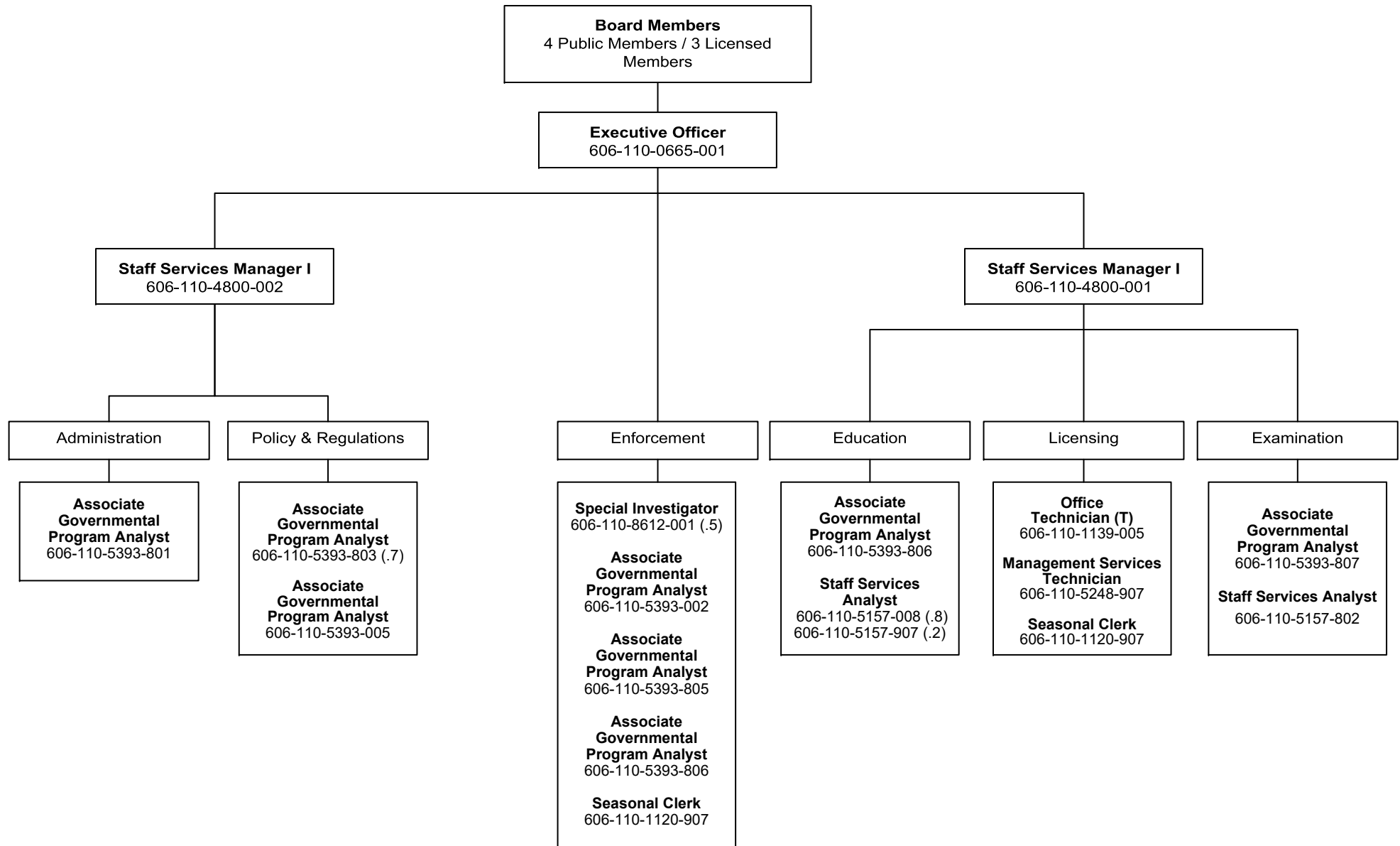
Annual Revenue
V2 Annual Revenue
\$ 6,213,200

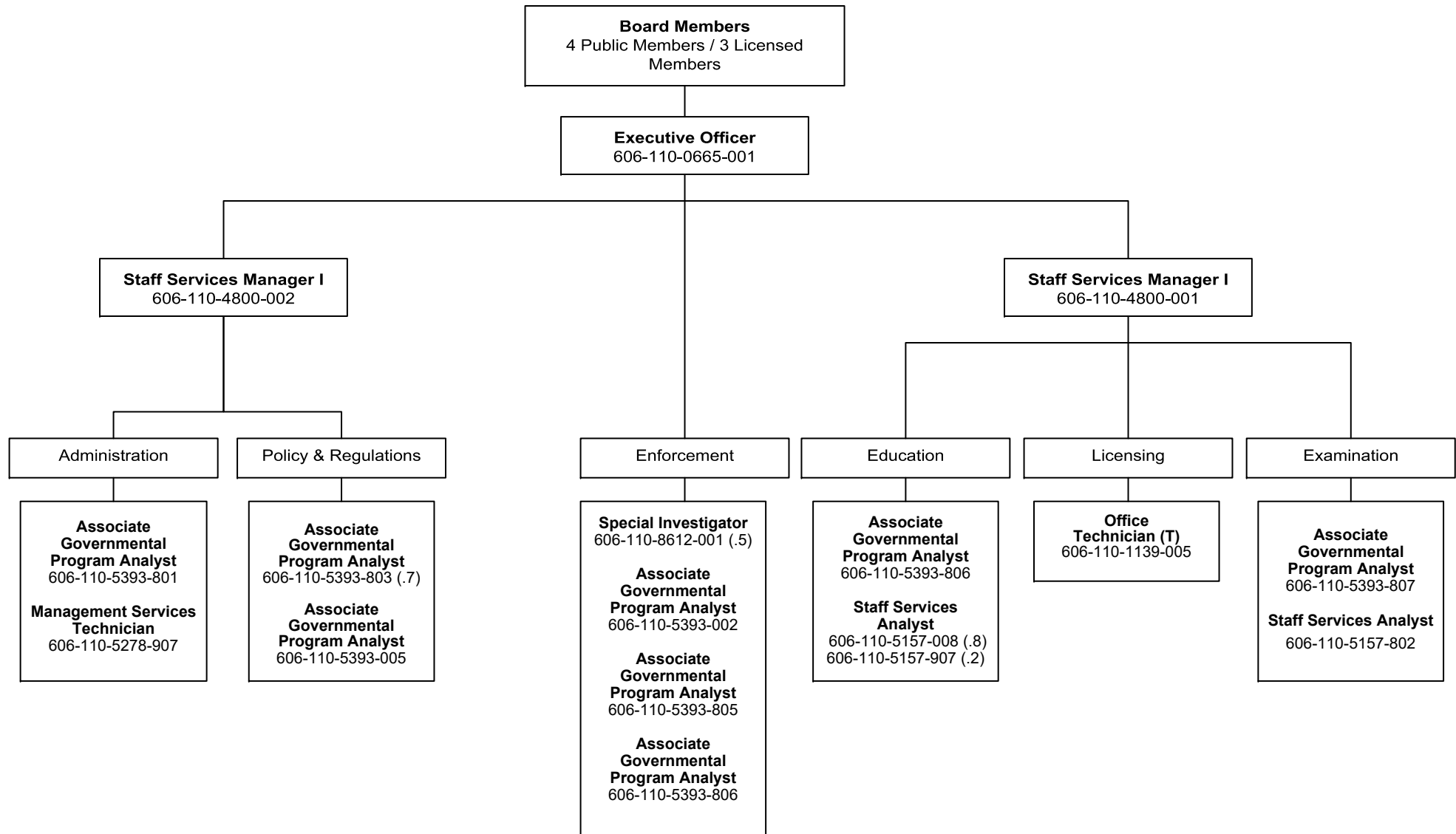
Revenue Target: \$ 4,700,000

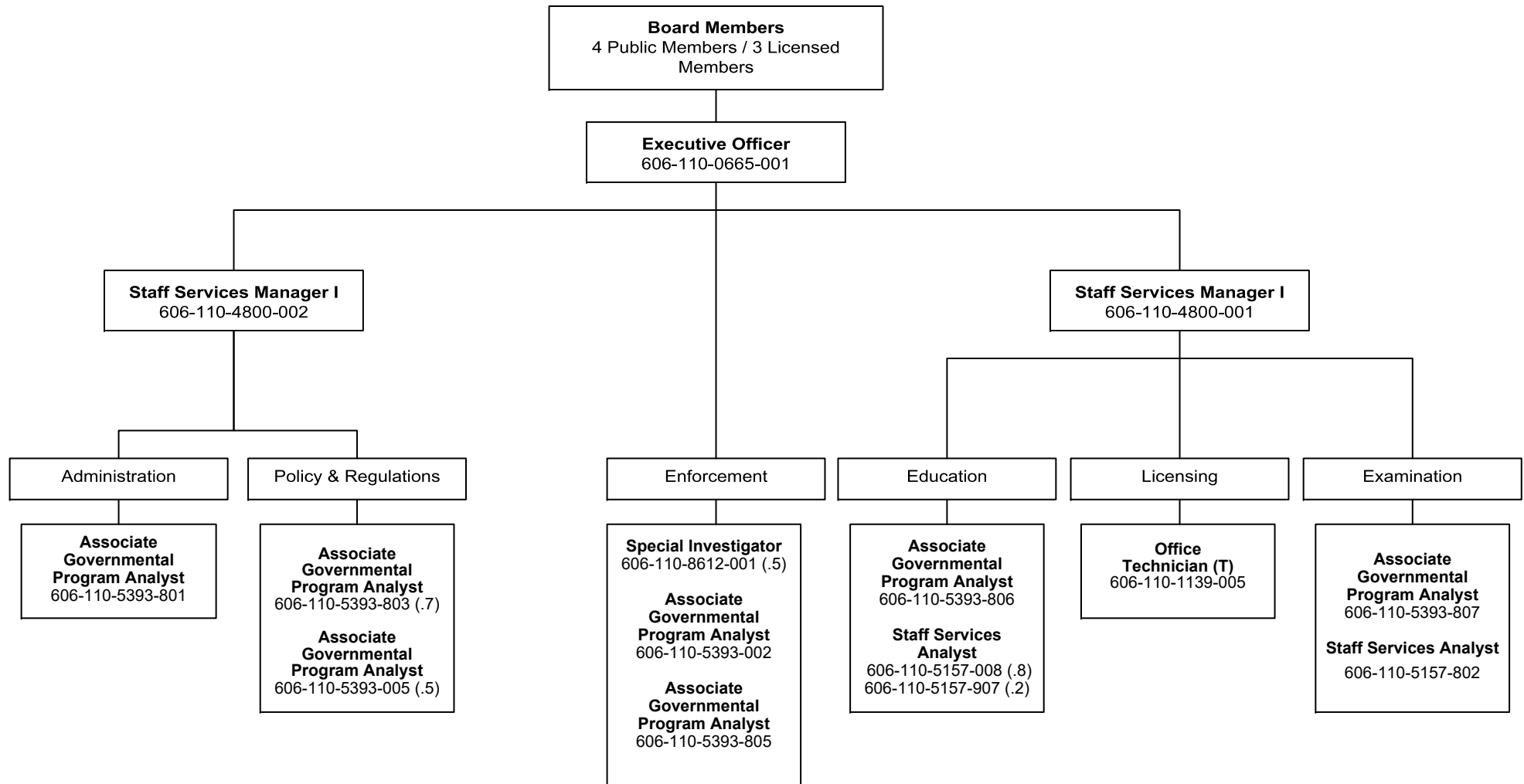
\$ 6,200,000

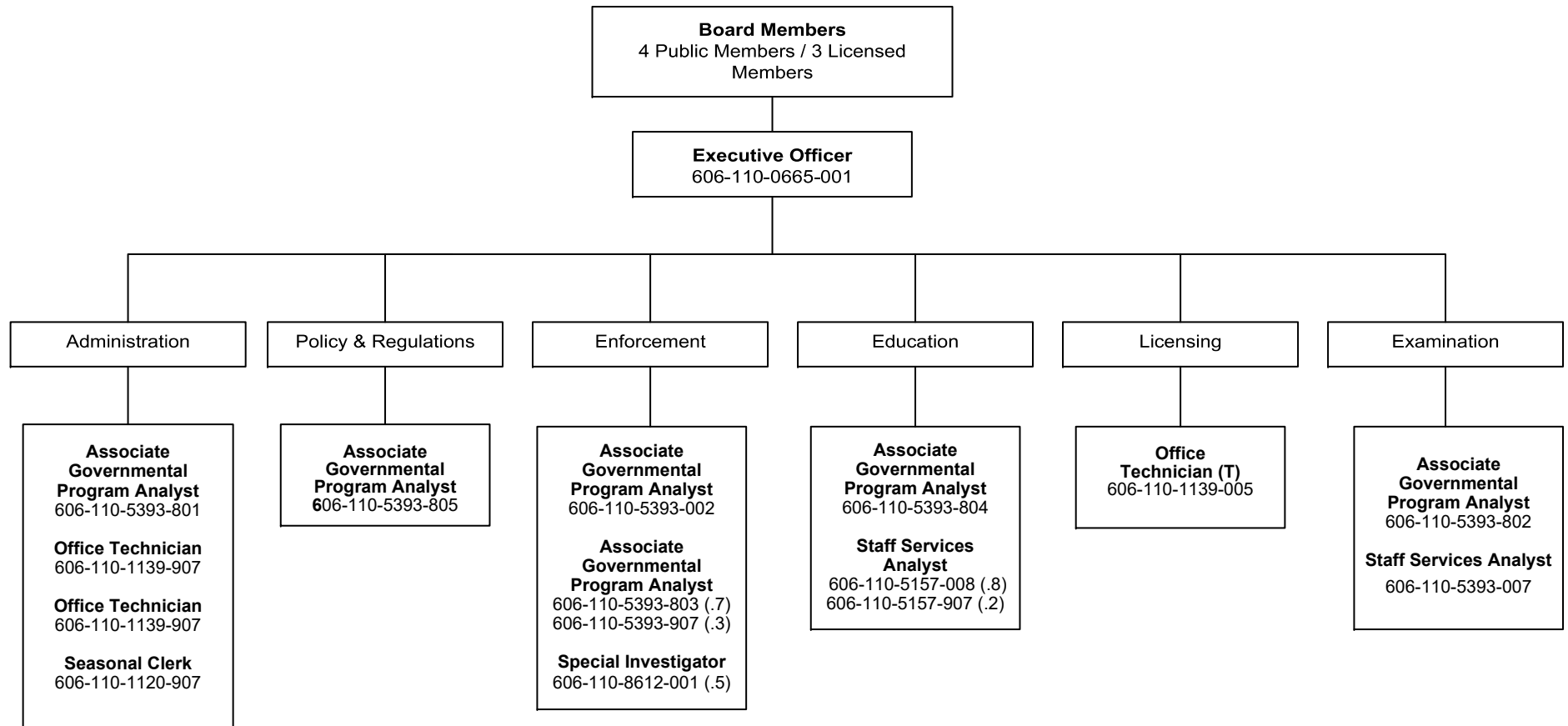


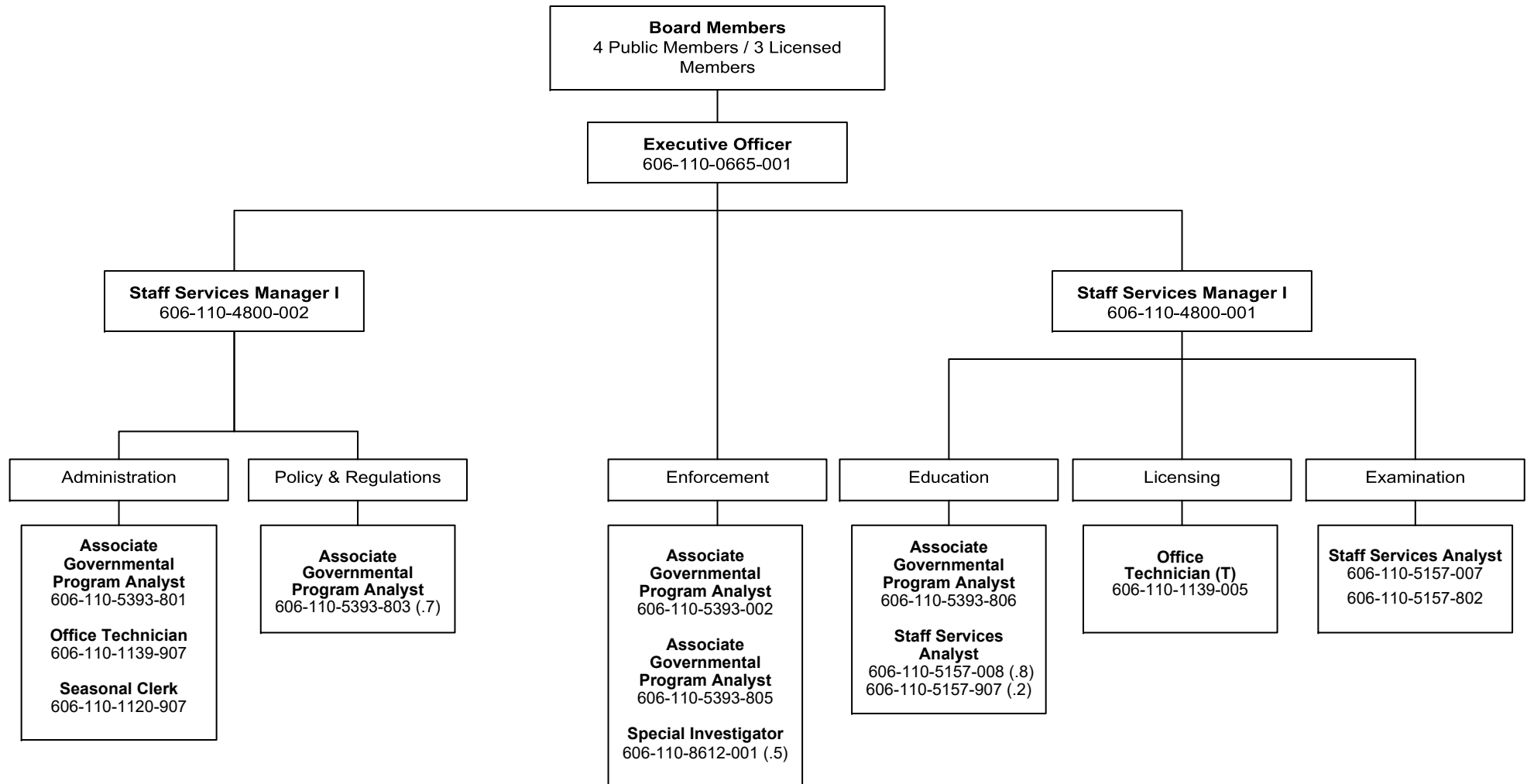


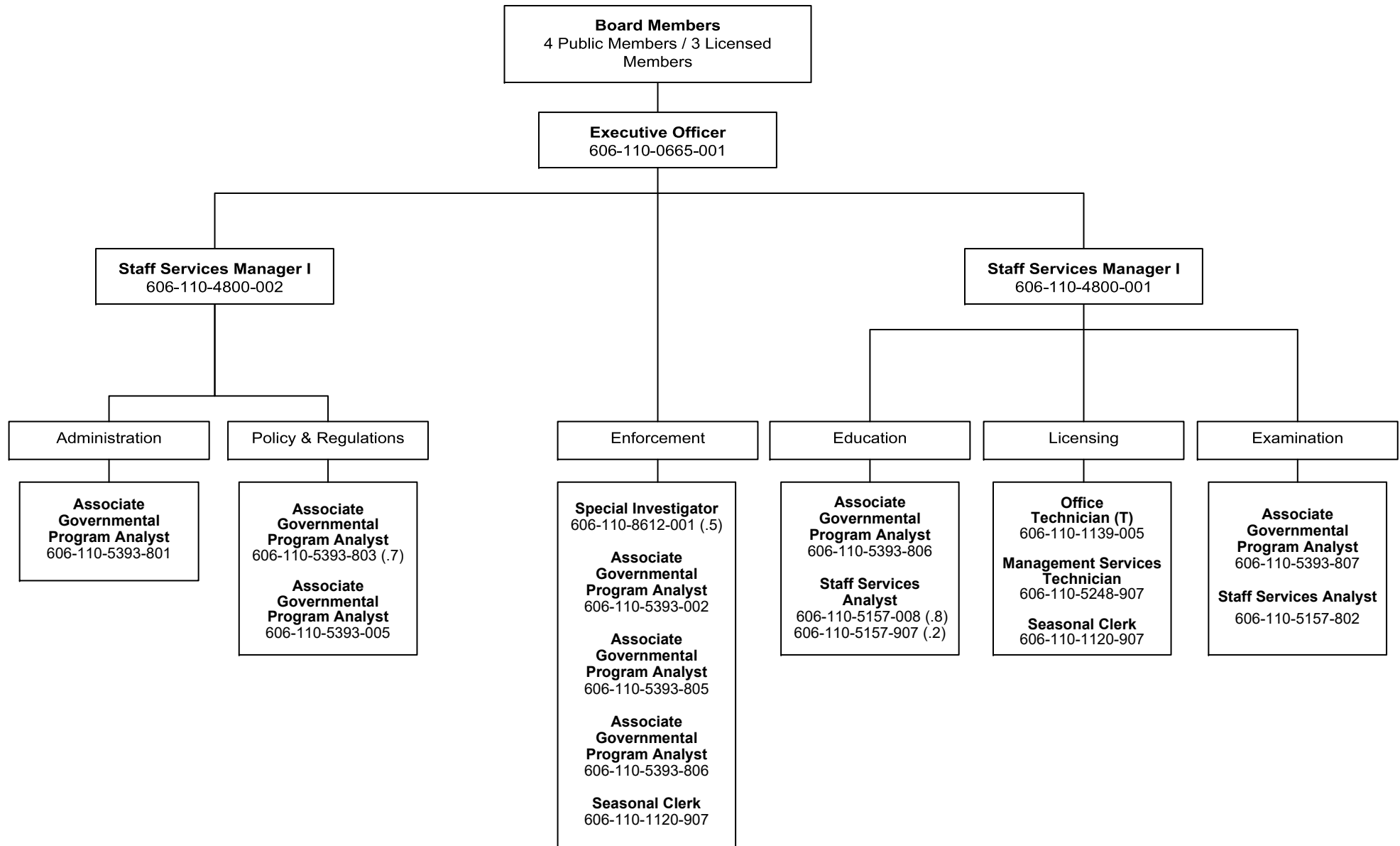


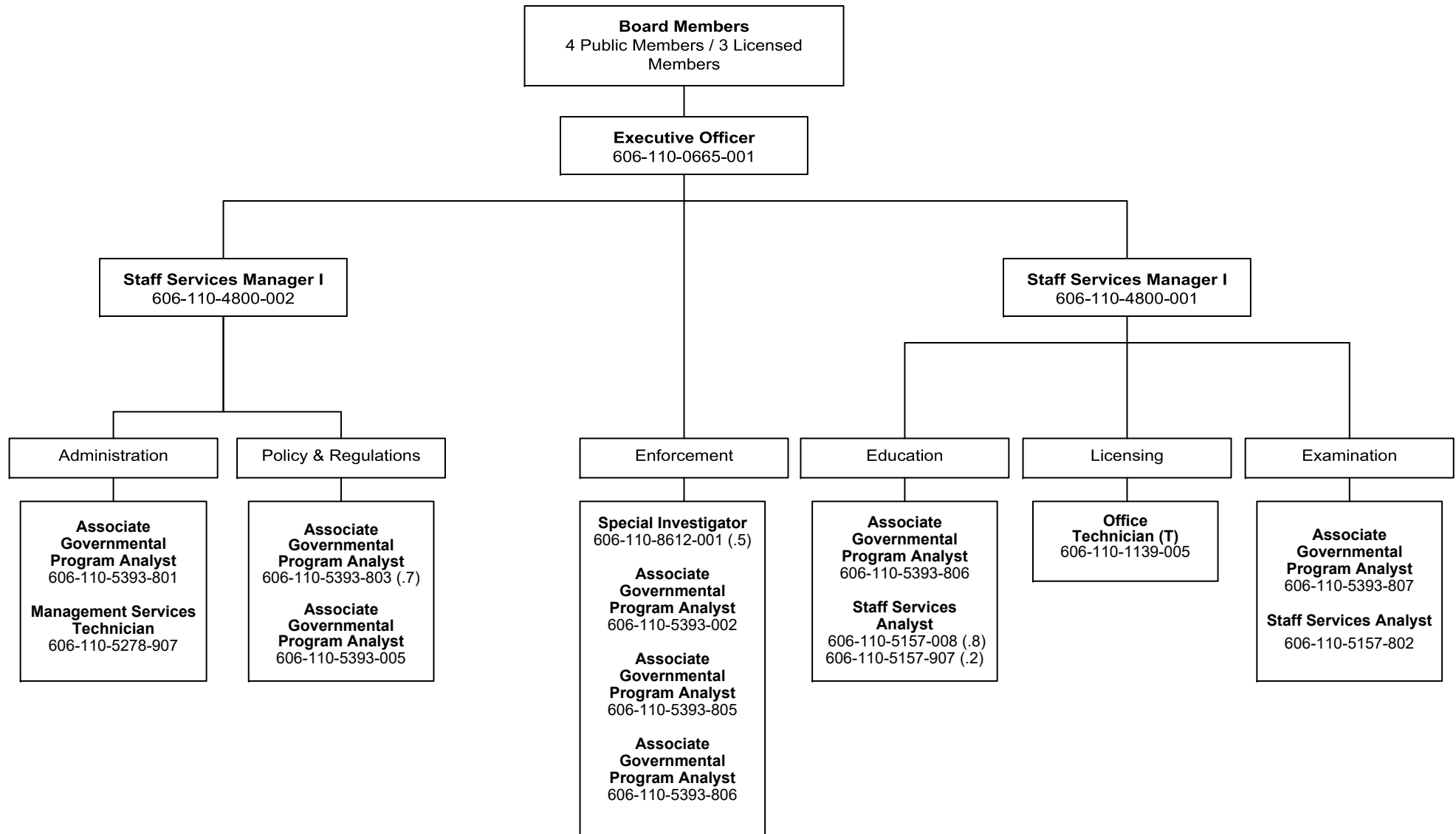


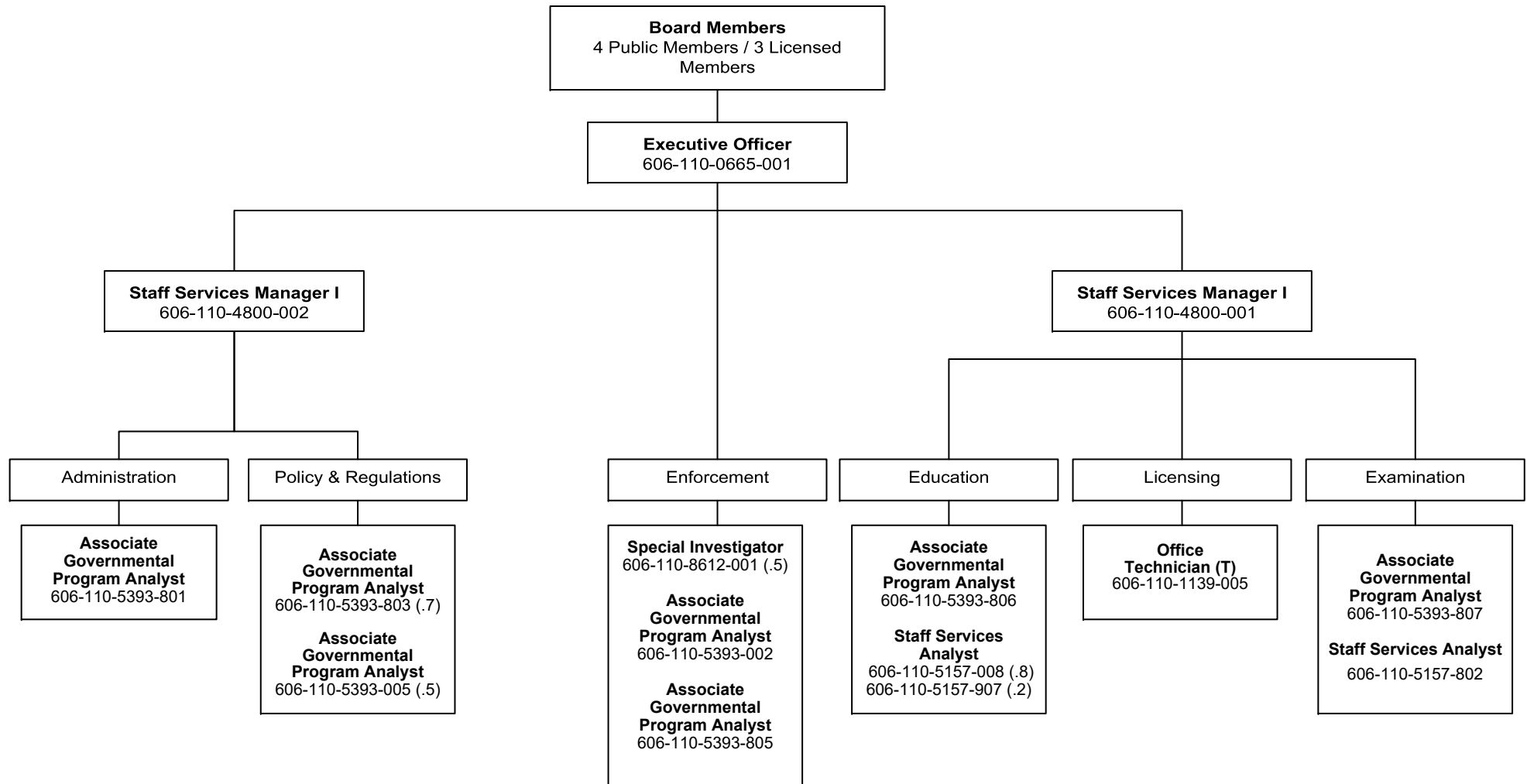












Acupuncture Board

Strategic Plan

2018-2022



Acupuncture Board

Board Members

Amy Matecki, MD, L.Ac, President, Licensed Member

Kitman Chan, Vice-President, Public Member

John Harabedian, Public Member

Ruben Osorio, Public Member

Vacant, Licensed Member

Vacant, Licensed Member

Vacant, Public Member

Edmund G. Brown Jr., Governor

Alexis Podesta, Secretary, Business Consumer Services and Housing Agency

Dean R. Grafilo, Director, Department of Consumer Affairs

Benjamin Bodea, Executive Officer, Acupuncture Board

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About the Acupuncture 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 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 Business and Professions Code section 4925 et seq. The Board's regulations appear in Title 16, Division 13.7, of the California Code of Regulations.

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 the improvement of educational training standards, continuing education, enforcement of the Business and Professions Code, and public outreach.

Mission, Vision, and Values

Mission

To protect the people of California by upholding acupuncture practice standards through the oversight and enforcement of the Acupuncture Licensure Act.

Vision

The exemplary practice of acupuncture for the health and safety of the people of California.

Values

Consumer Protection

Collaboration

Excellence

Integrity

Professionalism

Strategic Goal Areas

1. Licensing

Establishes and maintains licensing requirements that protect consumers through improving standards in licensing examination, continuing education, and reasonable access to the profession.

2. Enforcement

Protects the health and safety of consumers through the enforcement of the laws and regulations governing the practice of acupuncture.

3. Education

Advances education standards to increase the quality of education and ensure consumer protection.

4. Legislation and Regulation

Advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandate, mission, and vision.

5. Outreach

Educates consumers, licensees, and stakeholders about the practice and regulation of the acupuncture profession.

6. Board Administration

Continues to build and maintain an excellent organization through the development of staff, responsible management, strong leadership, and effective Board governance.

Goal 1: Licensing

Establishes and maintains licensing requirements that protect consumers through improving standards in licensing examination, continuing education, and access to the profession.

- I.1 Develop and implement a computerized licensing examination to increase access and facilitate entry into the profession.
- I.2 Seek legislative or regulatory authority to require a passing Test of English as a Foreign Language (TOEFL) score for applicants who have completed their education in a language other than English to enhance communication with the healthcare industry.
- I.3 Research the feasibility of establishing a clinical inspection program to promote compliance with the laws and regulations governing the practice of acupuncture in California
- I.4 Improve pocket license material quality to reduce fraudulent activity.

Goal 2: Enforcement

Protects the health and safety of consumers through the enforcement of the laws and regulations governing the practice of acupuncture.

- 2.1 Develop and implement the continuing education provider audit process to increase compliance.
- 2.2 Recruit additional Subject Matter Experts (SMEs) to meet the needs of the Examination, Enforcement, and Education Units to increase enforcement resources.
- 2.3 Research the feasibility of requiring licensees to maintain medical records in English to facilitate enforcement efforts and increase accessibility.
- 2.4 Update the Board's Disciplinary Guidelines to preserve consistency, fairness, and ensure effective consumer protection when taking disciplinary actions against licensees.
- 2.5 Amend regulations to implement the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees, developed pursuant to Senate Bill No. 1441 (2007-2008 Sess.), to safeguard the health and safety of licensees and consumers.

Goal 3: Education

Advance education standards to increase the quality of education and ensure consumer protection.

- 3.1 Research and develop transfer credit evaluation policies and procedures to ensure compliance with education requirements.
- 3.2 Conduct a cost analysis on training program curriculum application reviews to properly allocate costs and ensure training program compliance.
- 3.3 Review current curriculum standards to ensure it prepares licensees for entry level practice and consumer safety.
- 3.4 Define what constitutes “live continuing education courses” to ensure that hands-on training for continuing education in treatment methods is received in the proper setting with the appropriate supervision to practice on the public.

Goal 4: Legislation and Regulation

Advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandate, mission, and vision.

- 4.1 Recommend legislation relating to the number of times an applicant can take the examination for licensure to reduce fraud and enhance qualification of licensees.
- 4.2 Investigate the feasibility of obtaining site inspection authority of licensees to increase enforcement resources and access.
- 4.3 Seek legislative citation authority over curriculum violations of training programs to enforce existing curriculum requirements established in regulation.
- 4.4 Review and update regulations to align with existing statutory requirements.
- 4.5 Research and seek amendments to Business and Professions Code section 4935, subdivision (a)(2) to increase the penalty for violations to be equivalent with the penalty provided by Business and Professions Code section 585 and to further deter violations and enhance consumer protection.
- 4.6 Implement a continuing education course and monitoring fee structure pursuant to Business and Professions Code section 4945, subdivision (b) to allocate the cost of the process to the continuing education provider applicant.

Goal 5: Outreach

Educates consumers, licensees, and stakeholders about the practice and regulation of the acupuncture profession.

- 5.1 Develop and implement a communication plan to inform the public about the practice and regulation of the acupuncture profession.
- 5.2 Develop and release a digital newsletter to inform, educate, and update the public on the practice of acupuncture in California.
- 5.3 Determine and communicate licensing reciprocity to and from California to convey California's standards to the public and ensure consumer protection.
- 5.4 Update and publish an informational brochure to educate the public on the standards of practice.

Goal 6: Board Administration

Continues to build and maintain an excellent organization through the development of staff, responsible management, strong leadership, and effective Board governance.

- 6.1 Conduct a yearly workload study to ensure adequate staffing levels.
- 6.2 Map the Board's business processes to procure an information technology system that addresses the Board's functions.
- 6.3 Conduct a fee study at the appropriate time to address the Board's budgetary structural imbalance.
- 6.4 Respond to the Department of Consumer Affairs' routine internal audit to address any findings.
- 6.5 Expand targeted training and materials to educate Board members on Board governance and subject matter.

Strategic Planning Process

To understand the environment in which the Board operates, and to identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Unit conducted an environmental scan of the Board's internal and external environments by collecting information through the following methods:

- ♦ Interviews conducted with current and former Board members in August 2017. There was a total of four responses from a population of eight for a 50%¹ response rate.
- ♦ Interview conducted with Board Executive Officer in August 2017. There was a total of one participant from a population of one for a 100% response rate.
- ♦ Online survey sent to Board staff in August 2017. There was a total of twelve responses from a population of twelve for a 100% response rate.
- ♦ Online survey sent to the Board's stakeholders via several resources² in August 2017. There was a total of 156 responses from a sample size³ of 1,394 for an 11% response rate.

The most significant themes and trends identified from the environmental scan were discussed by the Board Members, Executive Officer, Board staff, and stakeholders during the strategic planning sessions facilitated by SOLID on December 15, 2017 and March 30, 2018. This information guided the Board in the development of its strategic objectives outlined in this 2018 – 2022 Strategic Plan.

¹ All response rates are rounded to the nearest one (whole number).

² Listserv subscribers and schools lists.

³ Sample size is an approximation.



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Prepared by:



Department of Consumer Affairs
1747 N. Market Blvd., Ste. 270
Sacramento, CA 95834

Strategic plan adopted June 29, 2018.

This Strategic Plan is based on stakeholder information and discussions facilitated by SOLID for the Acupuncture Board in December 2017 and March 30, 2018. Subsequent amendments may have been made after the Board's adoption of this plan.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

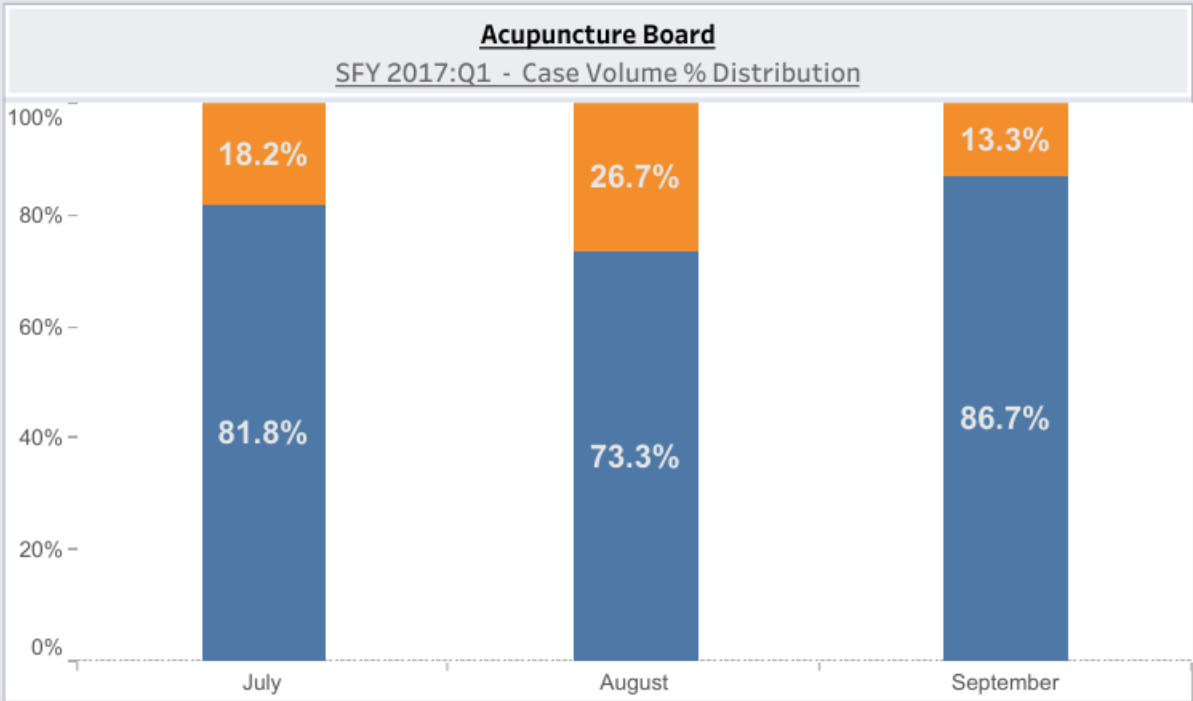
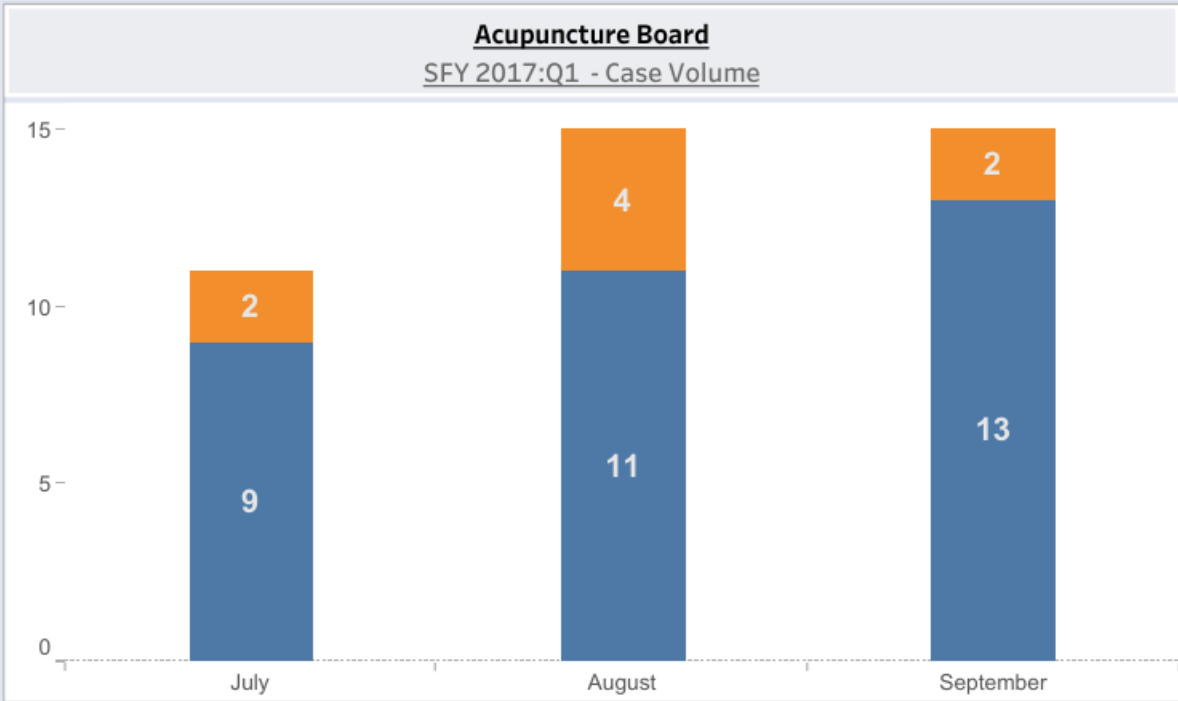
Select a Quarter
Q1

Case Type
Complaints Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary
Data last refreshed on 6/3/2022

Complaints	Conviction/Arrest	Total Volume
33	8	41



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity

Acupuncture Board

Select a Fiscal Year

SFY 2017

Select a Quarter

Q1

Cycle Time

Actual

Target

Case Volume by Month

July

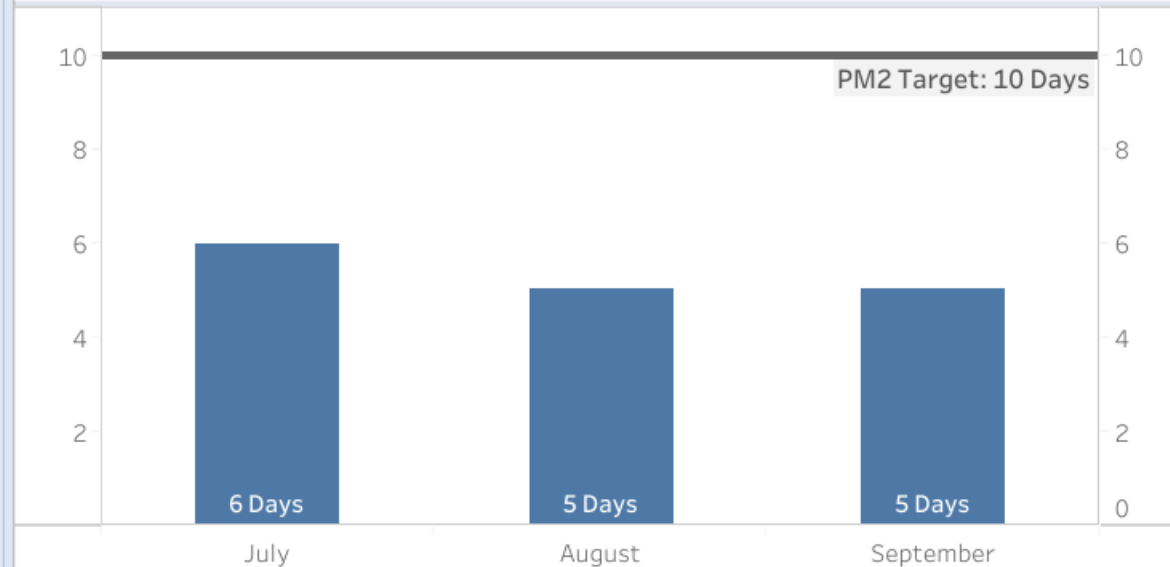
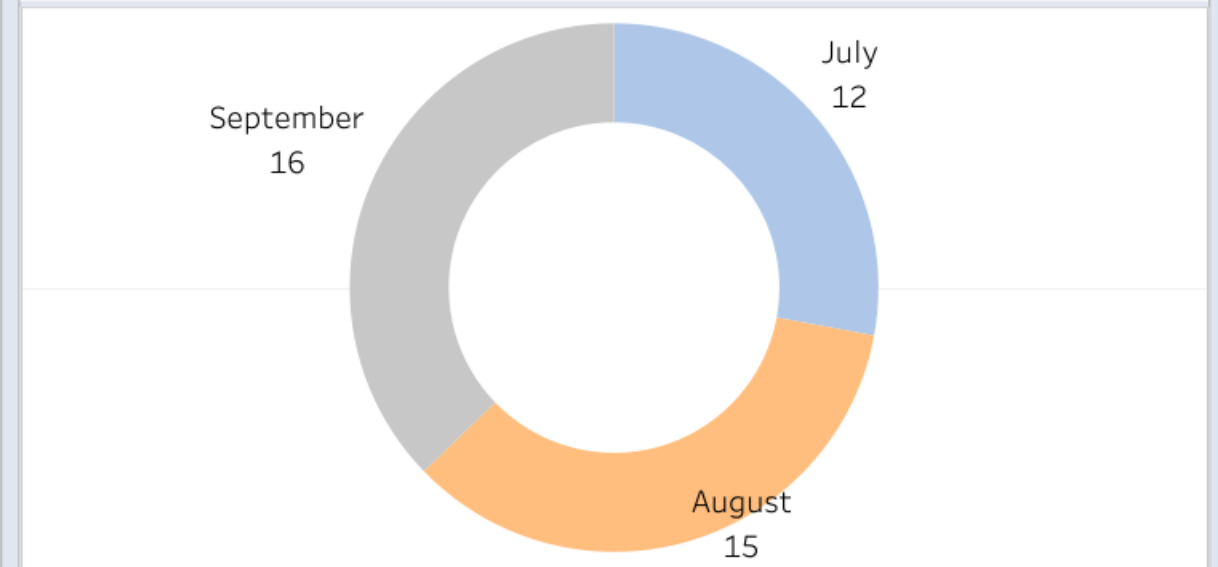
August

September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Acupuncture Board PM2 Performance Summary*Data last refreshed on 6/03/2022*

Case Volume	Target	Actual	Variance
43	10 Days	5 Day(s)	▼ -5 Day(s)

Acupuncture Board**SFY 2017: Q1 | PM2 - Intake Cycle Time****Acupuncture Board****SFY 2017: Q1 | PM2 - Volume**

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

106

Target

200 Days

Actual

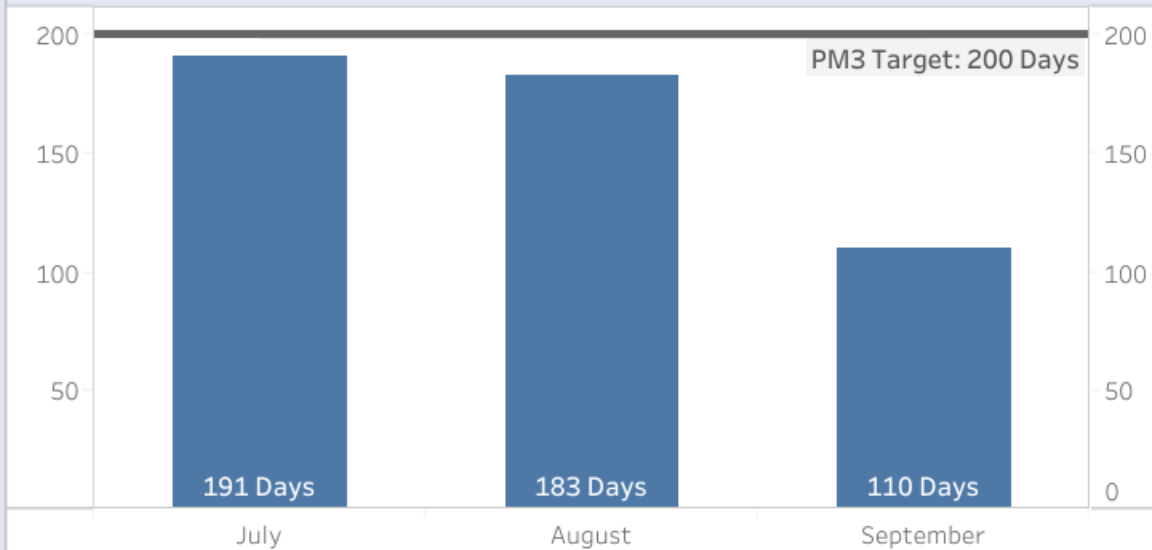
167 Day(s)

Variance

▼ -33 Day(s)

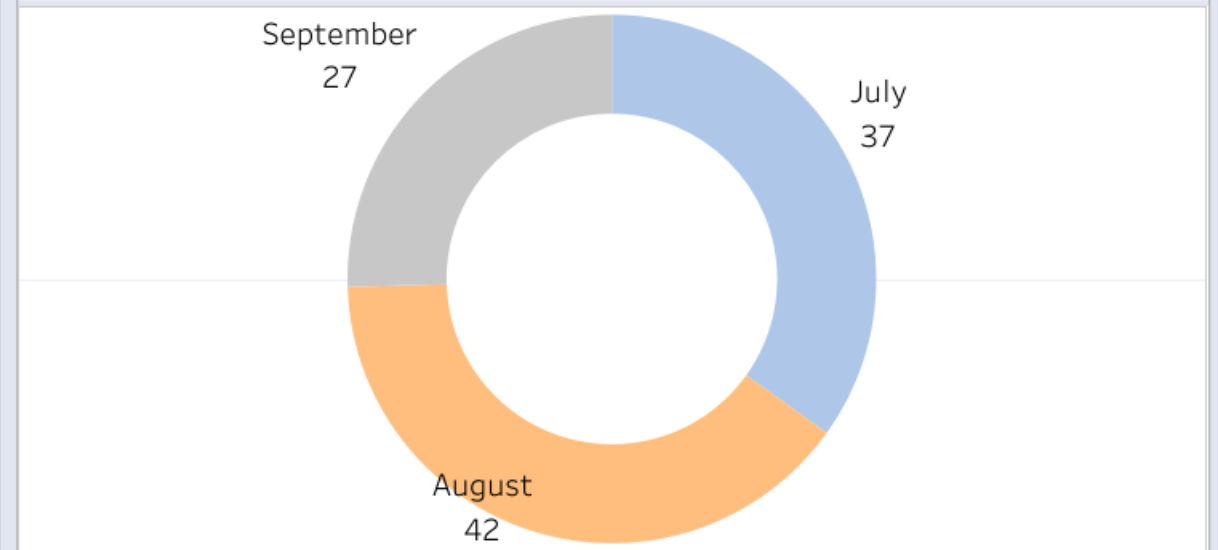
Acupuncture Board

SFY 2017: Q1 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2017: Q1 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q1

Cycle Time
Actual Target

Case Volume by Month
July August September

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

5

Target

540 Days

Actual

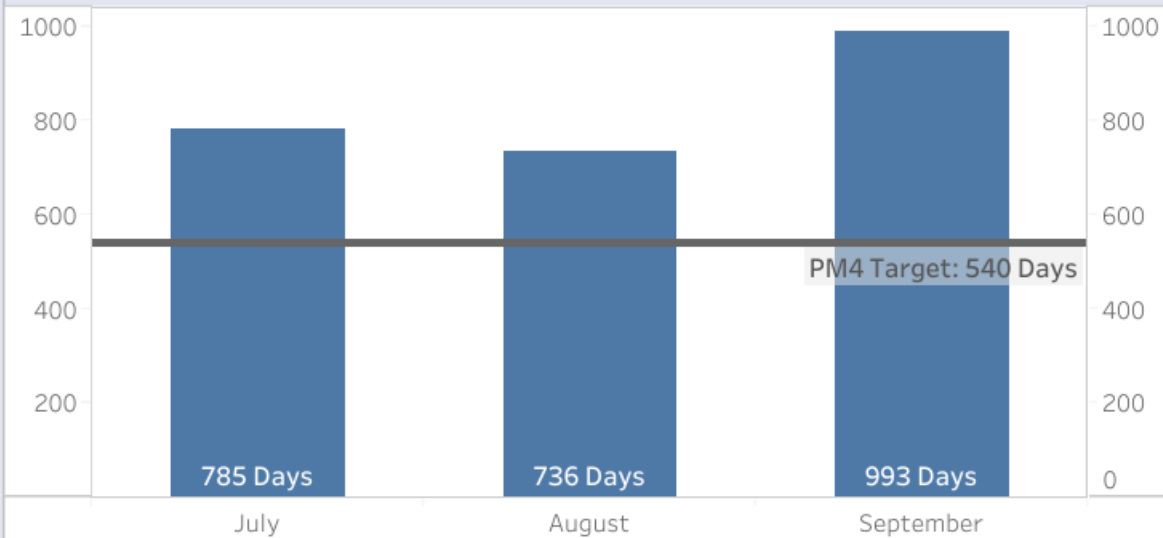
900 Day(s)

Variance

▲ 360 Day(s)

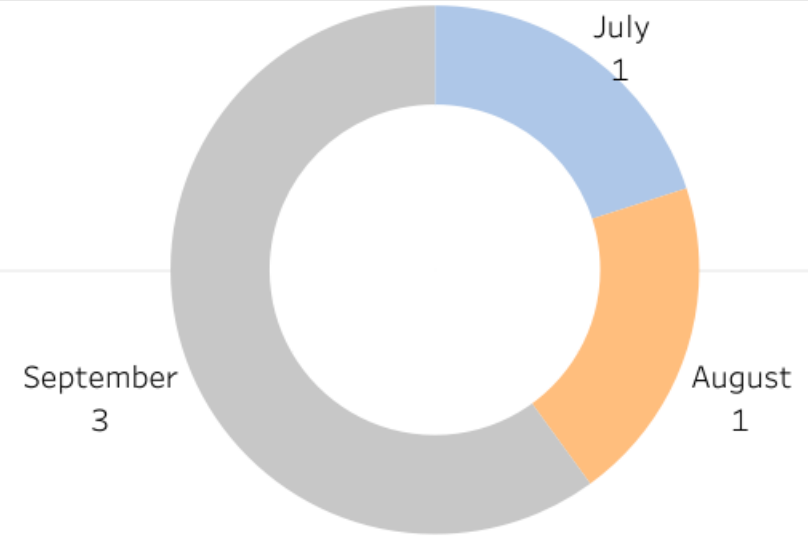
Acupuncture Board

SFY 2017: Q1 | PM4 - Formal Discipline Cycle Time



Acupuncture Board

SFY 2017: Q1 | PM4 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Performance Measure
PM7

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

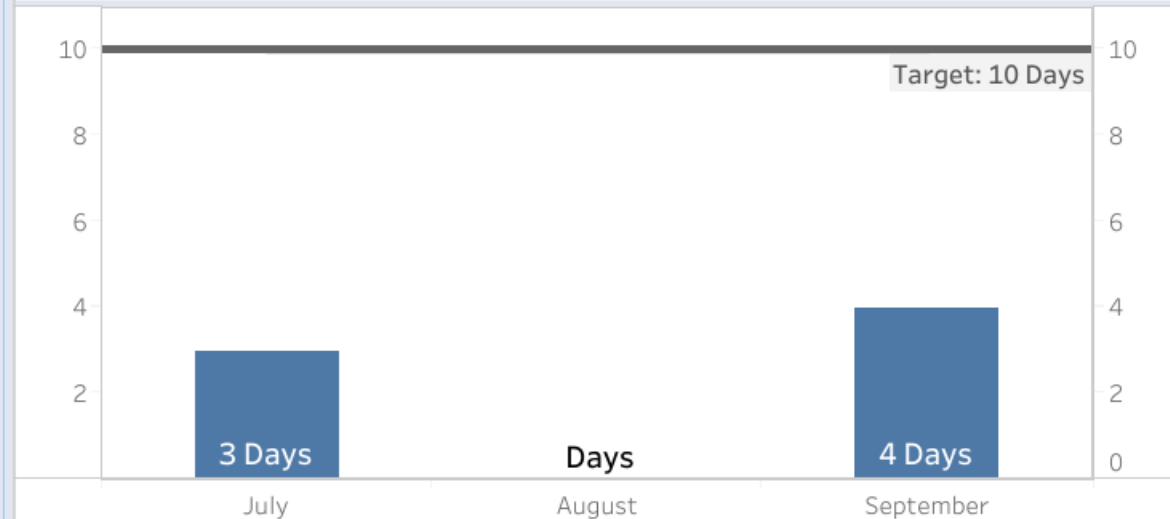
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
4	10 Days	4 Day(s)	▼ -6 Day(s)

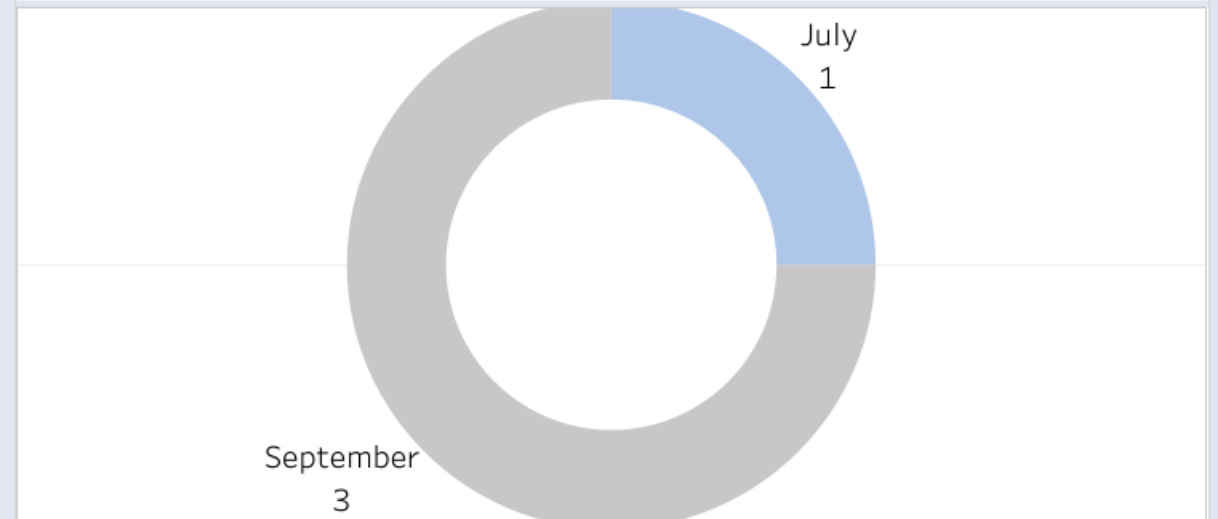
Acupuncture Board

SFY 2017: Q1 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2017: Q1 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Performance Measure
PM8

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

5

Target

10 Days

Actual

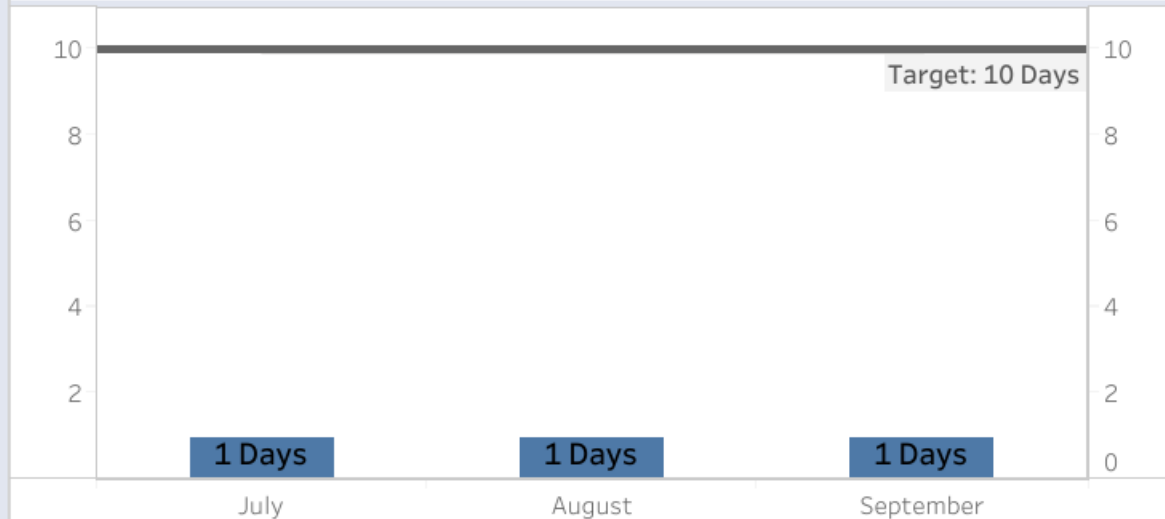
1 Day(s)

Variance

▼ -9 Day(s)

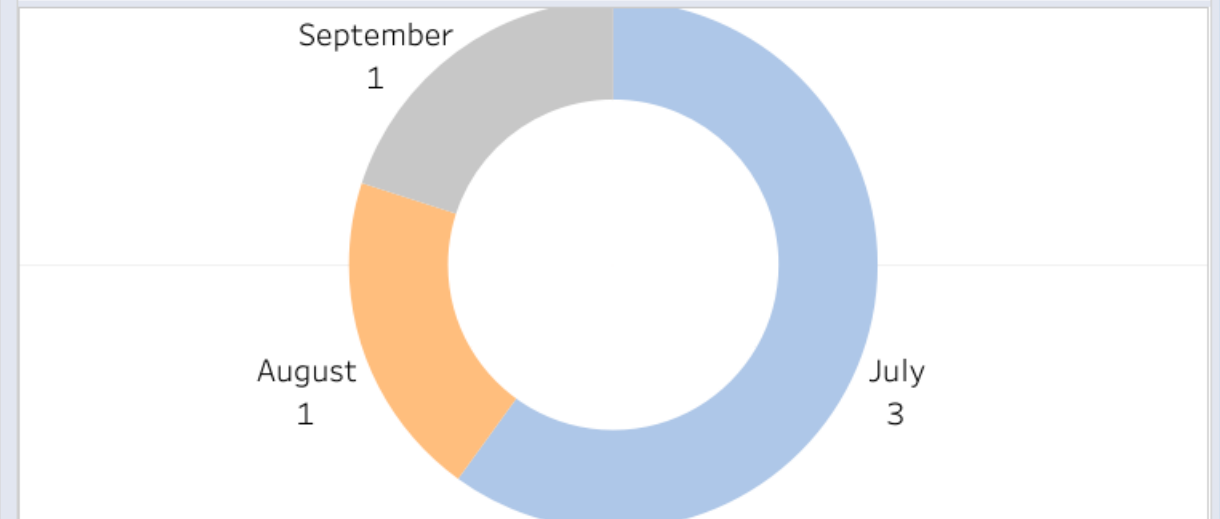
Acupuncture Board

SFY 2017: Q1 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2017: Q1 - PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

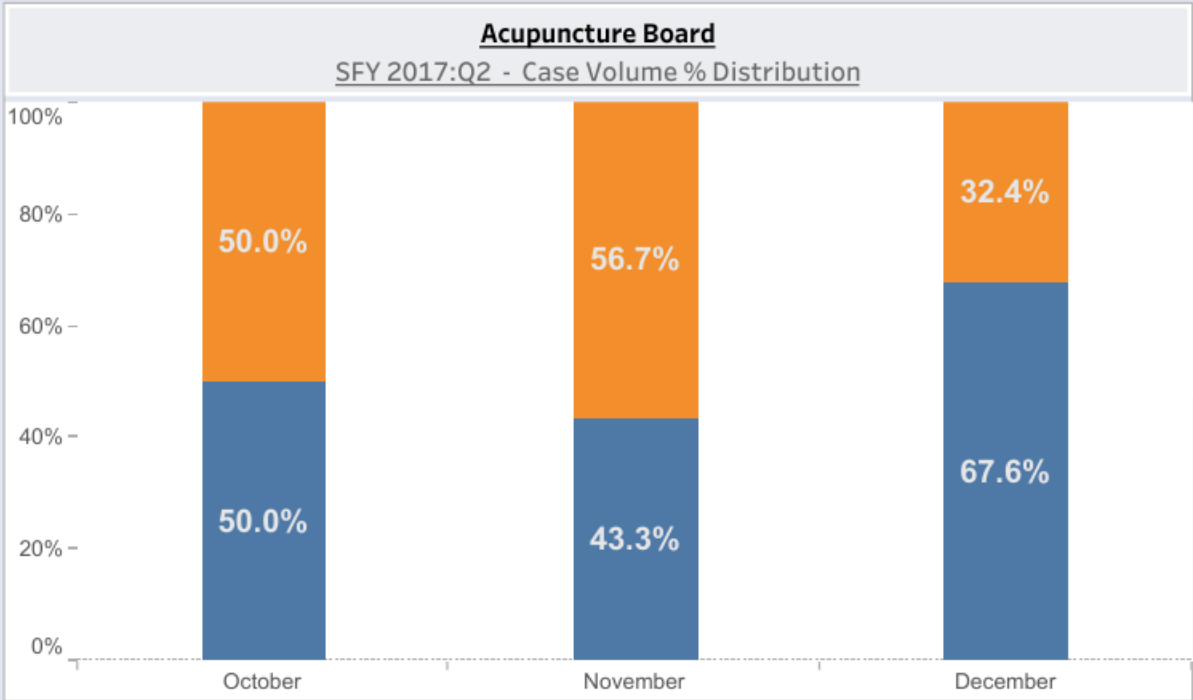
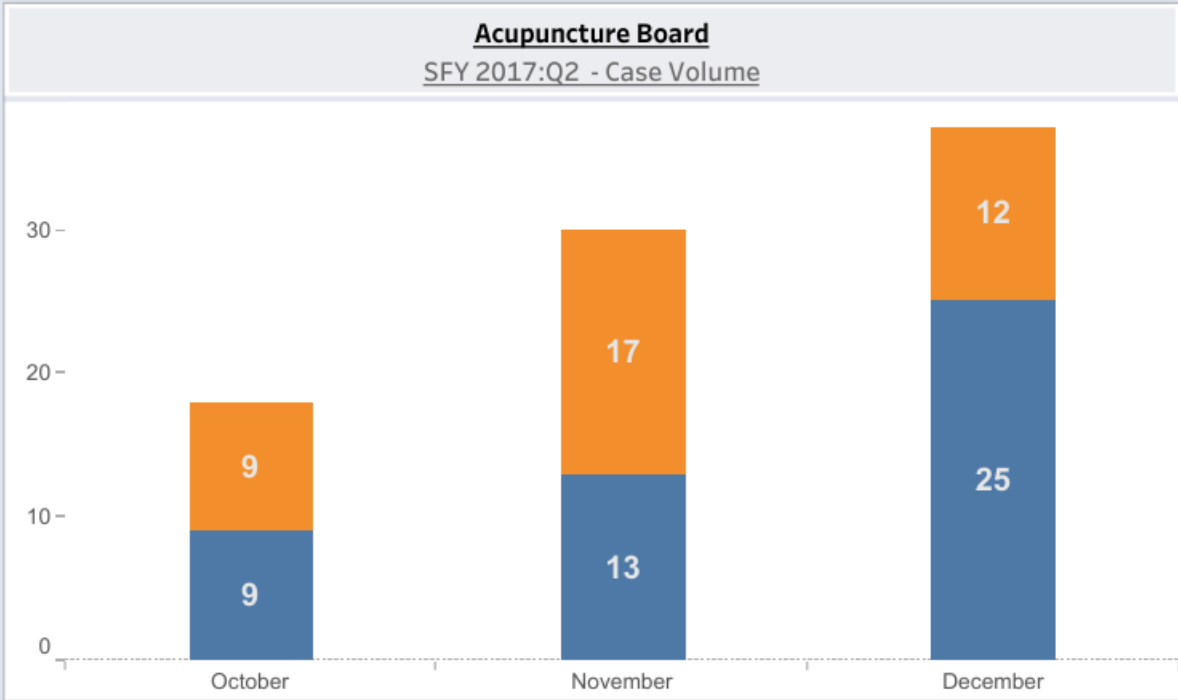
Select a Quarter
Q2

Case Type
Complaints Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary
Data last refreshed on 6/3/2022

Complaints	Conviction/Arrest	Total Volume
47	38	85



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity

Acupuncture Board

Select a Fiscal Year

SFY 2017

Select a Quarter

Q2

Cycle Time

Actual

Target

Case Volume by Month

October

November

December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

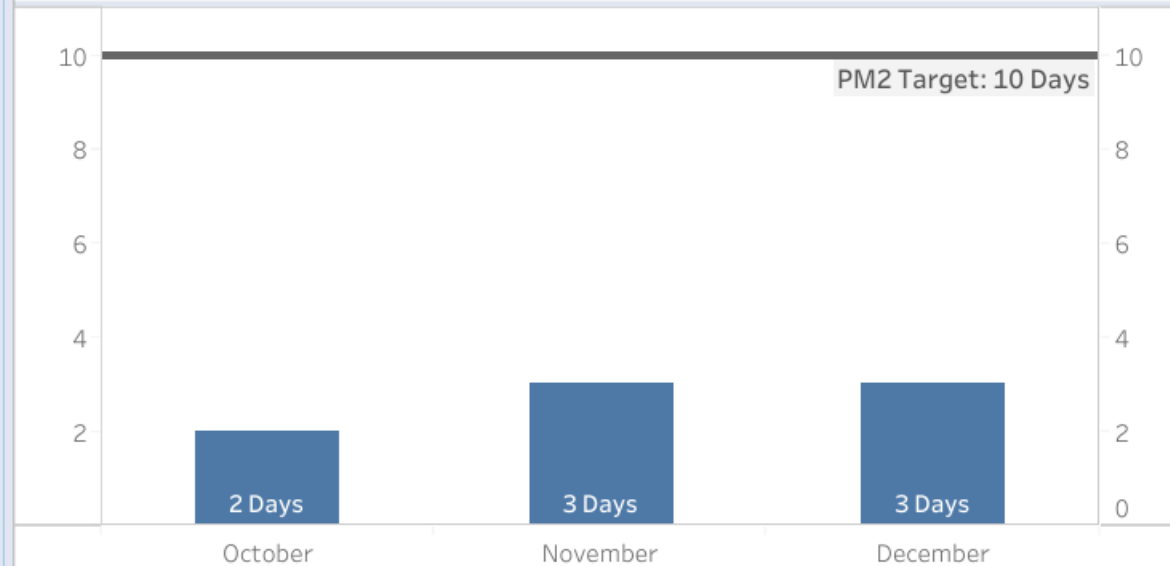
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
73	10 Days	3 Day(s)	▼ -7 Day(s)

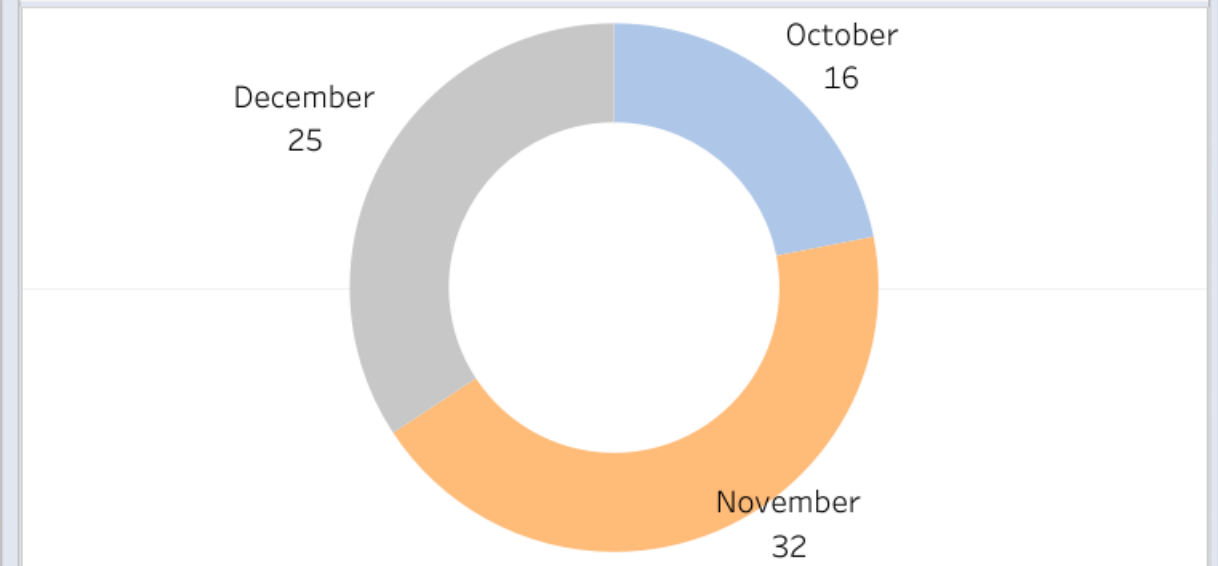
Acupuncture Board

SFY 2017: Q2 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2017: Q2 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

69

Target

200 Days

Actual

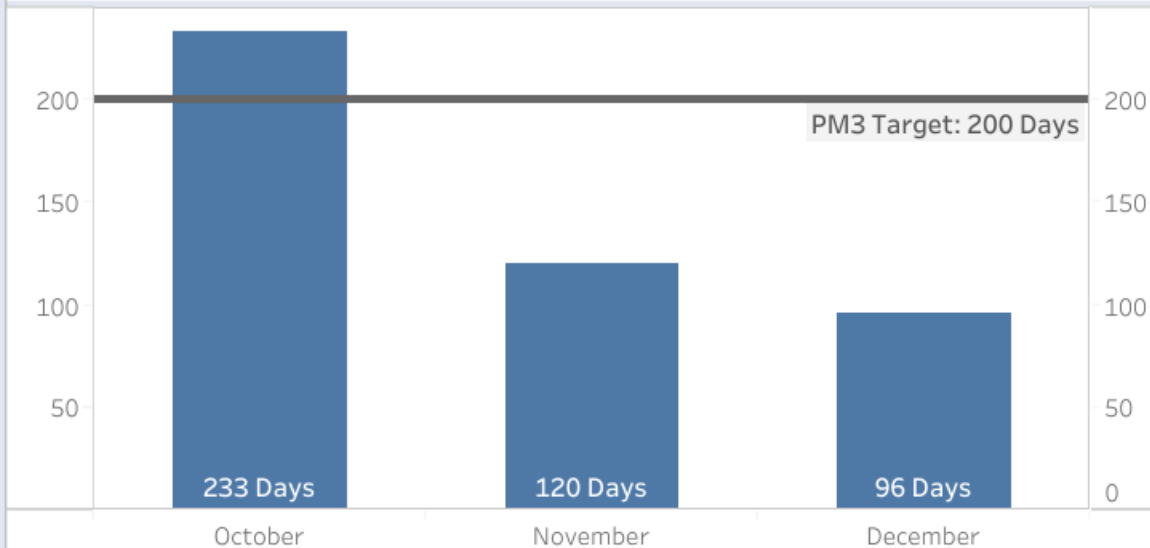
144 Day(s)

Variance

▼ -56 Day(s)

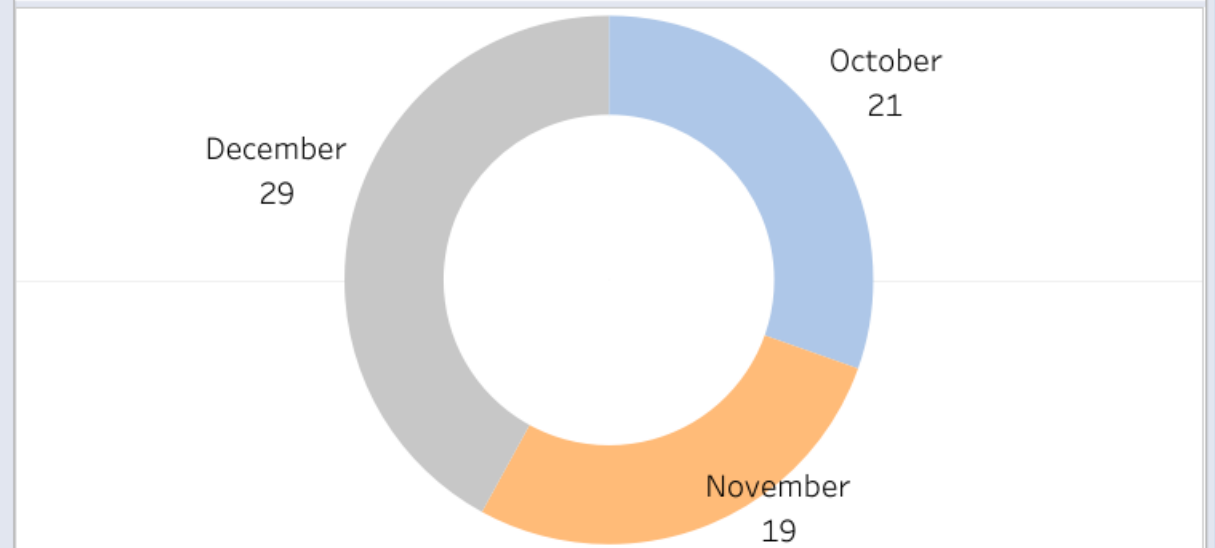
Acupuncture Board

SFY 2017: Q2 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2017: Q2 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity

Acupuncture Board

Select a Fiscal Year

SFY 2017

Select a Quarter

Q2

Cycle Time

Actual

Target

Case Volume by Month

October

November

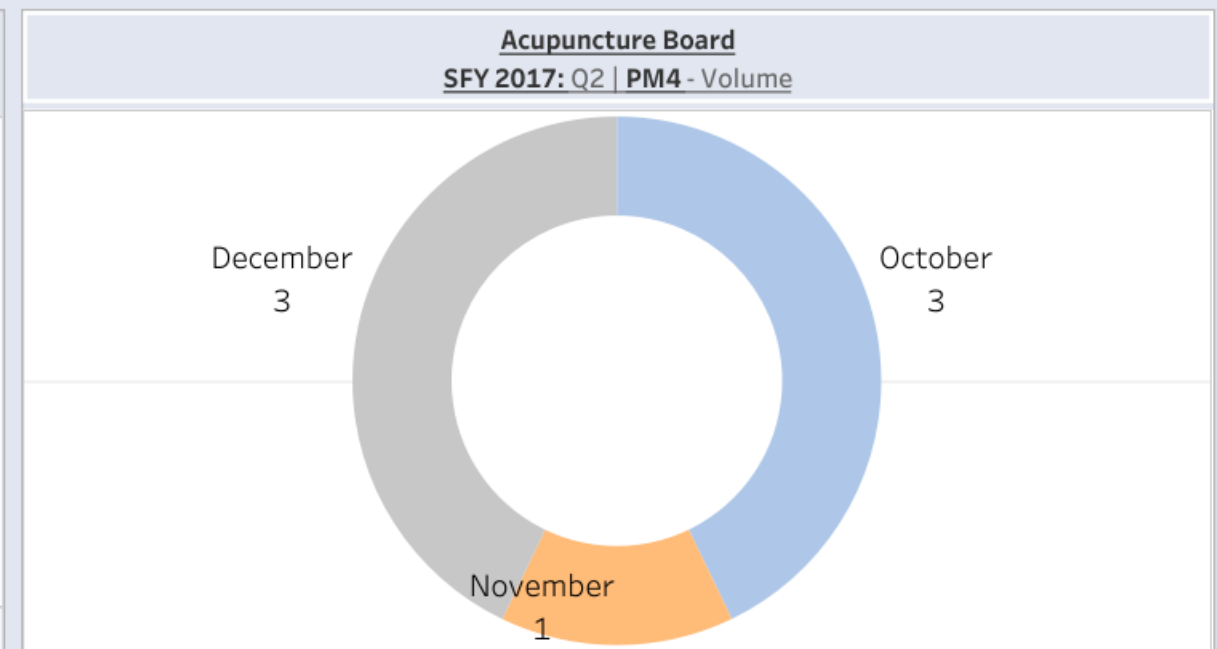
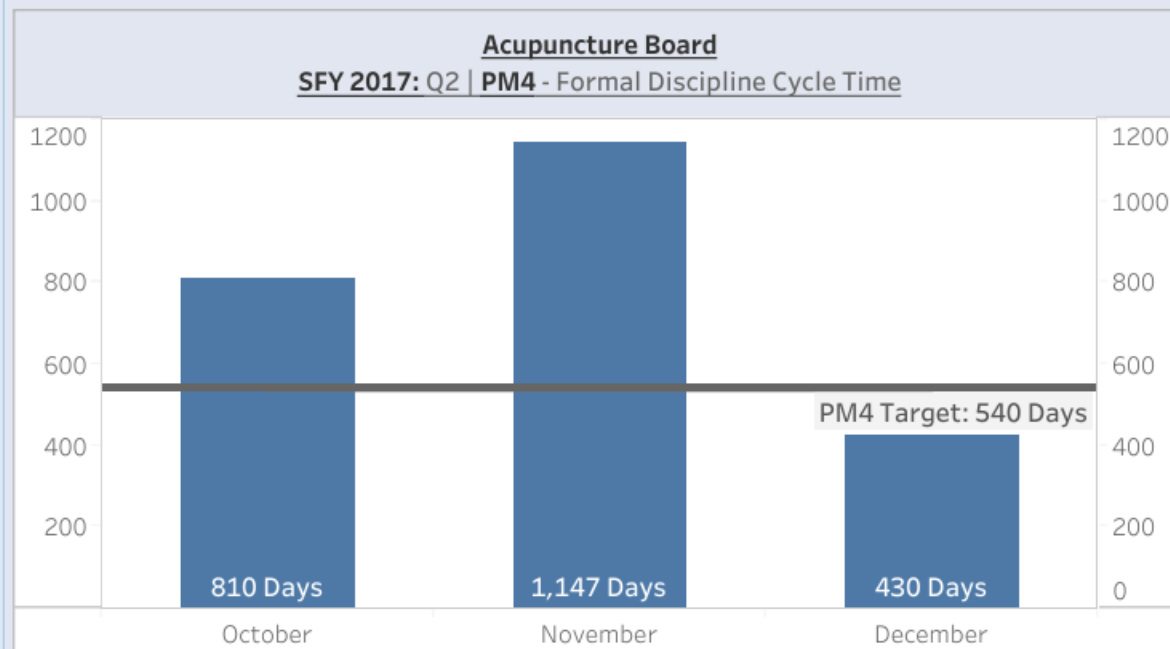
December

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
7	540 Days	695 Day(s)	▲ 155 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Performance Measure
PM7

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October November December

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

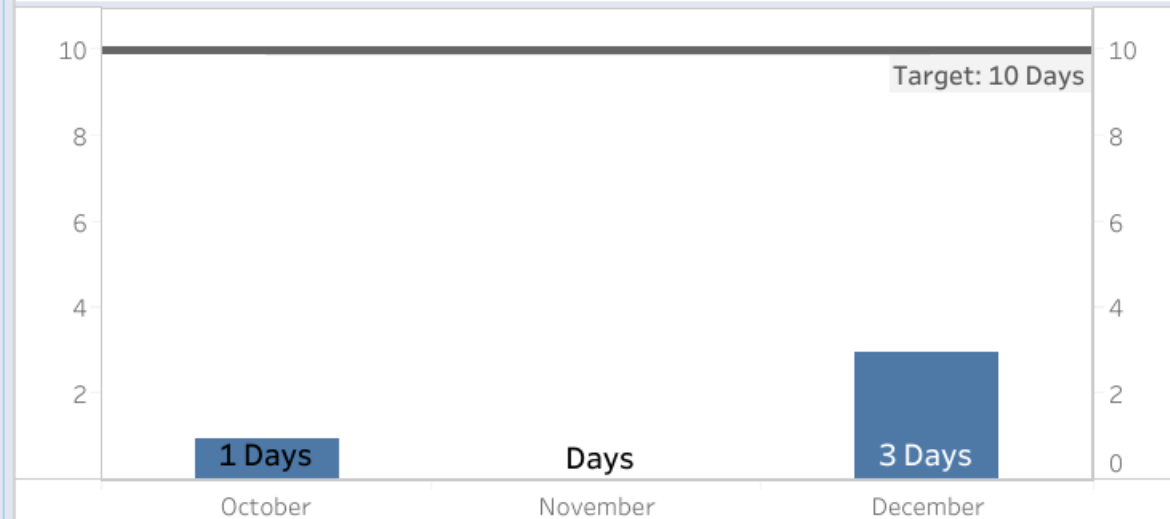
Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Acupuncture Board PM7 Performance Summary

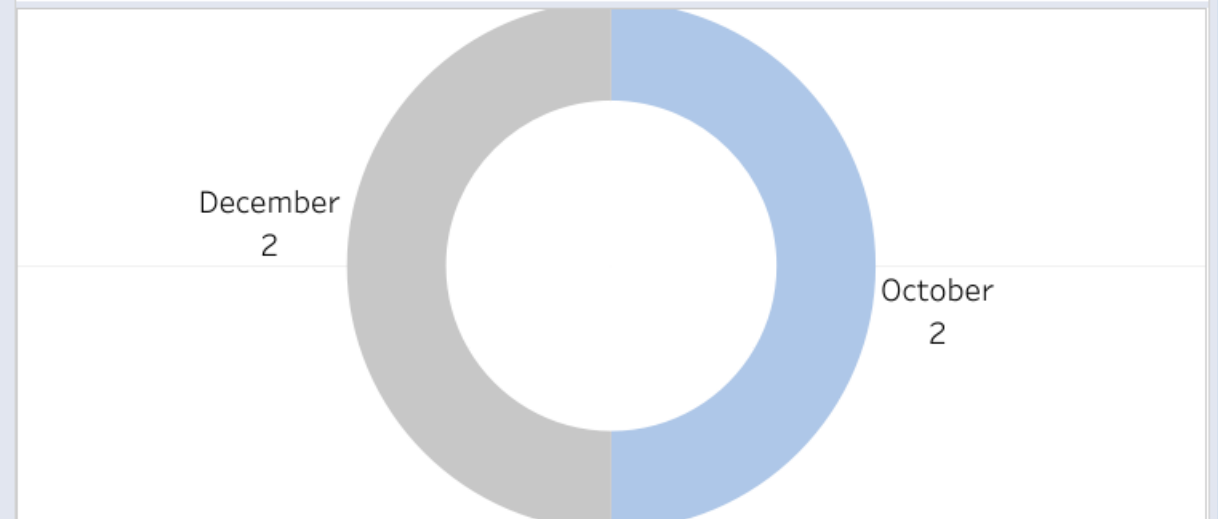
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
4	10 Days	2 Day(s)	▼ -8 Day(s)

Acupuncture Board
SFY 2017: Q2 - PM7: Probation Intake Cycle Time



Acupuncture Board
SFY 2017: Q2 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Performance Measure
PM8

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October November December

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

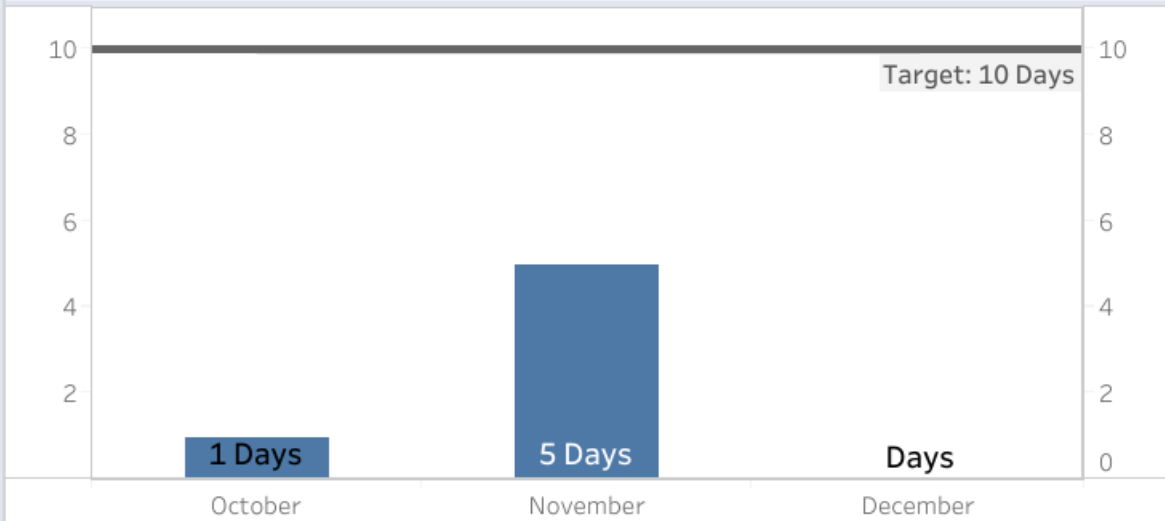
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
4	10 Days	2 Day(s)	▼ -8 Day(s)

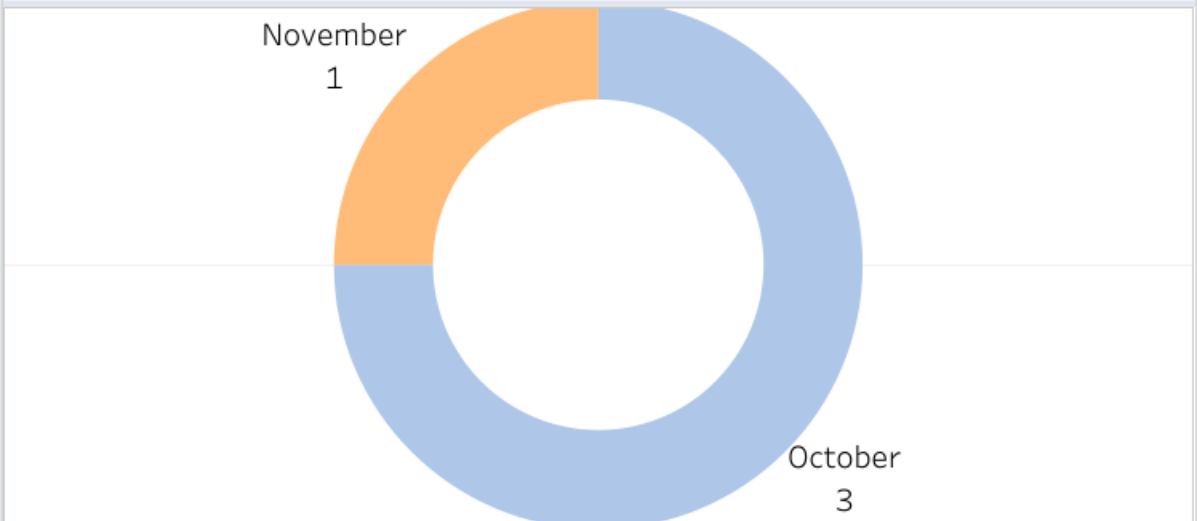
Acupuncture Board

SFY 2017: Q2 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2017: Q2 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q3

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

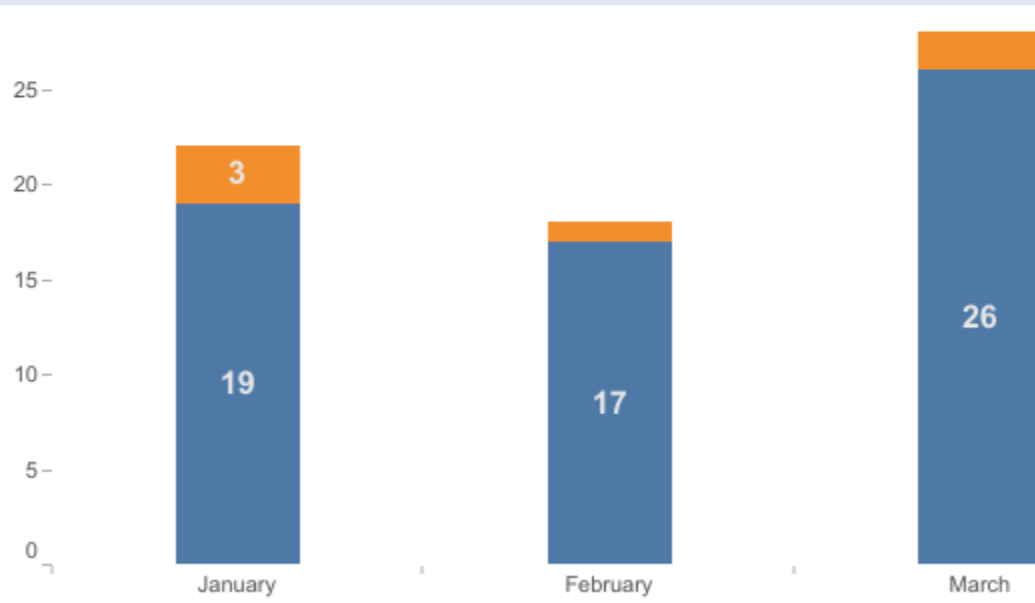
62

6

68

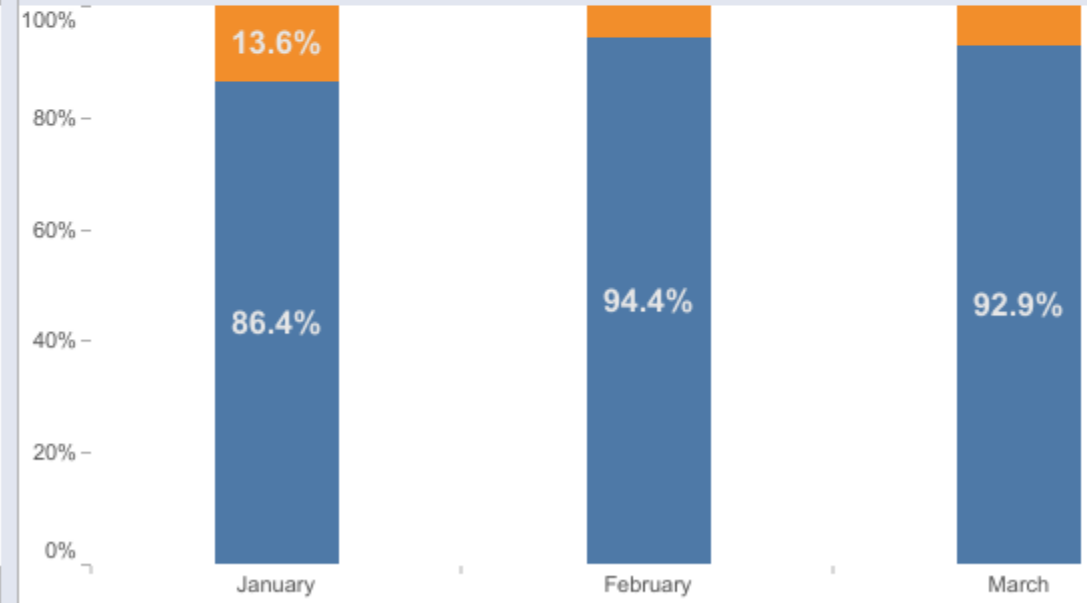
Acupuncture Board

SFY 2017:Q3 - Case Volume



Acupuncture Board

SFY 2017:Q3 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q3

Cycle Time
Actual Target

Case Volume by Month
January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

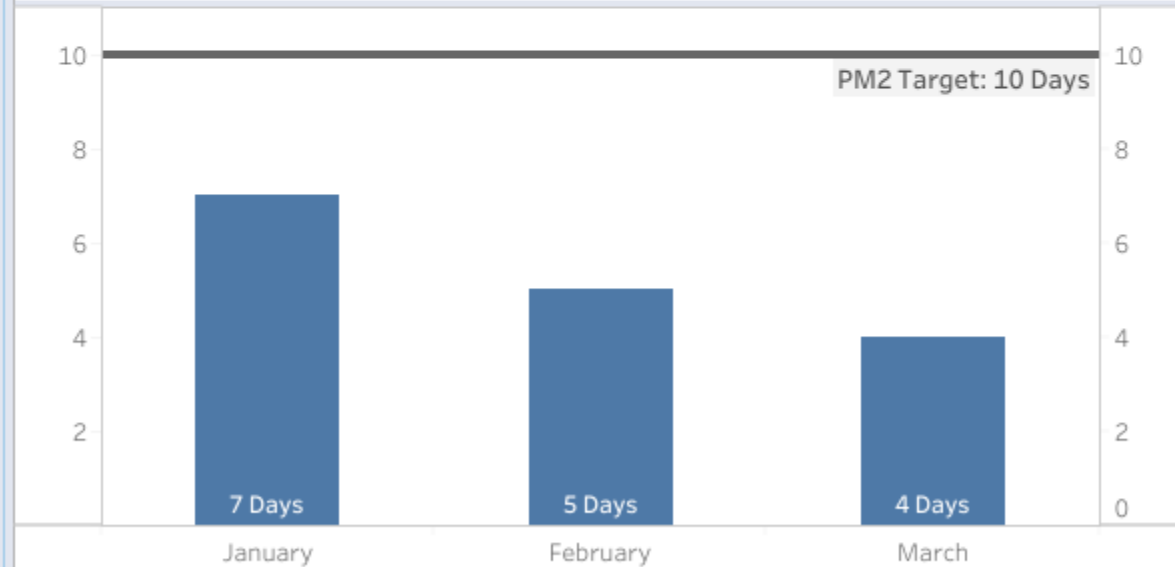
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
81	10 Days	5 Day(s)	▼ -5 Day(s)

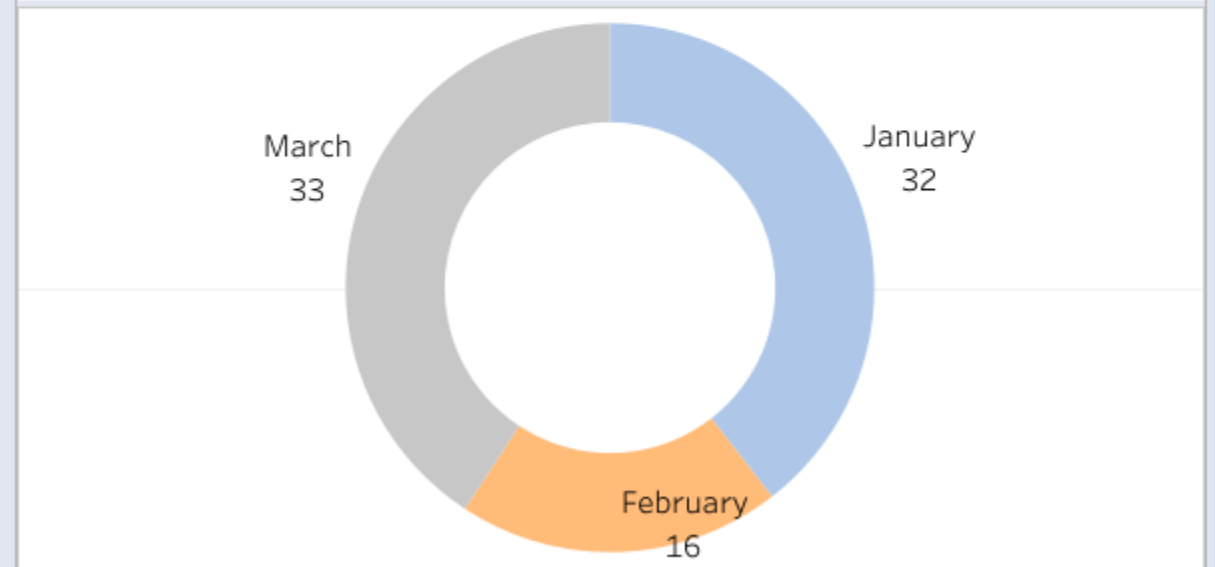
Acupuncture Board

SFY 2017: Q3 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2017: Q3 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

64

Target

200 Days

Actual

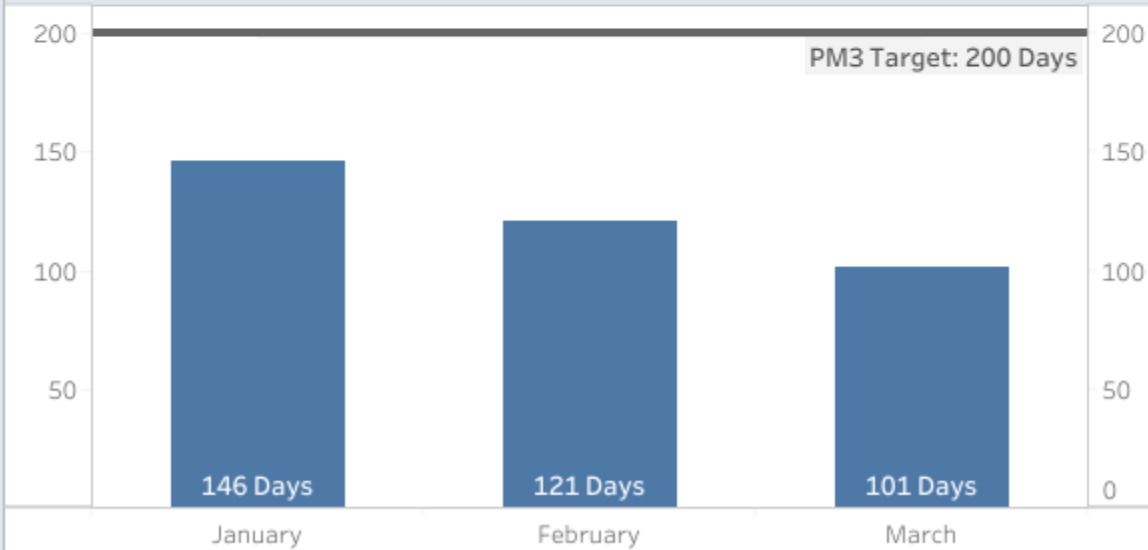
120 Day(s)

Variance

▼ -80 Day(s)

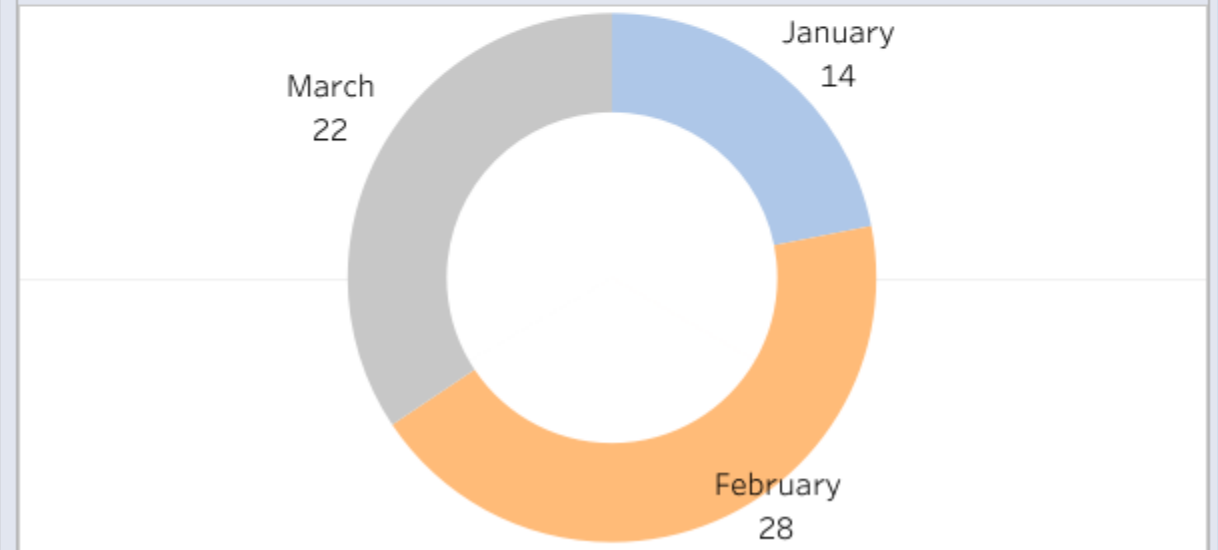
Acupuncture Board

SFY 2017: Q3 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2017: Q3 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q3

Cycle Time
Actual Target

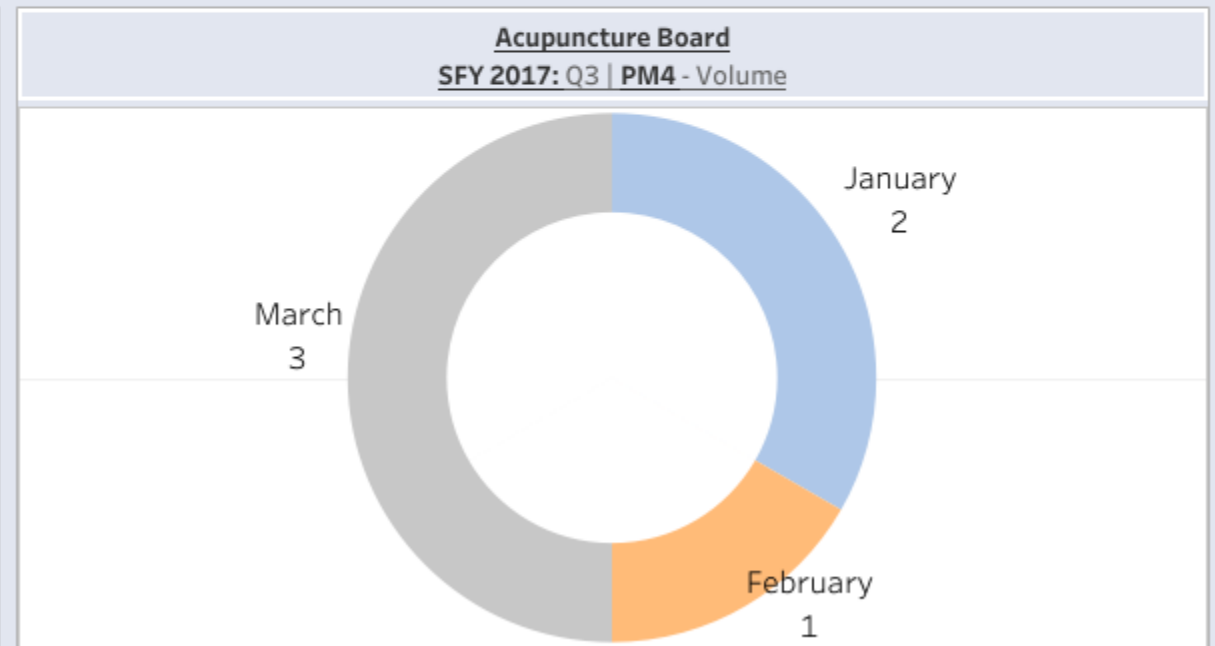
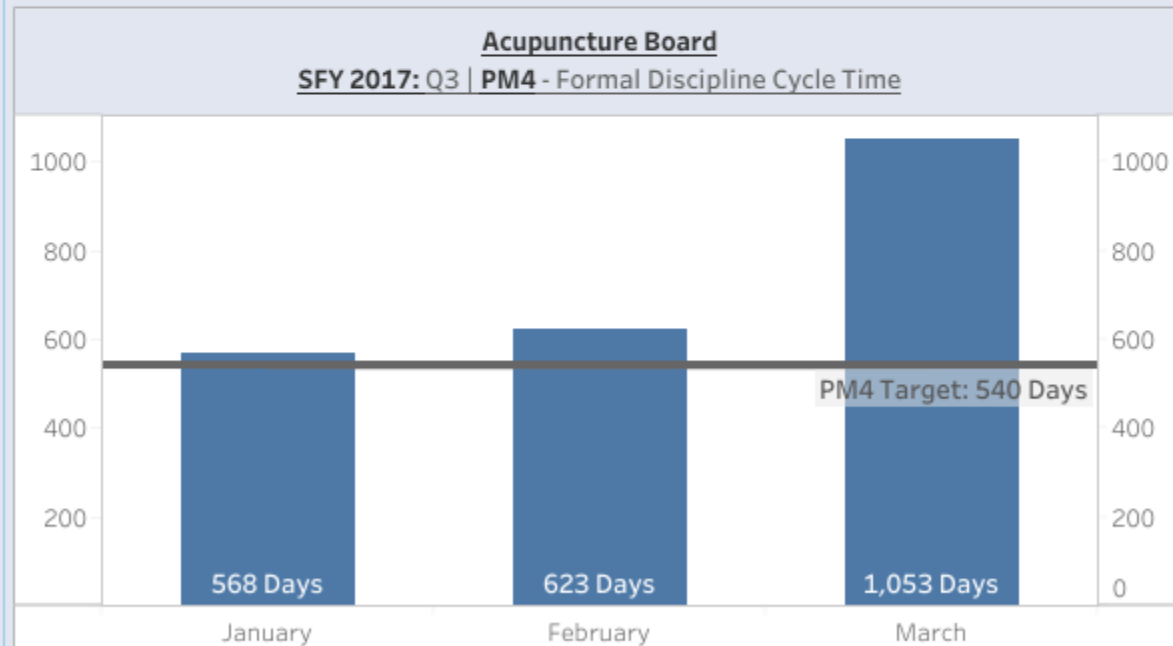
Case Volume by Month
January February March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
6	540 Days	820 Day(s)	▲ 280 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Performance Measure
PM7

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

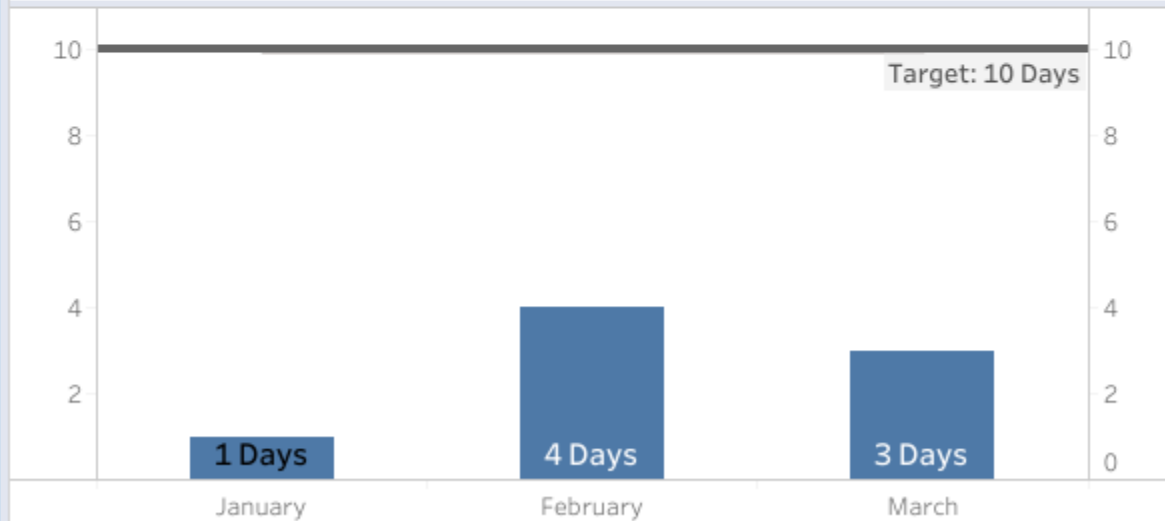
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
5	10 Days	3 Day(s)	▼ -7 Day(s)

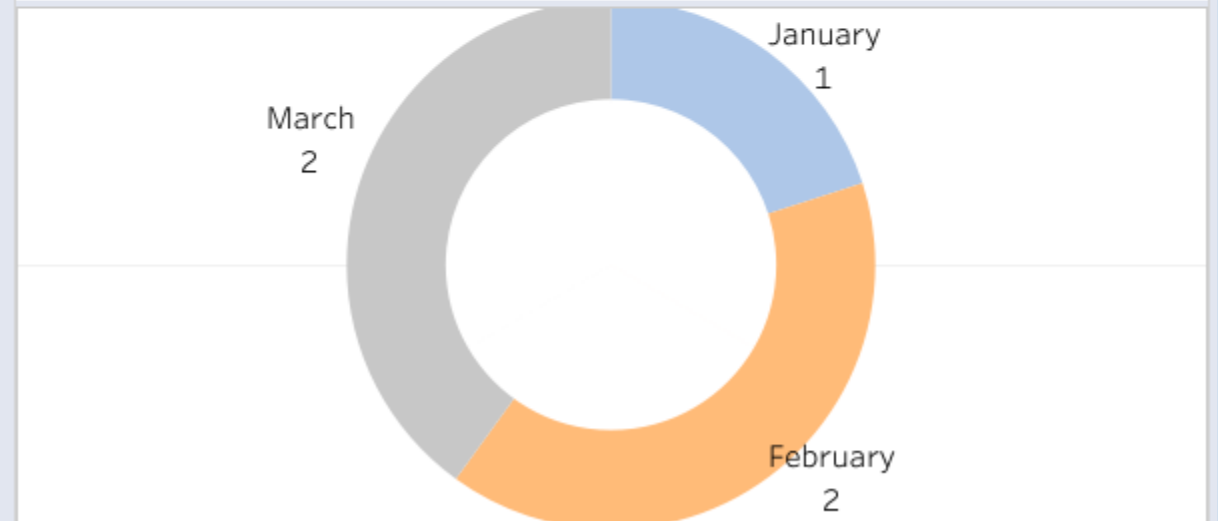
Acupuncture Board

SFY 2017: Q3 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2017: Q3 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Performance Measure
PM8

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

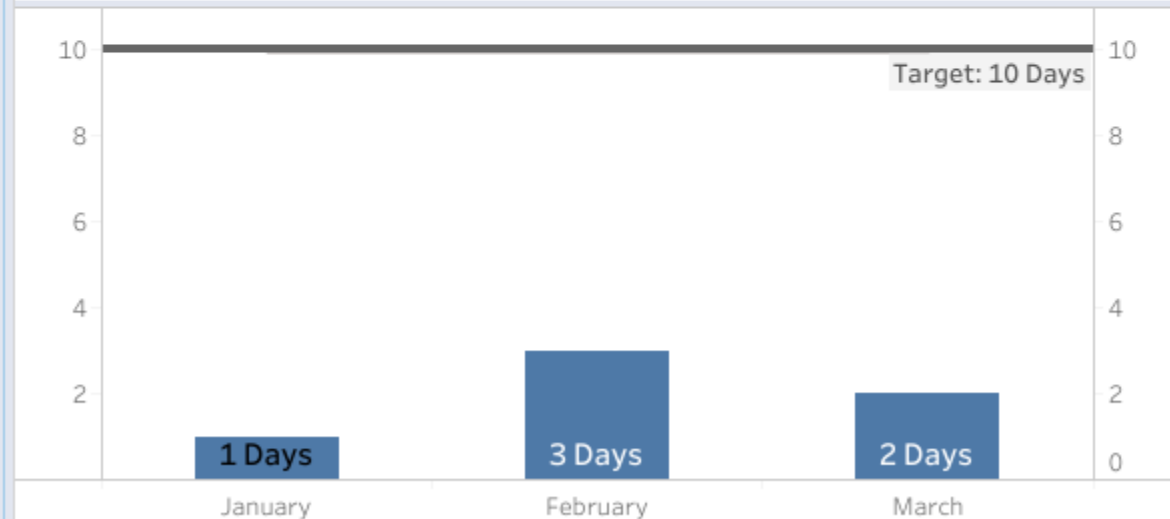
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
16	10 Days	2 Day(s)	▼ -8 Day(s)

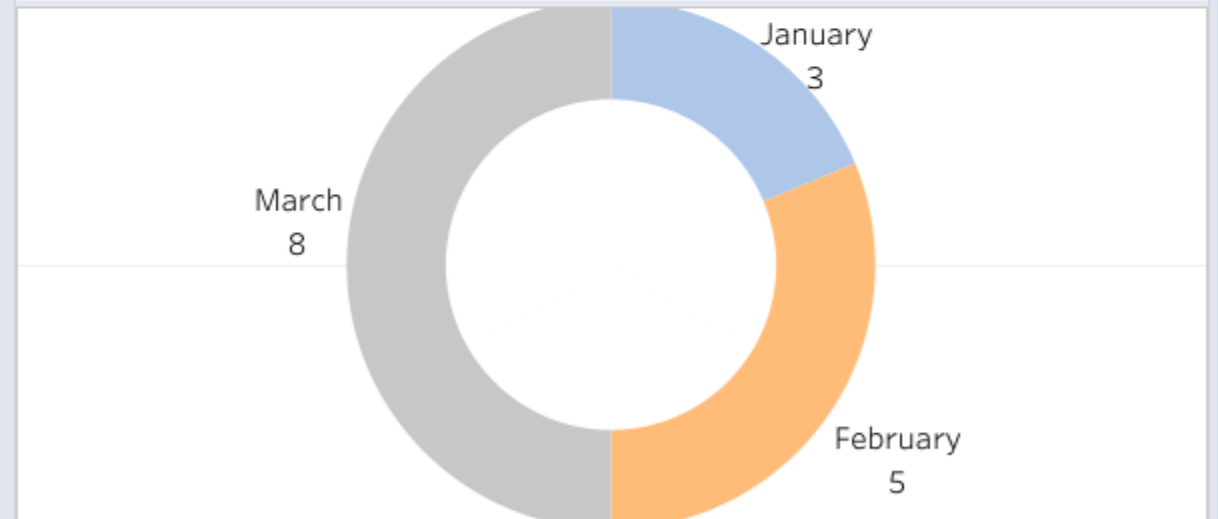
Acupuncture Board

SFY 2017: Q3 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2017: Q3 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q4

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

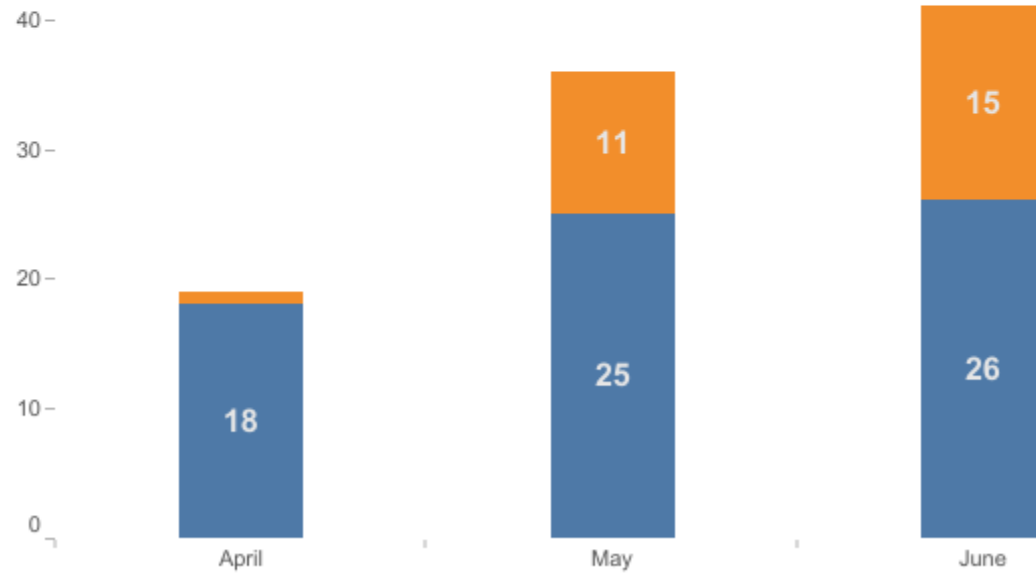
69

27

96

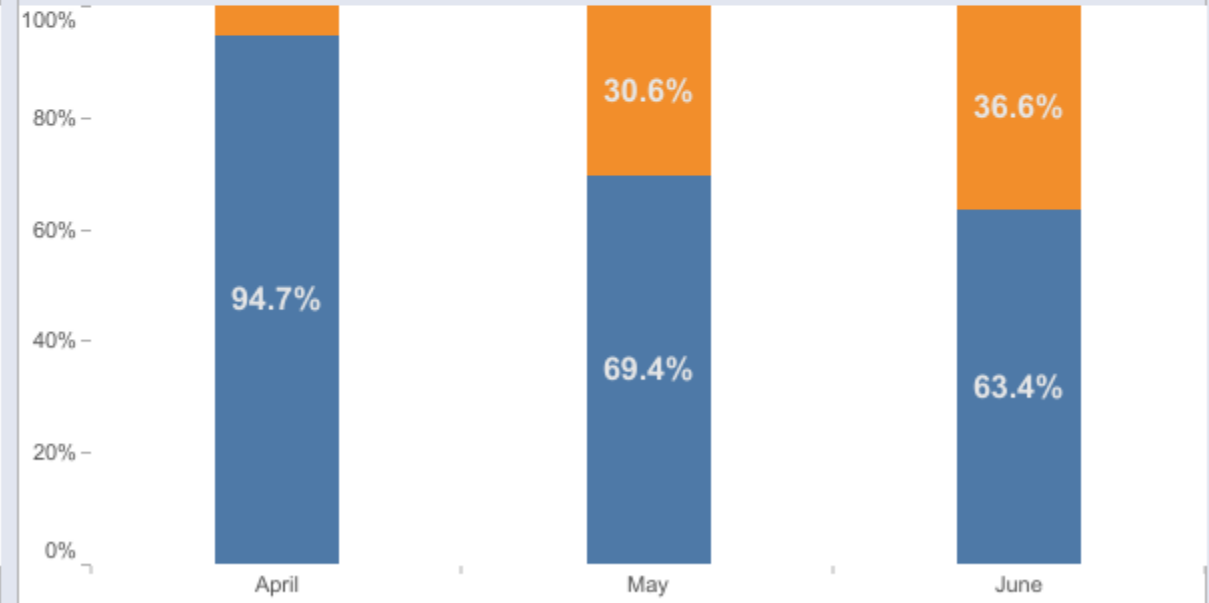
Acupuncture Board

SFY 2017:Q4 - Case Volume



Acupuncture Board

SFY 2017:Q4 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q4

Cycle Time
Actual Target

Case Volume by Month
April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

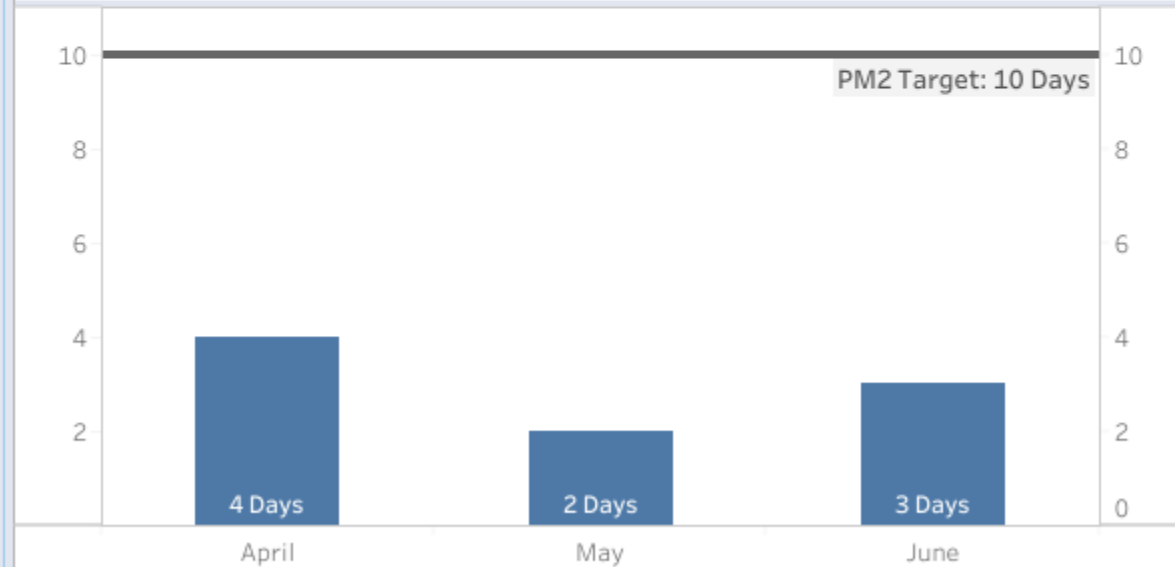
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
78	10 Days	3 Day(s)	▼ -7 Day(s)

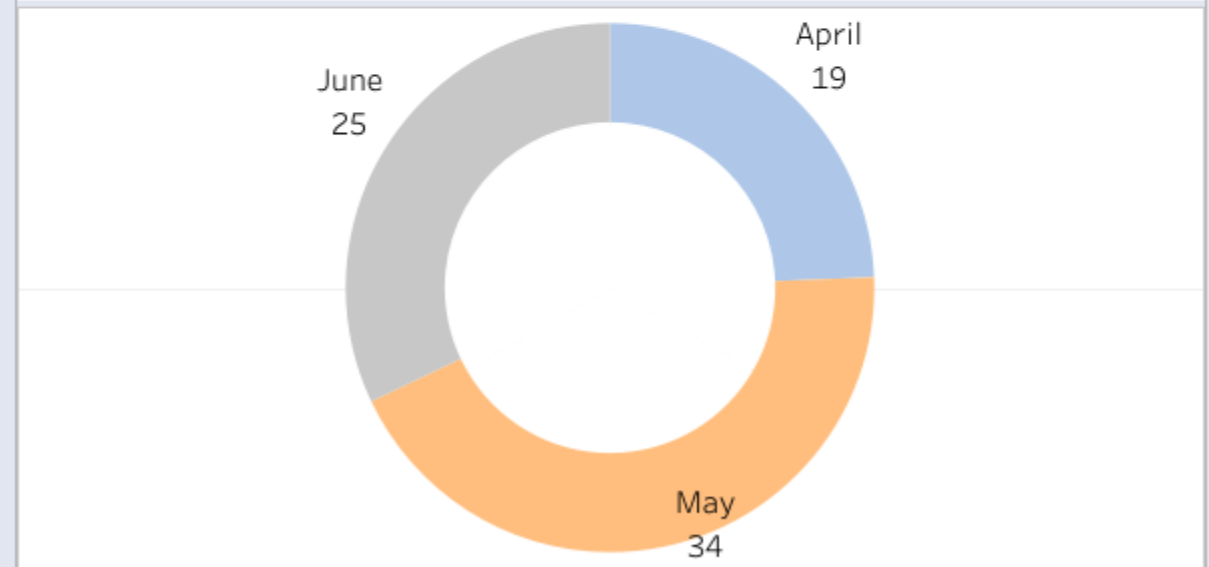
Acupuncture Board

SFY 2017: Q4 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2017: Q4 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

108

Target

200 Days

Actual

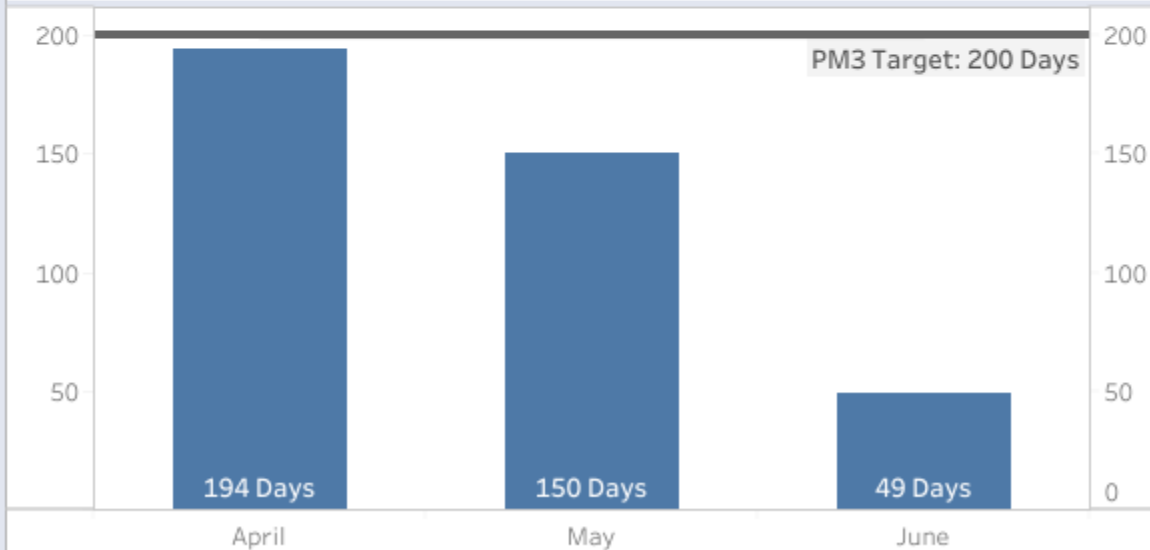
134 Day(s)

Variance

▼ -66 Day(s)

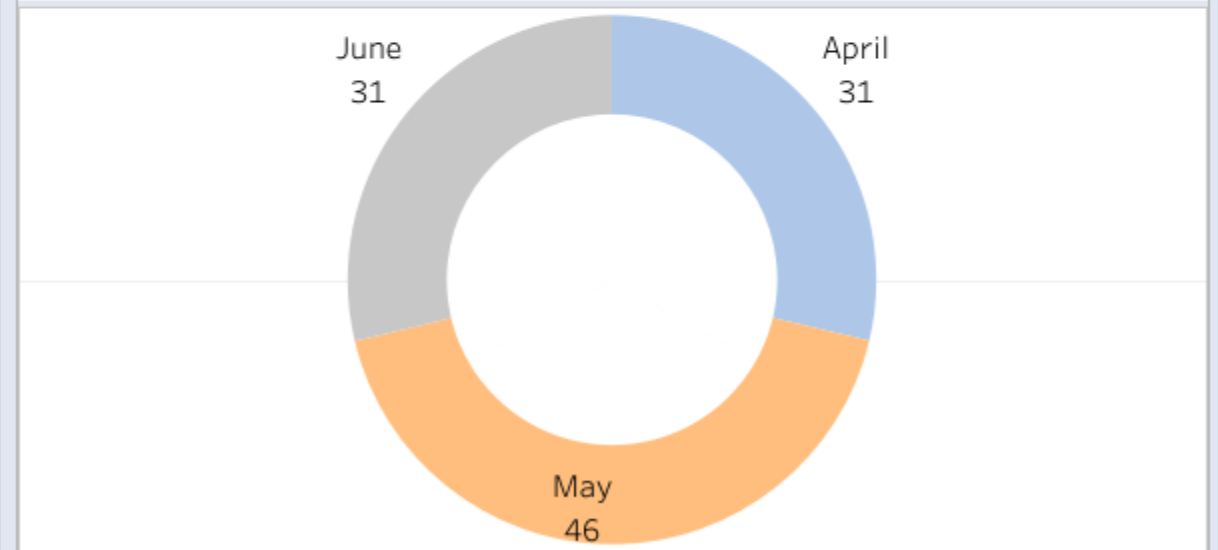
Acupuncture Board

SFY 2017: Q4 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2017: Q4 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Select a Quarter
Q4

Cycle Time
Actual Target

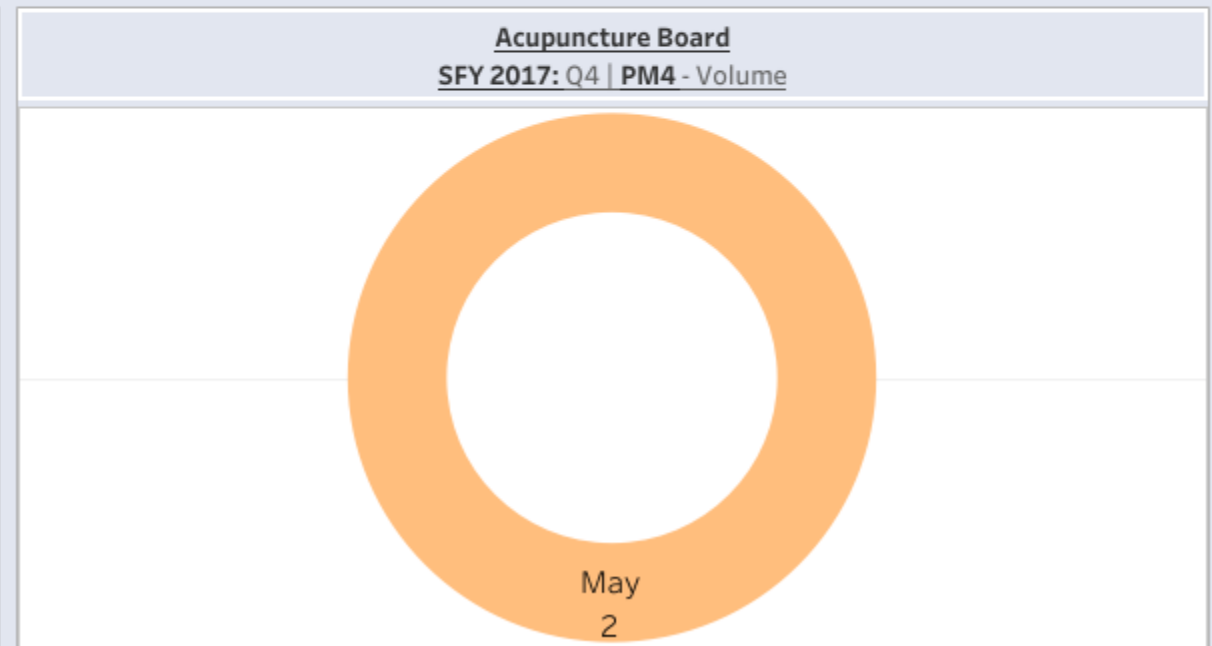
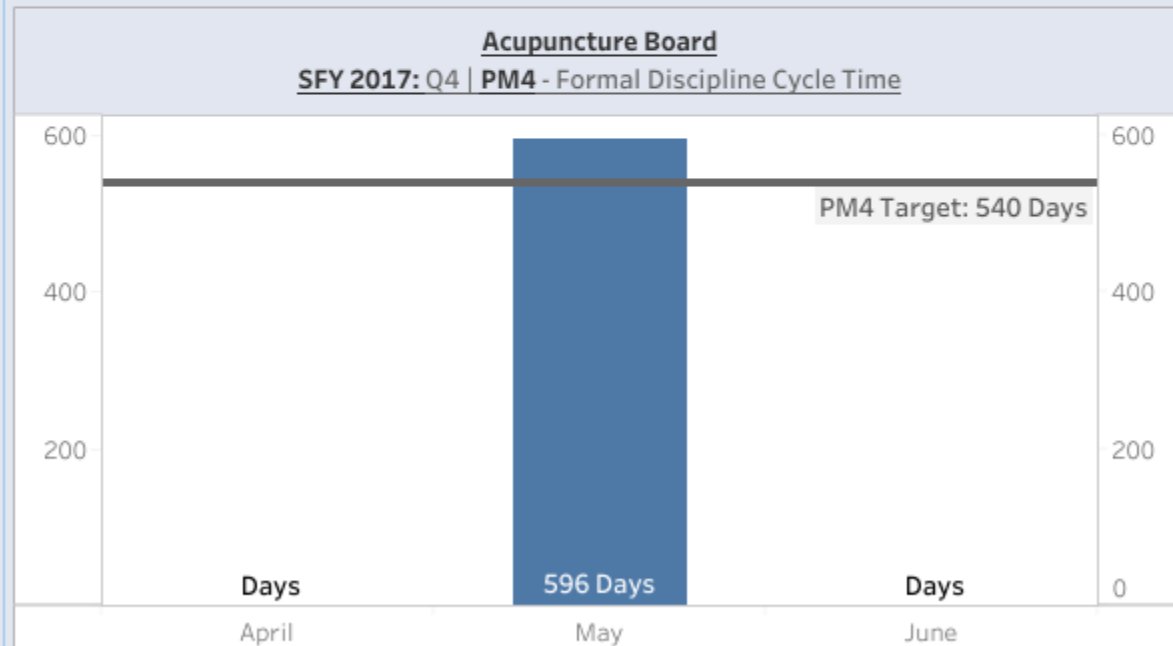
Case Volume by Month
May

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
2	540 Days	596 Day(s)	▲ 56 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Performance Measure
PM7

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

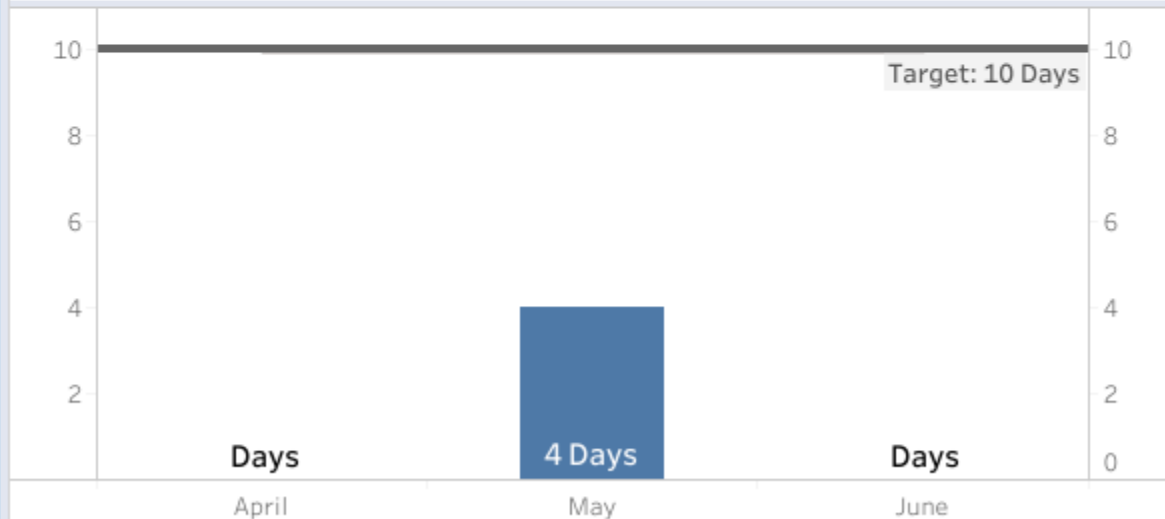
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	10 Days	4 Day(s)	▼ -6 Day(s)

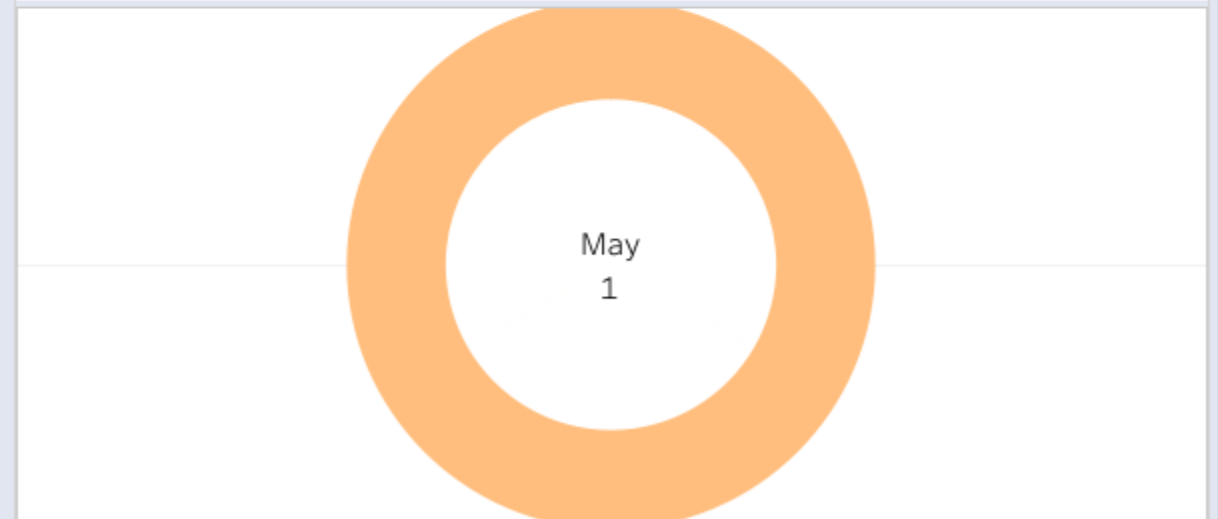
Acupuncture Board

SFY 2017: Q4 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2017: Q4 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2017

Performance Measure
PM8

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

10

Target

10 Days

Actual

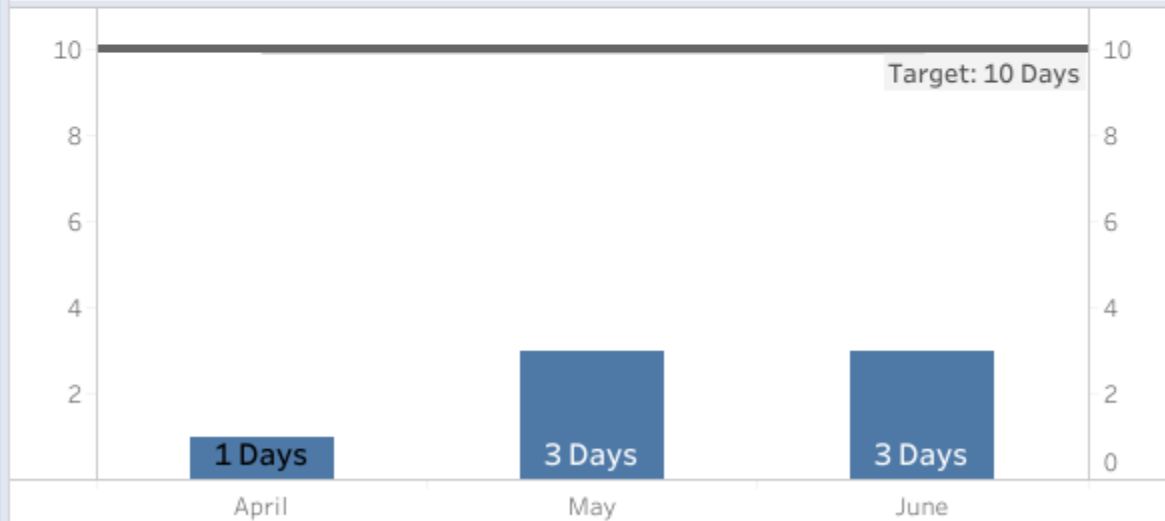
3 Day(s)

Variance

▼ -7 Day(s)

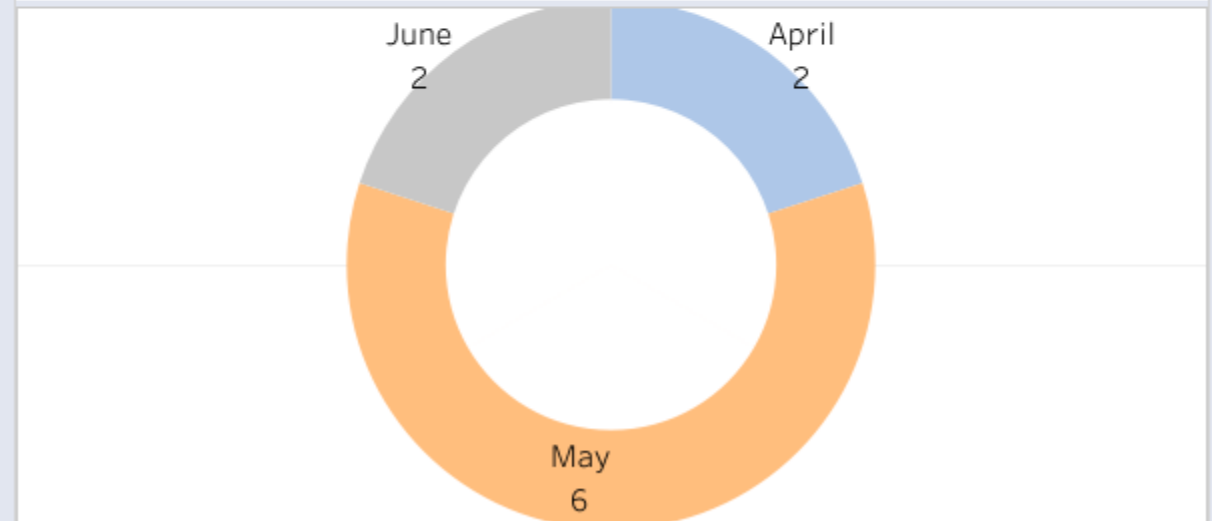
Acupuncture Board

SFY 2017: Q4 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2017: Q4 - PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q1

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

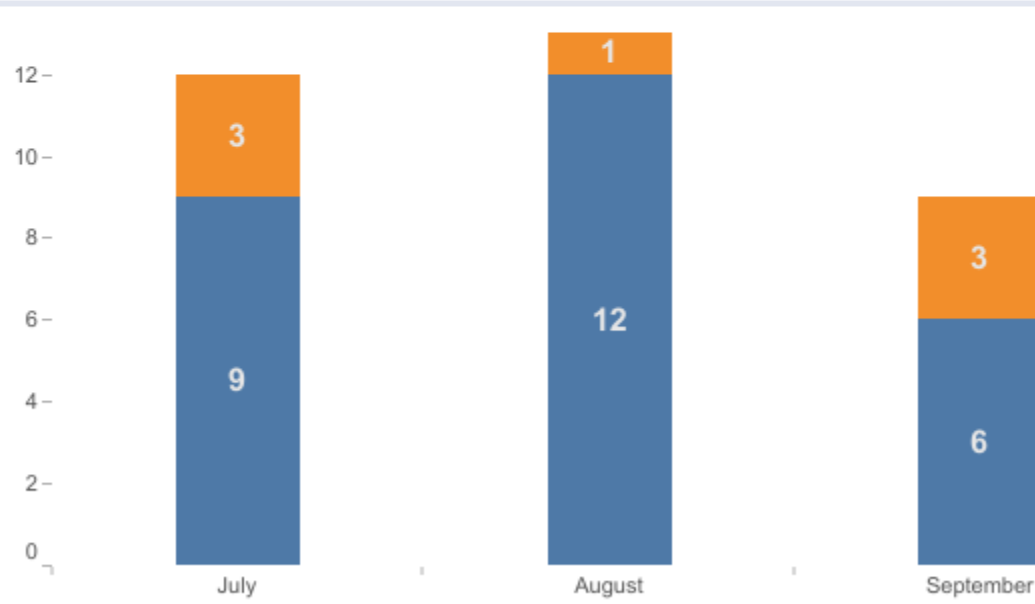
27

7

34

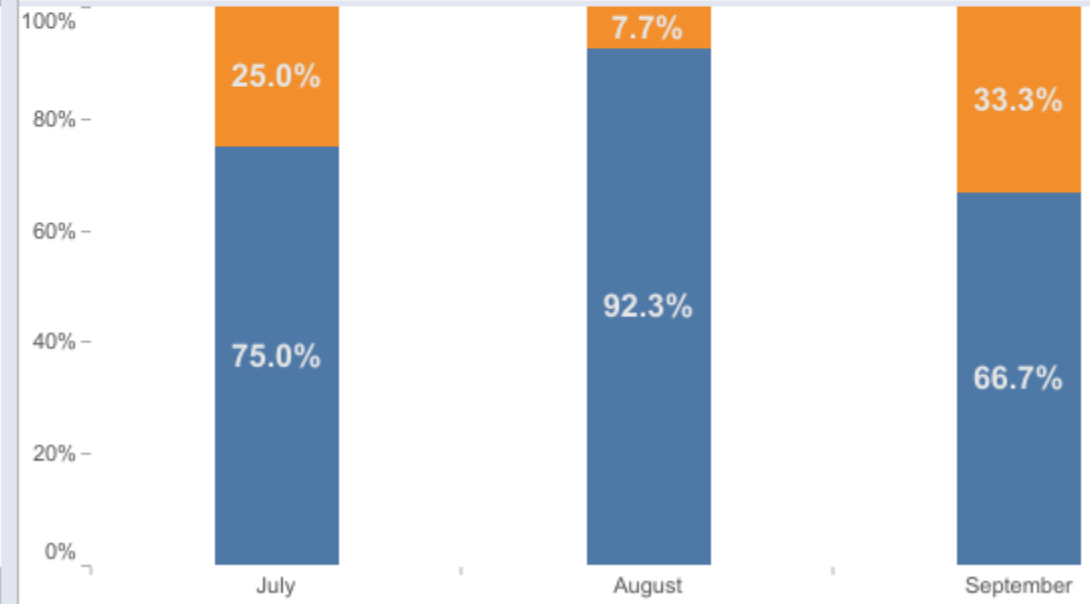
Acupuncture Board

SFY 2018:Q1 - Case Volume



Acupuncture Board

SFY 2018:Q1 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q1

Cycle Time
Actual Target

Case Volume by Month
July August September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

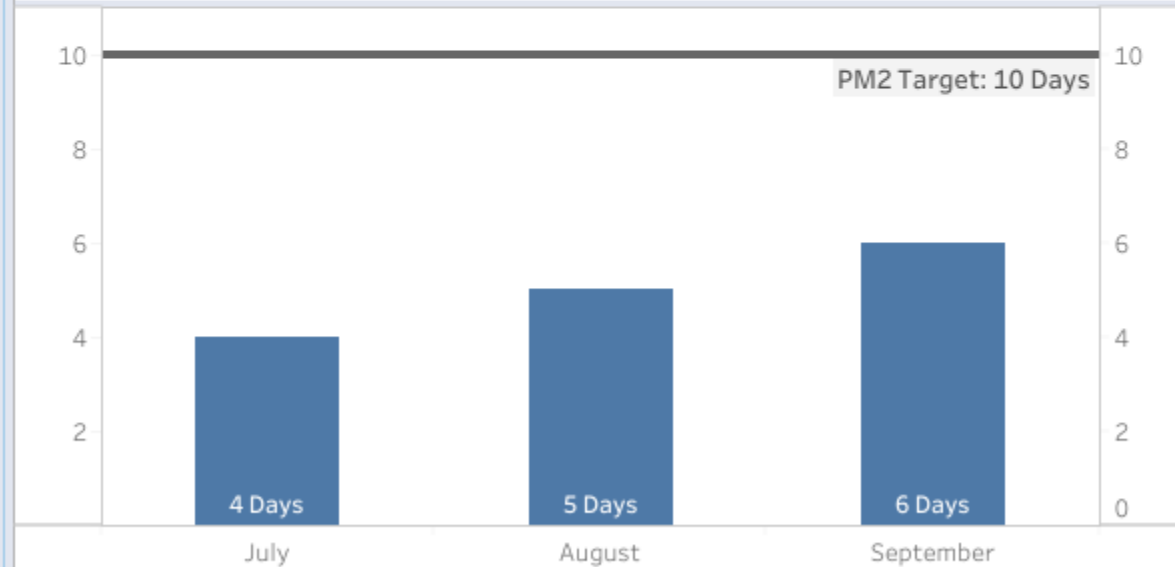
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
51	10 Days	5 Day(s)	▼ -5 Day(s)

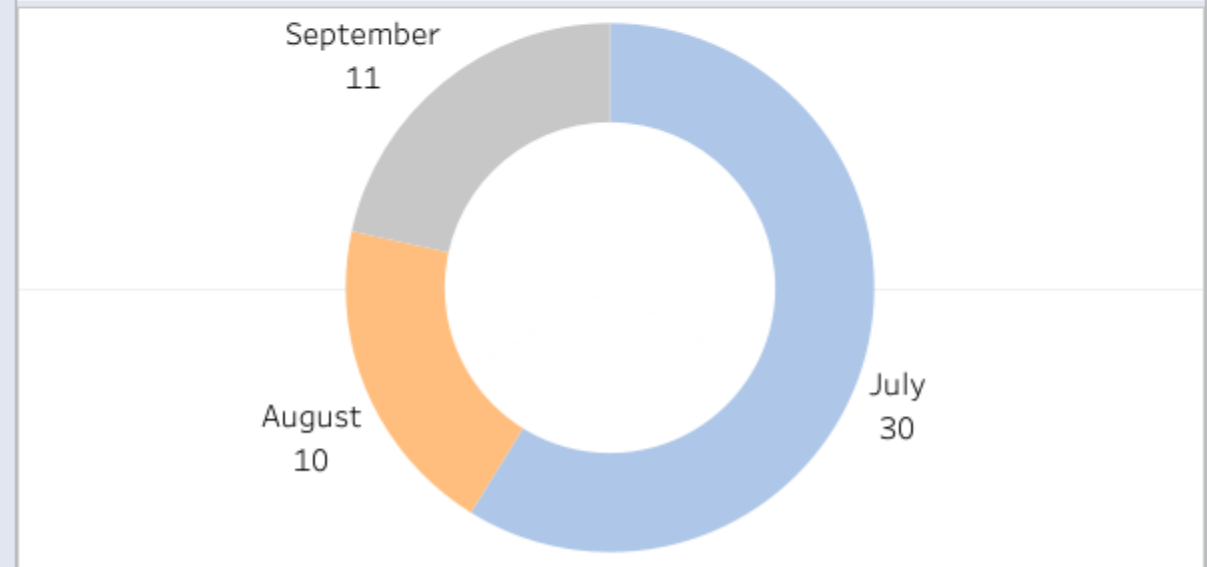
Acupuncture Board

SFY 2018: Q1 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2018: Q1 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

56

Target

200 Days

Actual

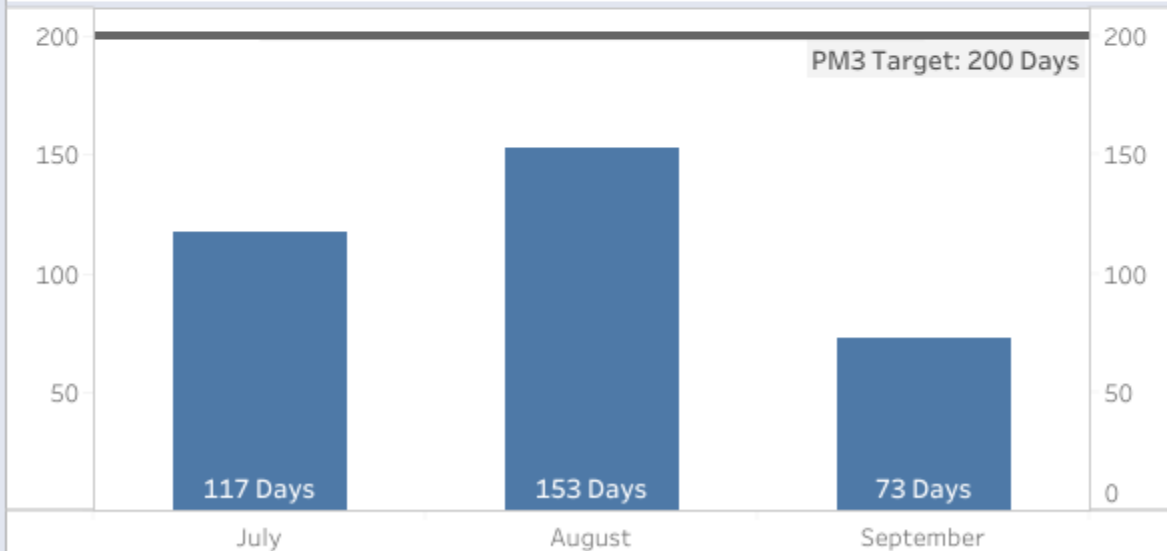
114 Day(s)

Variance

▼ -87 Day(s)

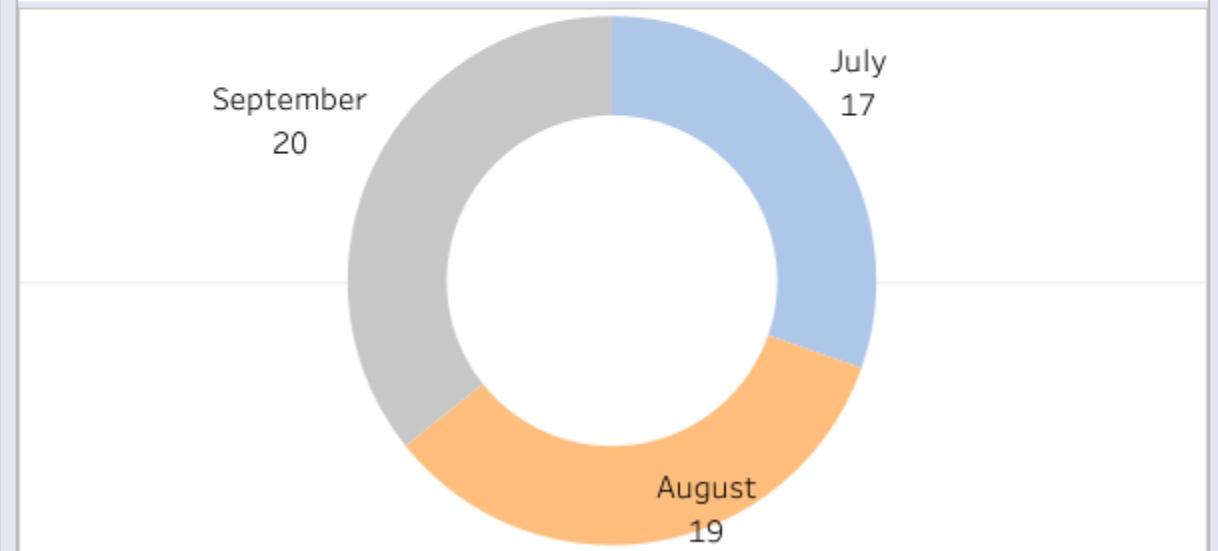
Acupuncture Board

SFY 2018: Q1 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2018: Q1 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q1

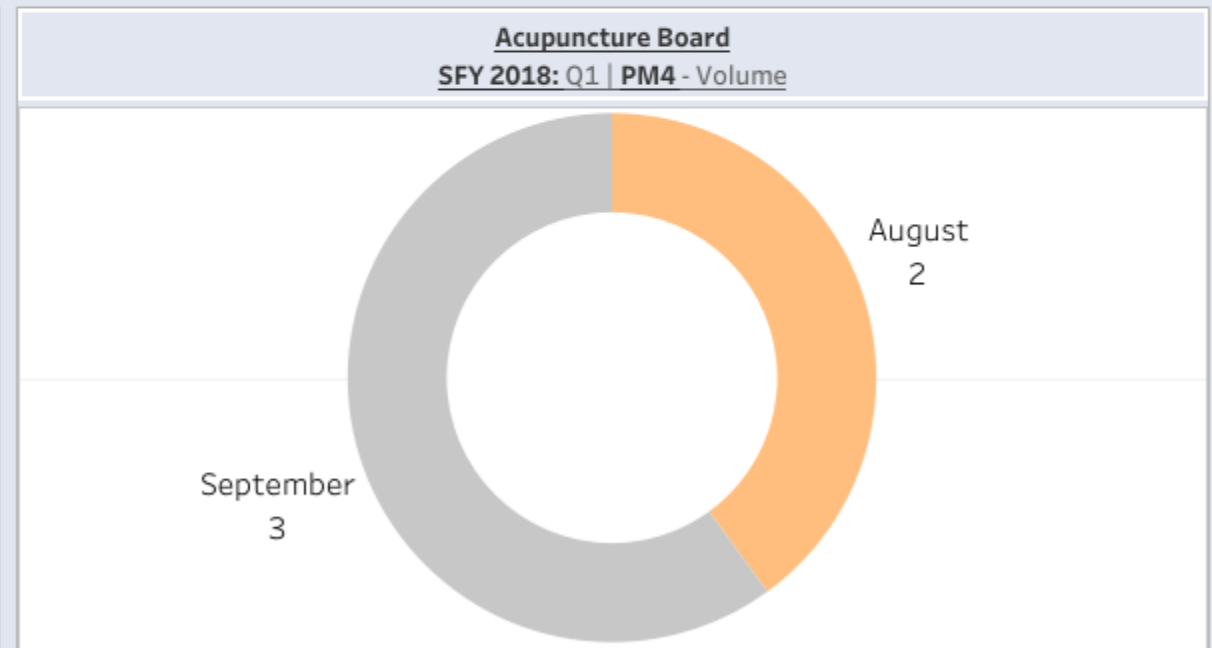
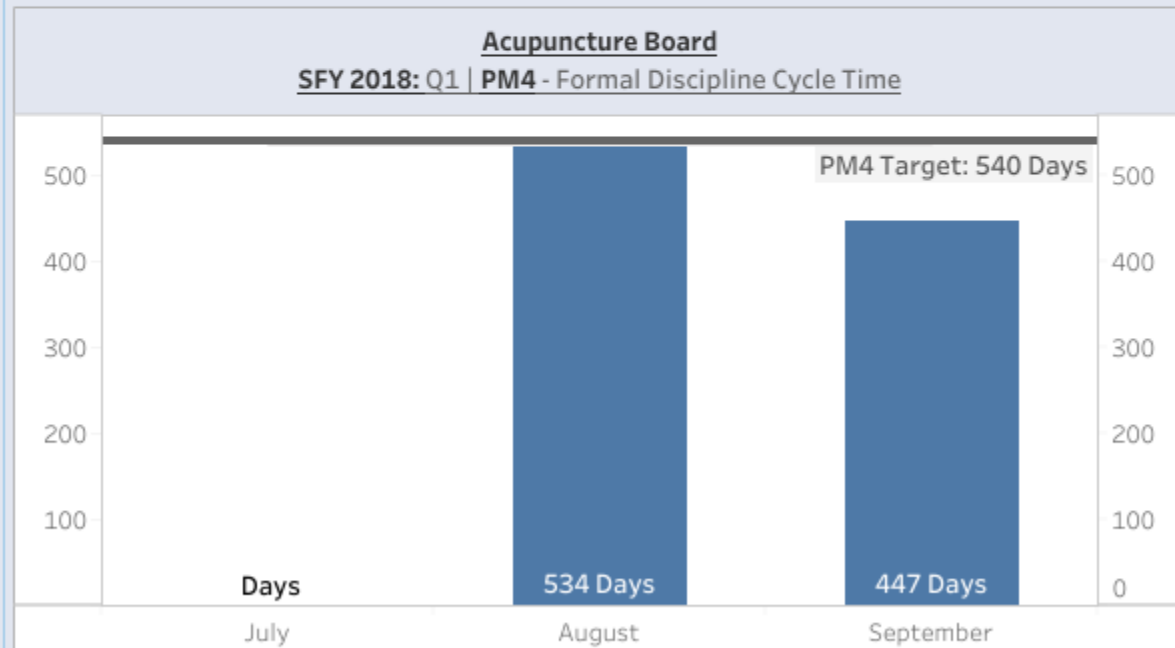
Cycle Time
Actual Target

Case Volume by Month
August September

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
5	540 Days	482 Day(s)	▼ -58 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Performance Measure
PM7

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

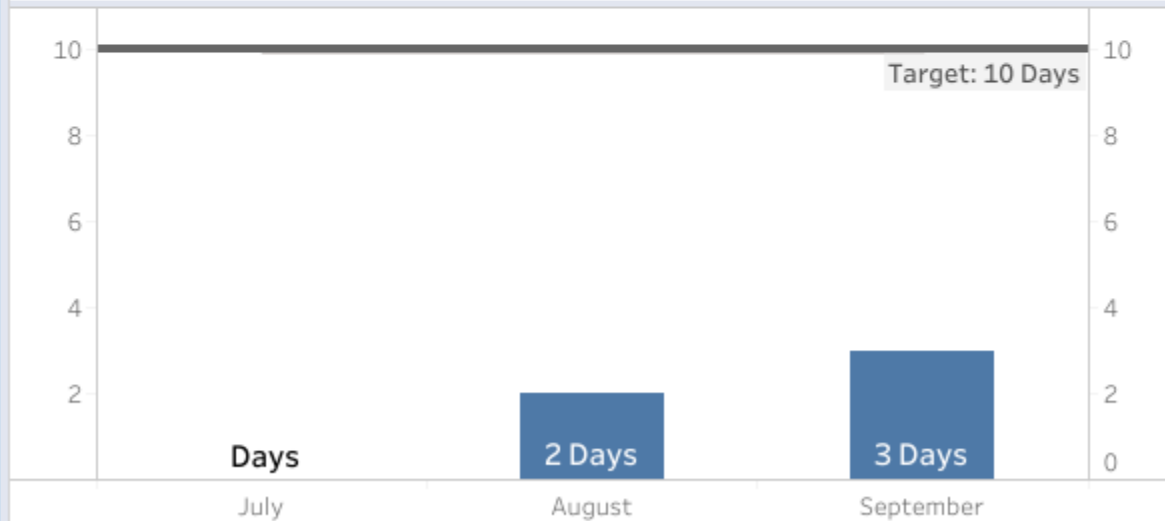
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
4	10 Days	3 Day(s)	▼ -8 Day(s)

Acupuncture Board

SFY 2018: Q1 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2018: Q1 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Performance Measure
PM8

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

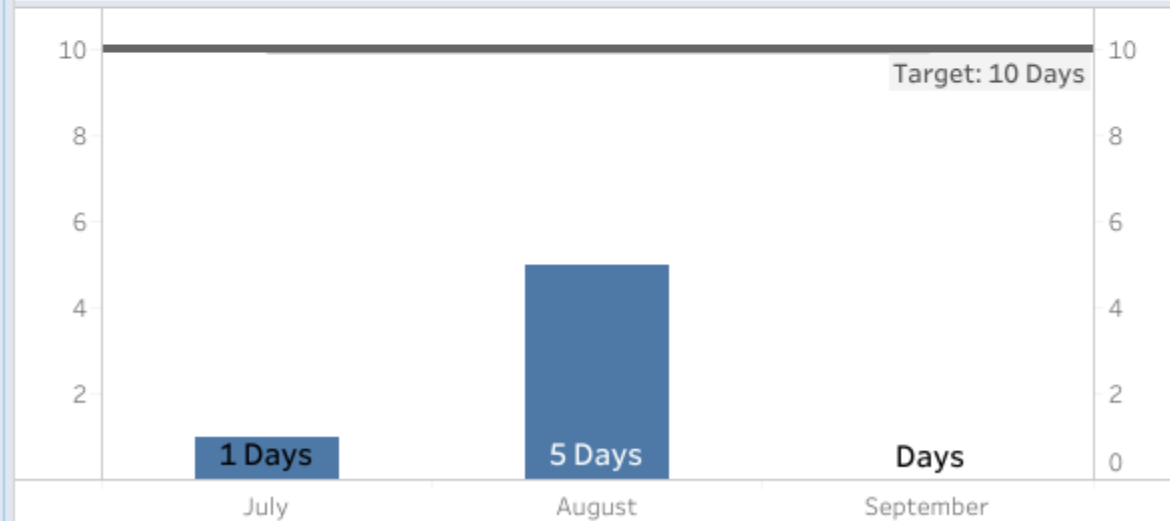
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
6	10 Days	3 Day(s)	▼ -7 Day(s)

Acupuncture Board

SFY 2018: Q1 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2018: Q1 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q2

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

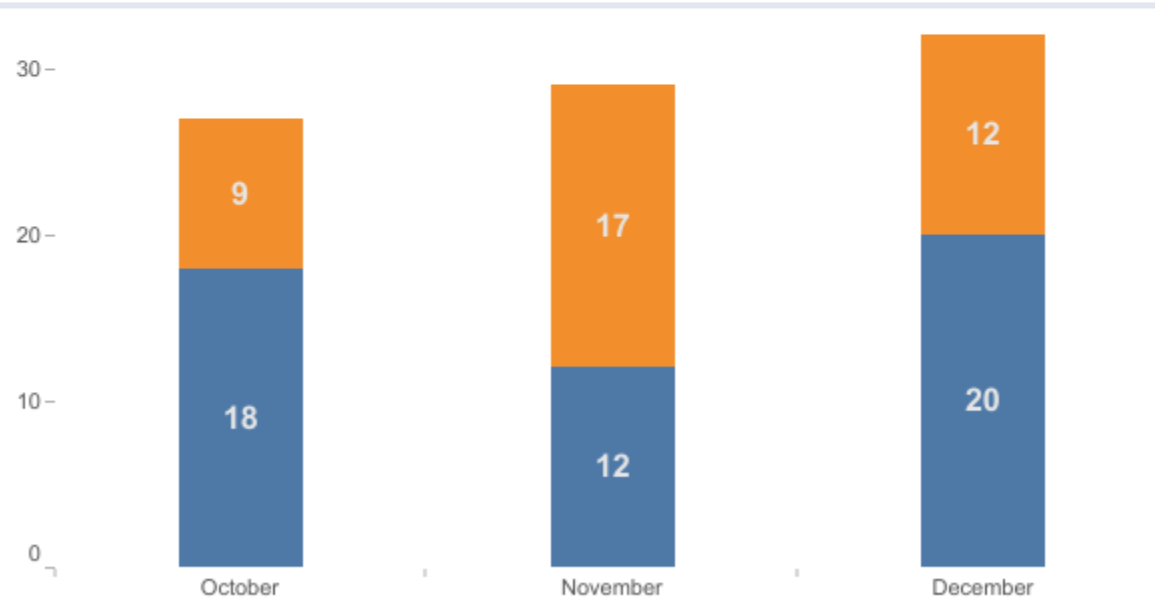
50

38

88

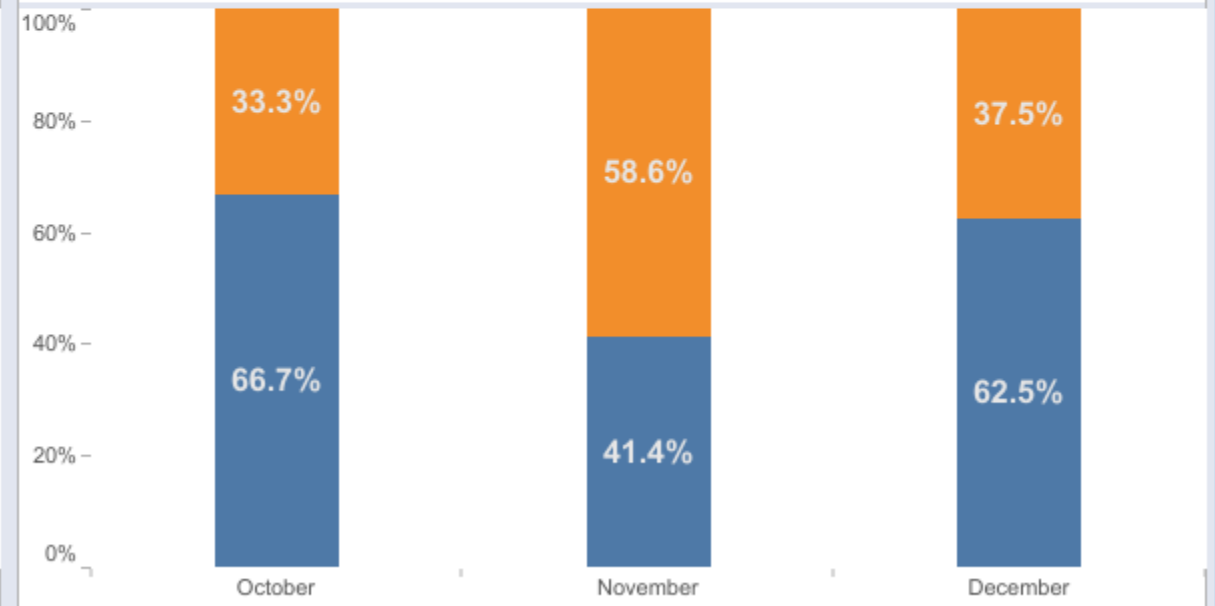
Acupuncture Board

SFY 2018:Q2 - Case Volume



Acupuncture Board

SFY 2018:Q2 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q2

Cycle Time
Actual Target

Case Volume by Month
October November December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

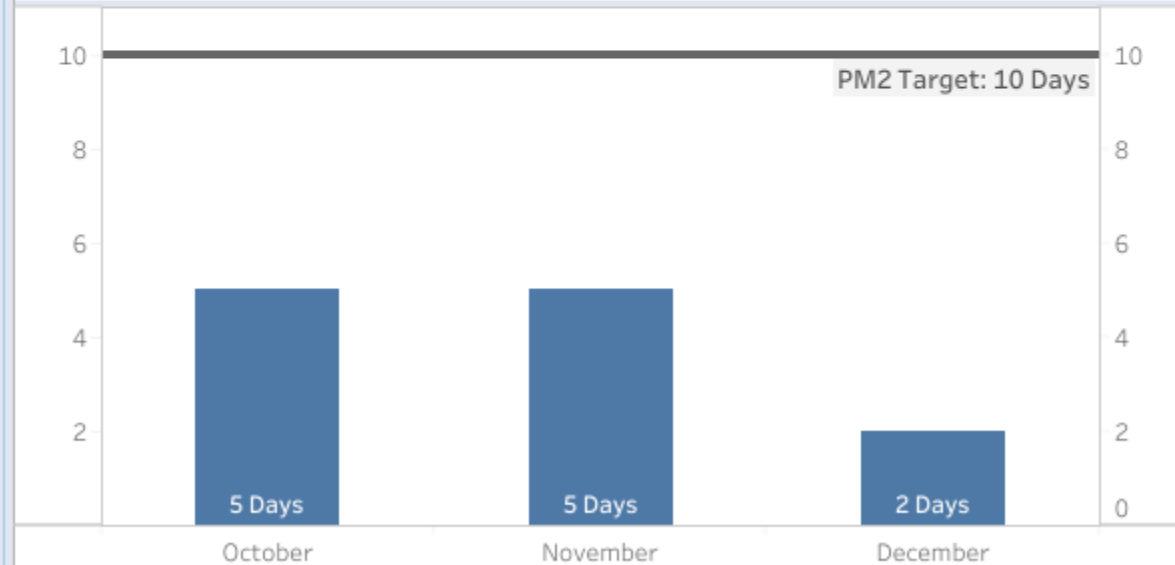
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
79	10 Days	3 Day(s)	▼ -7 Day(s)

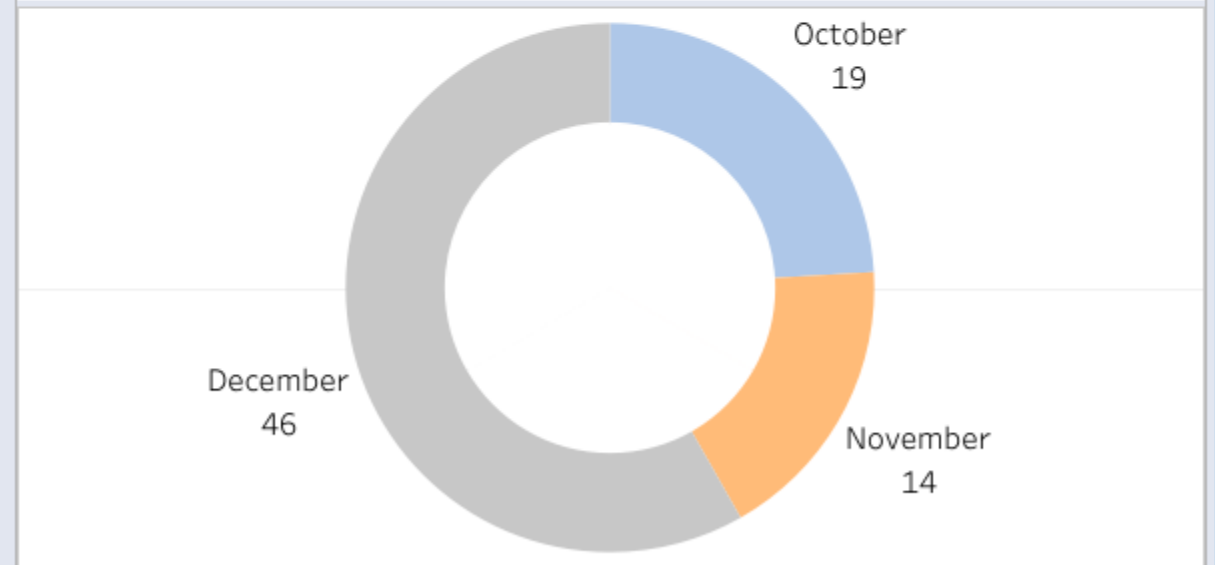
Acupuncture Board

SFY 2018: Q2 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2018: Q2 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

64

Target

200 Days

Actual

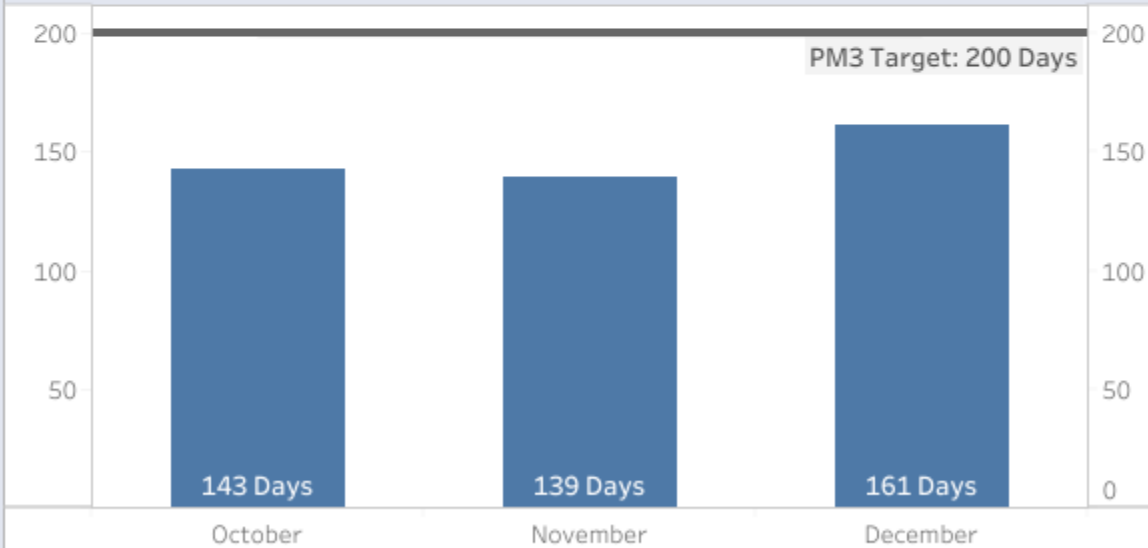
151 Day(s)

Variance

▼ -49 Day(s)

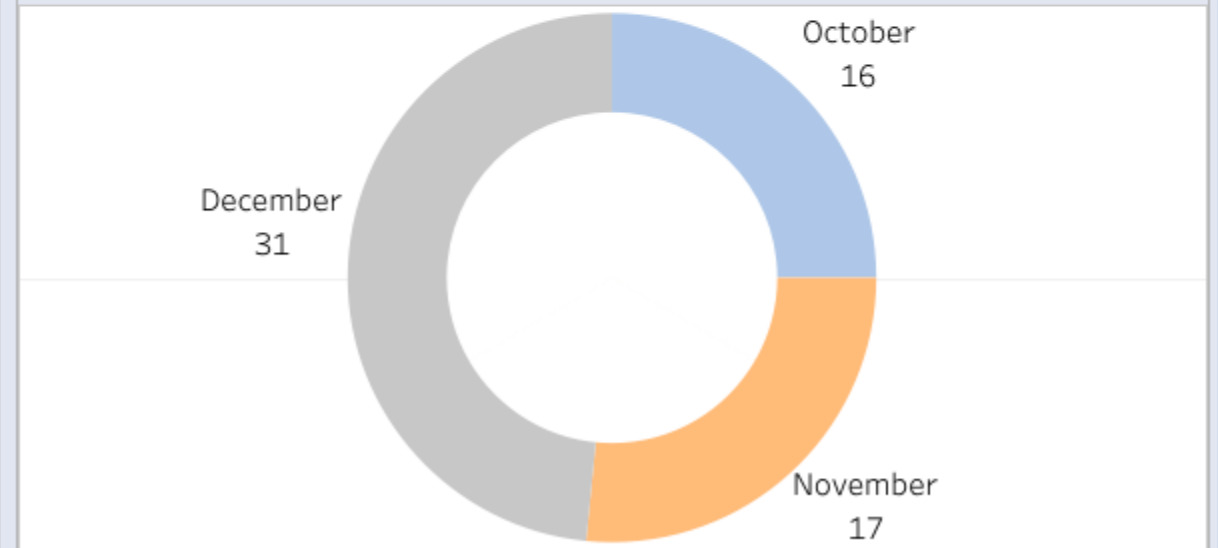
Acupuncture Board

SFY 2018: Q2 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2018: Q2 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q2

Cycle Time
Actual Target

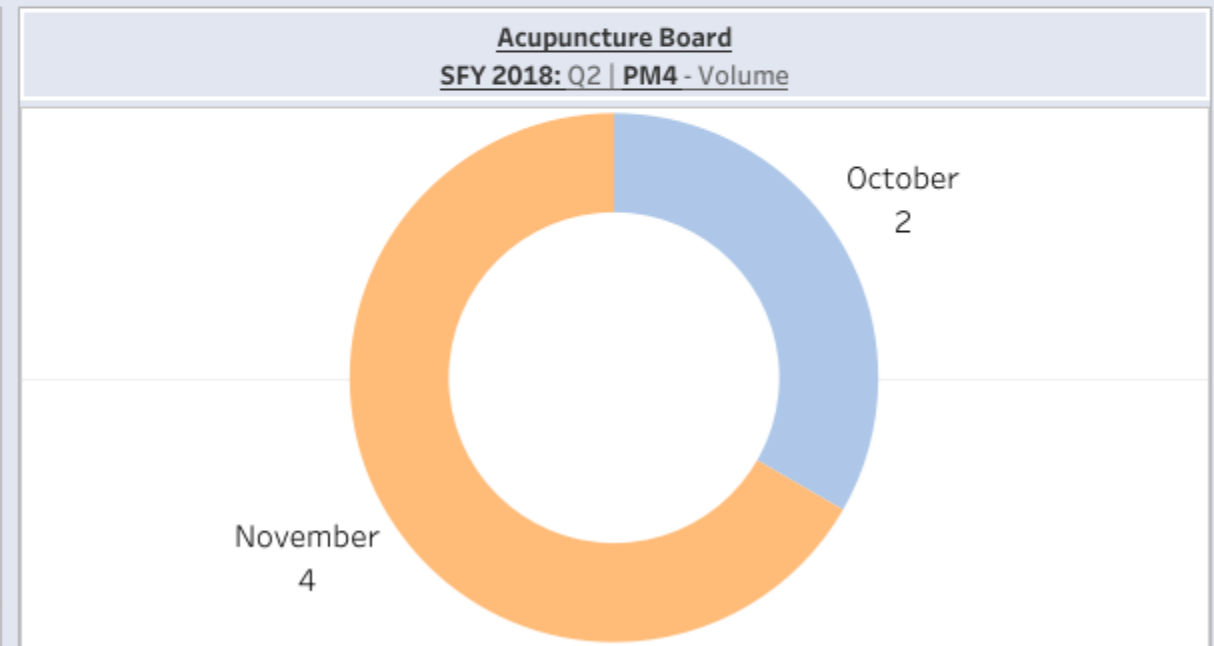
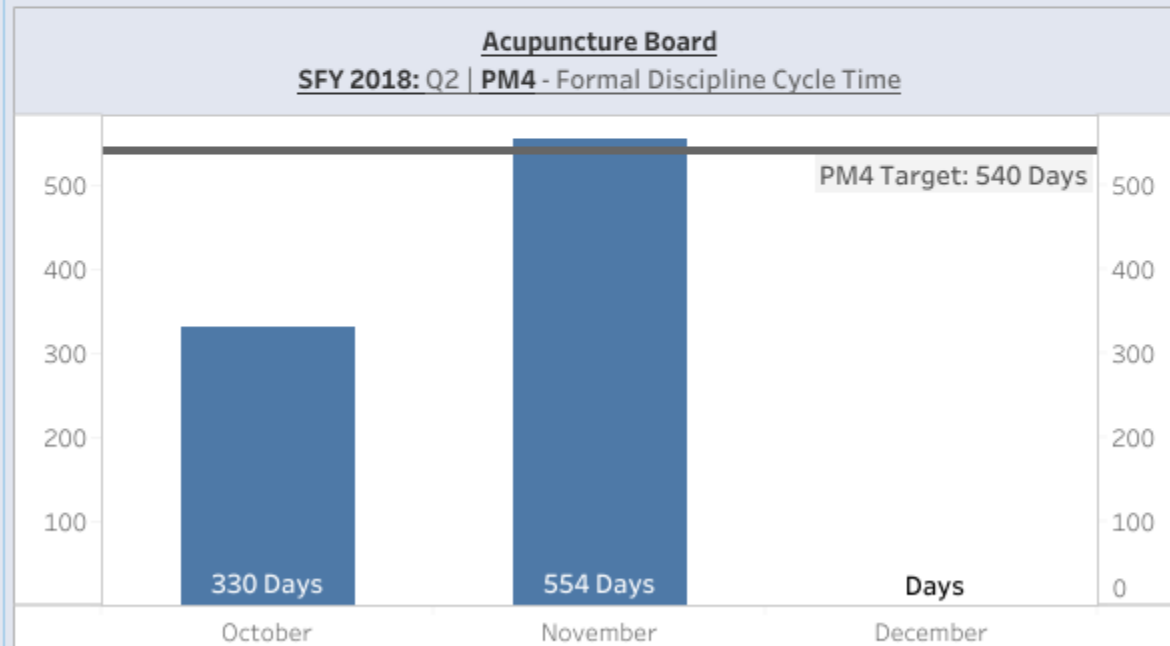
Case Volume by Month
October November

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
6	540 Days	479 Day(s)	▼ -61 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Performance Measure
PM7

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October November December

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

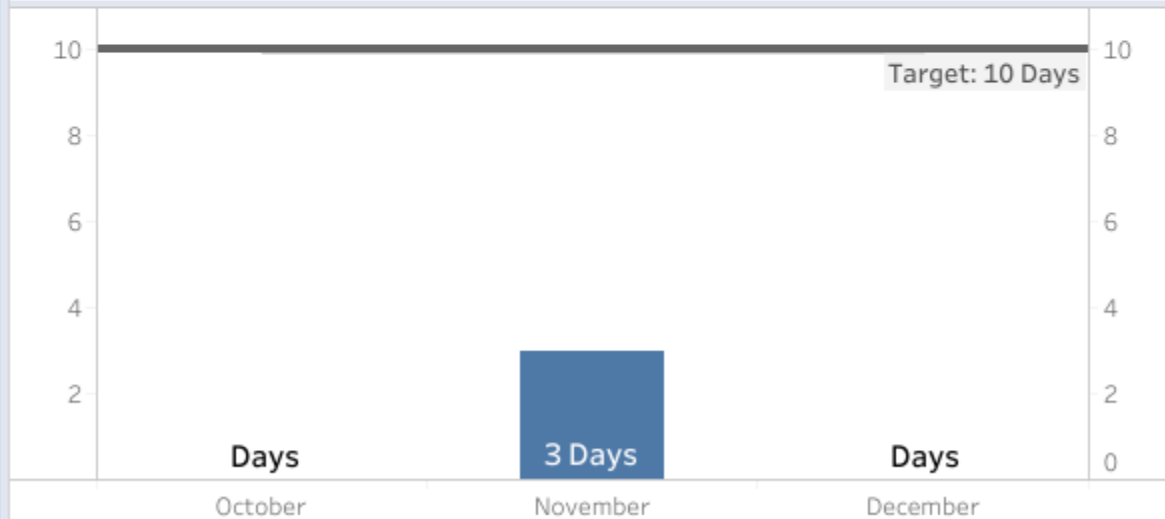
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
2	10 Days	3 Day(s)	▼ -7 Day(s)

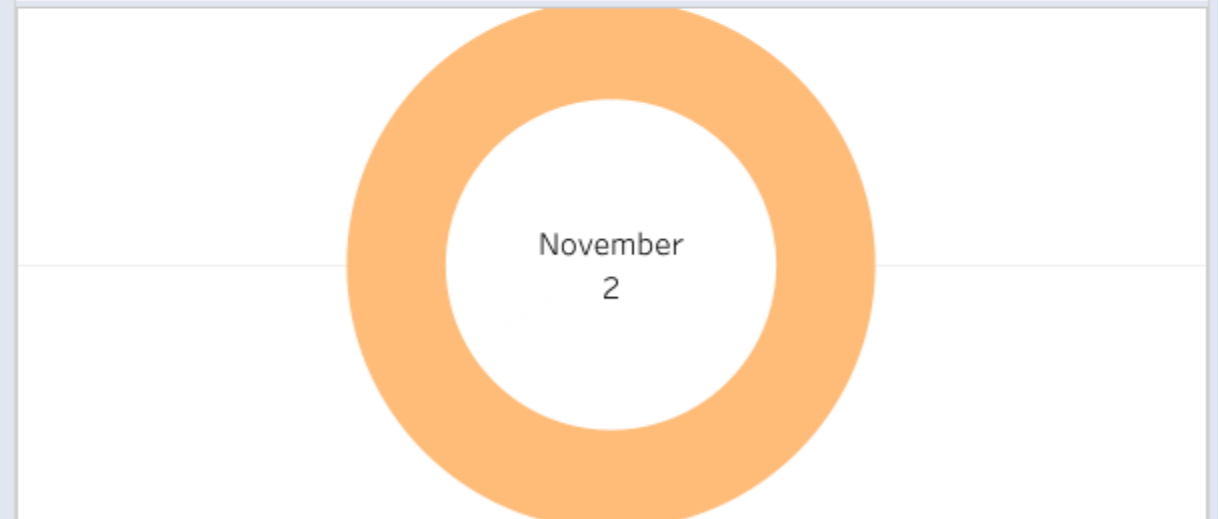
Acupuncture Board

SFY 2018: Q2 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2018: Q2 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Performance Measure
PM8

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

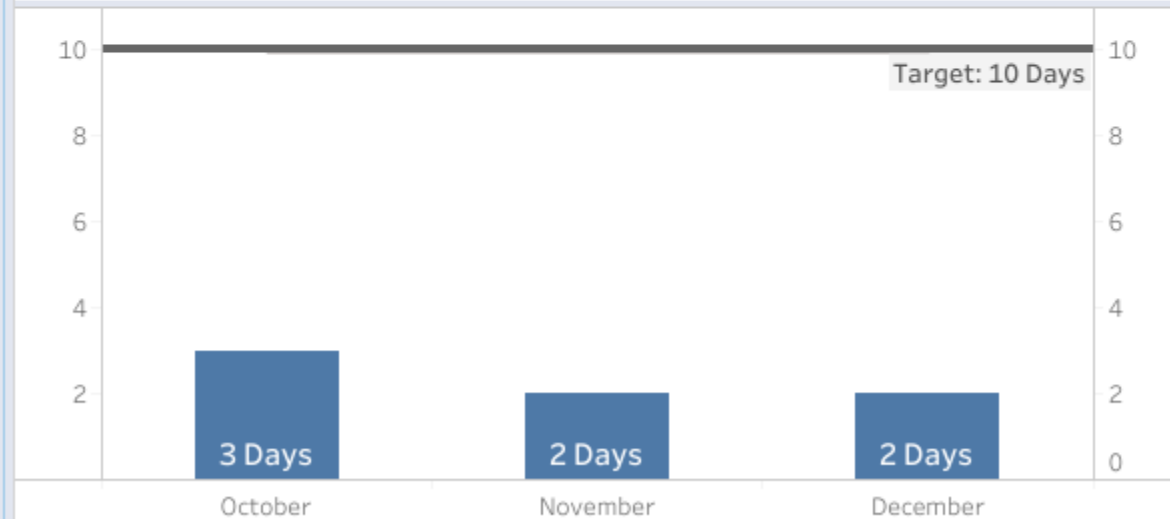
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
12	10 Days	2 Day(s)	▼ -8 Day(s)

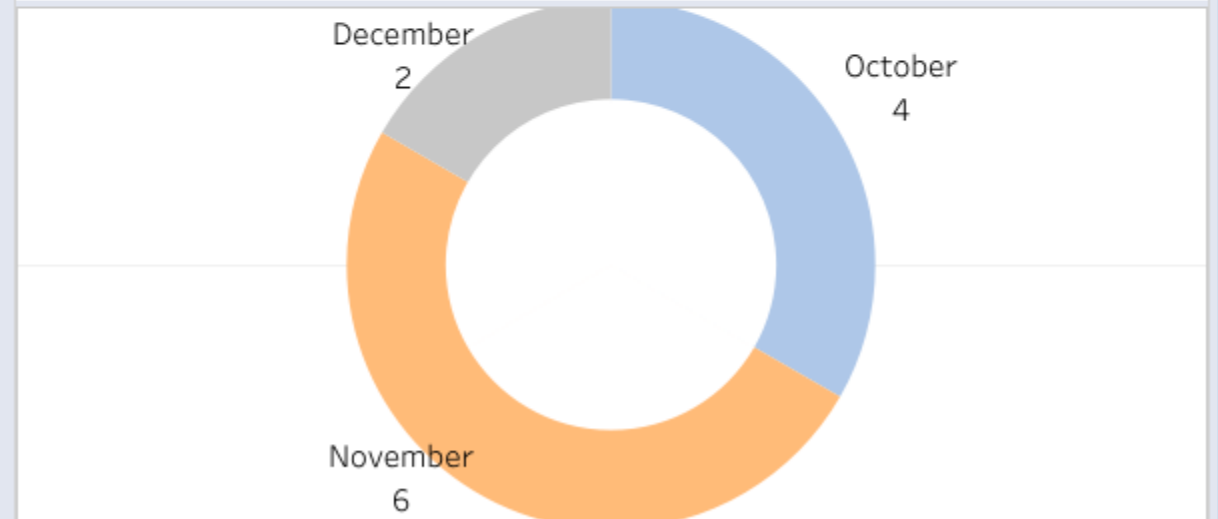
Acupuncture Board

SFY 2018: Q2 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2018: Q2 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q3

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

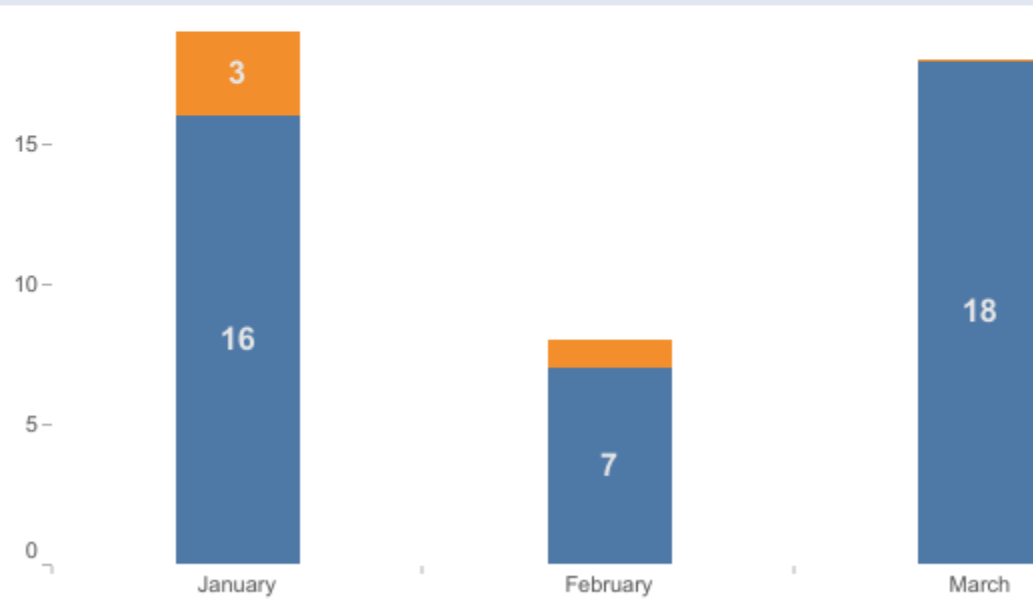
41

4

45

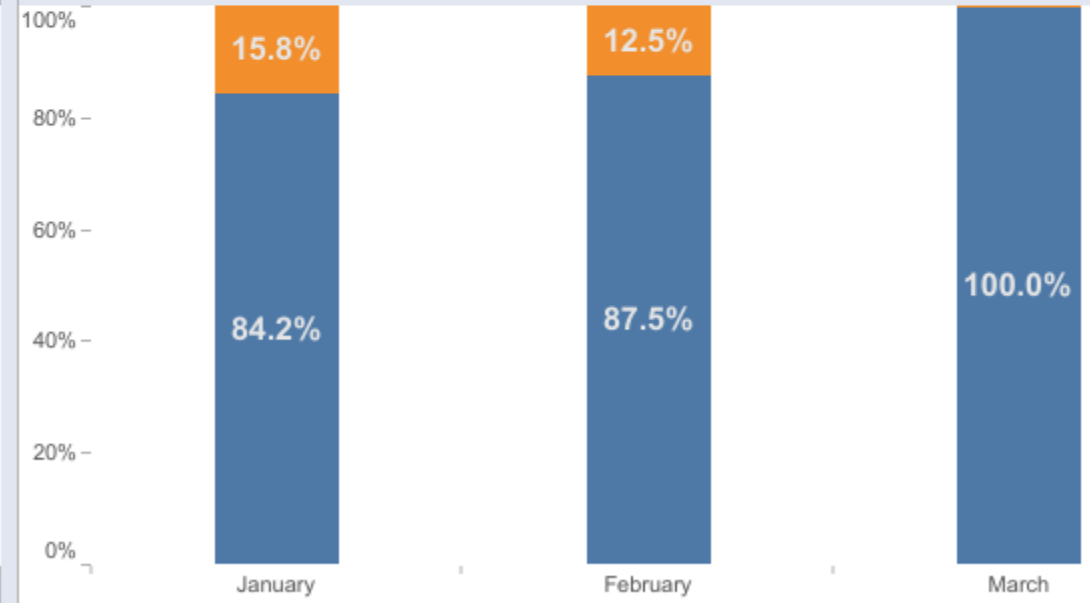
Acupuncture Board

SFY 2018:Q3 - Case Volume



Acupuncture Board

SFY 2018:Q3 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity

Acupuncture Board

Select a Fiscal Year

SFY 2018

Select a Quarter

Q3

Cycle Time

Actual

Target

Case Volume by Month

January

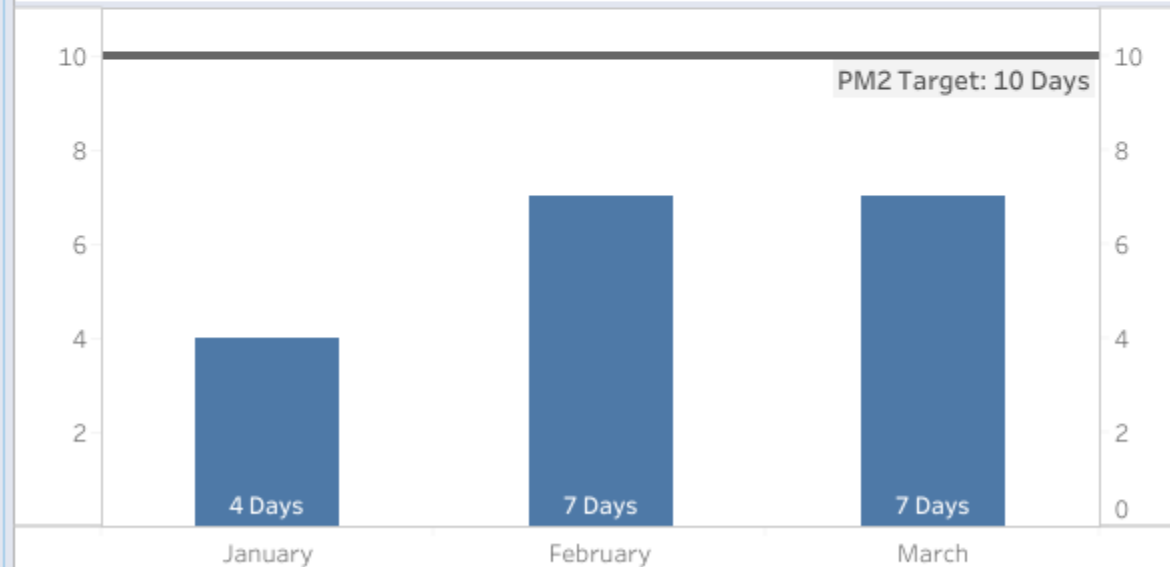
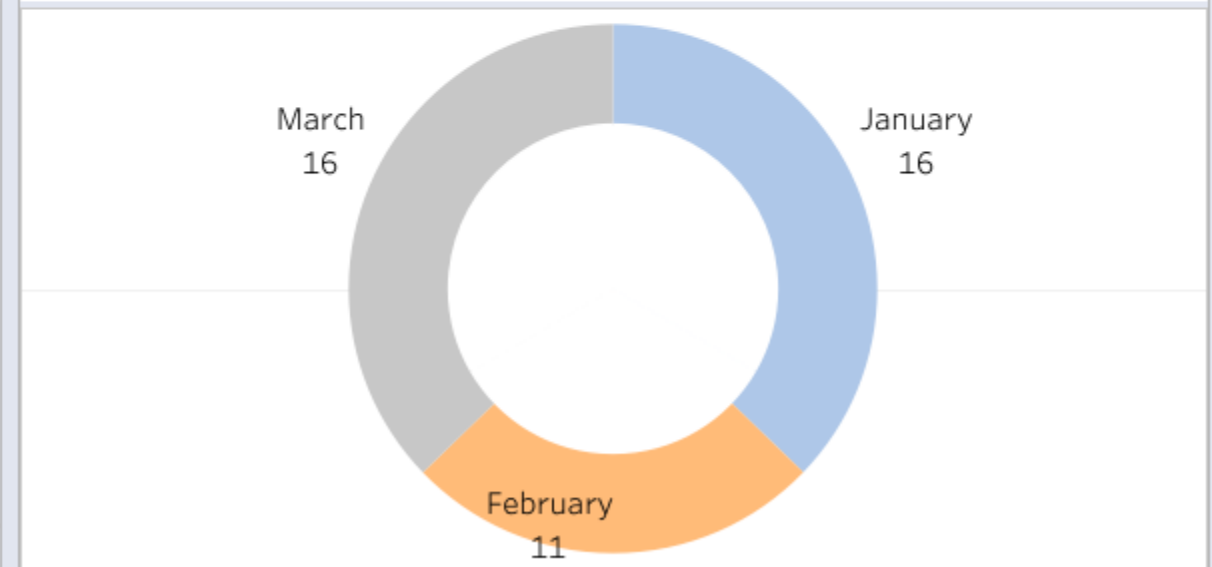
February

March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Acupuncture Board PM2 Performance Summary*Data last refreshed on 6/03/2022*

Case Volume	Target	Actual	Variance
43	10 Days	6 Day(s)	▼ -4 Day(s)

Acupuncture Board**SFY 2018: Q3 | PM2 - Intake Cycle Time****Acupuncture Board****SFY 2018: Q3 | PM2 - Volume**

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

46

Target

200 Days

Actual

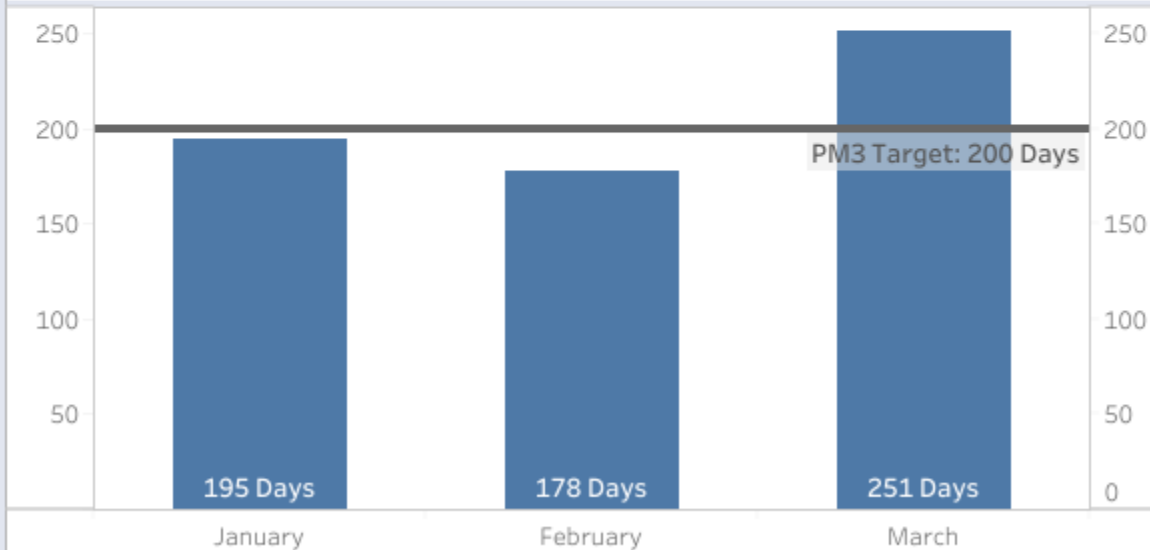
206 Day(s)

Variance

▲ 6 Day(s)

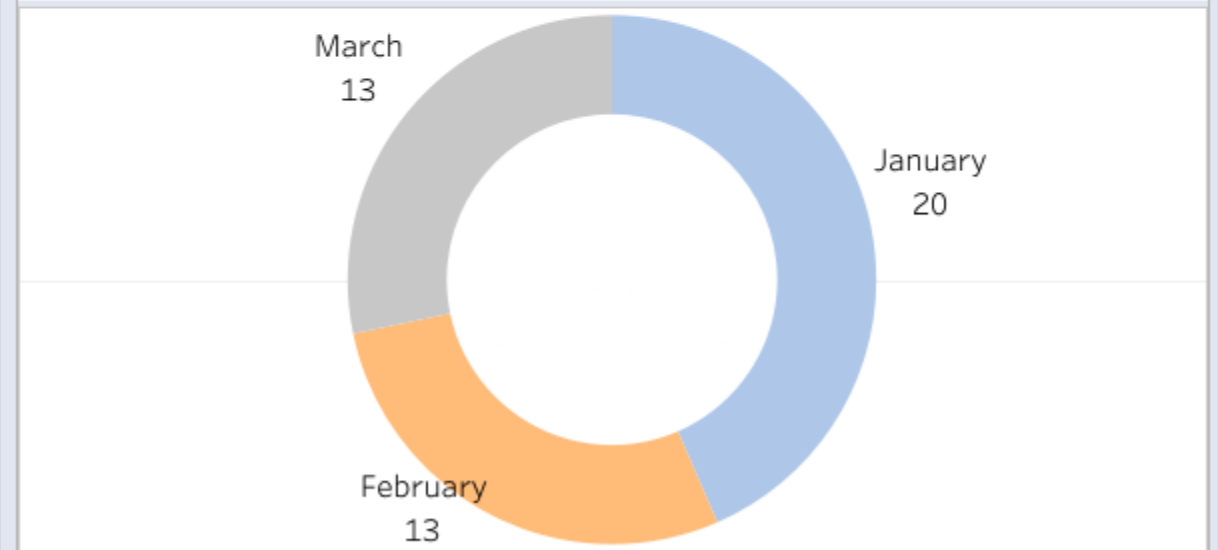
Acupuncture Board

SFY 2018: Q3 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2018: Q3 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q3

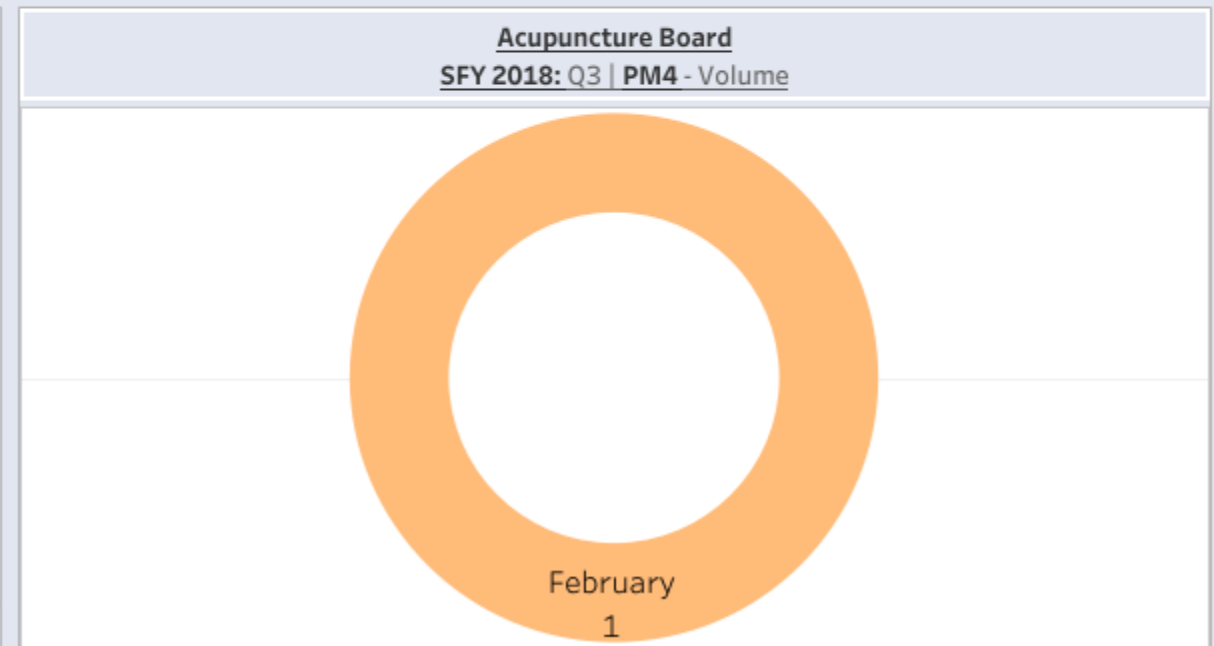
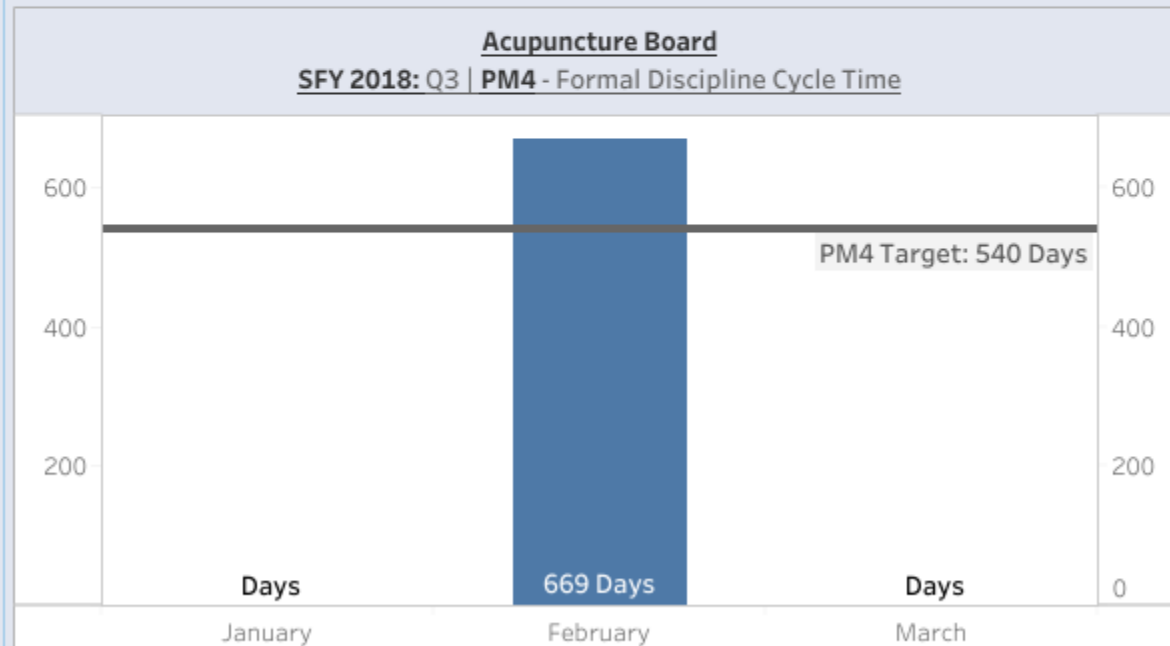
Cycle Time
Actual Target

Case Volume by Month
February

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	540 Days	669 Day(s)	▲ 129 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Performance Measure
PM7

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

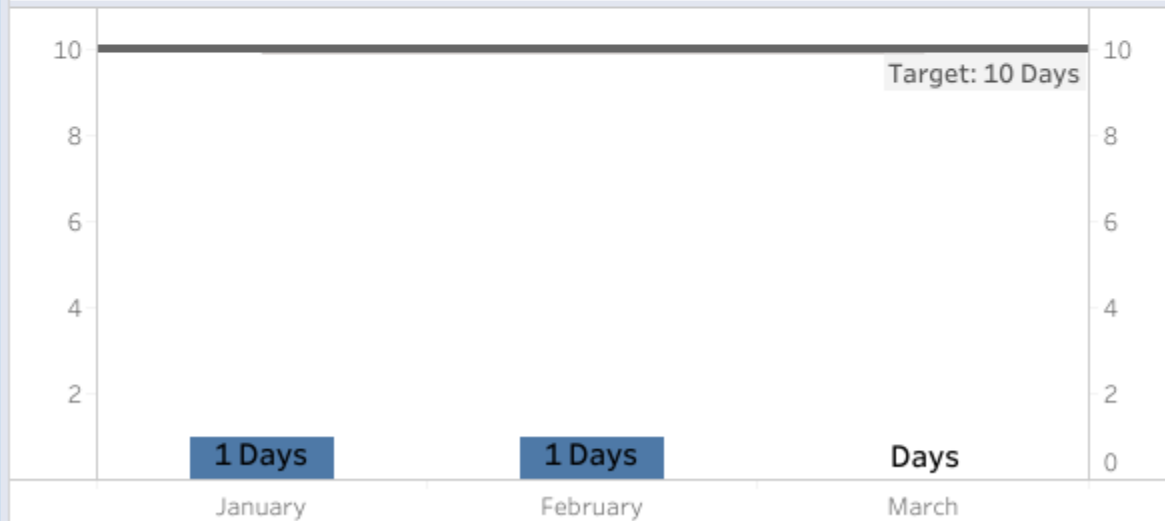
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
2	10 Days	1 Day(s)	▼ -9 Day(s)

Acupuncture Board

SFY 2018: Q3 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2018: Q3 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Performance Measure
PM8

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

10

Target

10 Days

Actual

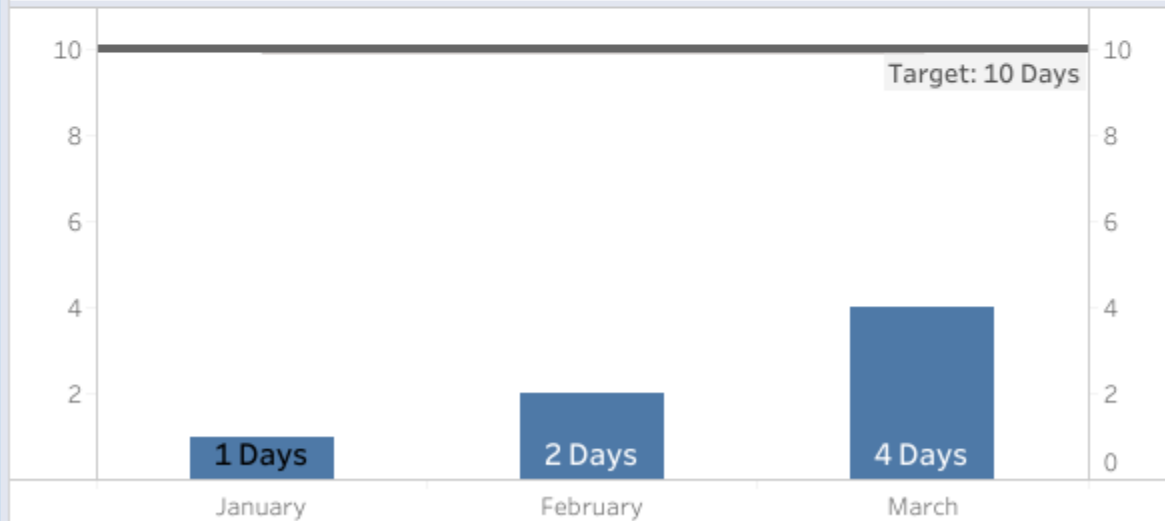
2 Day(s)

Variance

▼ -8 Day(s)

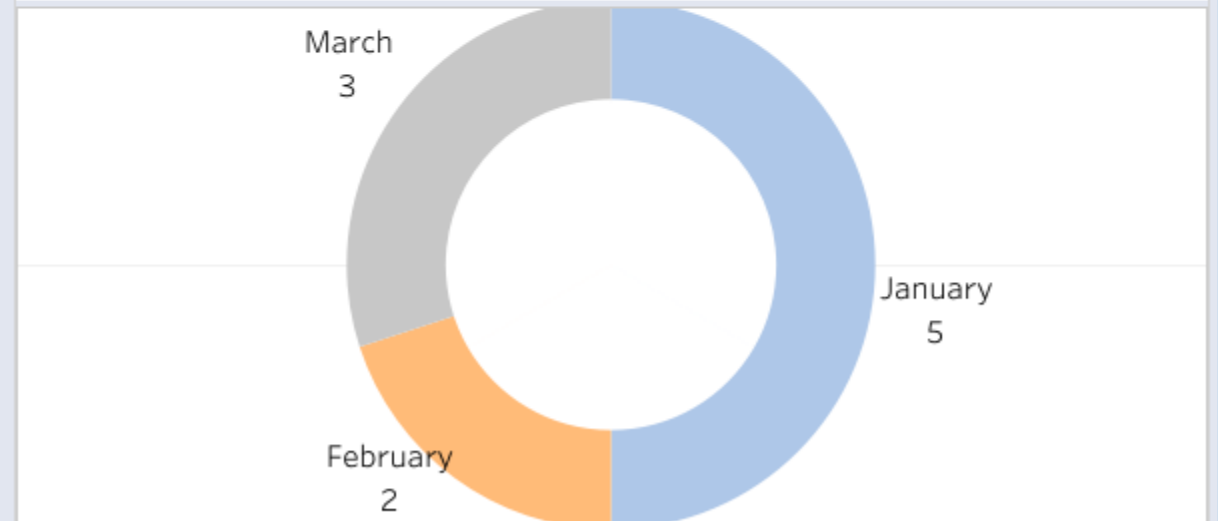
Acupuncture Board

SFY 2018: Q3 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2018: Q3 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

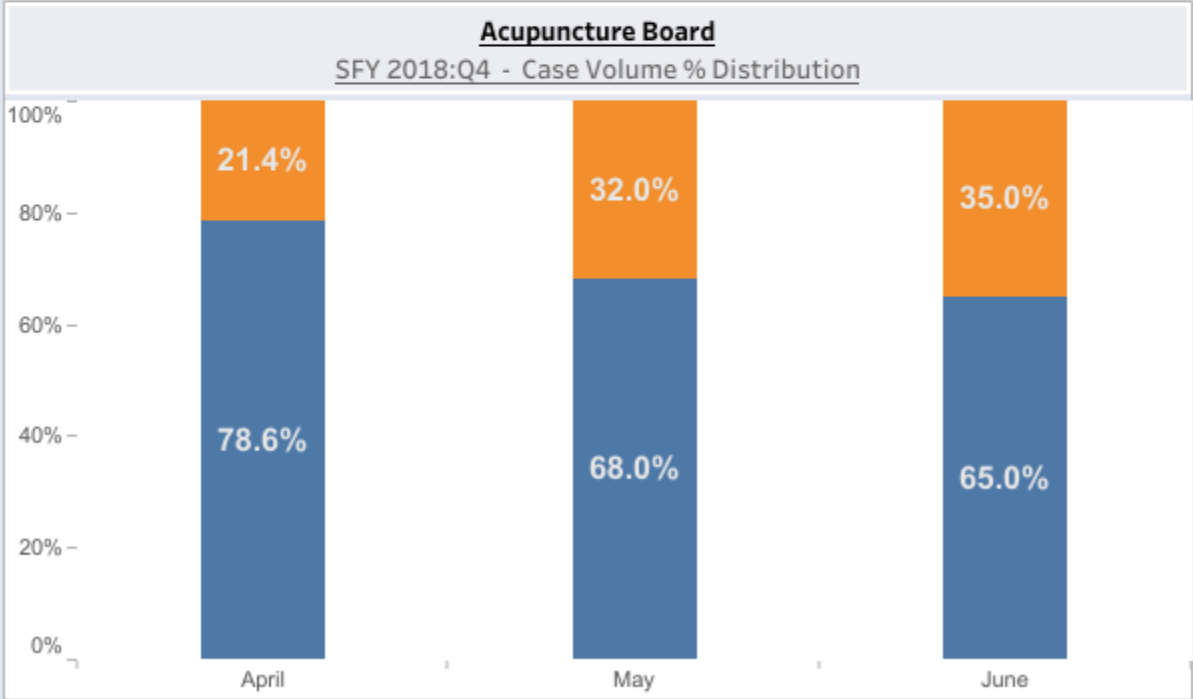
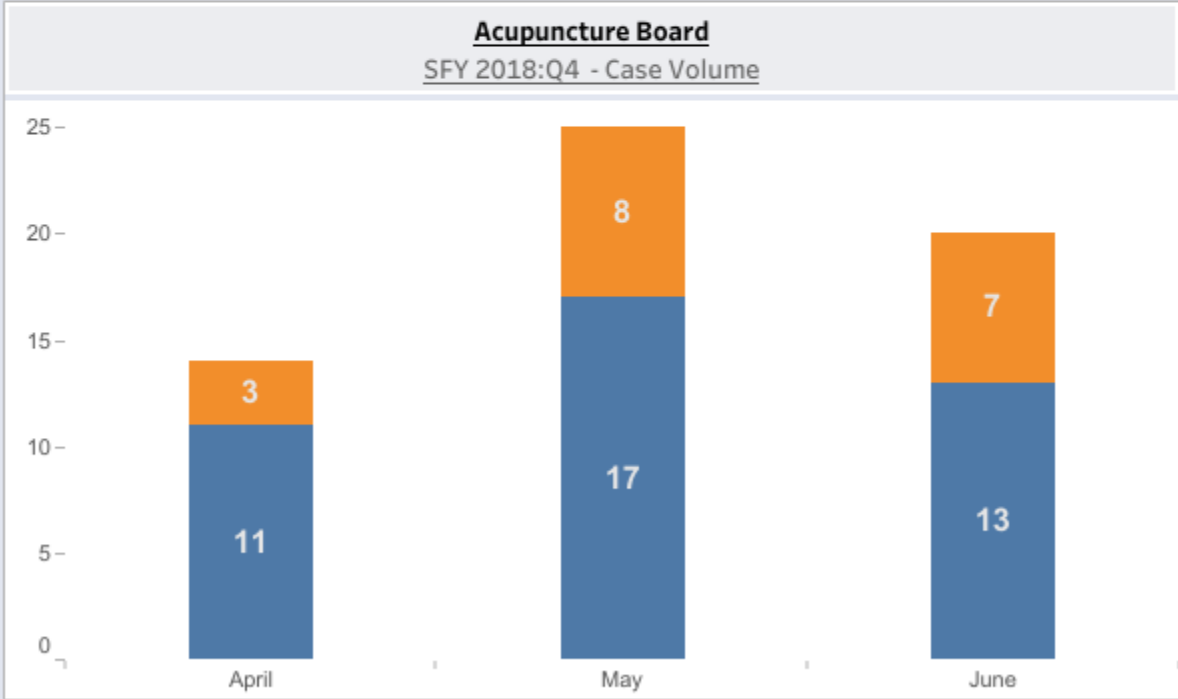
Select a Quarter
Q4

Case Type
Complaints Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary
Data last refreshed on 6/3/2022

Complaints	Conviction/Arrest	Total Volume
41	18	59



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q4

Cycle Time
Actual Target

Case Volume by Month
April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

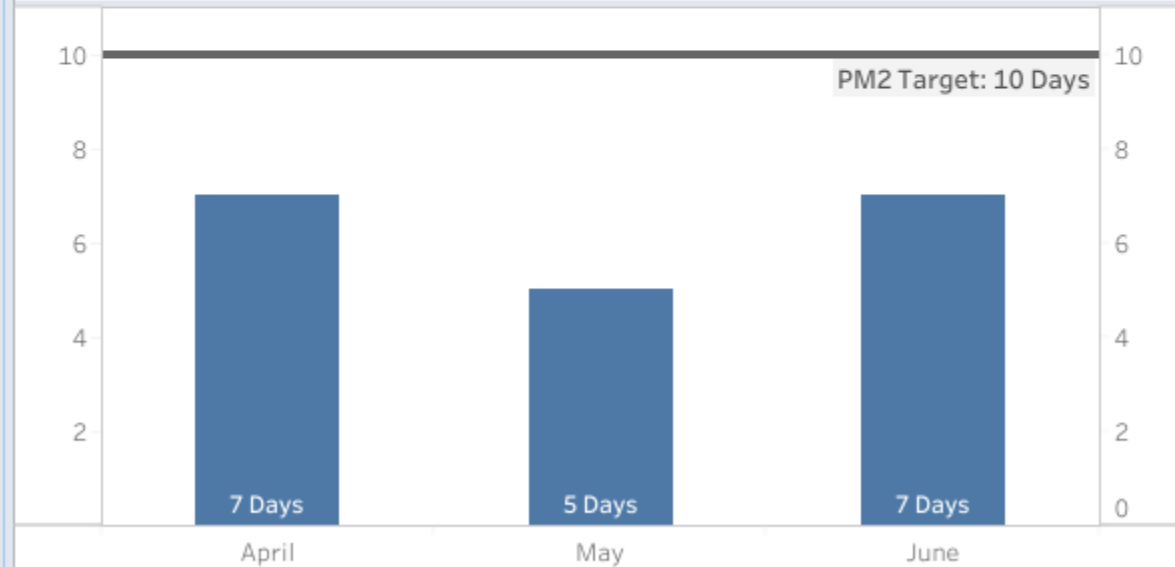
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
58	10 Days	6 Day(s)	▼ -4 Day(s)

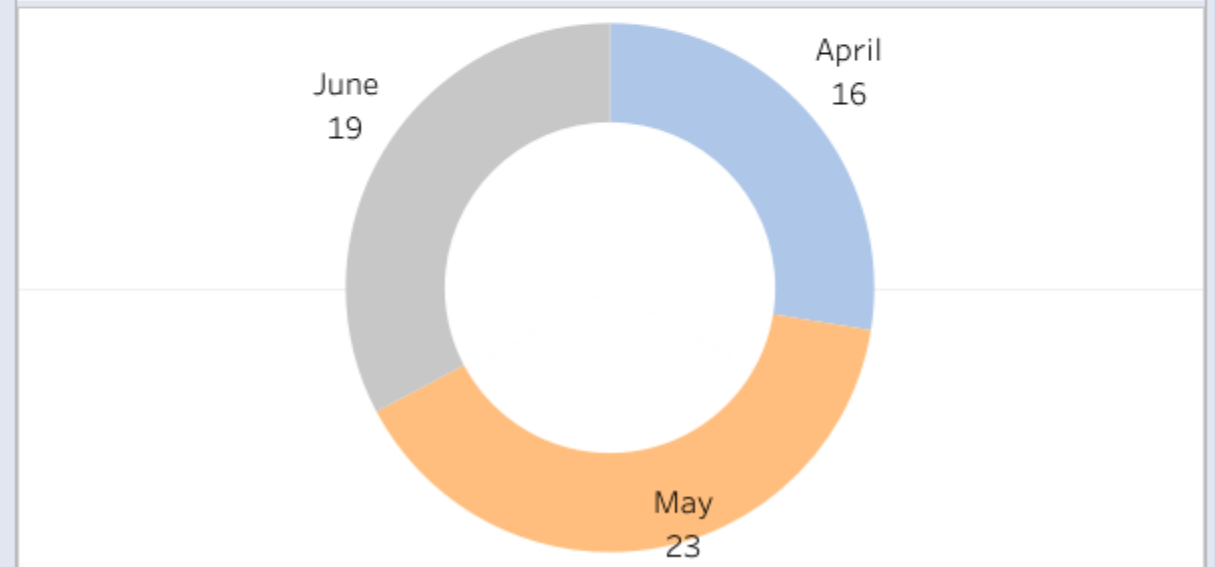
Acupuncture Board

SFY 2018: Q4 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2018: Q4 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

67

Target

200 Days

Actual

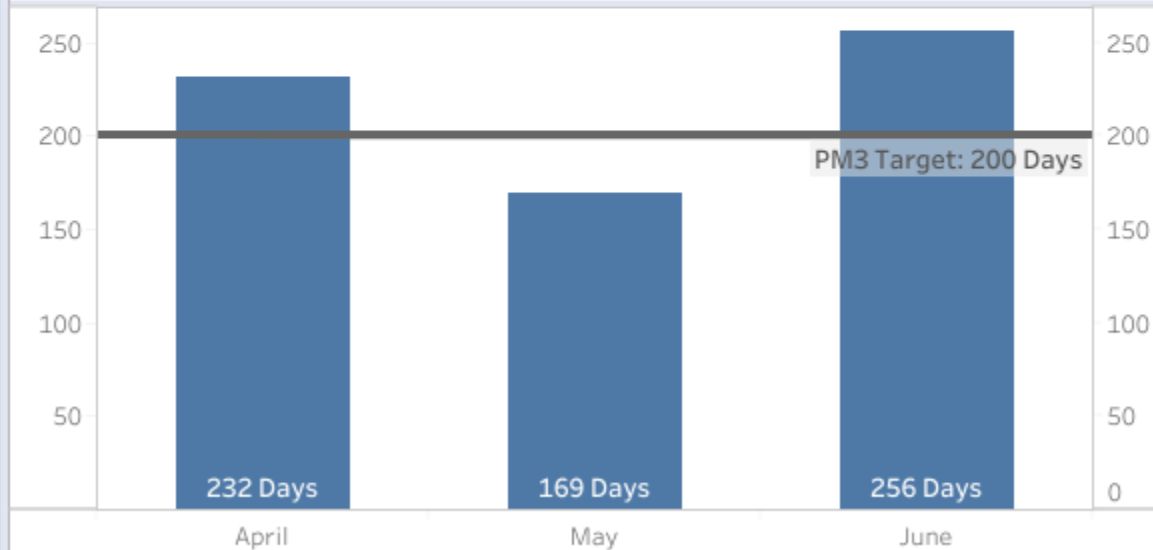
224 Day(s)

Variance

▲ 24 Day(s)

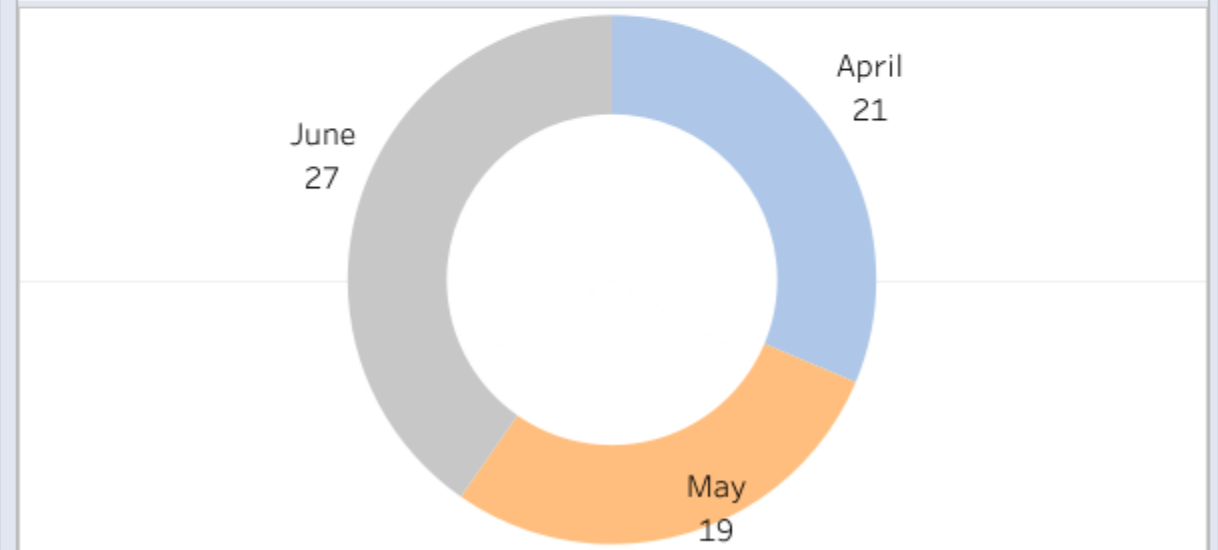
Acupuncture Board

SFY 2018: Q4 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2018: Q4 | PM3 - Volume

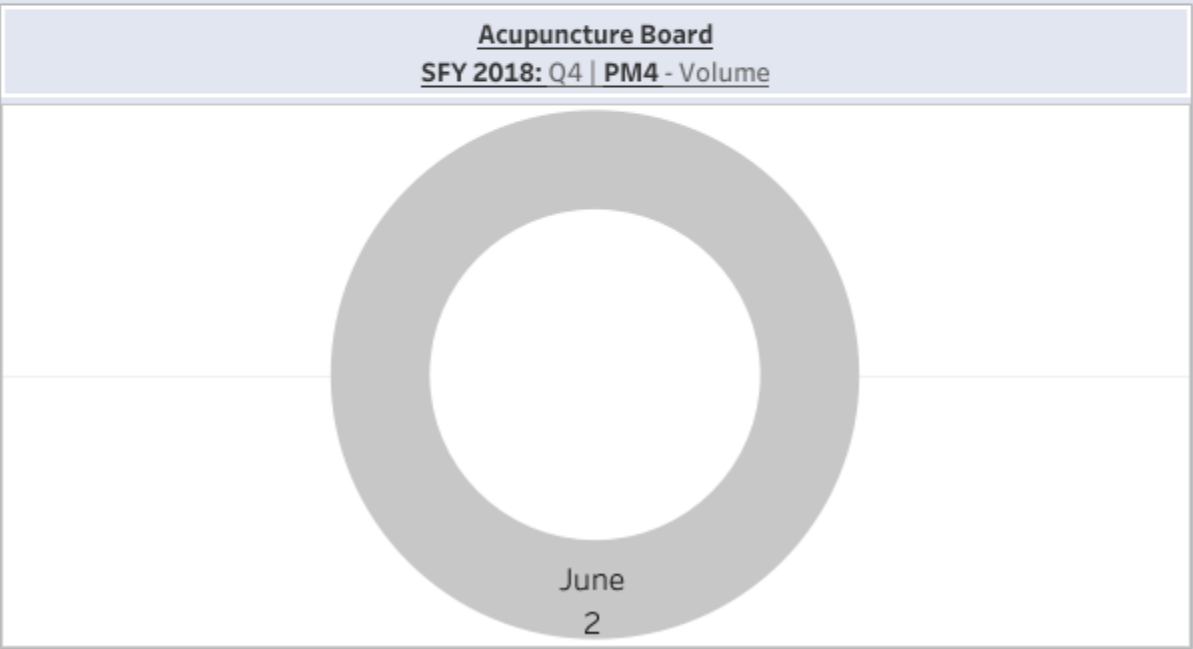
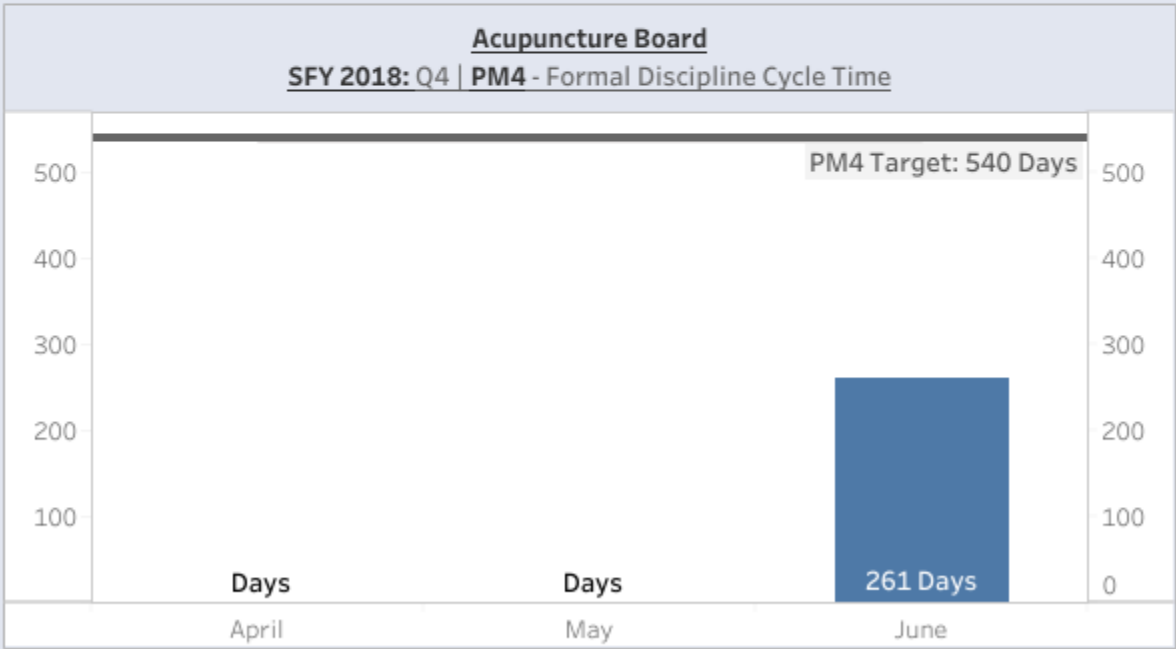


Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

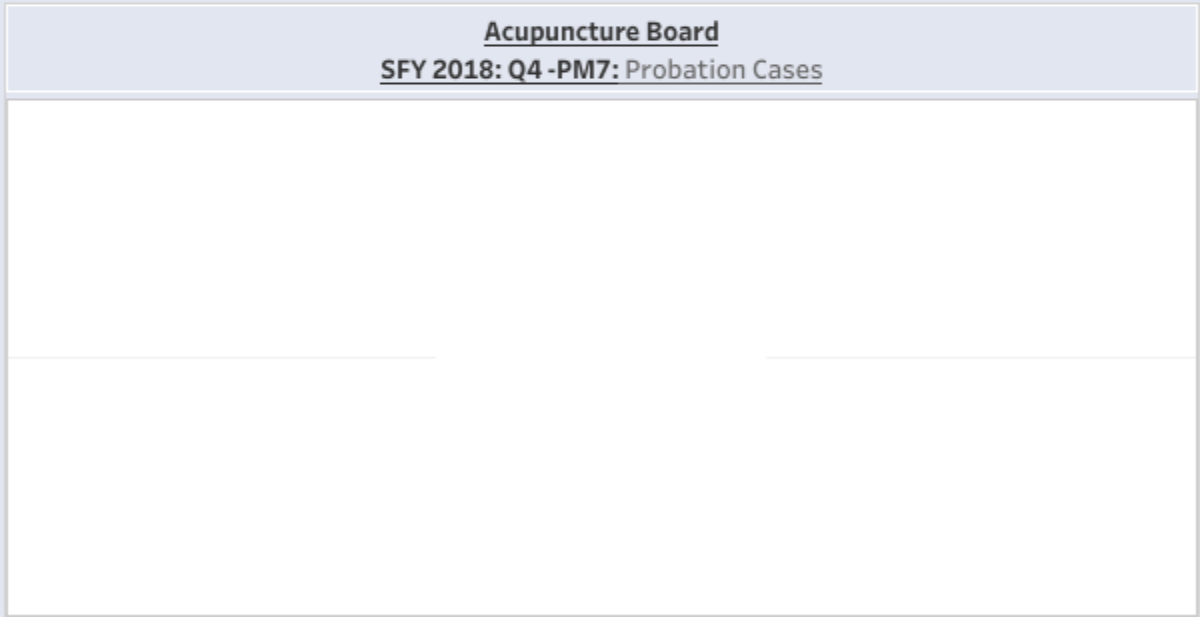
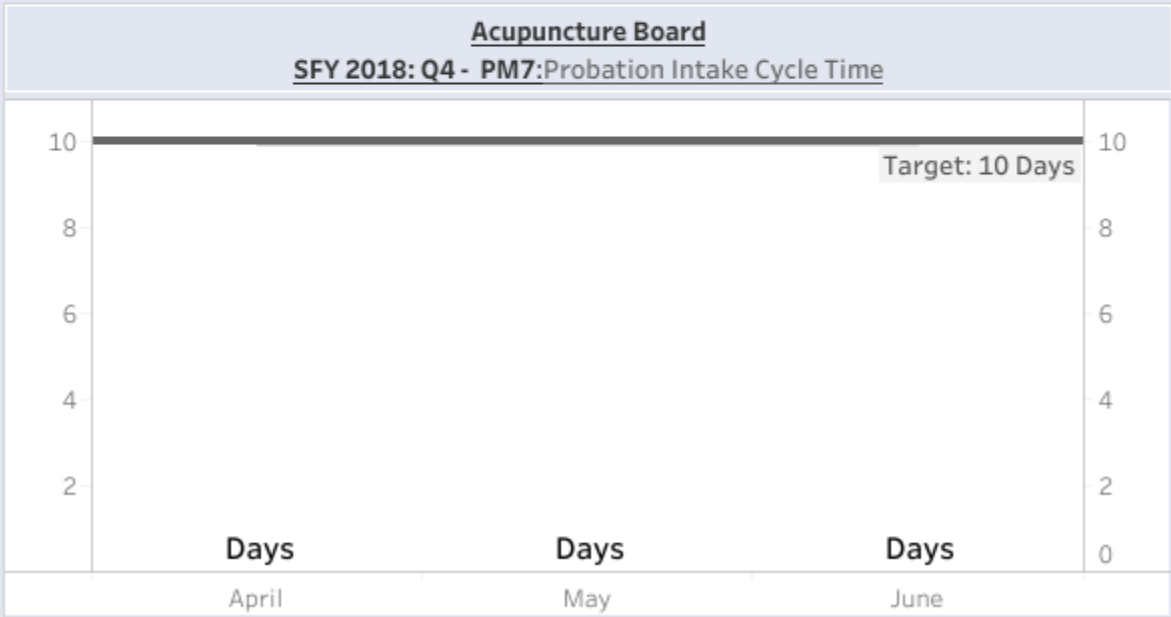
Case Volume	Target	Actual	Variance
2	540 Days	261 Day(s)	▼ -279 Day(s)



Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Acupuncture Board PM7 Performance Summary			
Data not available			
Case Volume	Target	Actual	Variance
0	10 Days		



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2018

Performance Measure
PM8

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

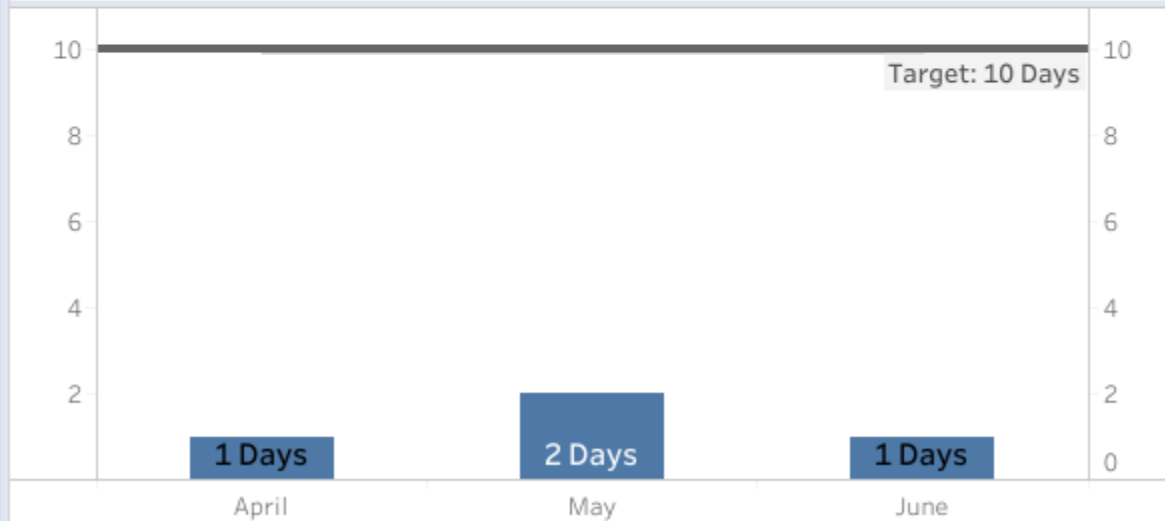
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
9	10 Days	1 Day(s)	▼ -9 Day(s)

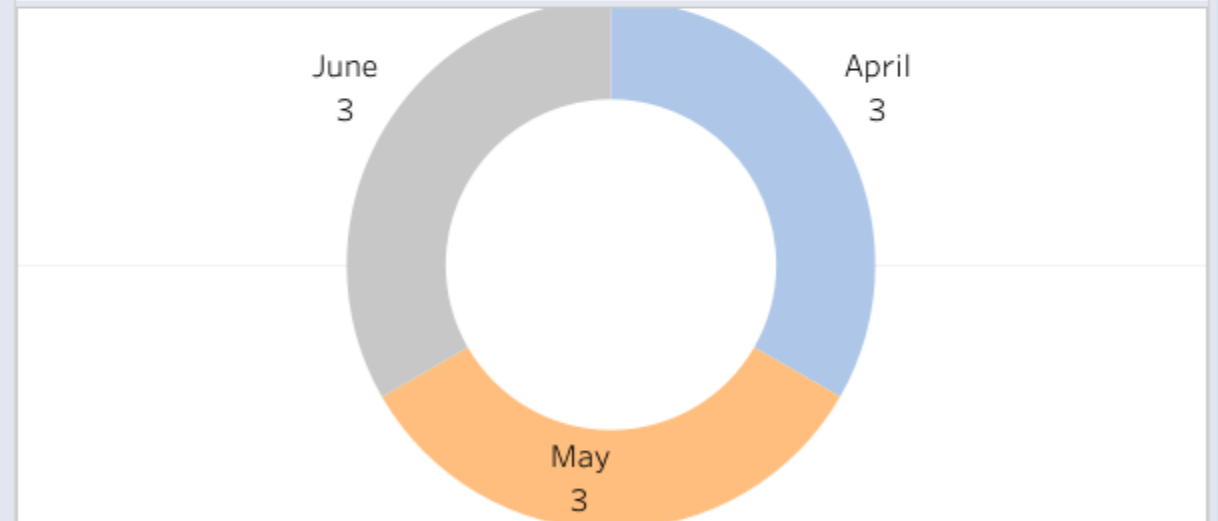
Acupuncture Board

SFY 2018: Q4 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2018: Q4 - PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

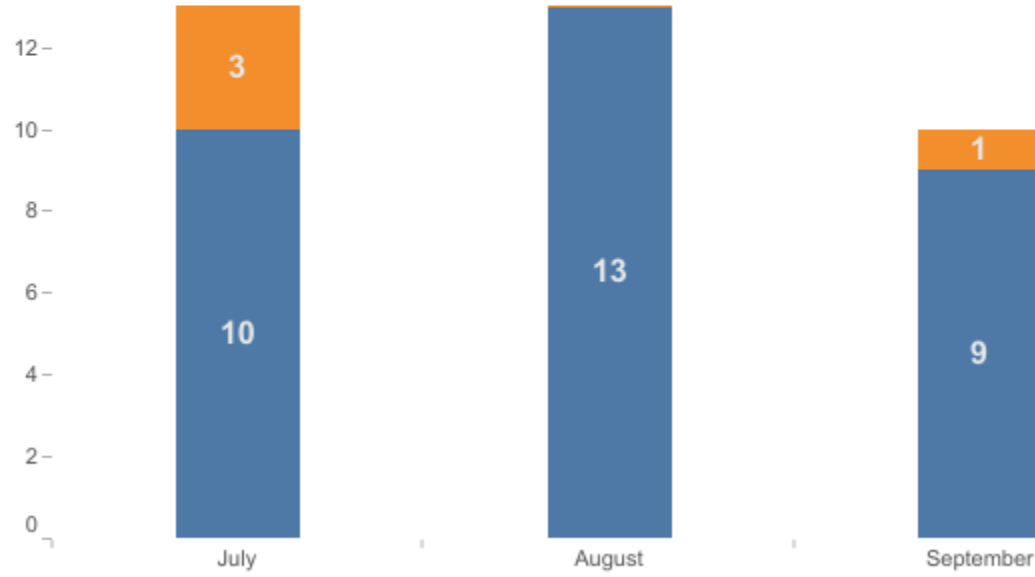
32

4

36

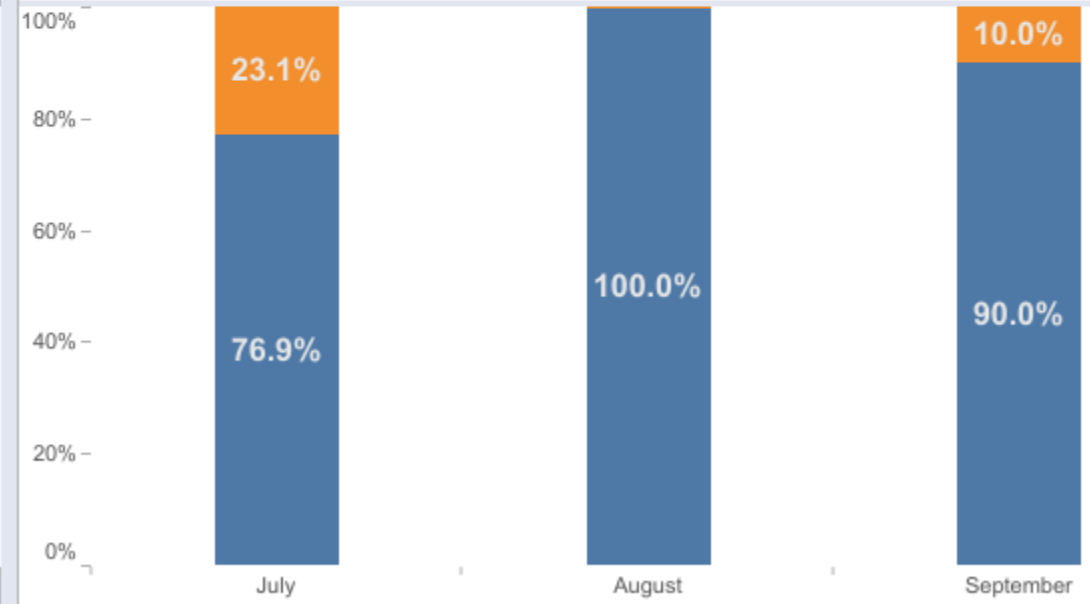
Acupuncture Board

SFY 2019:Q1 - Case Volume



Acupuncture Board

SFY 2019:Q1 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

Cycle Time
Actual Target

Case Volume by Month
July August September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

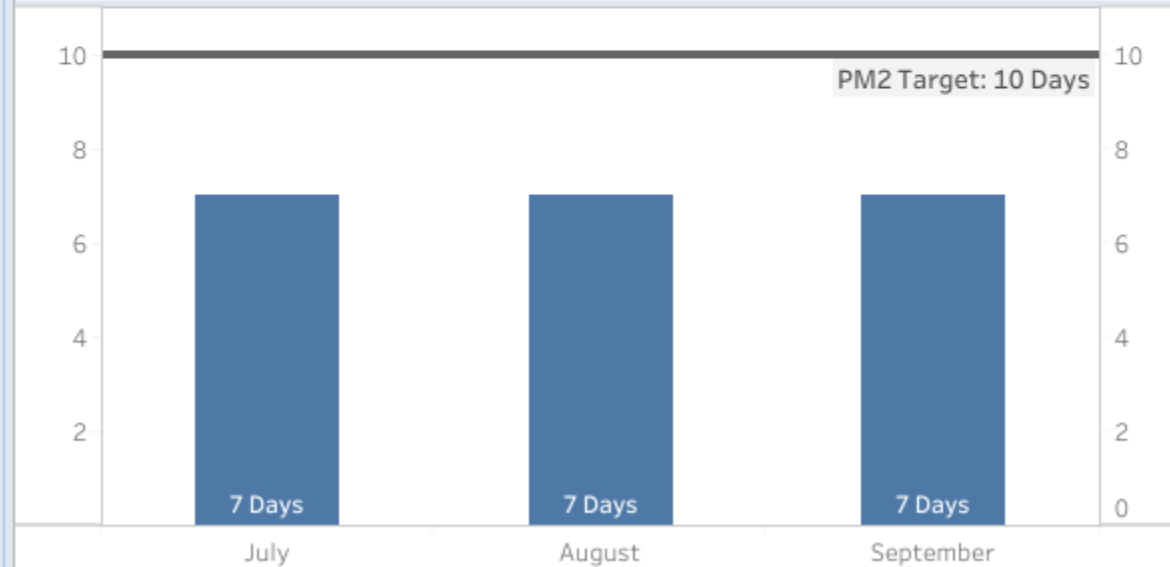
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
37	10 Days	7 Day(s)	▼ -3 Day(s)

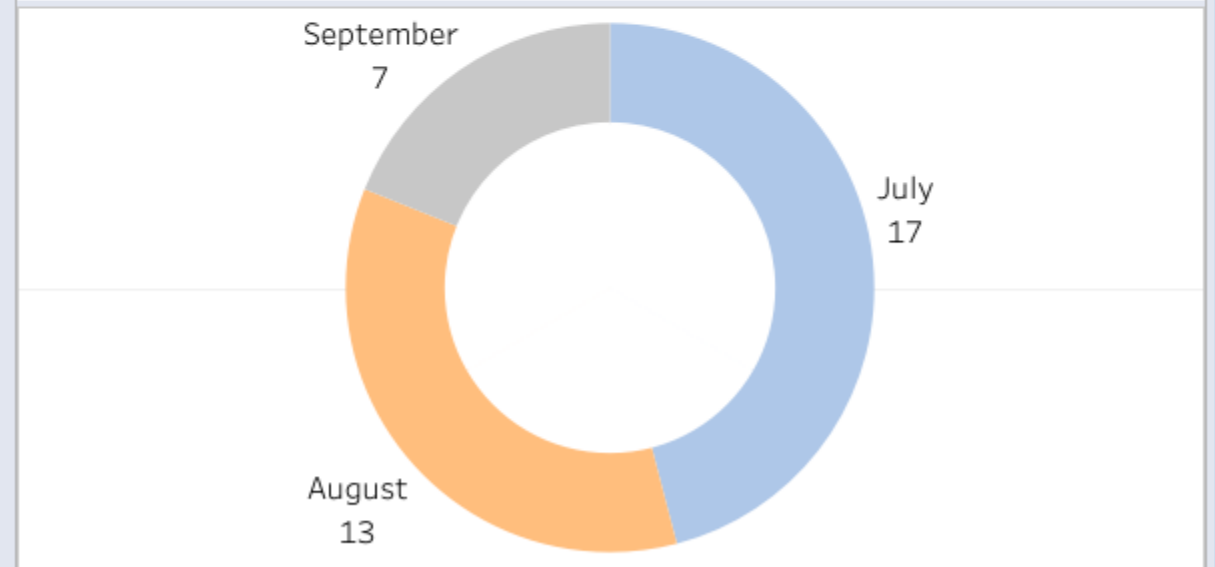
Acupuncture Board

SFY 2019: Q1 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2019: Q1 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

45

Target

200 Days

Actual

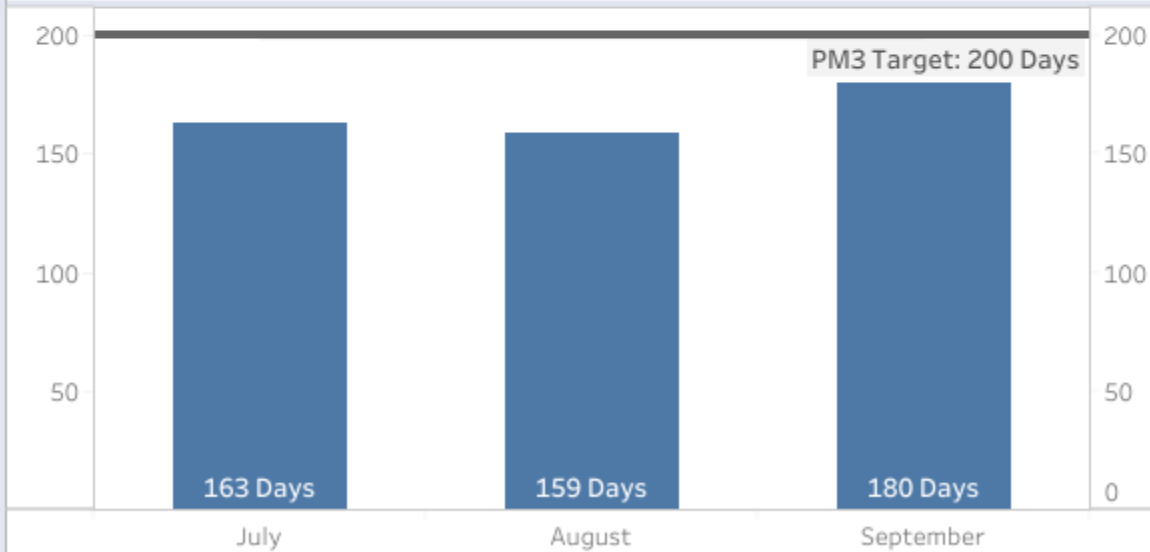
165 Day(s)

Variance

▼ -35 Day(s)

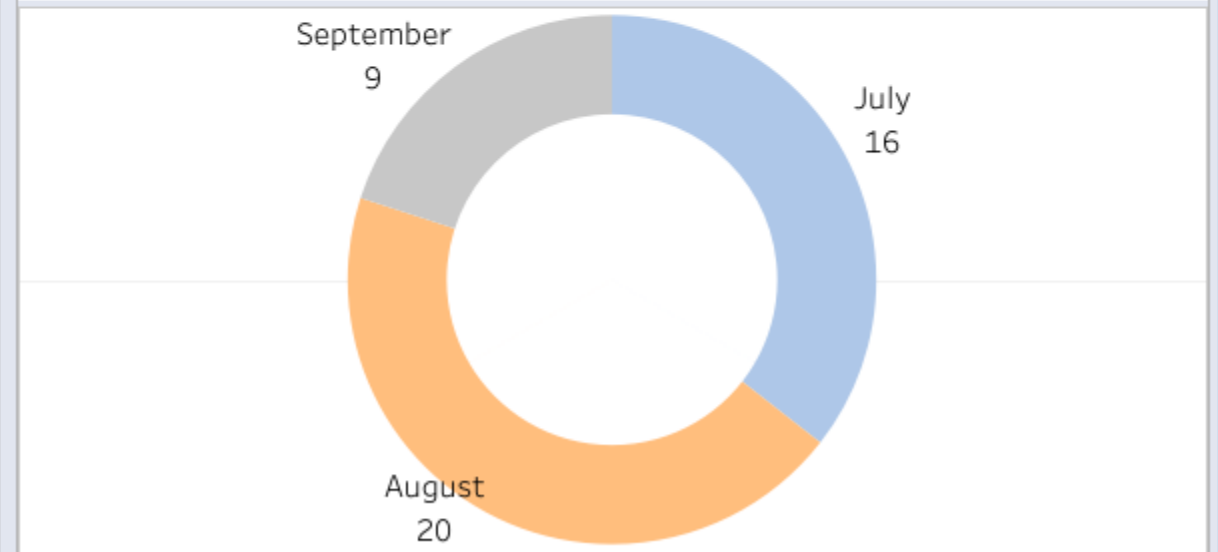
Acupuncture Board

SFY 2019: Q1 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2019: Q1 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

Cycle Time
Actual Target

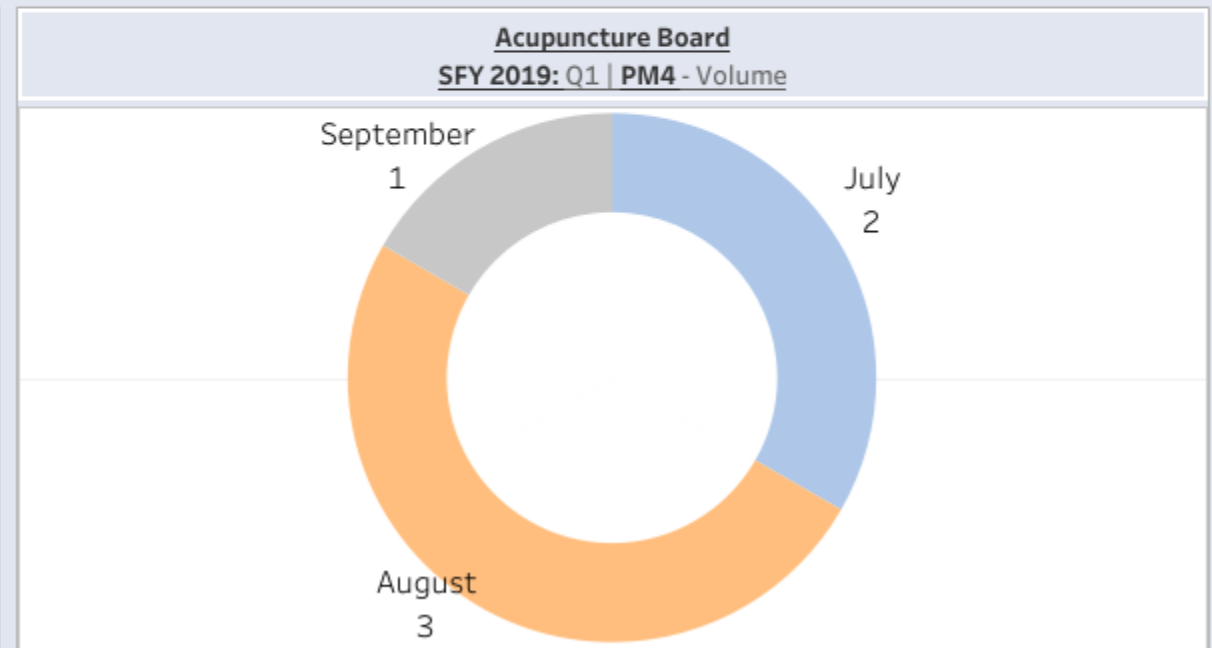
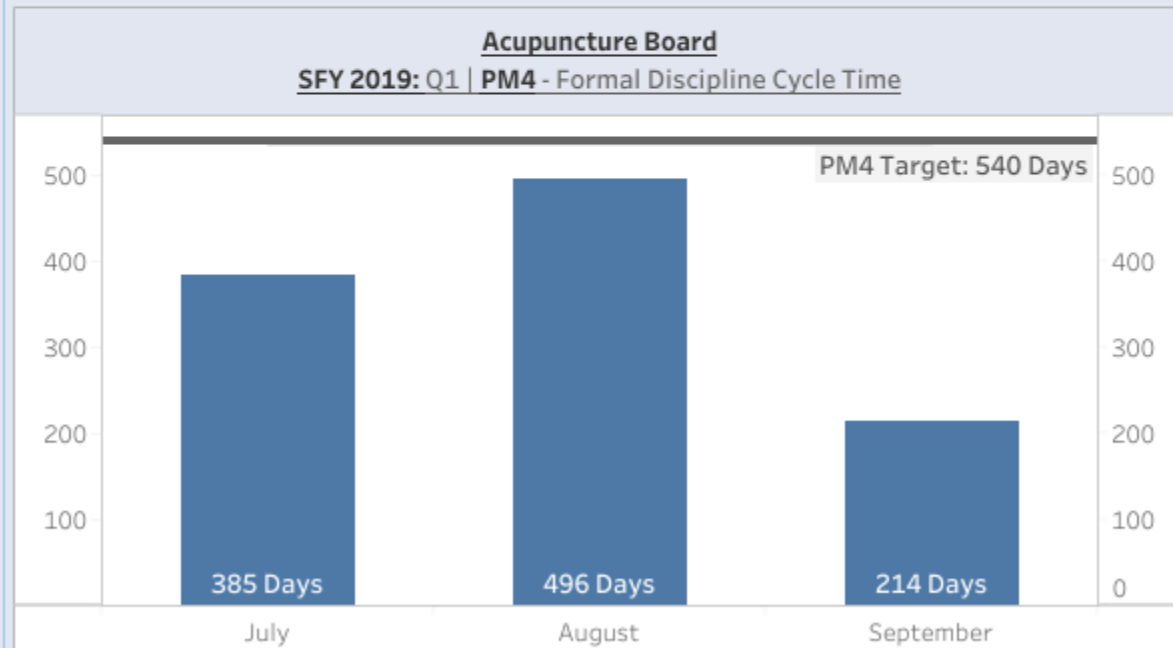
Case Volume by Month
July August September

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
6	540 Days	412 Day(s)	▼ -128 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM7

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

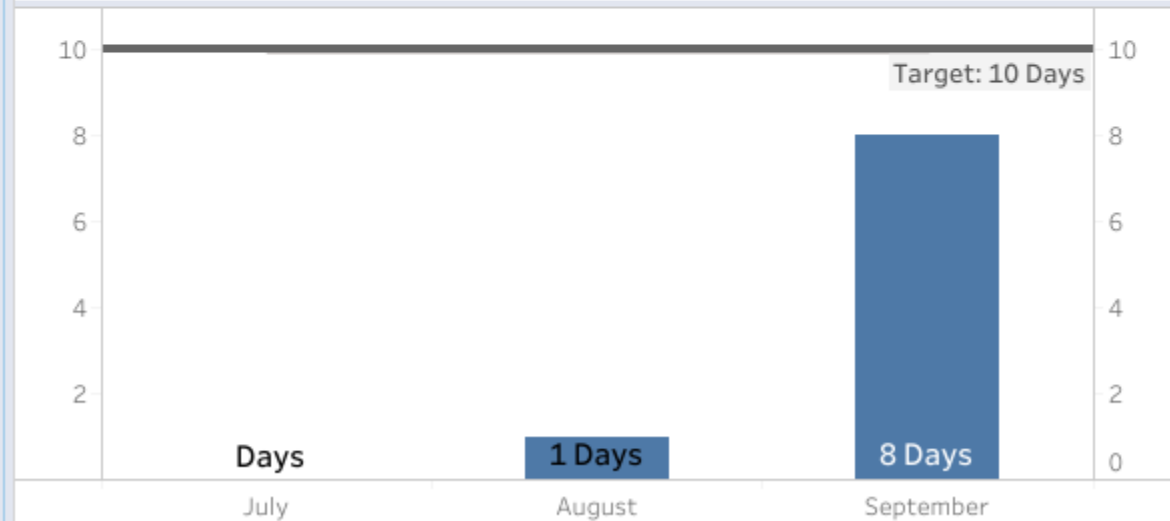
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
2	10 Days	5 Day(s)	▼ -6 Day(s)

Acupuncture Board

SFY 2019: Q1 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2019: Q1 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM8

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

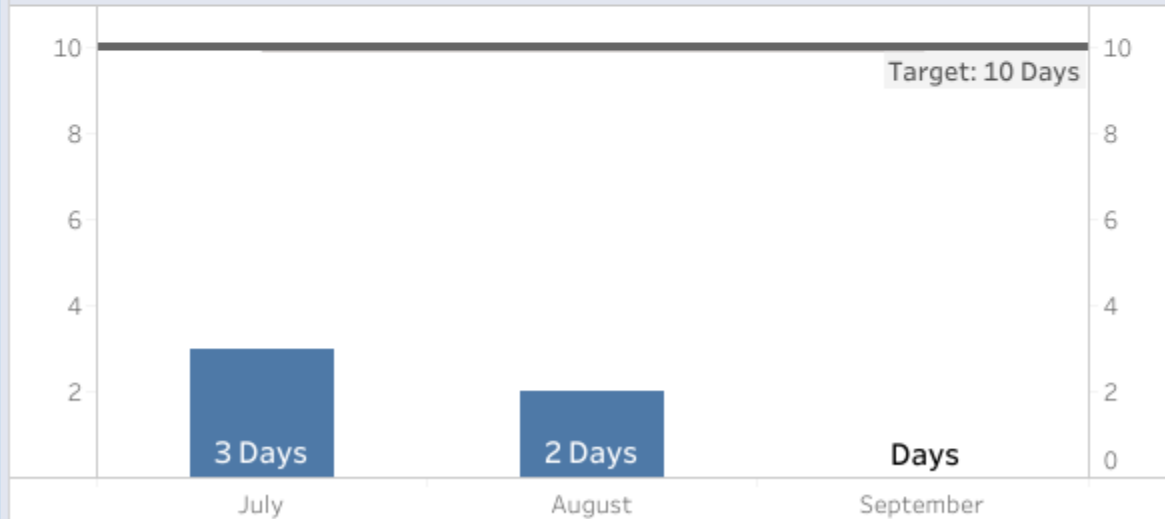
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
8	10 Days	3 Day(s)	▼ -7 Day(s)

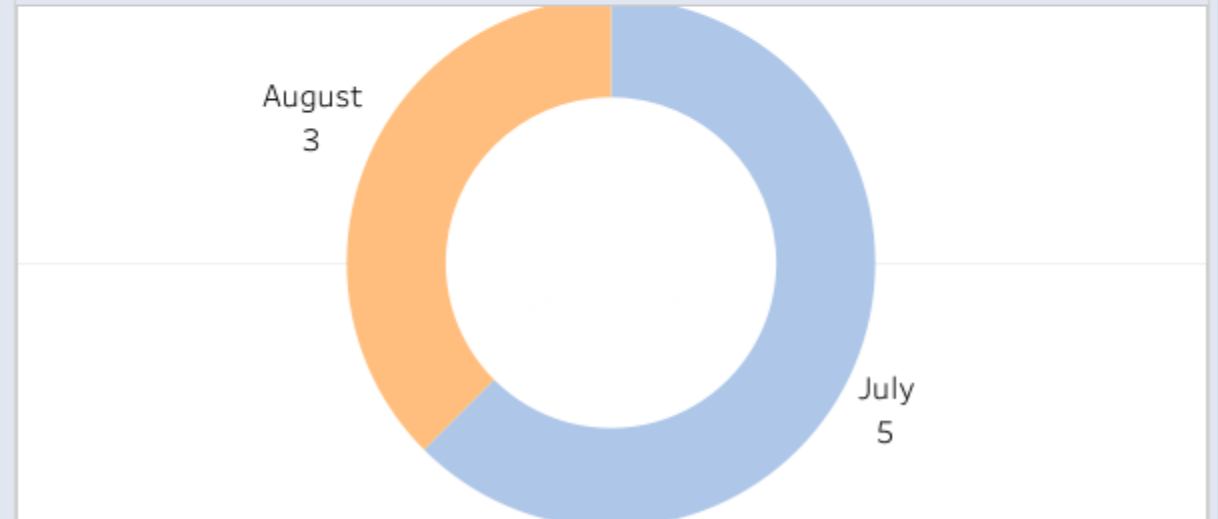
Acupuncture Board

SFY 2019: Q1 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2019: Q1 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity

Acupuncture Board

Select a Fiscal Year

SFY 2019

Select a Quarter

Q2

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

65

Conviction/Arrest

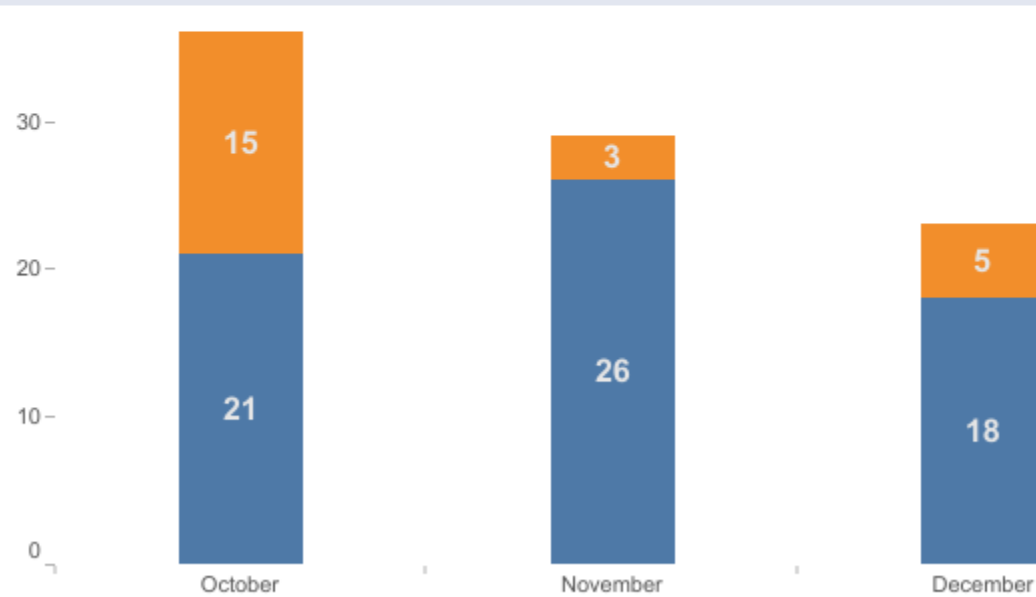
23

Total Volume

88

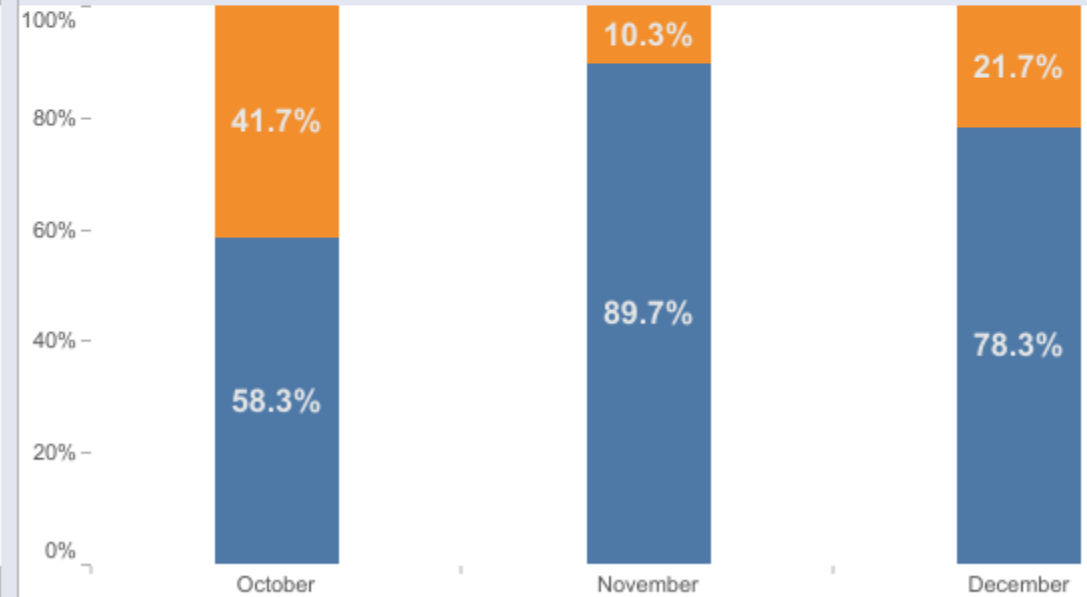
Acupuncture Board

SFY 2019:Q2 - Case Volume



Acupuncture Board

SFY 2019:Q2 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q2

Cycle Time
Actual Target

Case Volume by Month
October November December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

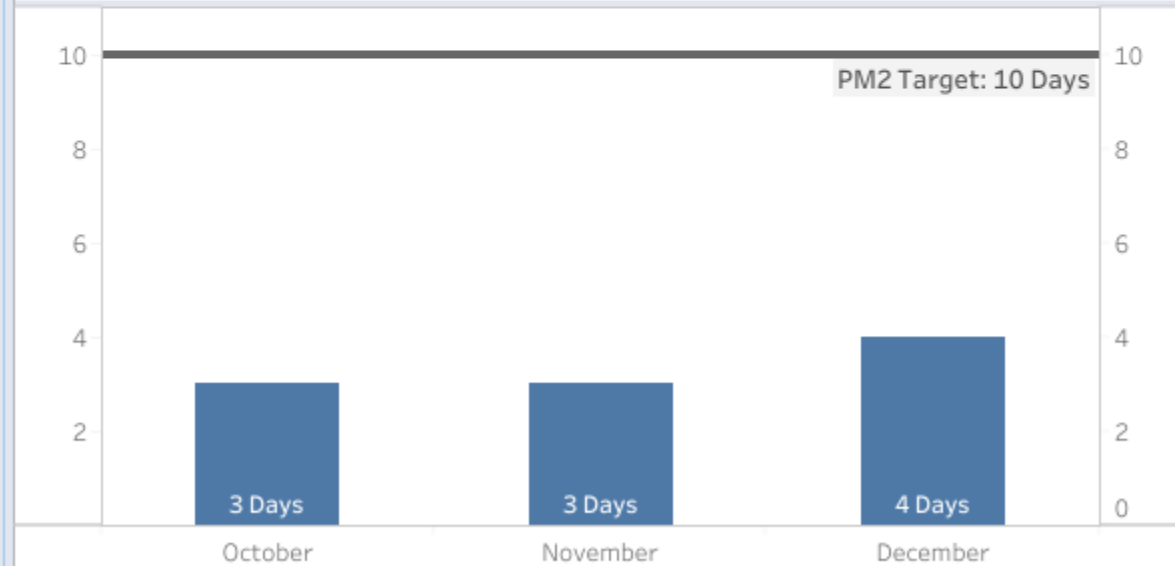
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
90	10 Days	3 Day(s)	▼ -7 Day(s)

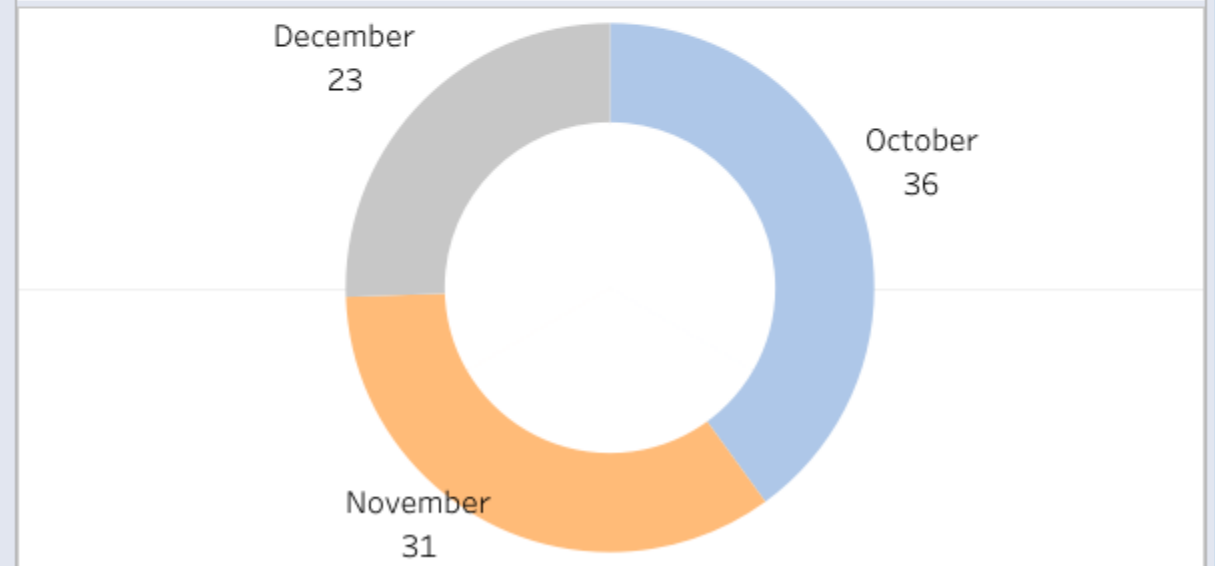
Acupuncture Board

SFY 2019: Q2 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2019: Q2 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

52

Target

200 Days

Actual

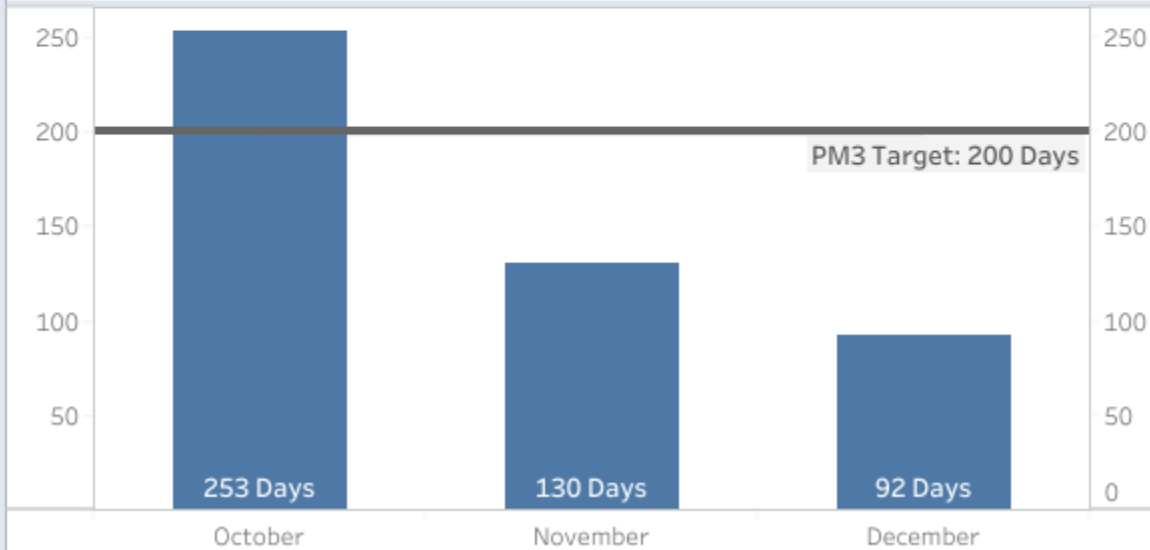
137 Day(s)

Variance

▼ -63 Day(s)

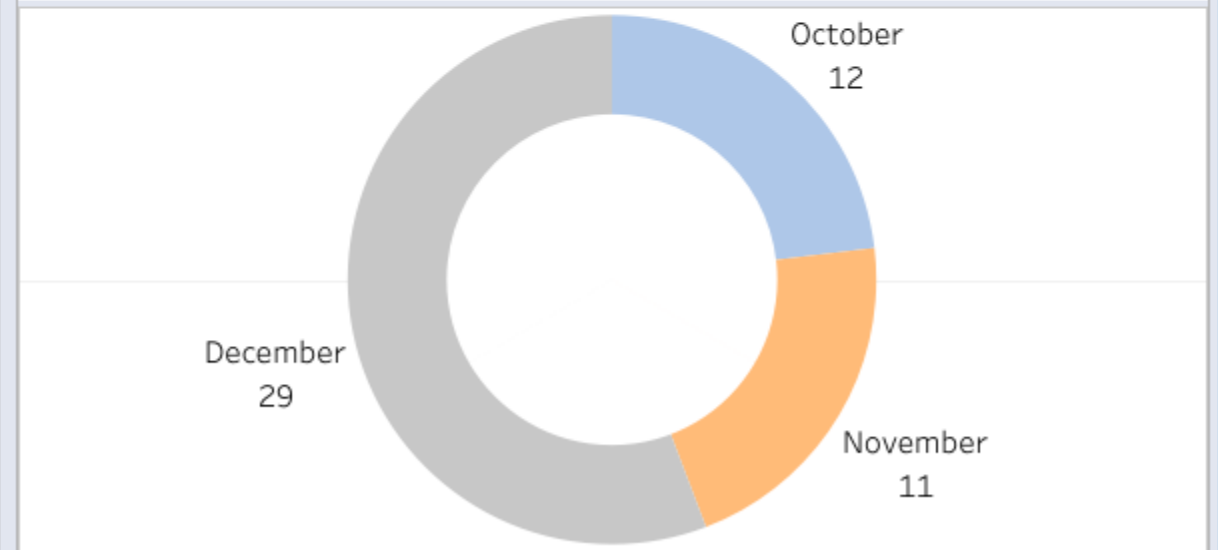
Acupuncture Board

SFY 2019: Q2 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2019: Q2 | PM3 - Volume

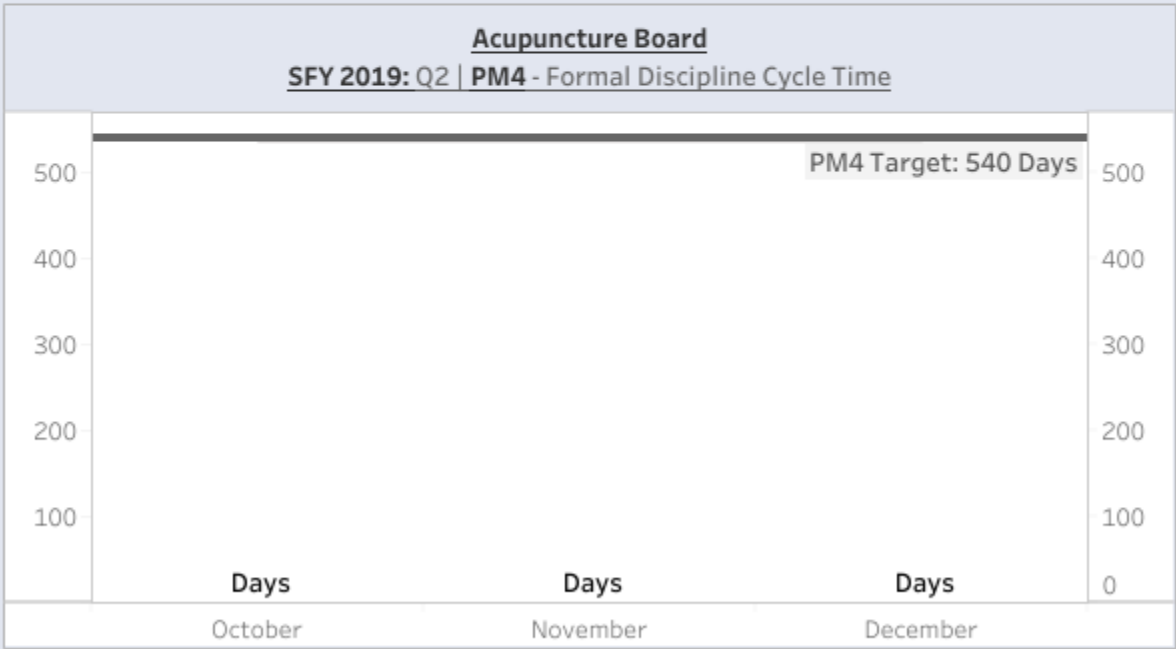


Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	540 Days		



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

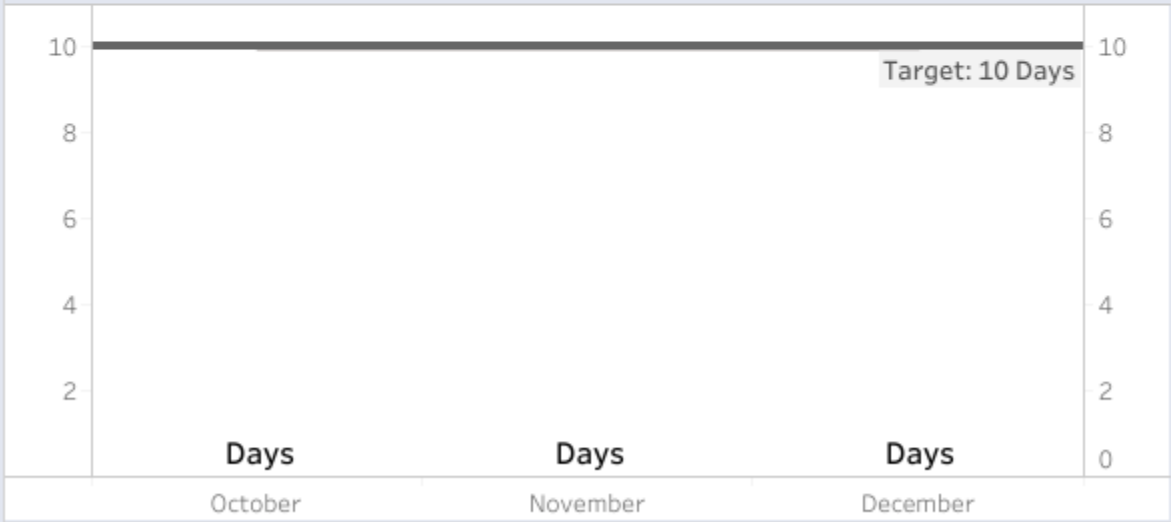
Acupuncture Board PM7 Performance Summary

[Data not available](#)

Case Volume	Target	Actual	Variance
0	10 Days		

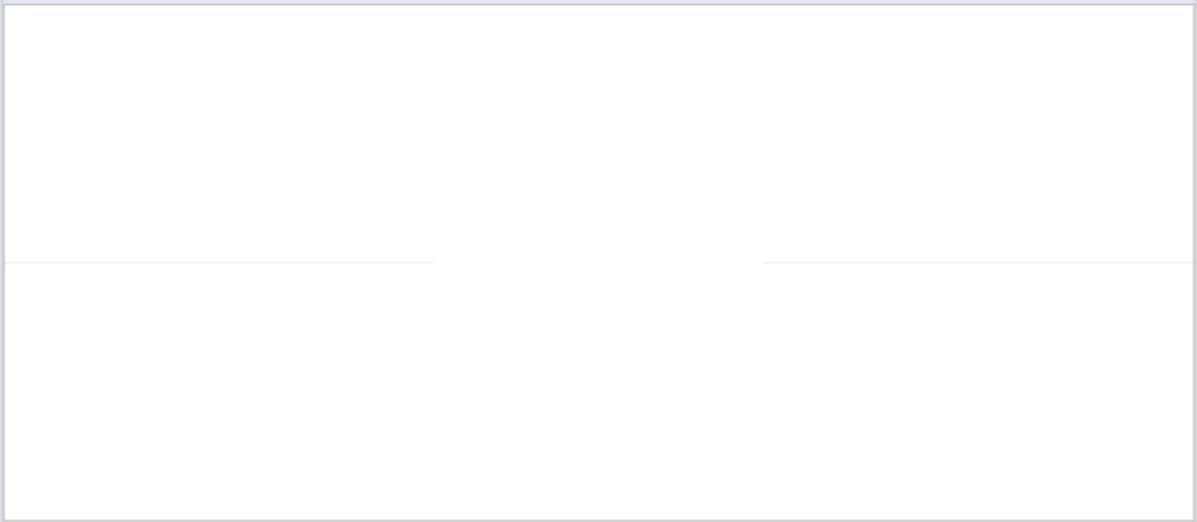
Acupuncture Board

SFY 2019: Q2 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2019: Q2 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM8

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

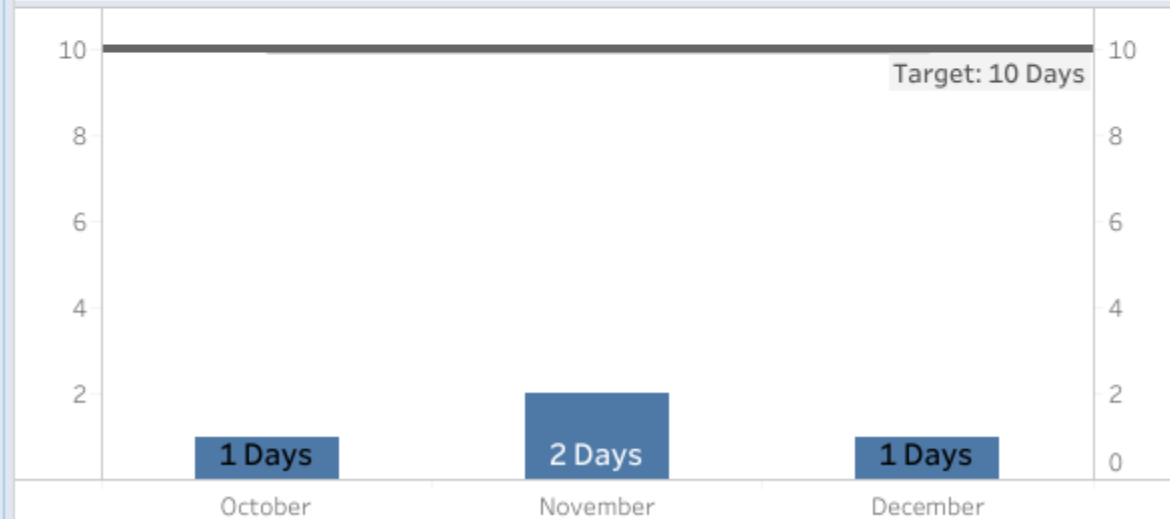
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
9	10 Days	2 Day(s)	▼ -8 Day(s)

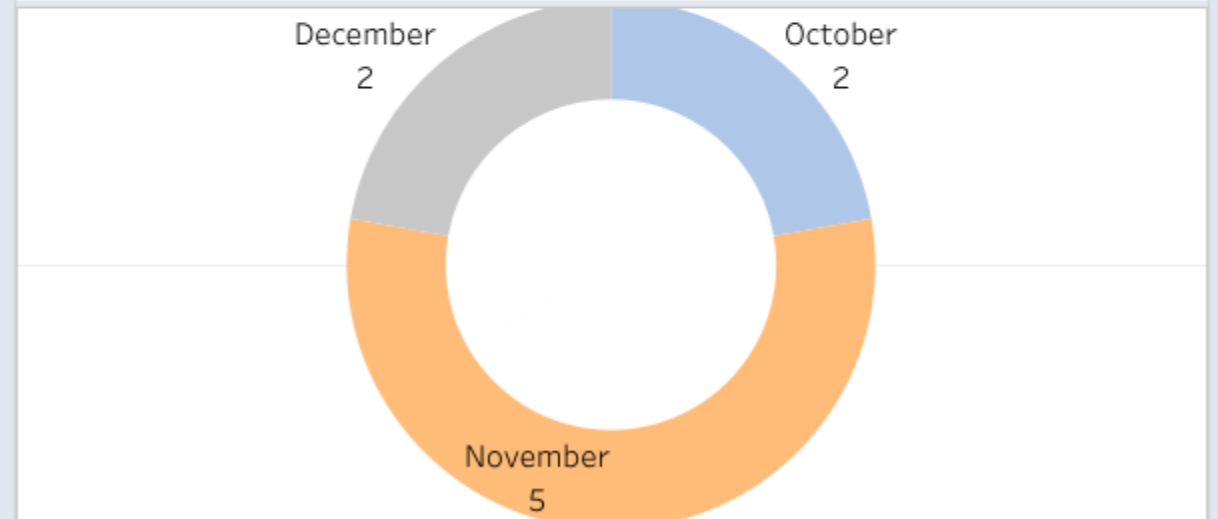
Acupuncture Board

SFY 2019: Q2 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2019: Q2 - PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

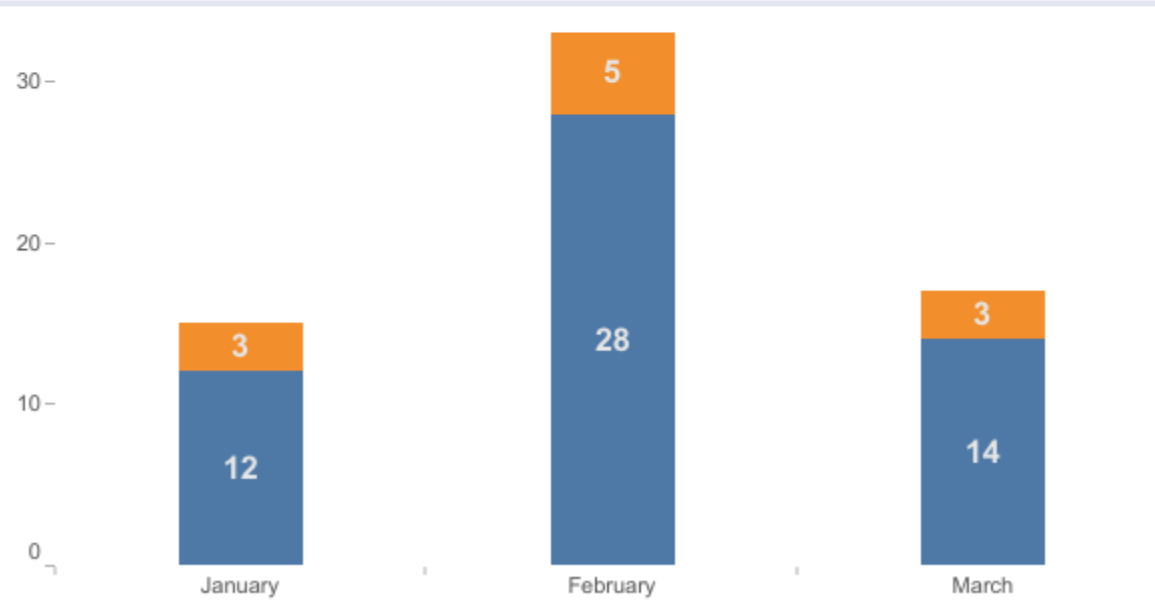
54

11

65

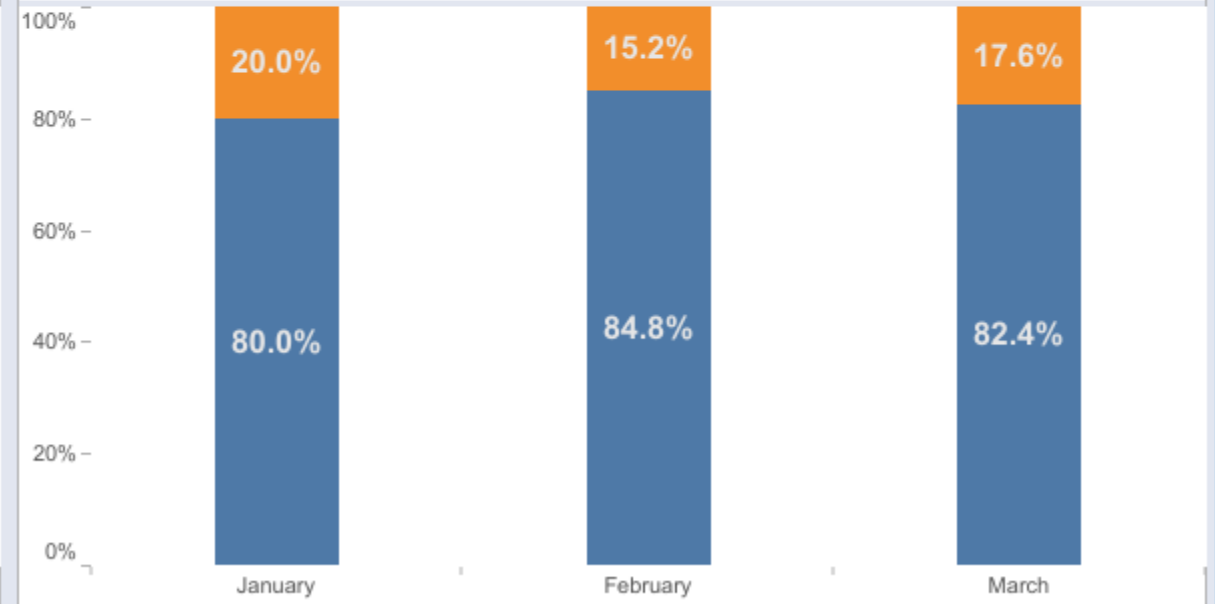
Acupuncture Board

SFY 2019:Q3 - Case Volume



Acupuncture Board

SFY 2019:Q3 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

Cycle Time
Actual Target

Case Volume by Month
January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

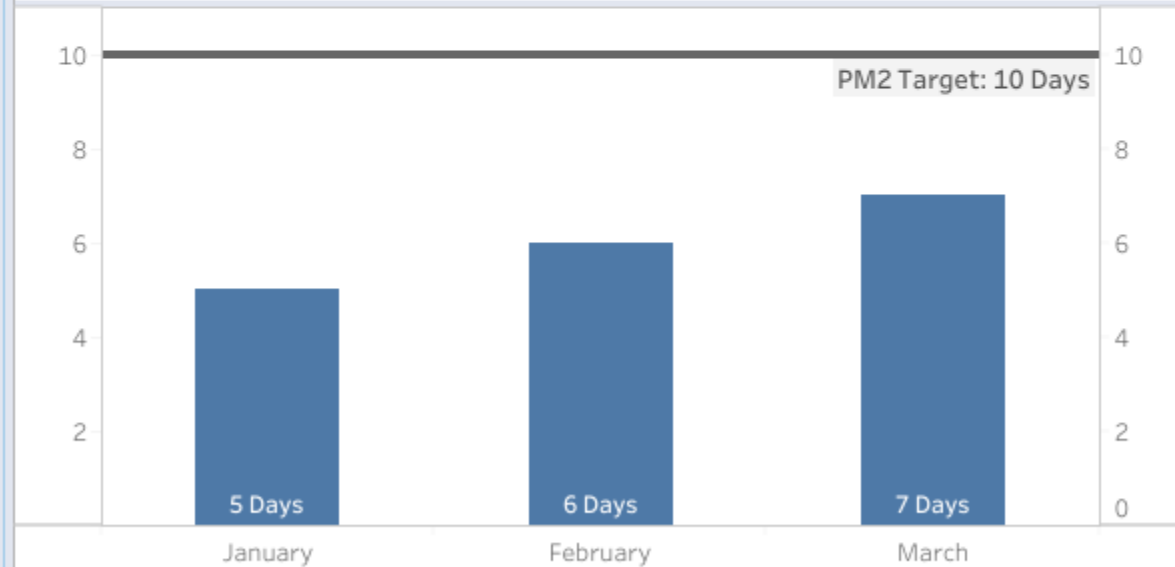
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
62	10 Days	6 Day(s)	▼ -4 Day(s)

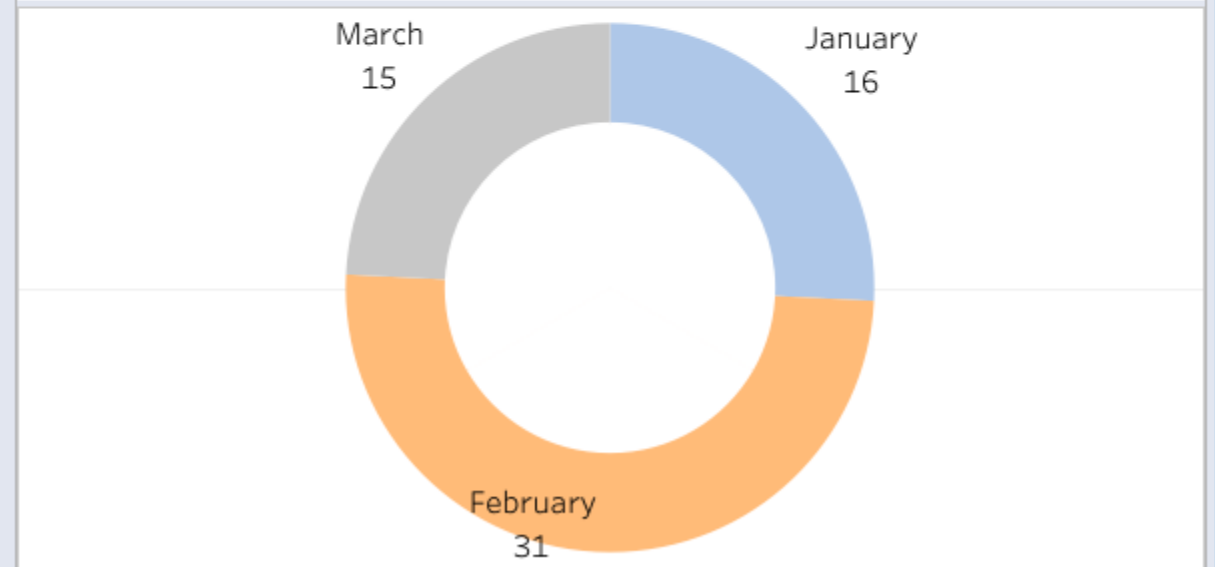
Acupuncture Board

SFY 2019: Q3 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2019: Q3 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

54

Target

200 Days

Actual

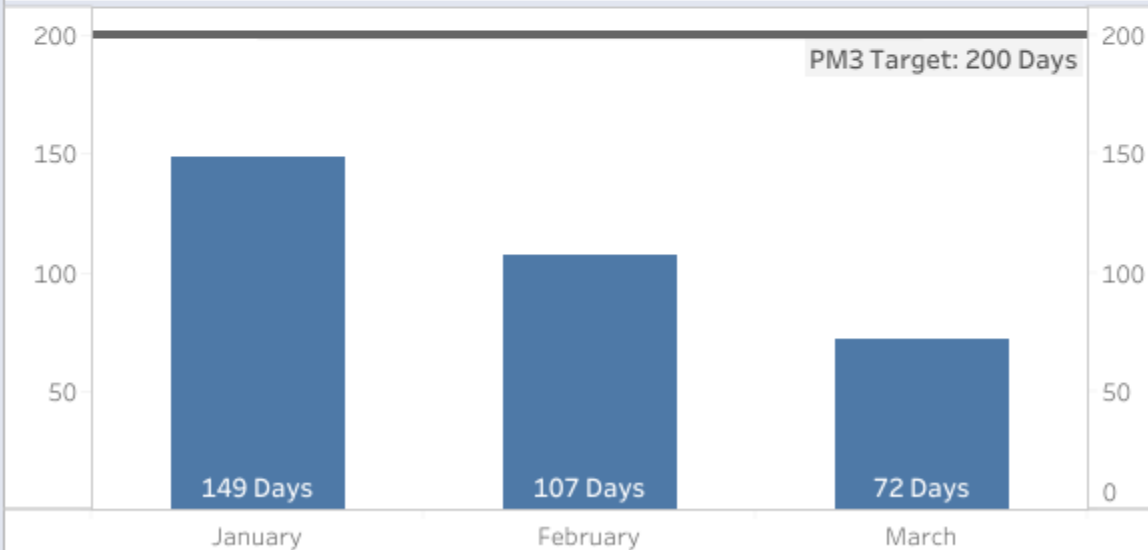
118 Day(s)

Variance

▼ -82 Day(s)

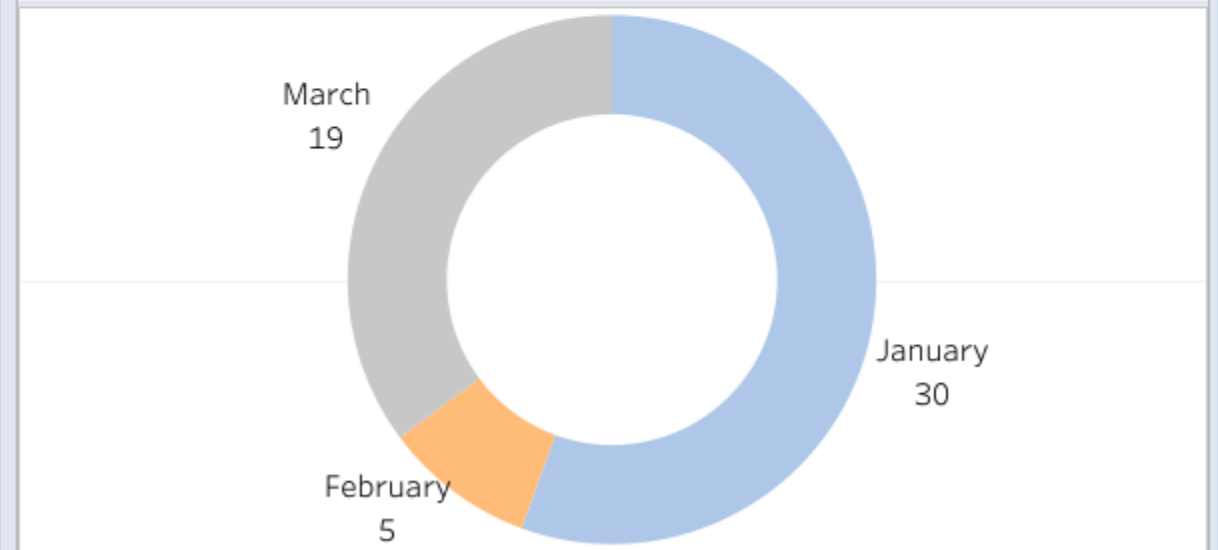
Acupuncture Board

SFY 2019: Q3 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2019: Q3 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

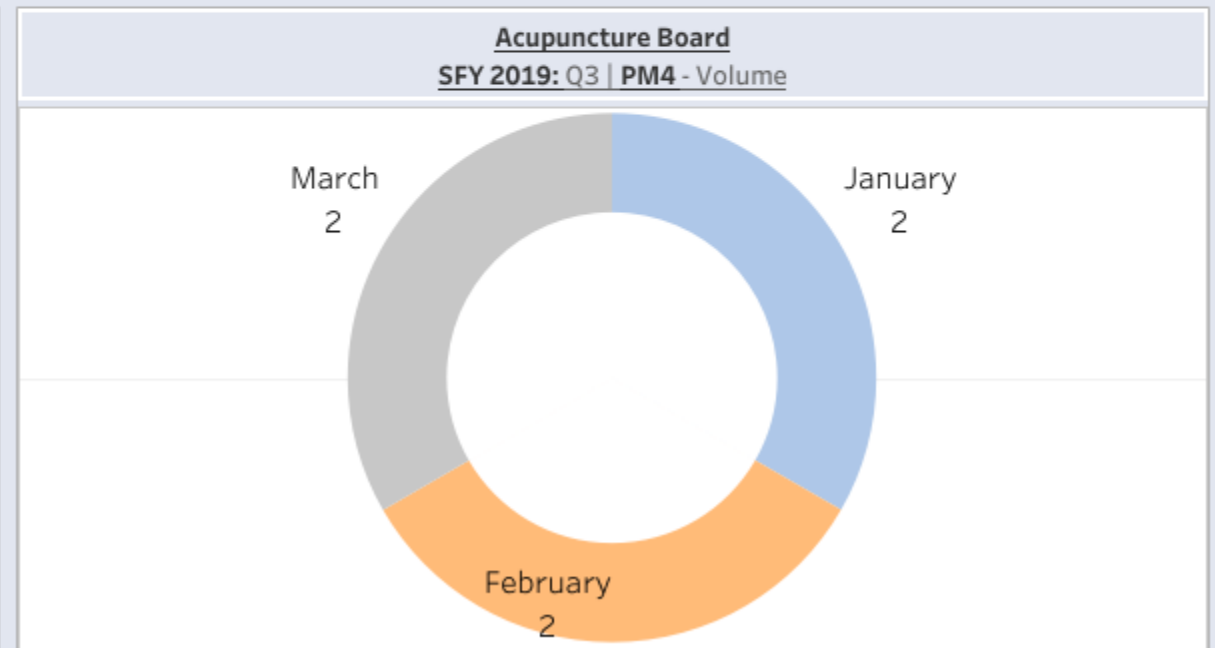
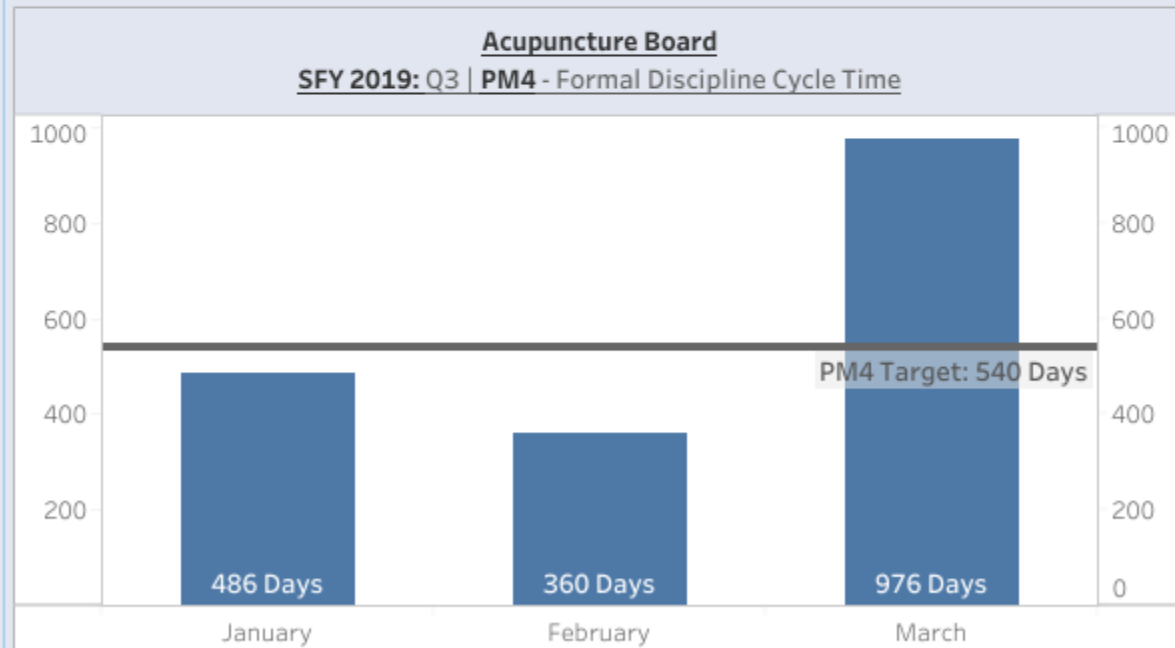
Cycle Time
Actual Target

Case Volume by Month
January February March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
6	540 Days	607 Day(s)	▲ 67 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM7

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

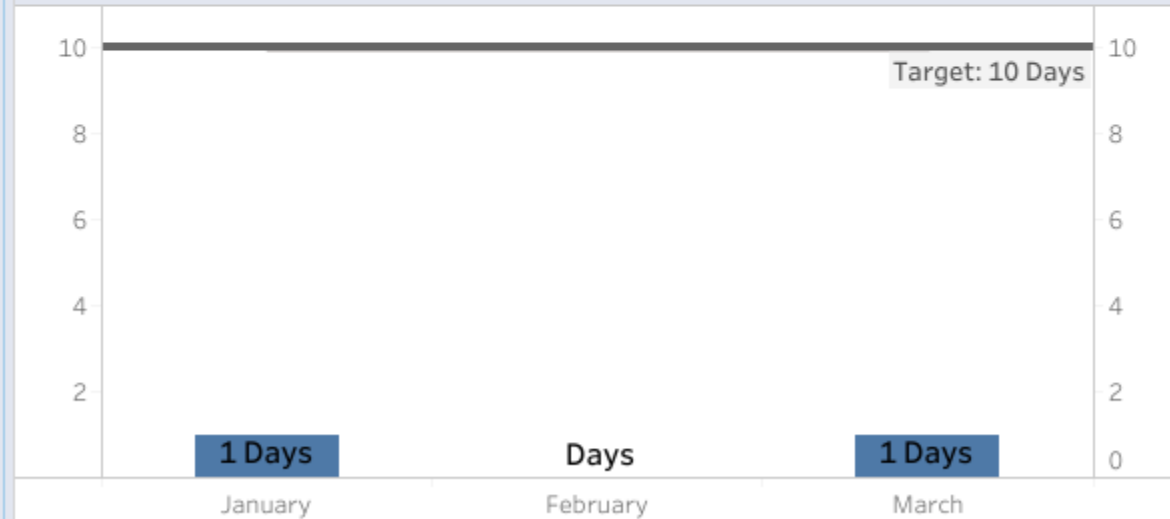
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
3	10 Days	1 Day(s)	▼ -9 Day(s)

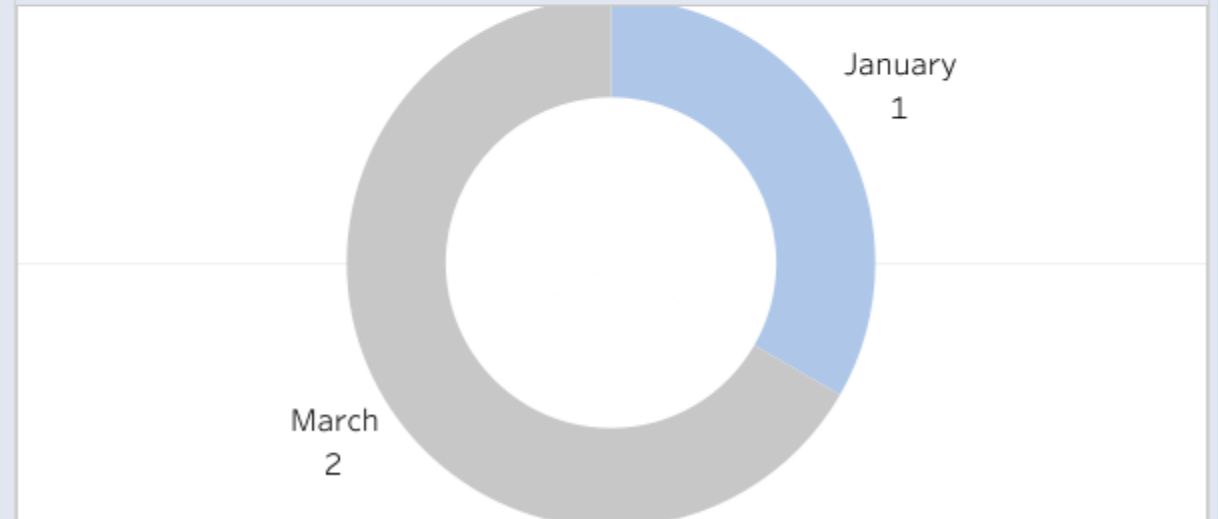
Acupuncture Board

SFY 2019: Q3 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2019: Q3 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM8

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

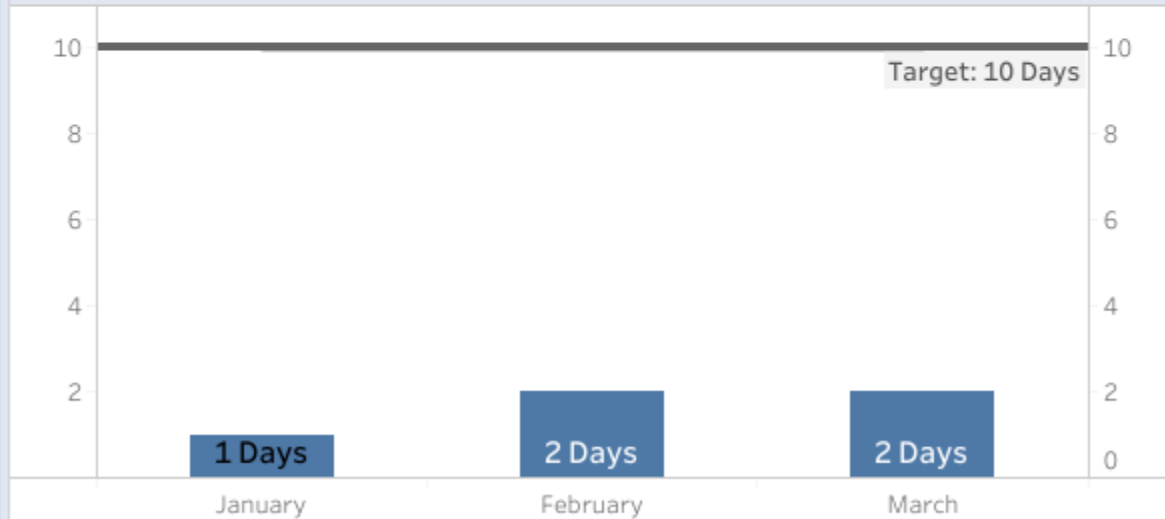
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
11	10 Days	2 Day(s)	▼ -8 Day(s)

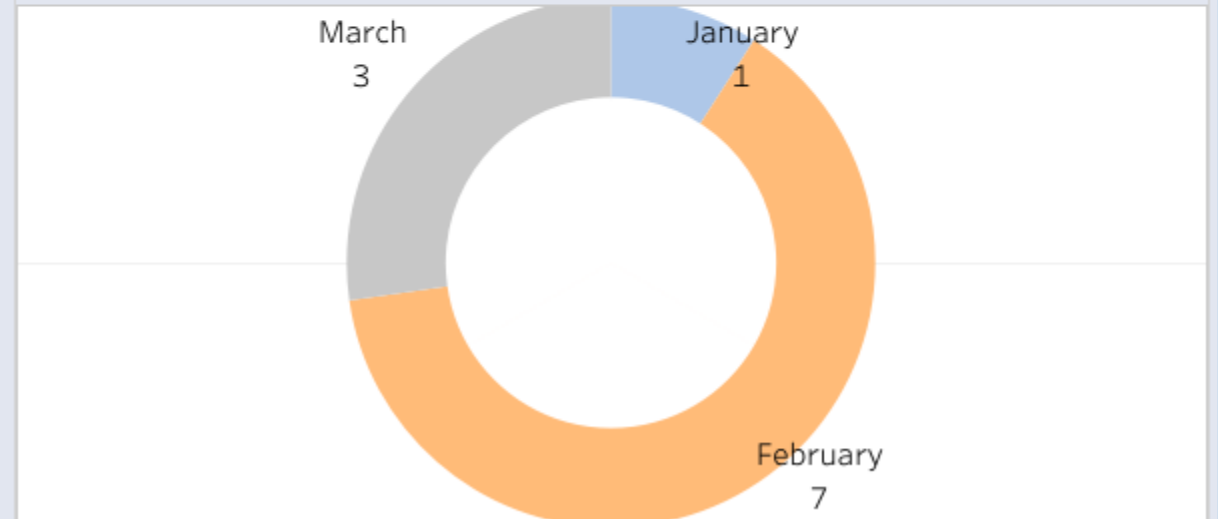
Acupuncture Board

SFY 2019: Q3 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2019: Q3 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

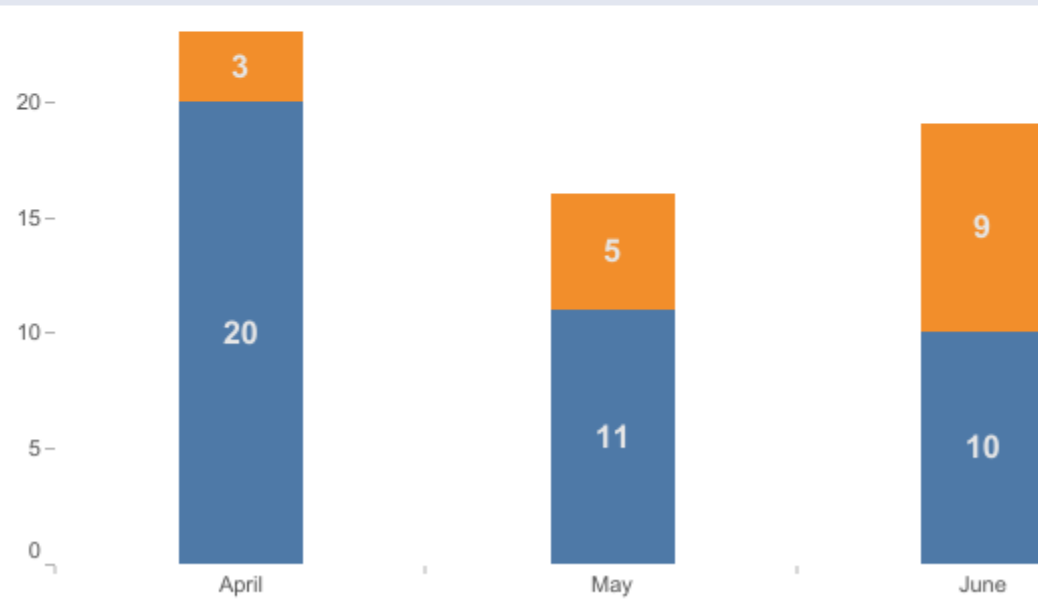
41

17

58

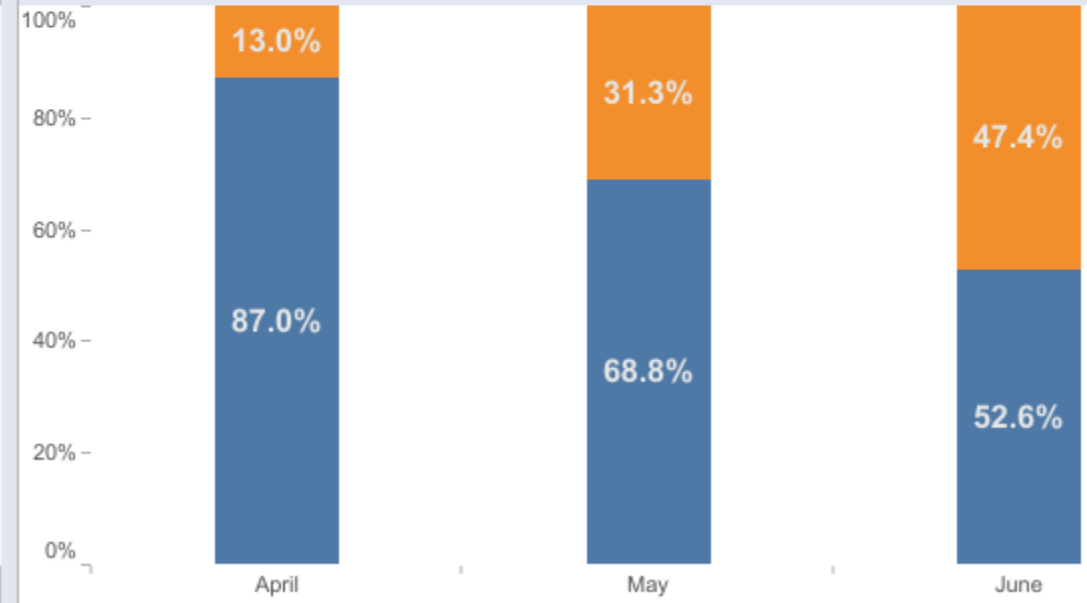
Acupuncture Board

SFY 2019:Q4 - Case Volume



Acupuncture Board

SFY 2019:Q4 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

Cycle Time
Actual Target

Case Volume by Month
April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

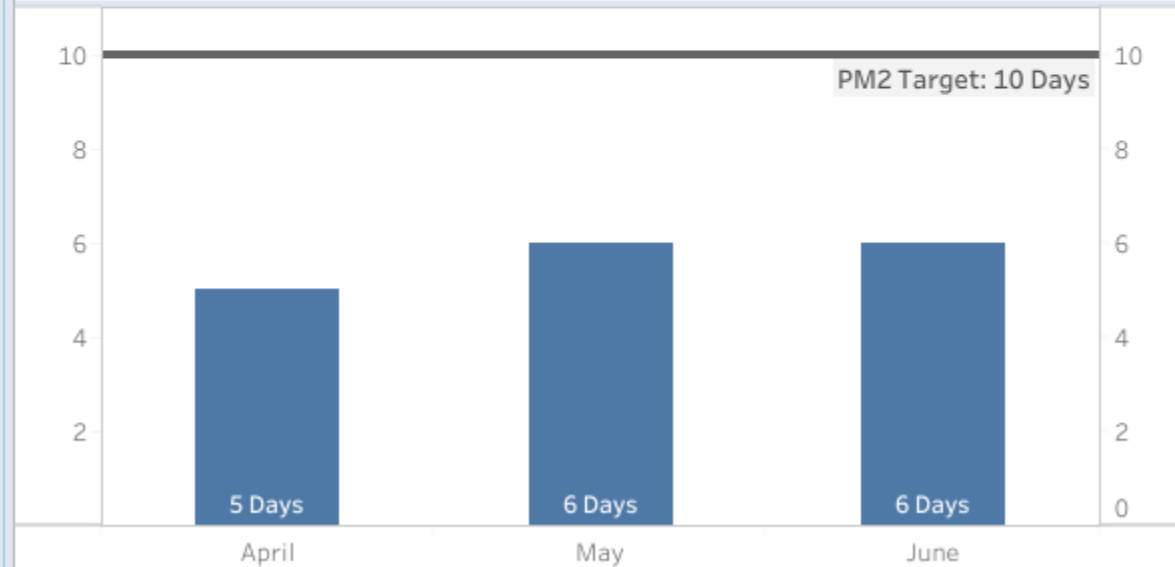
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
62	10 Days	6 Day(s)	▼ -4 Day(s)

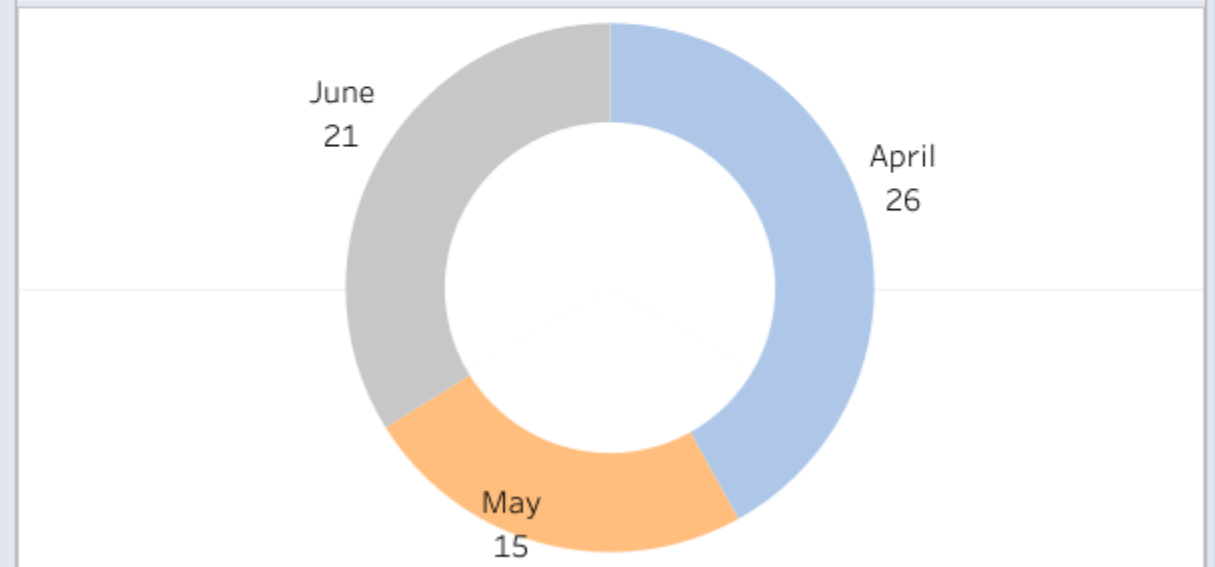
Acupuncture Board

SFY 2019: Q4 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2019: Q4 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

57

Target

200 Days

Actual

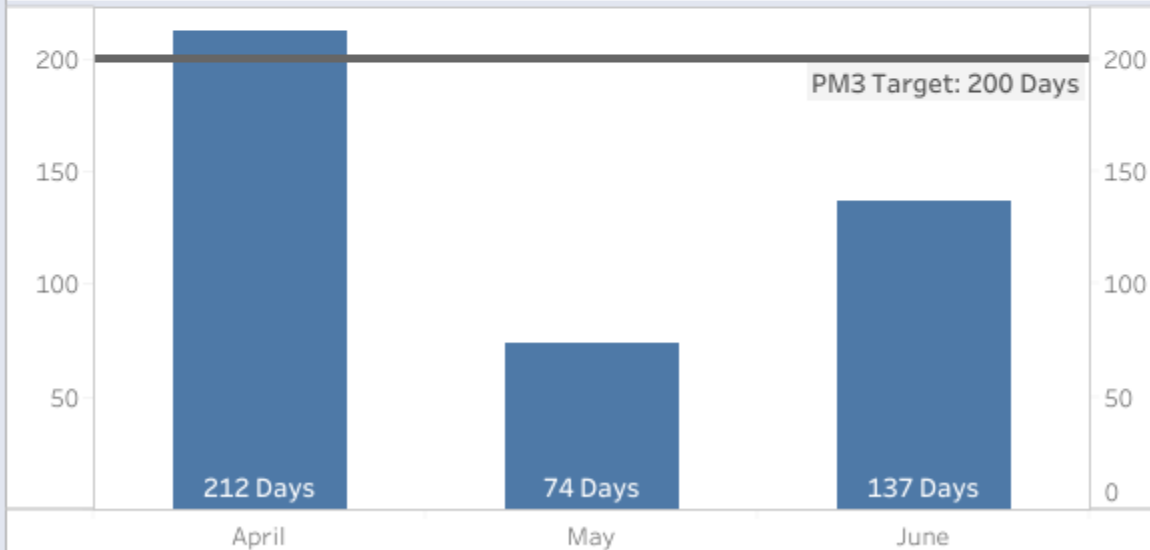
137 Day(s)

Variance

▼ -63 Day(s)

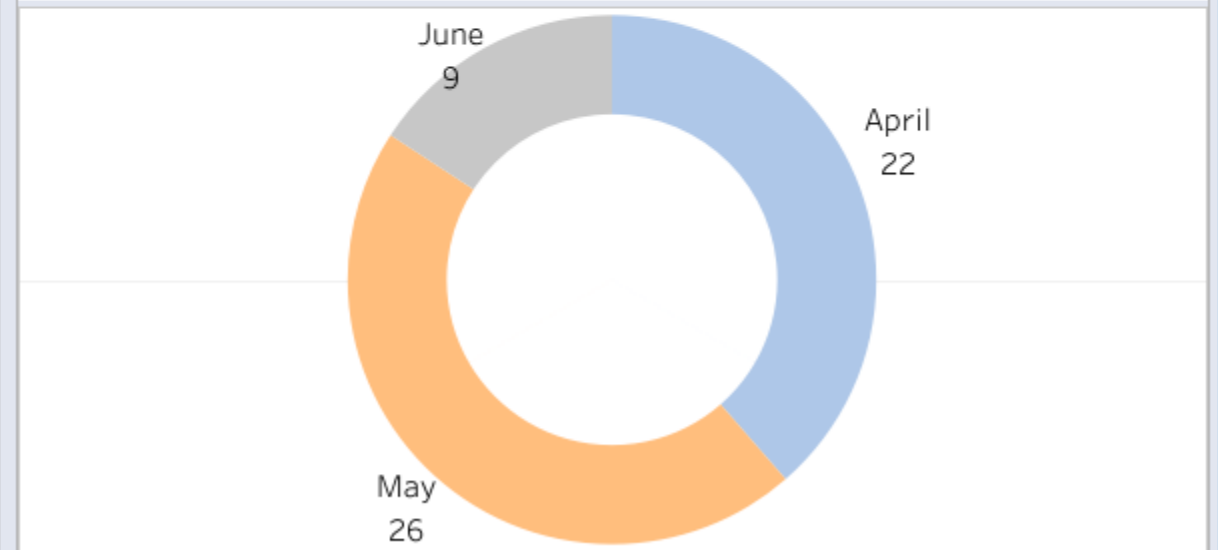
Acupuncture Board

SFY 2019: Q4 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2019: Q4 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

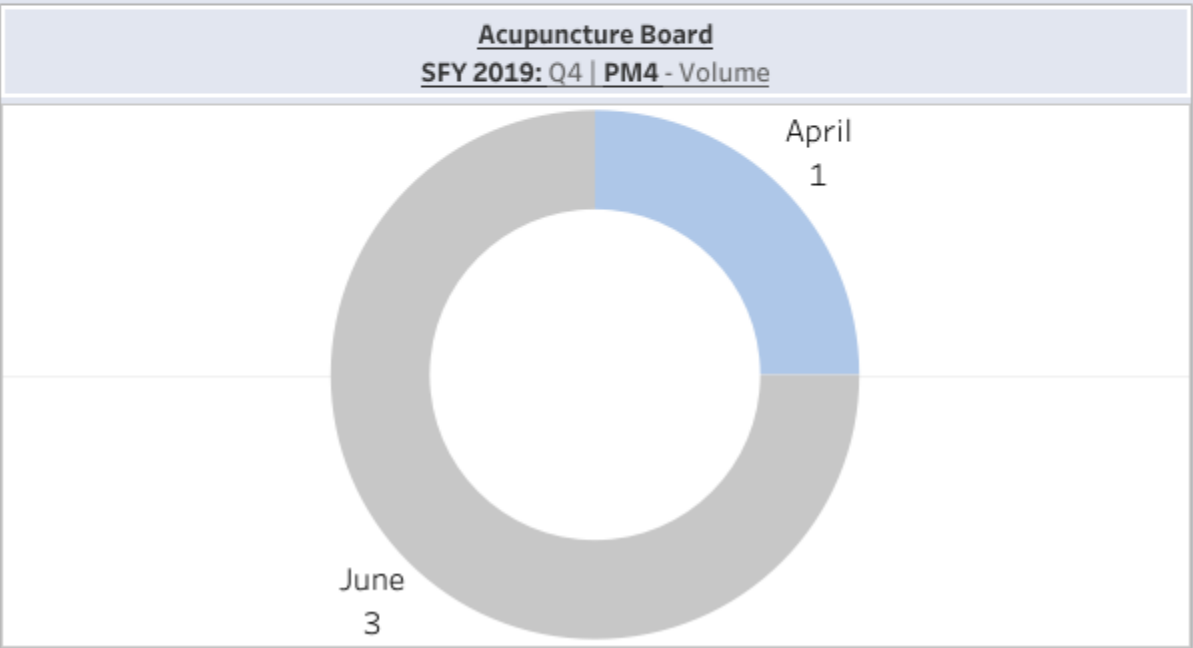
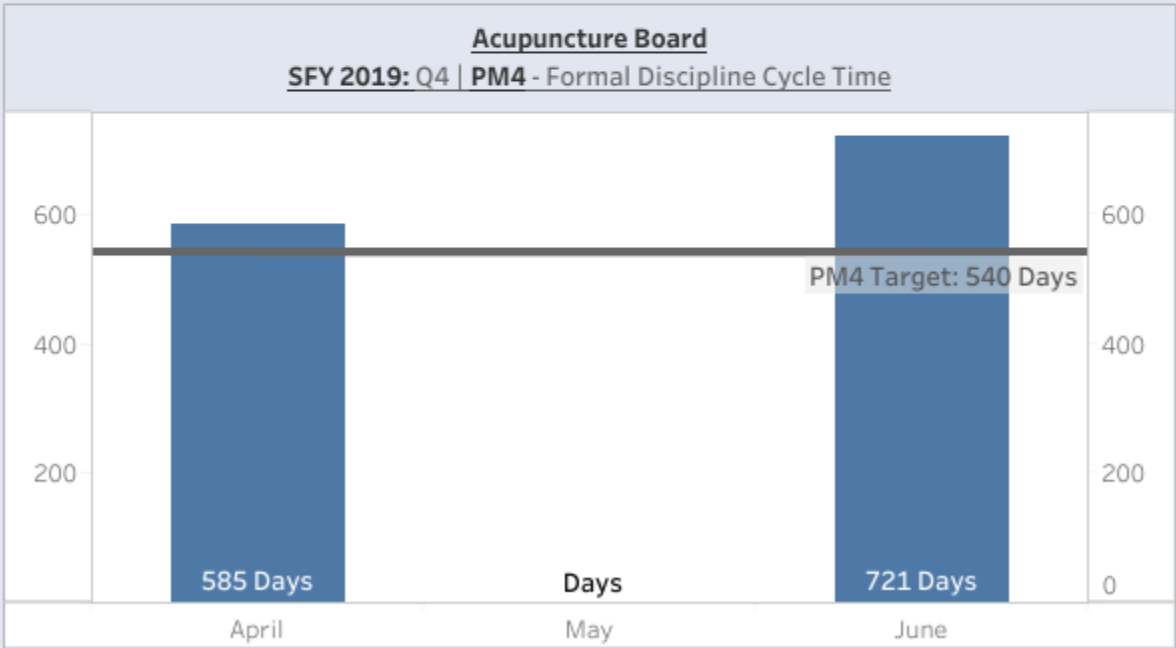
Cycle Time
Actual Target

Case Volume by Month
April June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
4	540 Days	687 Day(s)	▲ 147 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM7

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

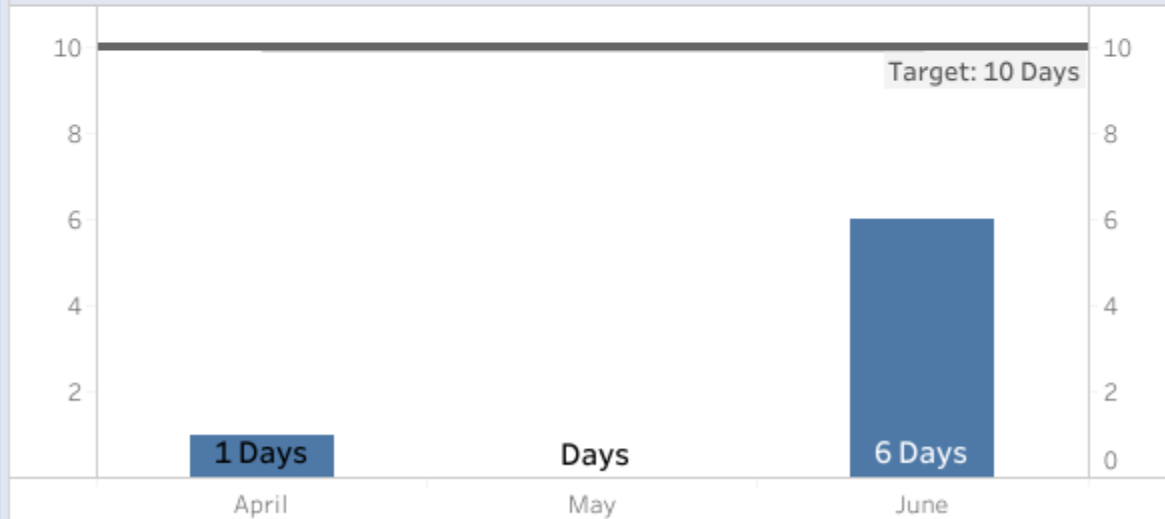
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
2	10 Days	4 Day(s)	▼ -7 Day(s)

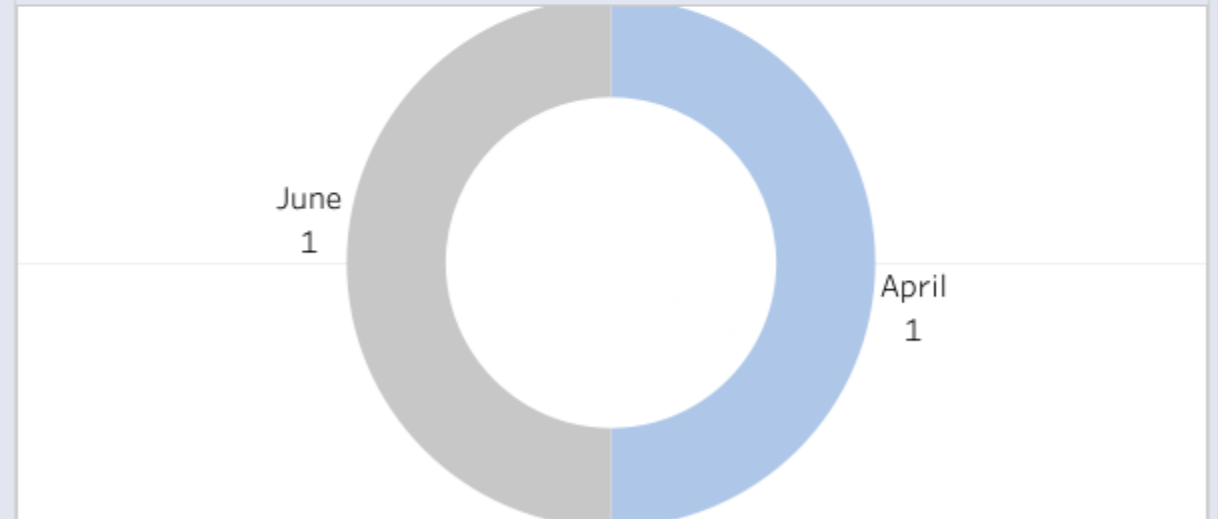
Acupuncture Board

SFY 2019: Q4 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2019: Q4 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM8

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

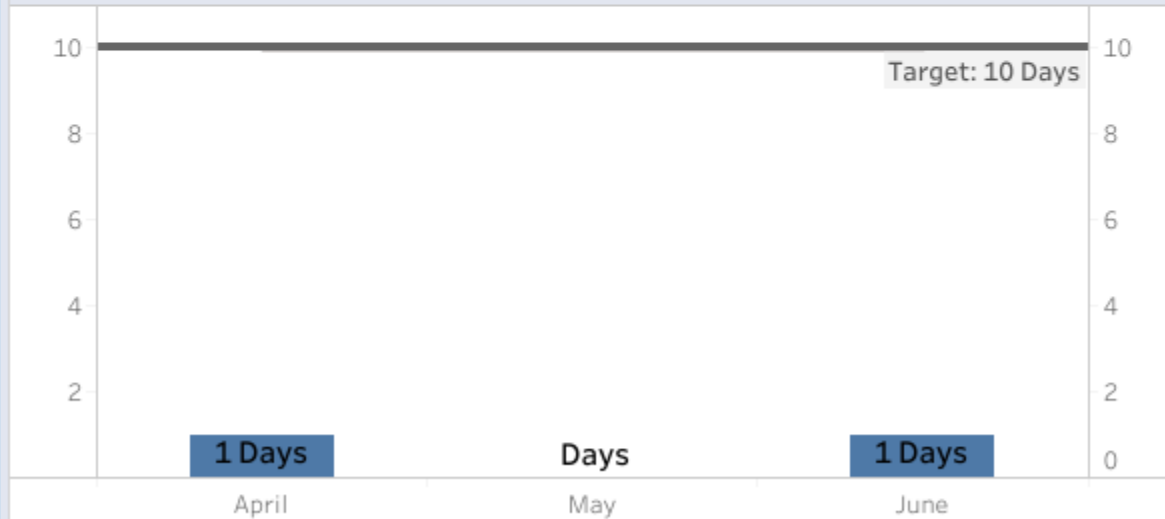
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
5	10 Days	1 Day(s)	▼ -9 Day(s)

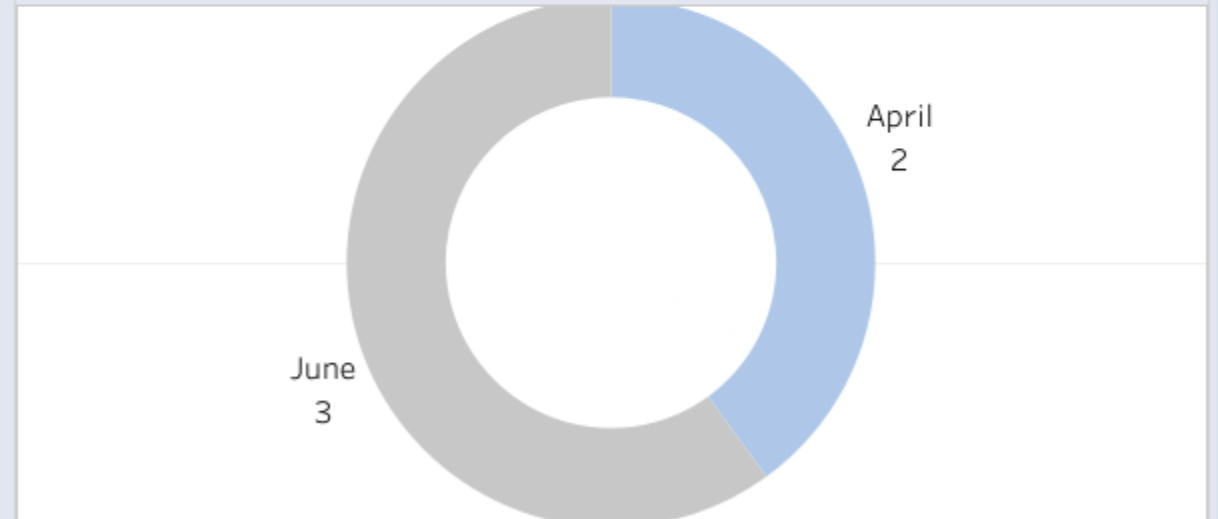
Acupuncture Board

SFY 2019: Q4 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2019: Q4 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q1

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

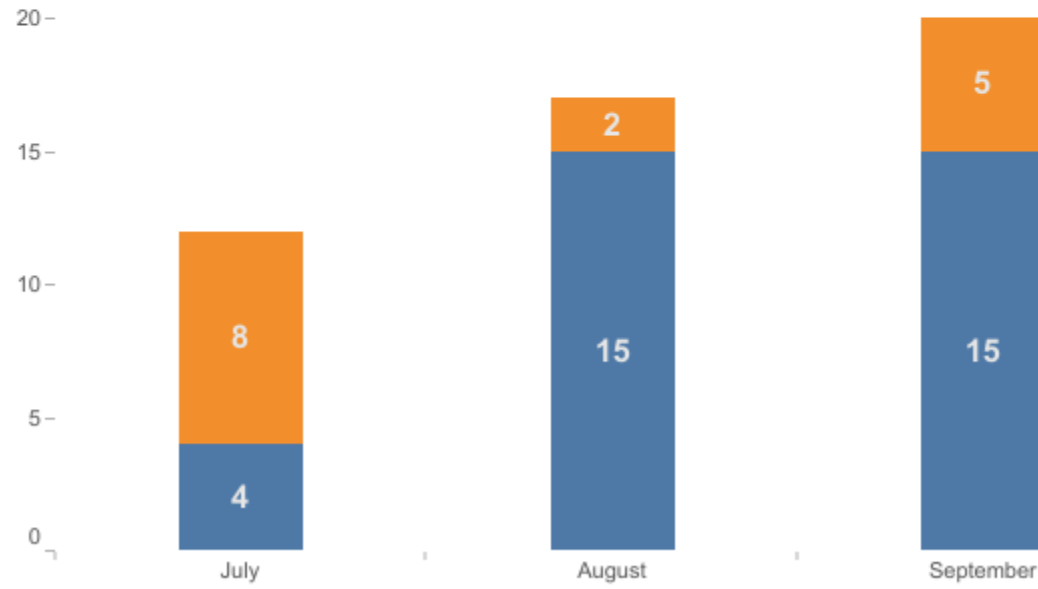
34

15

49

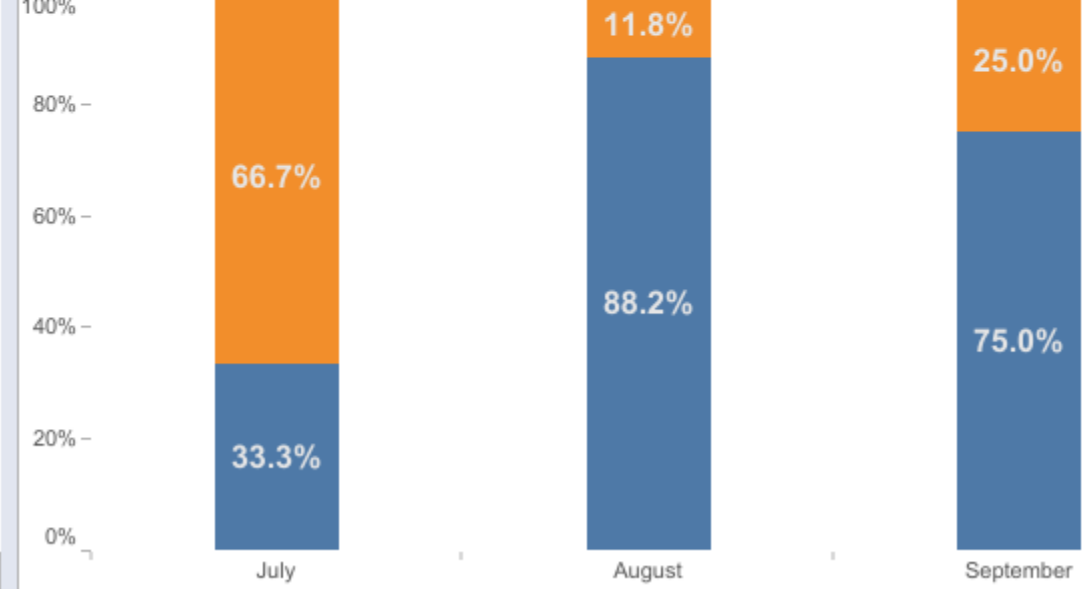
Acupuncture Board

SFY 2020:Q1 - Case Volume



Acupuncture Board

SFY 2020:Q1 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q1

Cycle Time
Actual Target

Case Volume by Month
July August September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

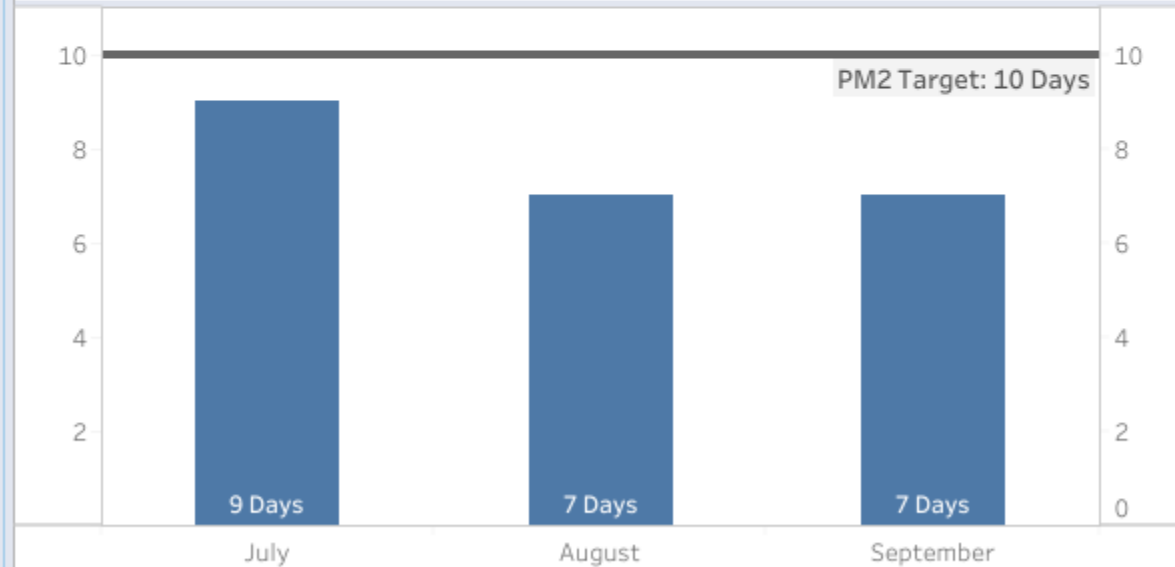
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
44	10 Days	7 Day(s)	▼ -3 Day(s)

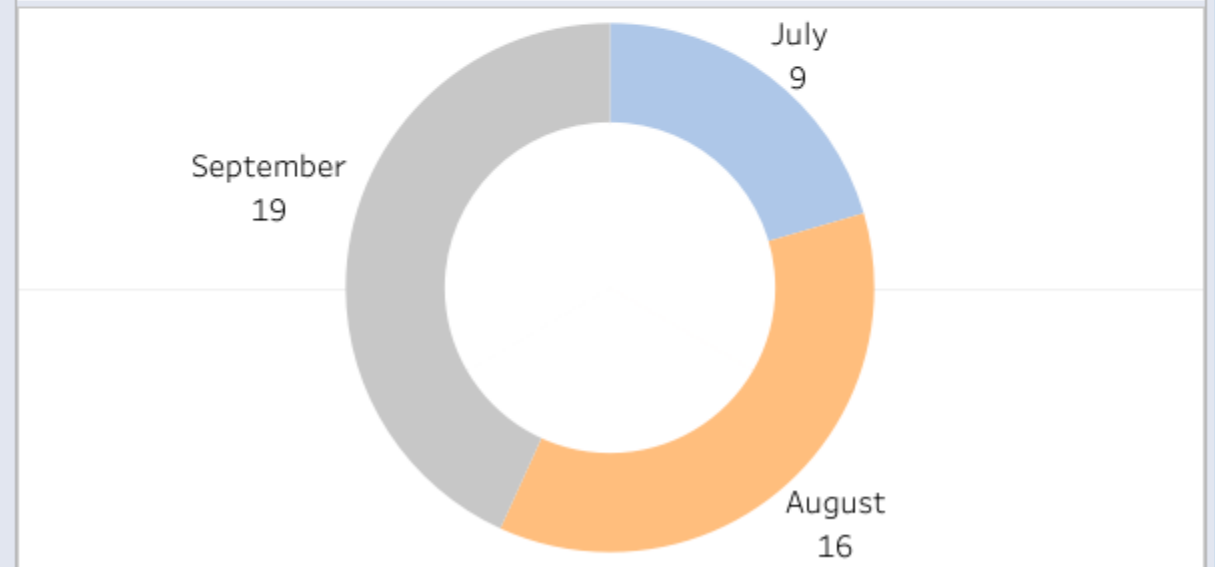
Acupuncture Board

SFY 2020: Q1 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2020: Q1 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

26

Target

200 Days

Actual

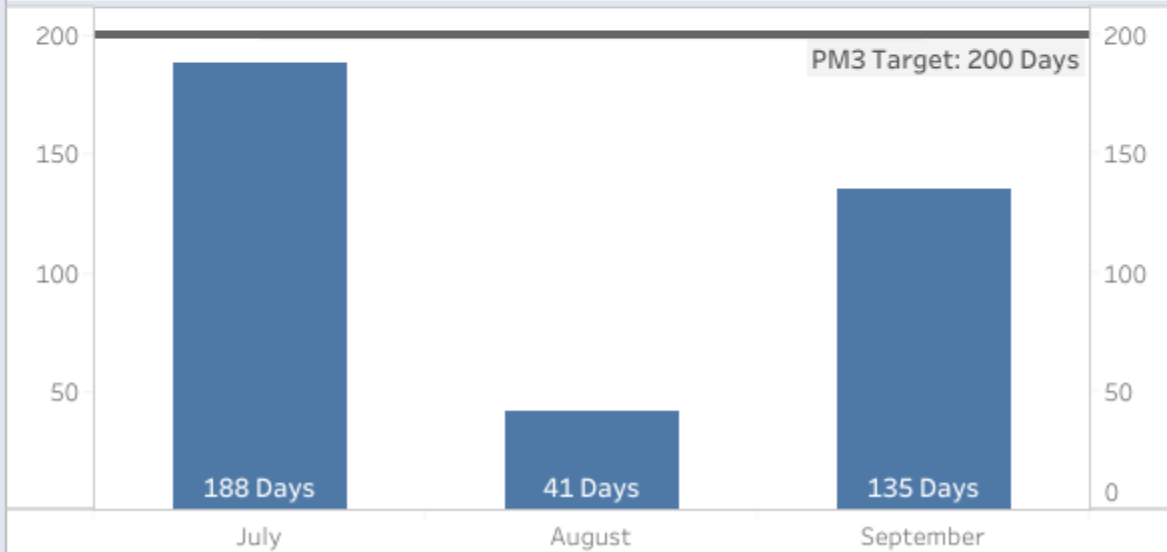
141 Day(s)

Variance

▼ -59 Day(s)

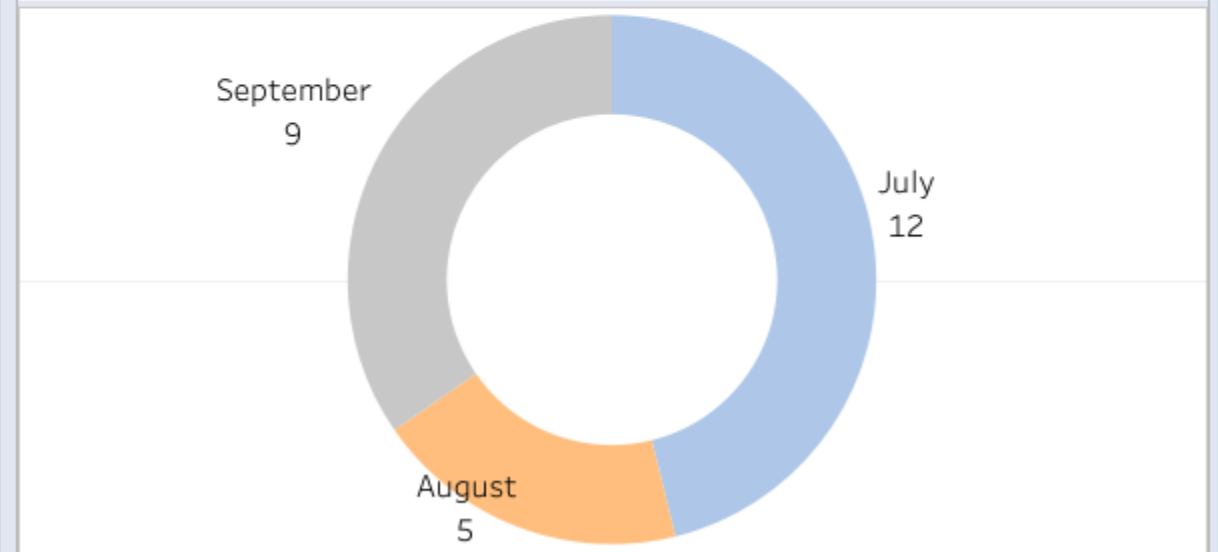
Acupuncture Board

SFY 2020: Q1 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2020: Q1 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q1

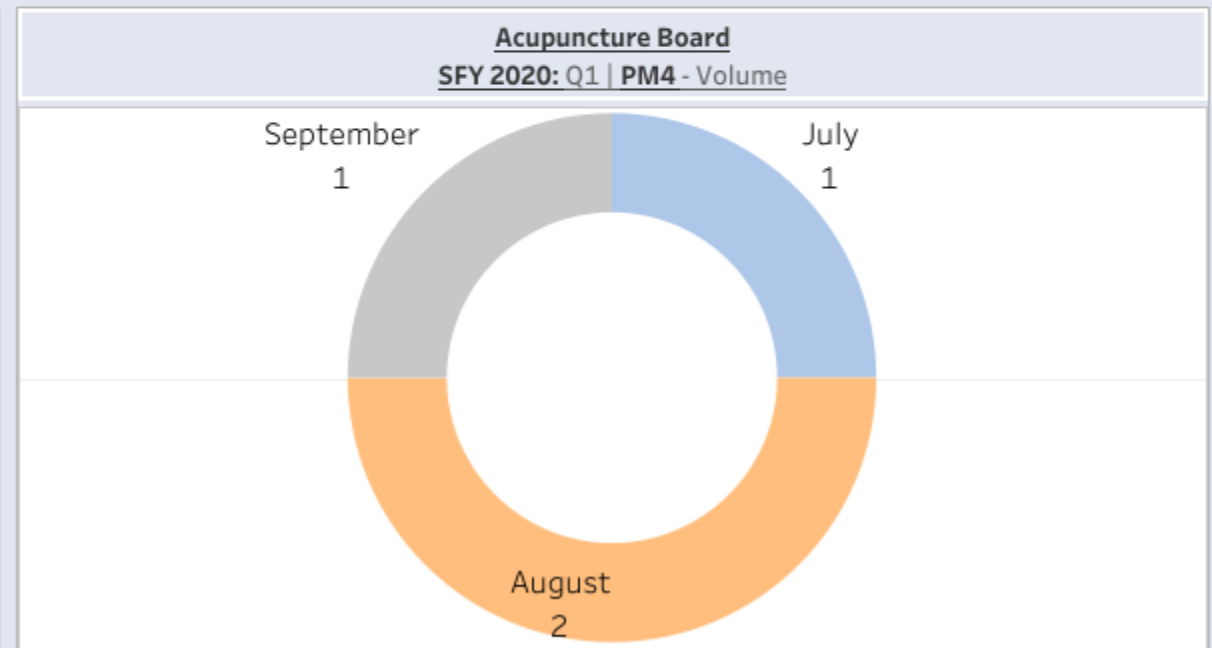
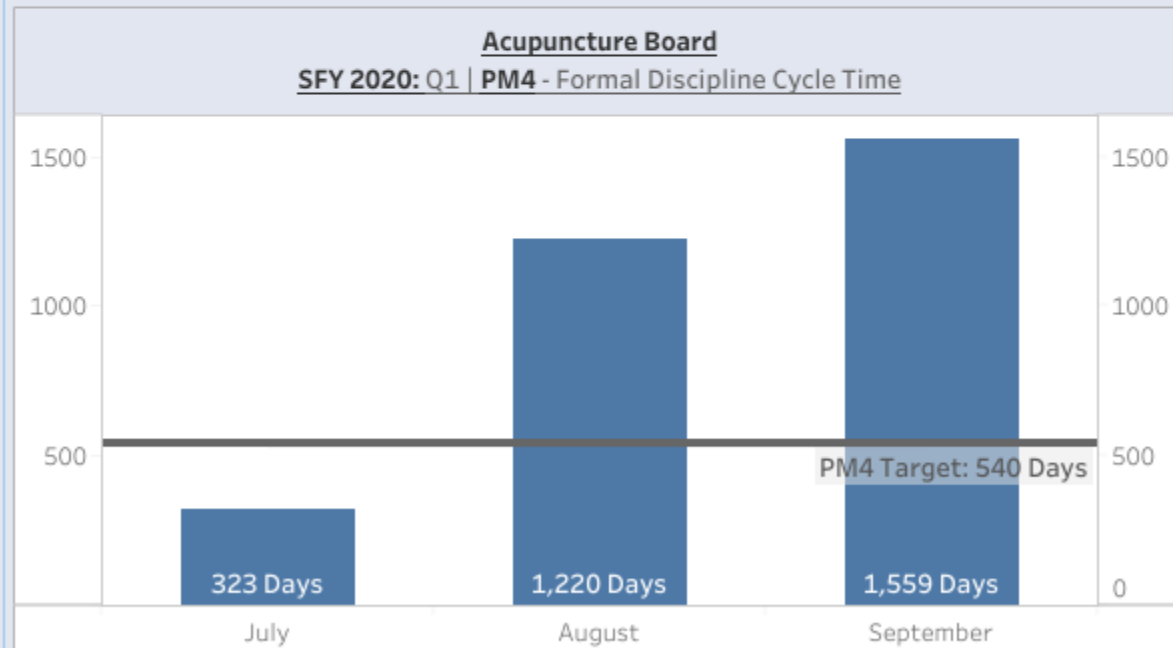
Cycle Time
Actual Target

Case Volume by Month
July August September

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
4	540 Days	1,081 Day(s)	▲ 541 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM7

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

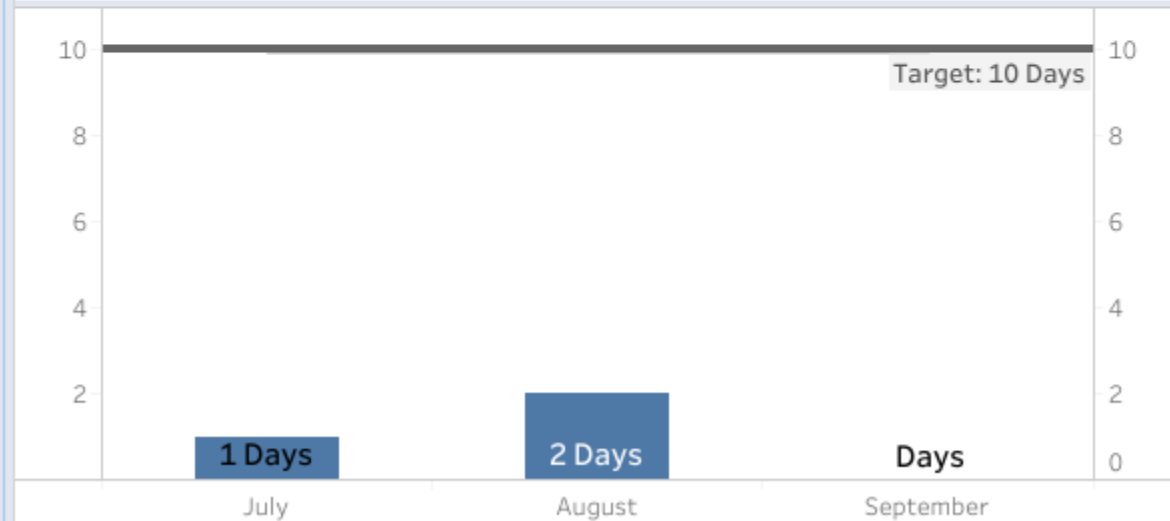
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
2	10 Days	2 Day(s)	▼ -9 Day(s)

Acupuncture Board

SFY 2020: Q1 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2020: Q1 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM8

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

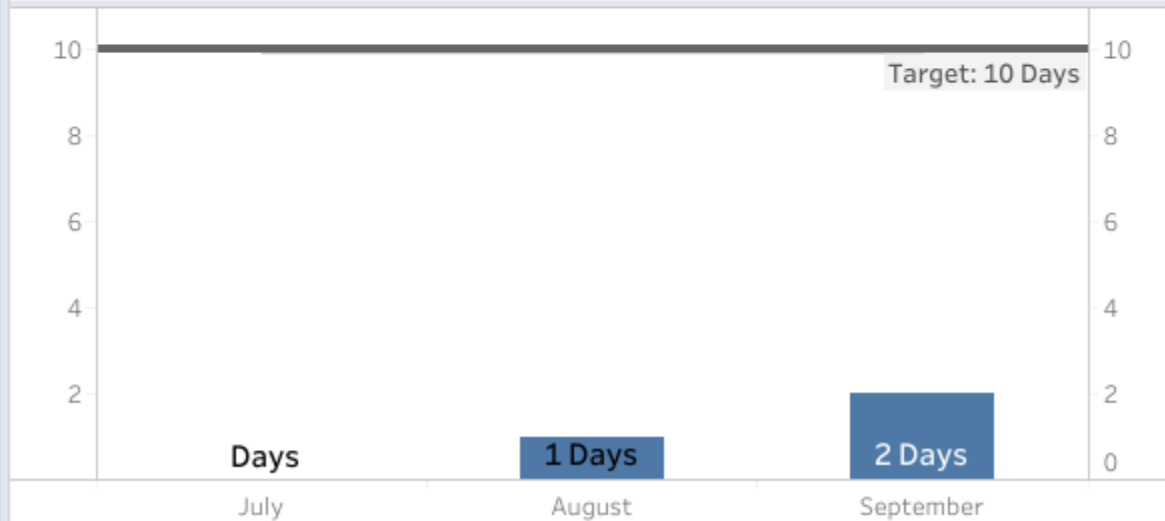
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
9	10 Days	1 Day(s)	▼ -9 Day(s)

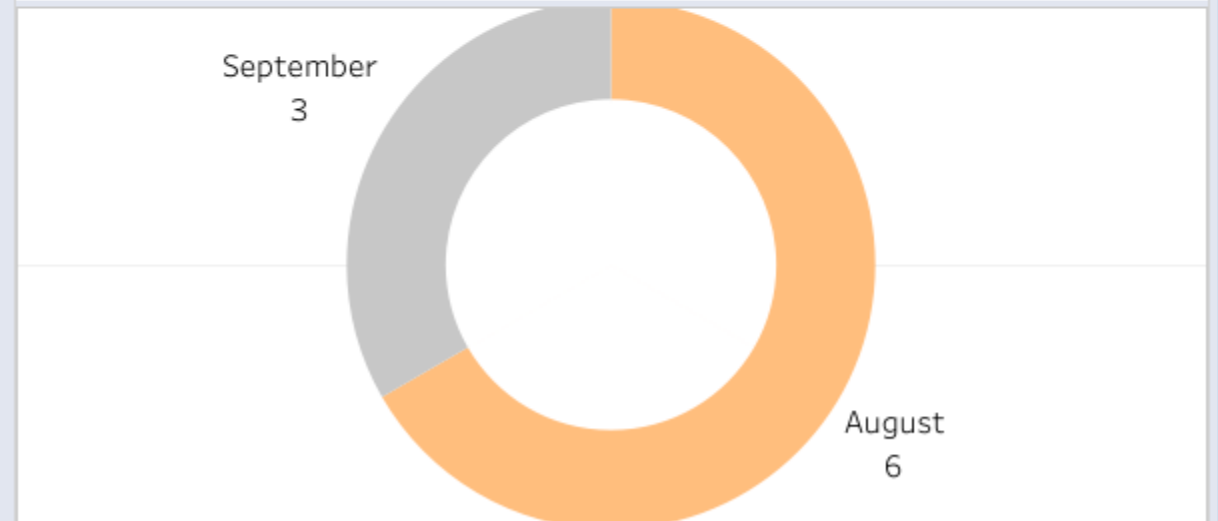
Acupuncture Board

SFY 2020: Q1 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2020: Q1 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q2

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

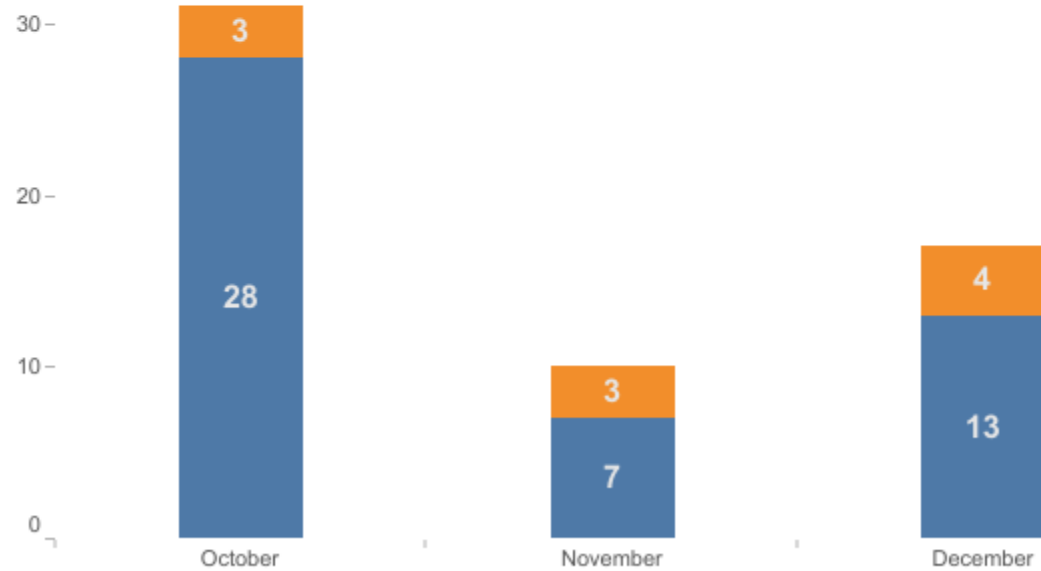
48

10

58

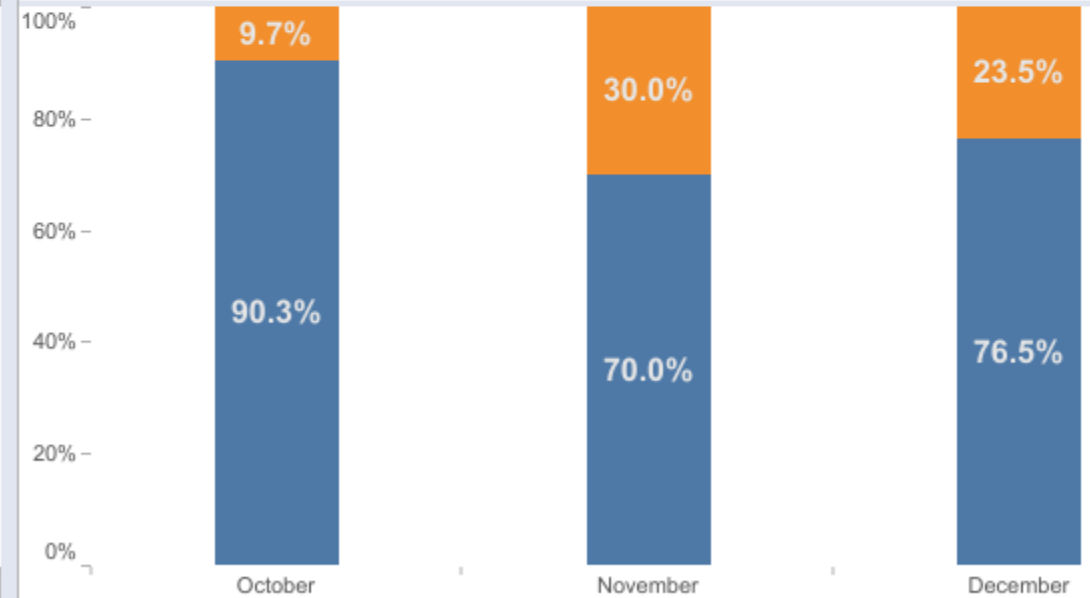
Acupuncture Board

SFY 2020:Q2 - Case Volume



Acupuncture Board

SFY 2020:Q2 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity

Acupuncture Board

Select a Fiscal Year

SFY 2020

Select a Quarter

Q2

Cycle Time

Actual

Target

Case Volume by Month

October

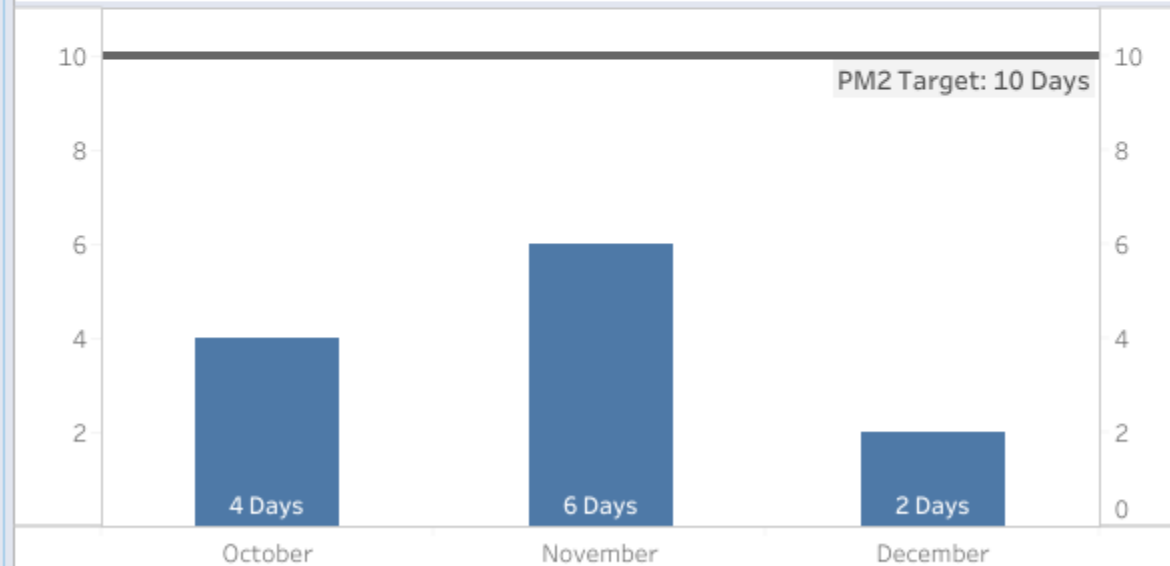
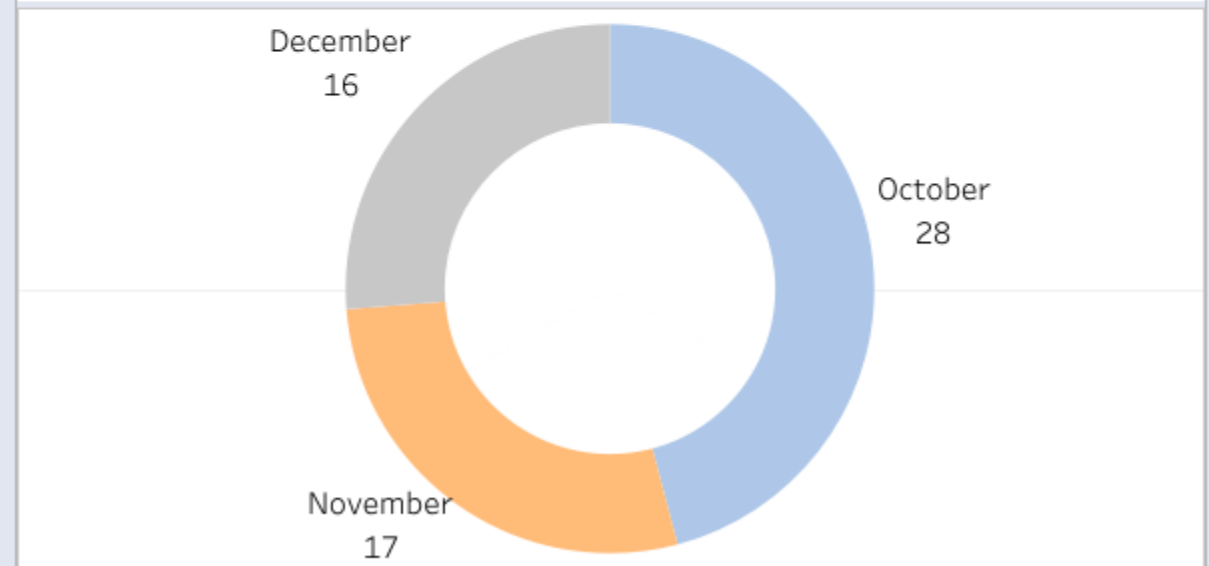
November

December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Acupuncture Board PM2 Performance Summary*Data last refreshed on 6/03/2022*

Case Volume	Target	Actual	Variance
61	10 Days	4 Day(s)	▼ -6 Day(s)

Acupuncture Board**SFY 2020: Q2 | PM2 - Intake Cycle Time****Acupuncture Board****SFY 2020: Q2 | PM2 - Volume**

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

33

Target

200 Days

Actual

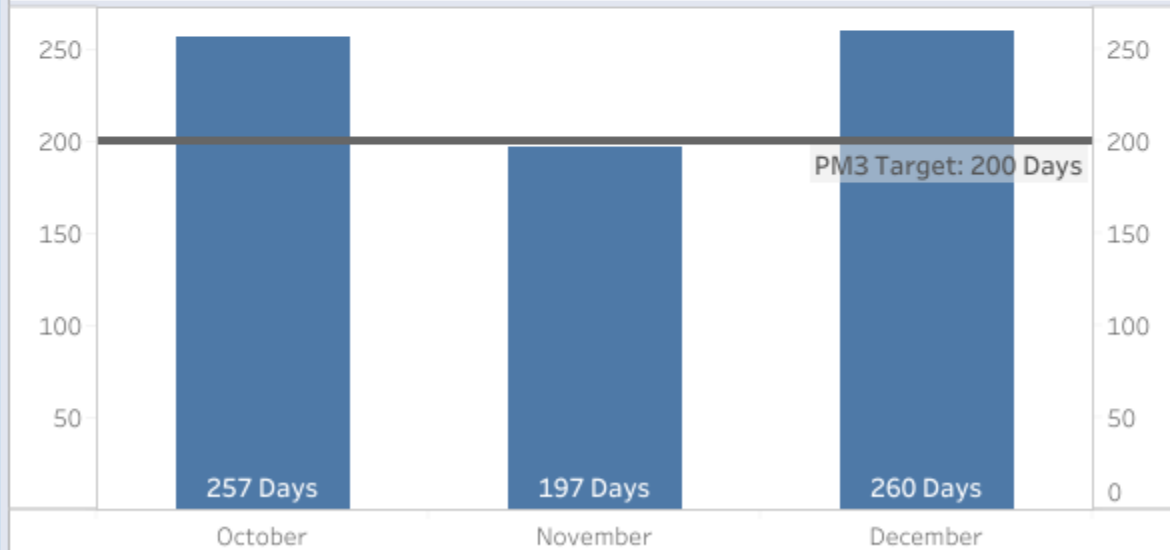
229 Day(s)

Variance

▲ 29 Day(s)

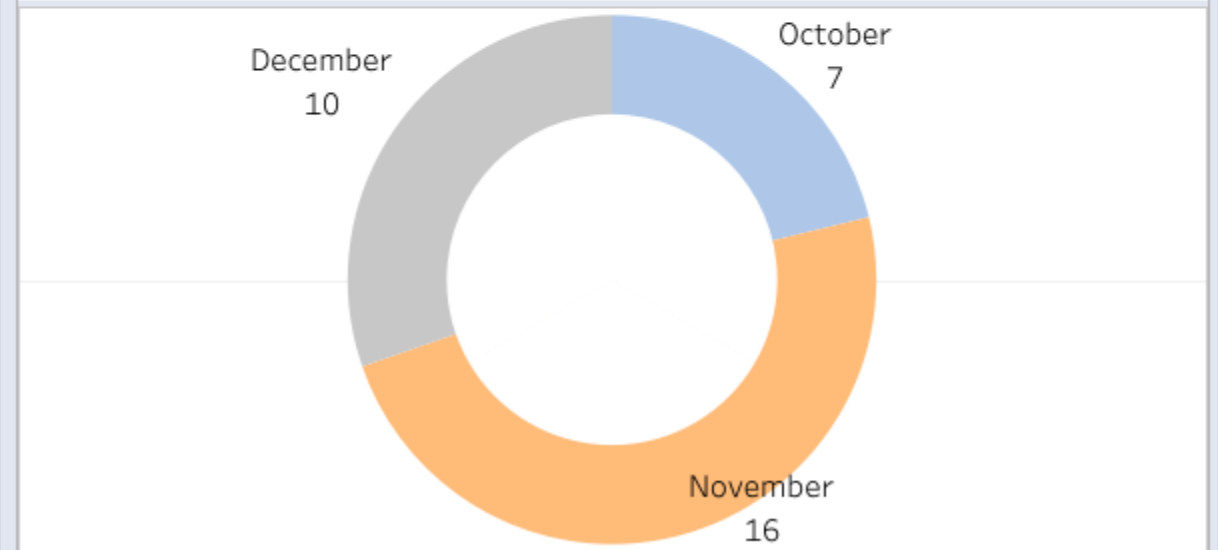
Acupuncture Board

SFY 2020: Q2 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2020: Q2 | PM3 - Volume



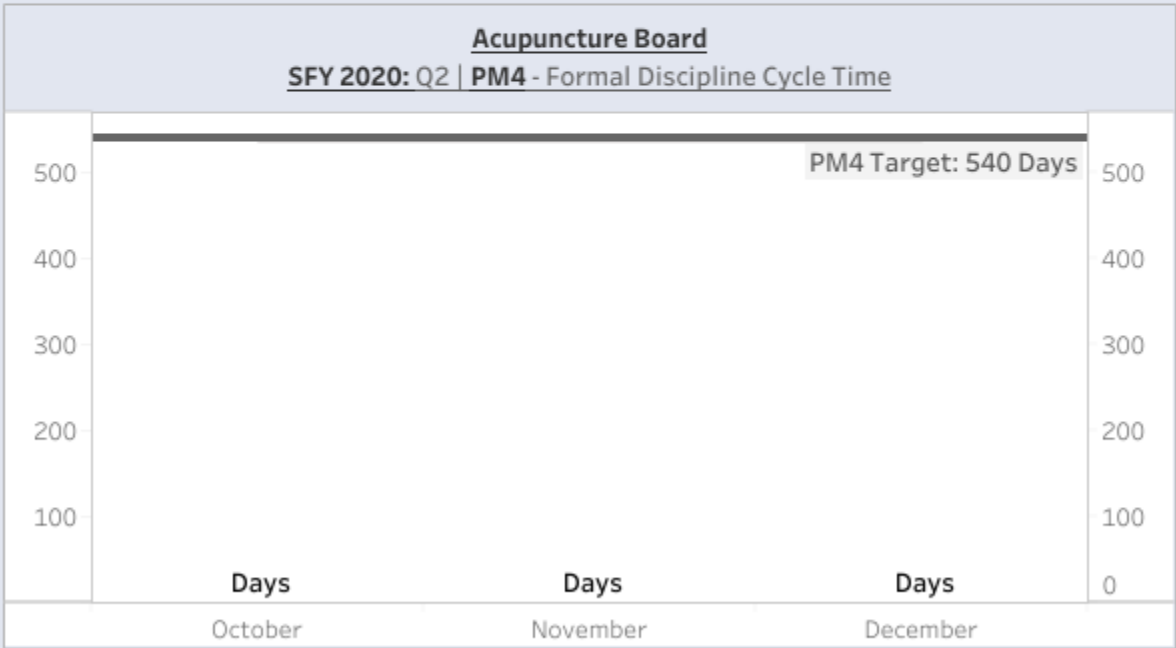
Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary

Data not available

Case Volume	Target	Actual	Variance
0	540 Days		



Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

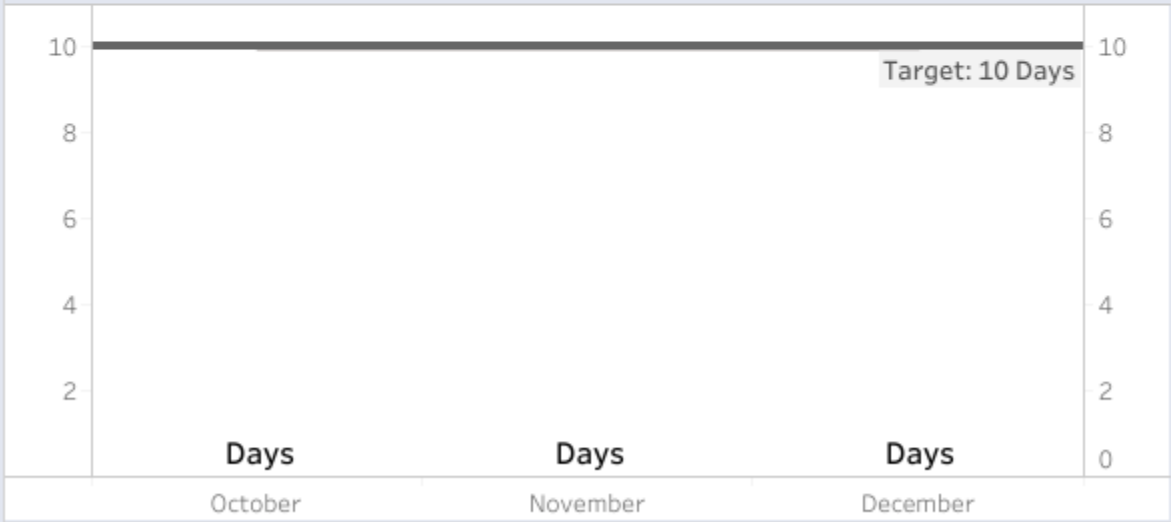
Acupuncture Board PM7 Performance Summary

[Data not available](#)

Case Volume	Target	Actual	Variance
0	10 Days		

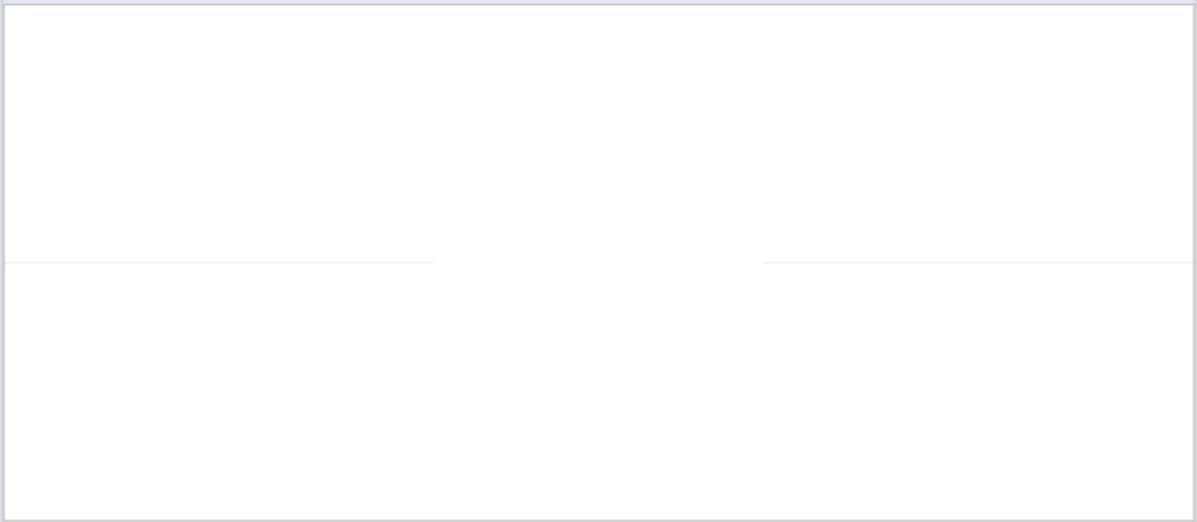
Acupuncture Board

SFY 2020: Q2 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2020: Q2 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM8

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
8	10 Days	2 Day(s)	▼ -8 Day(s)

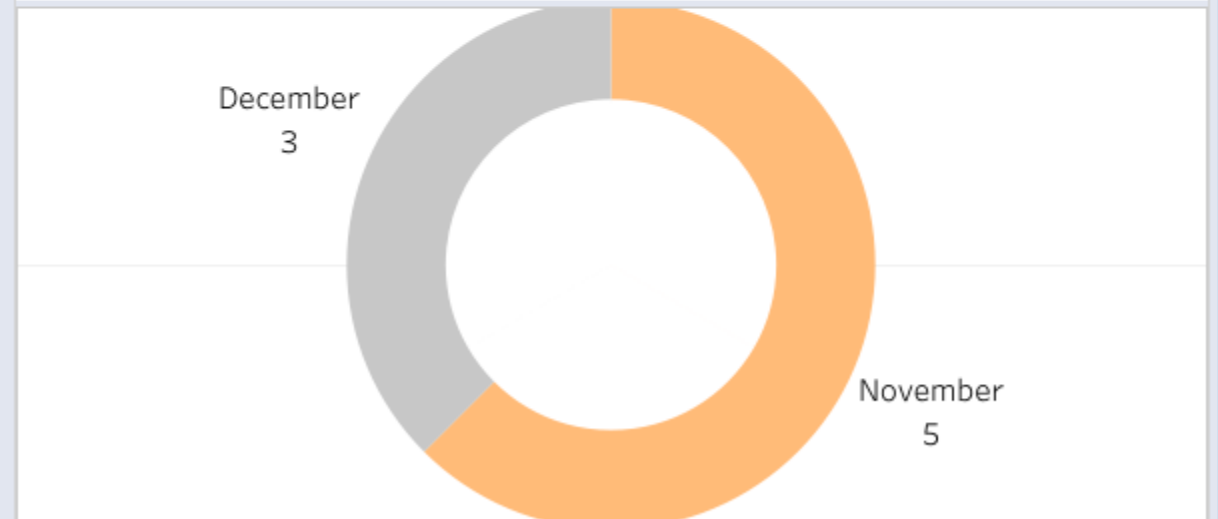
Acupuncture Board

SFY 2020: Q2 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2020: Q2 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q3

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

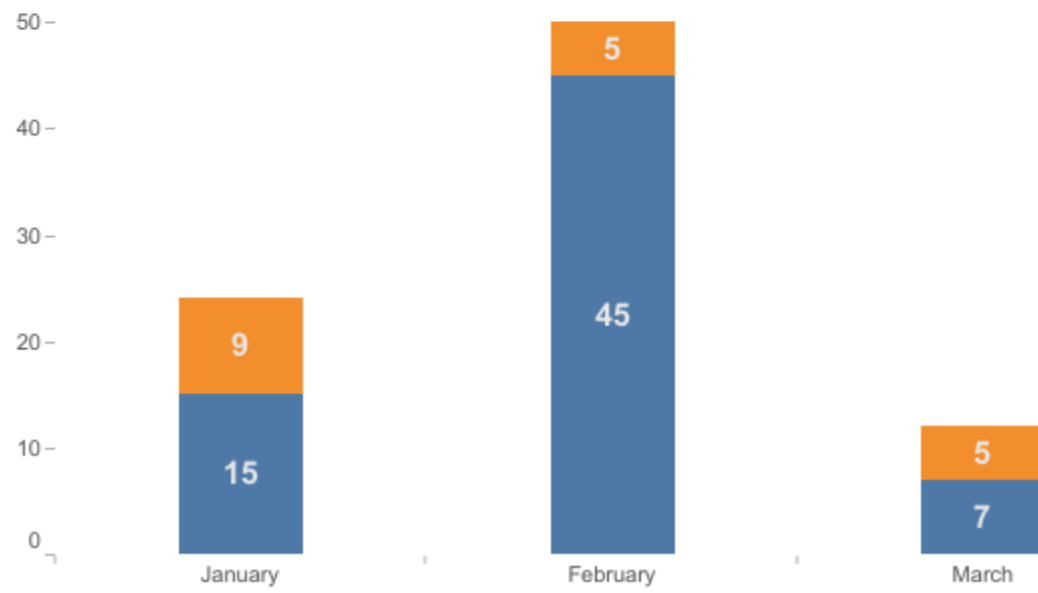
67

19

86

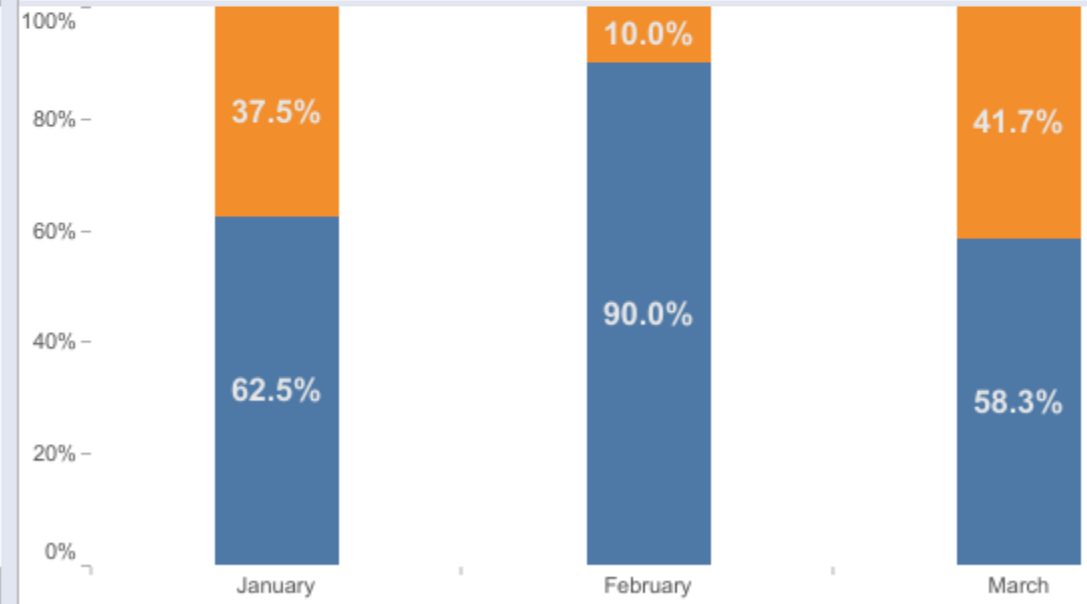
Acupuncture Board

SFY 2020:Q3 - Case Volume



Acupuncture Board

SFY 2020:Q3 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q3

Cycle Time
Actual Target

Case Volume by Month
January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

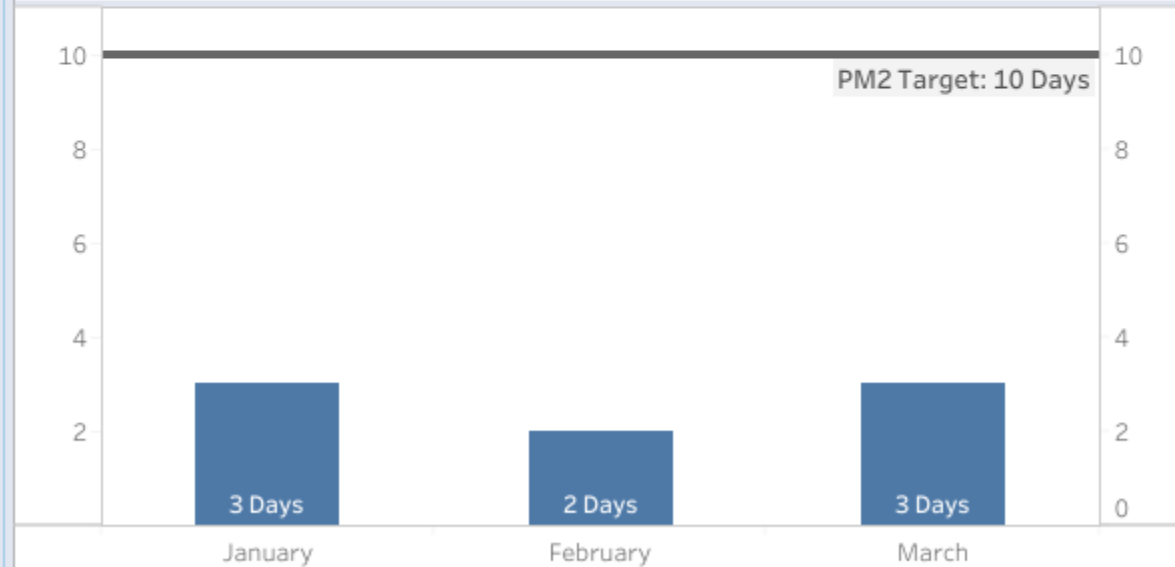
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
88	10 Days	2 Day(s)	▼ -8 Day(s)

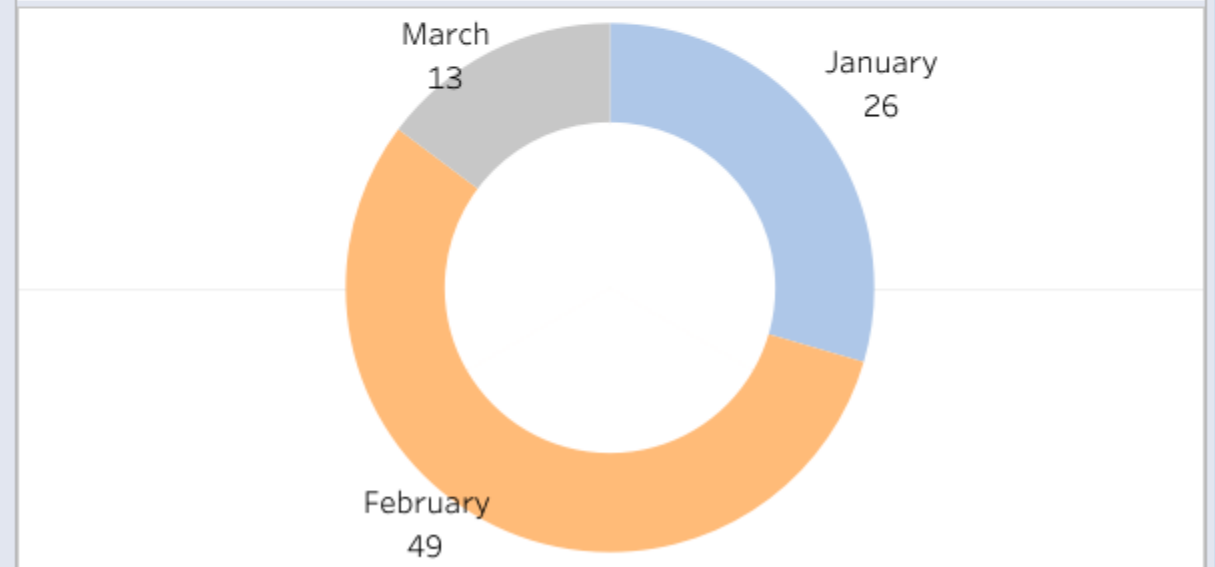
Acupuncture Board

SFY 2020: Q3 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2020: Q3 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

59

Target

200 Days

Actual

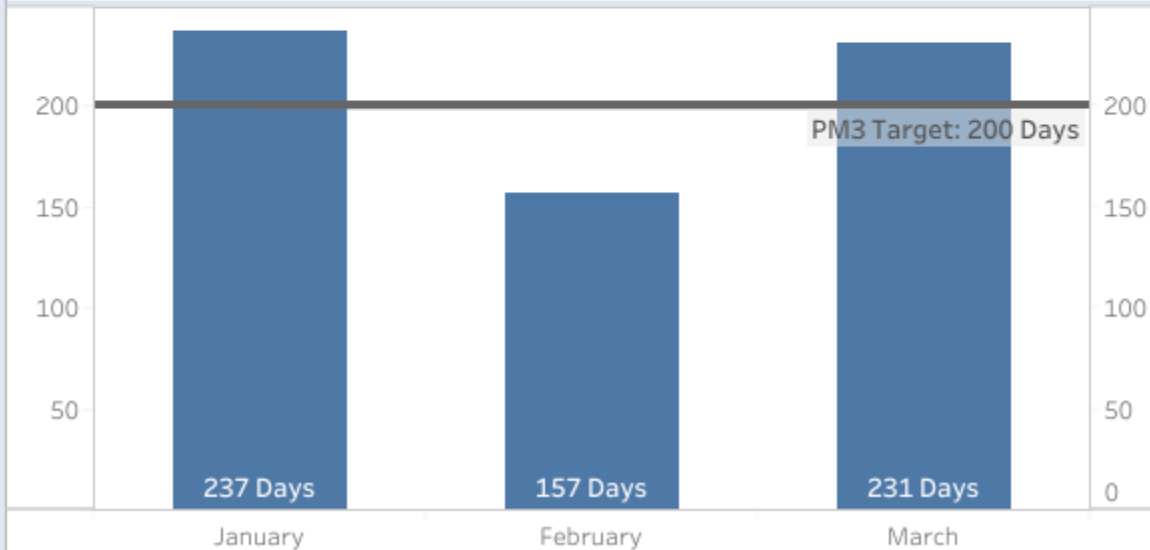
209 Day(s)

Variance

▲ 9 Day(s)

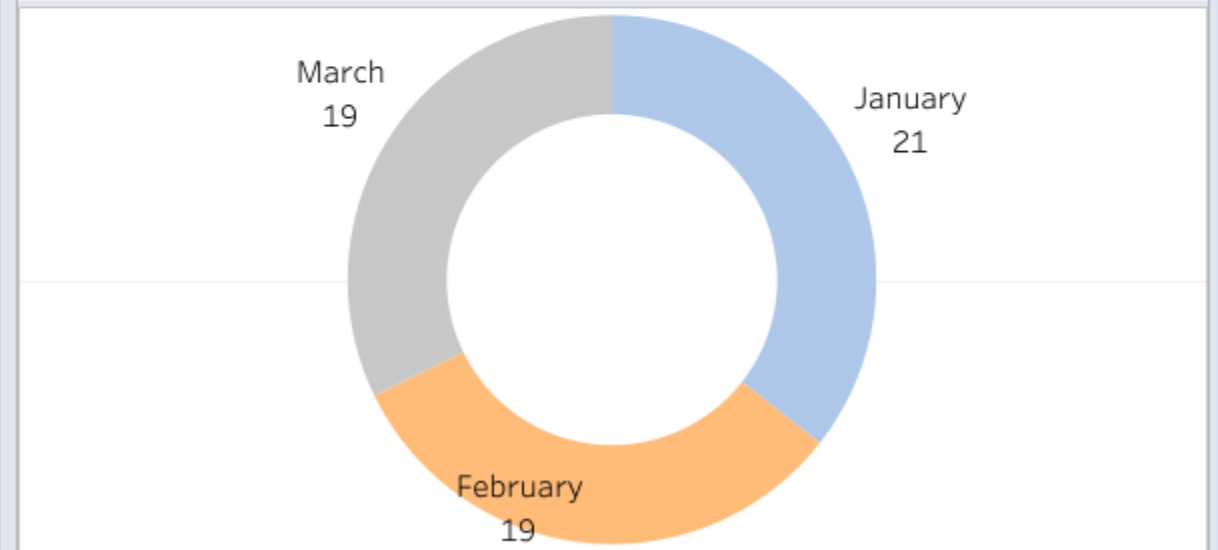
Acupuncture Board

SFY 2020: Q3 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2020: Q3 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q3

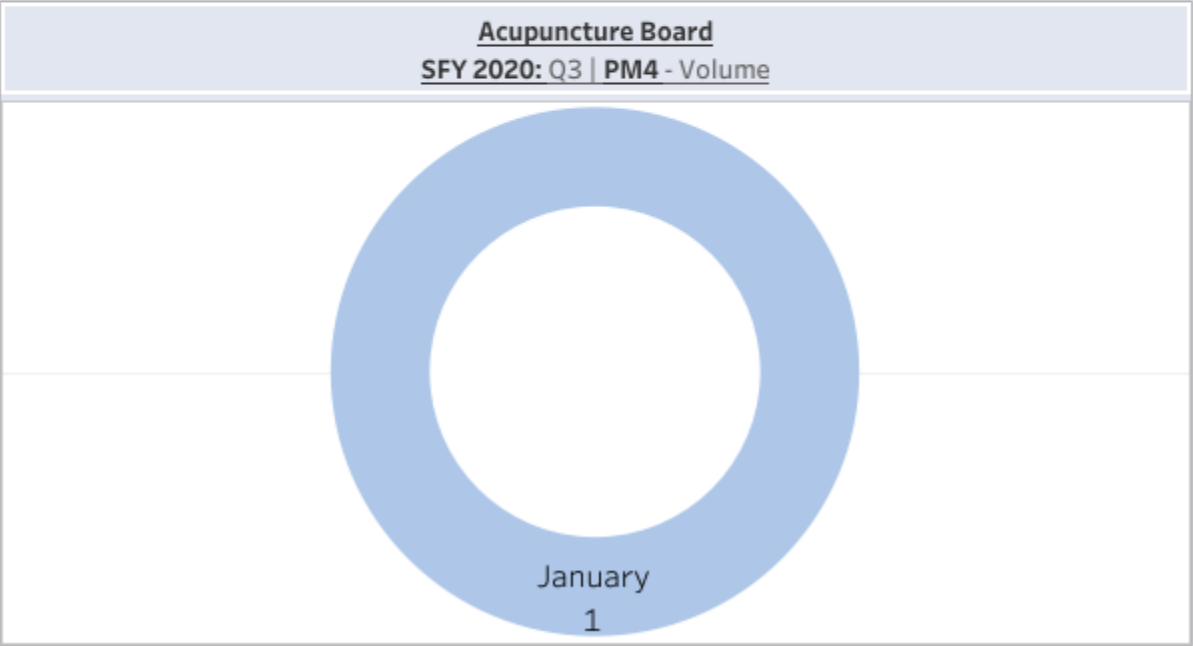
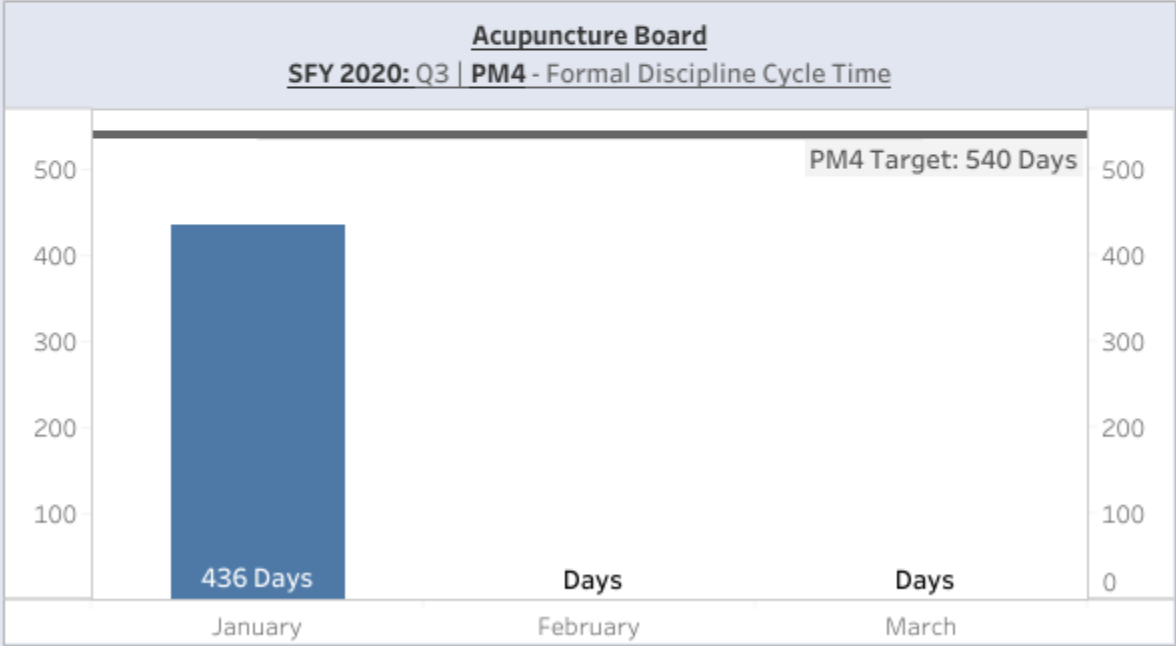
Cycle Time
Actual Target

Case Volume by Month
January

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	540 Days	436 Day(s)	▼ -104 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Acupuncture Board PM7 Performance Summary

[Data not available](#)

Case Volume	Target	Actual	Variance
0	10 Days		

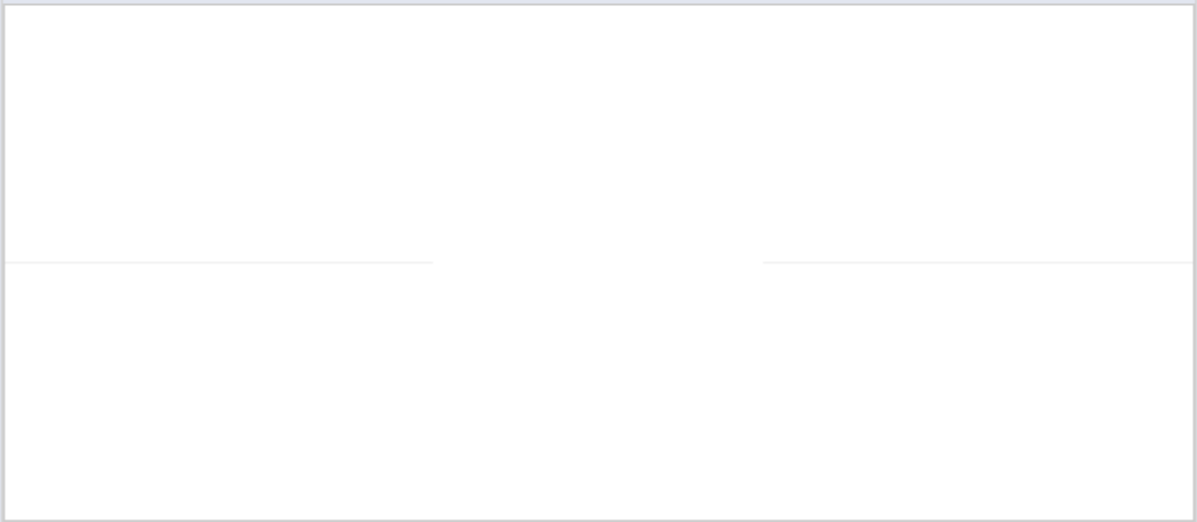
Acupuncture Board

SFY 2020: Q3 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2020: Q3 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM8

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

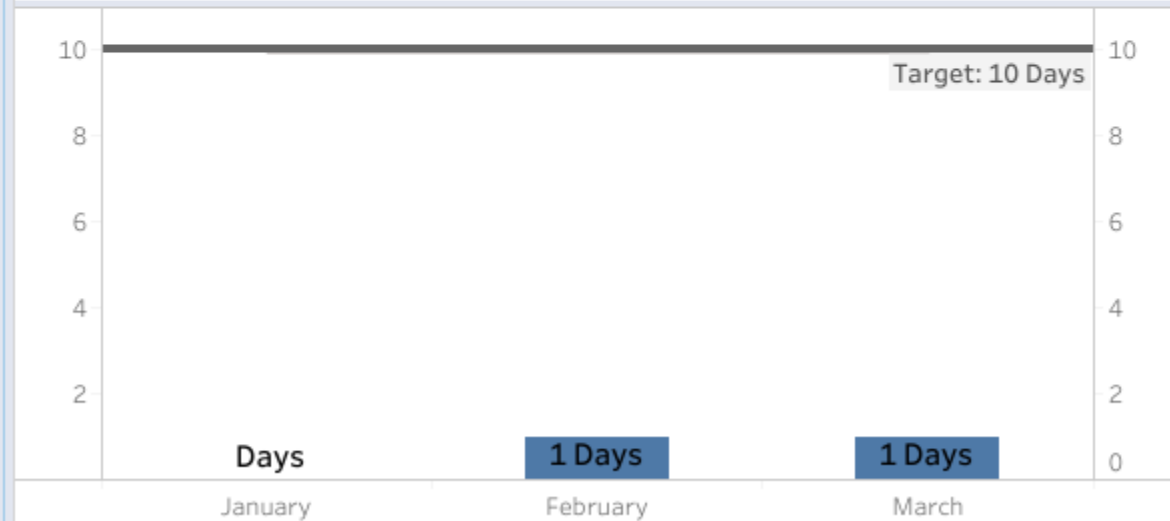
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
5	10 Days	1 Day(s)	▼ -9 Day(s)

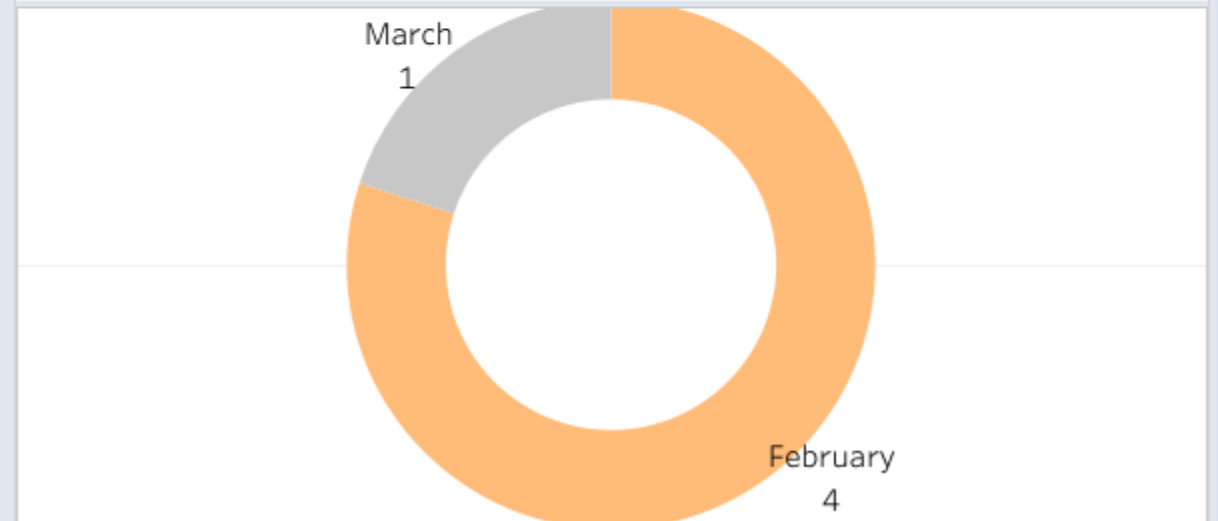
Acupuncture Board

SFY 2020: Q3 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2020: Q3 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q4

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

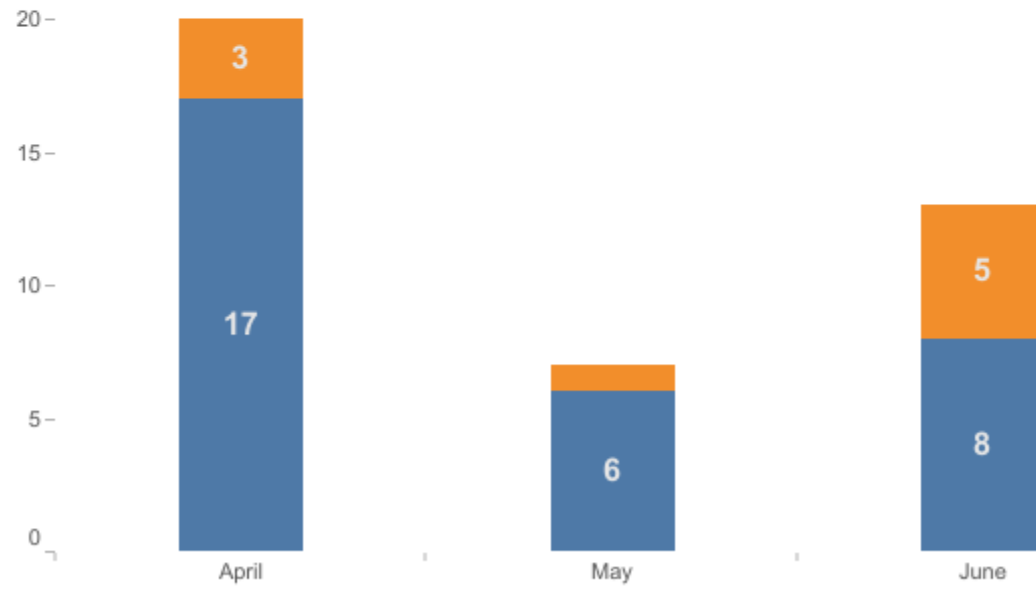
31

9

40

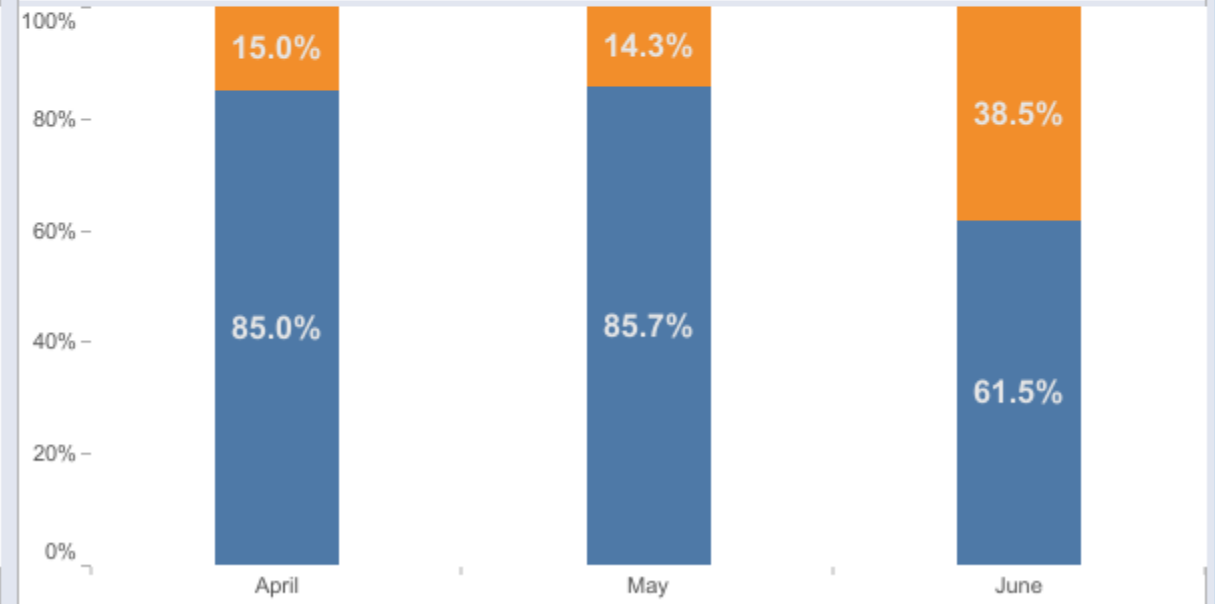
Acupuncture Board

SFY 2020:Q4 - Case Volume



Acupuncture Board

SFY 2020:Q4 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q4

Cycle Time
Actual Target

Case Volume by Month
April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

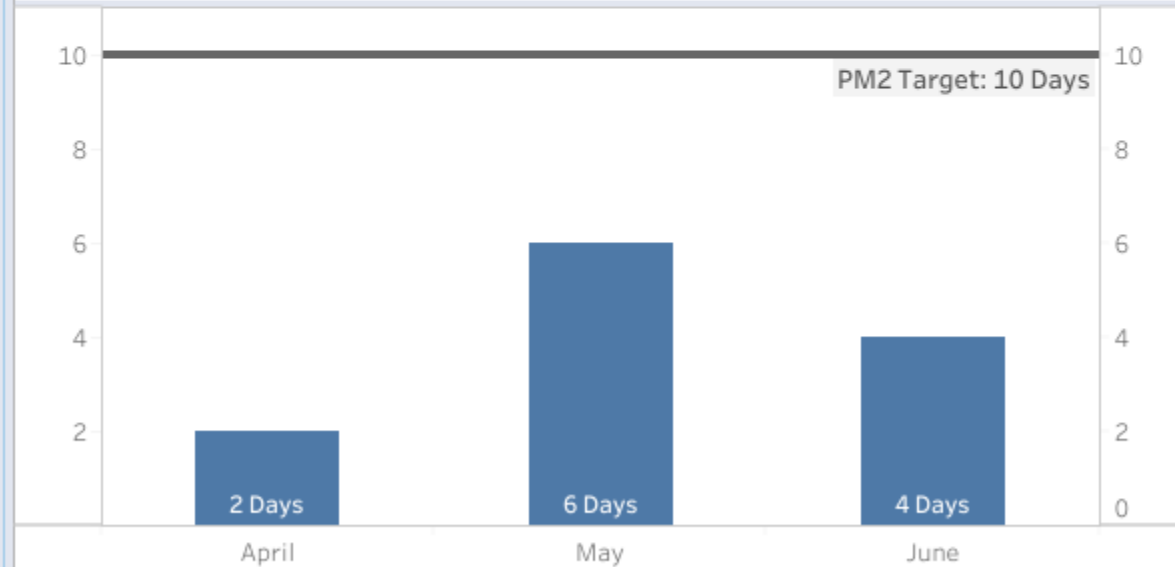
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
39	10 Days	4 Day(s)	▼ -6 Day(s)

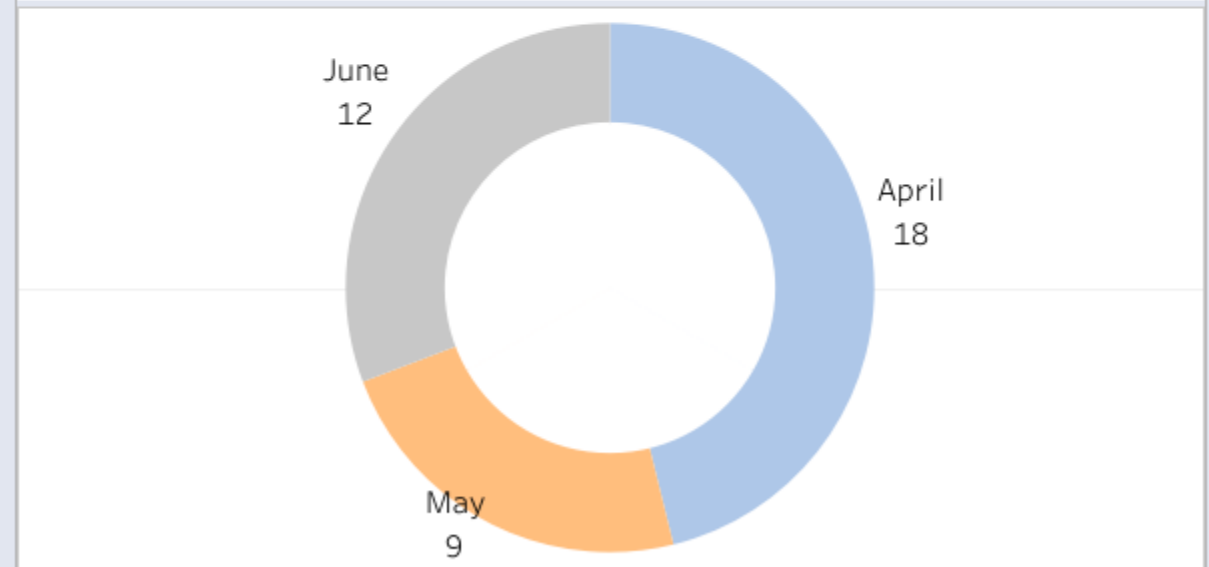
Acupuncture Board

SFY 2020: Q4 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2020: Q4 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

53

Target

200 Days

Actual

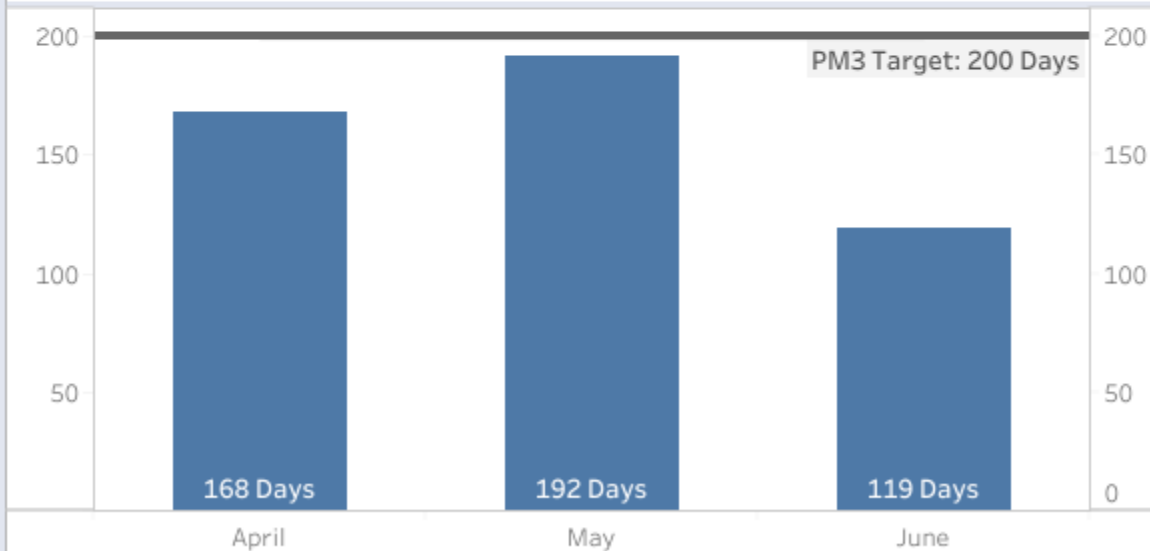
166 Day(s)

Variance

▼ -34 Day(s)

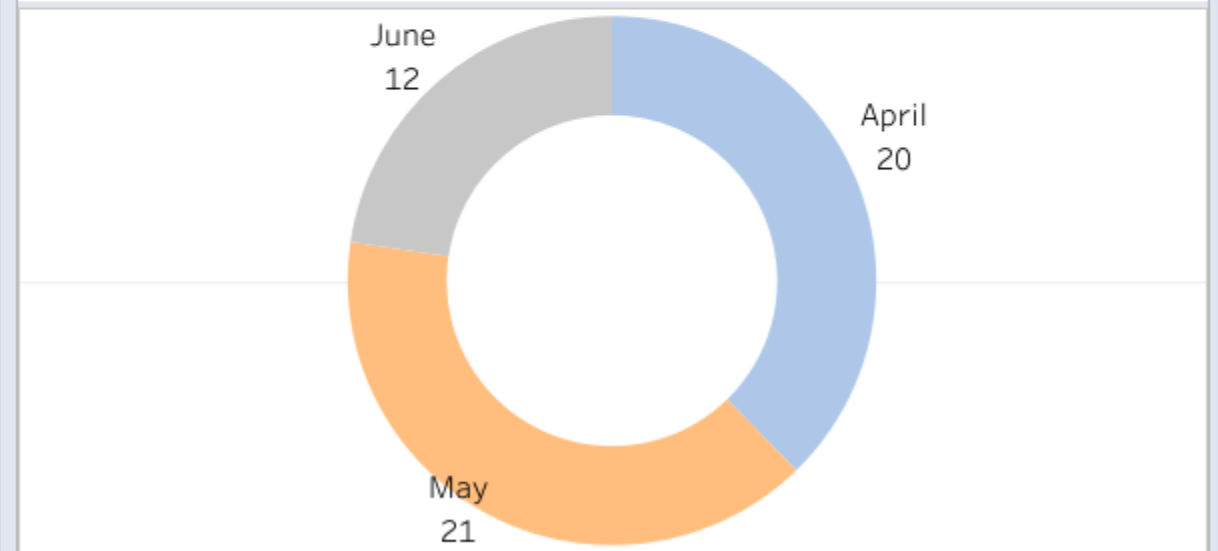
Acupuncture Board

SFY 2020: Q4 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2020: Q4 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q4

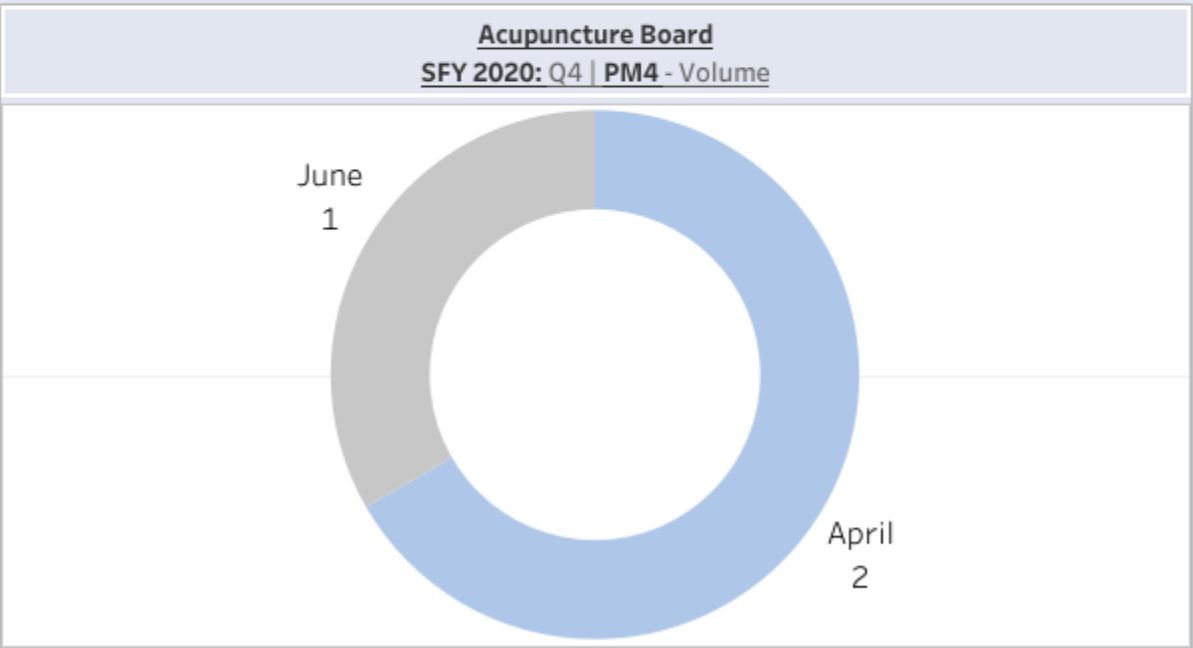
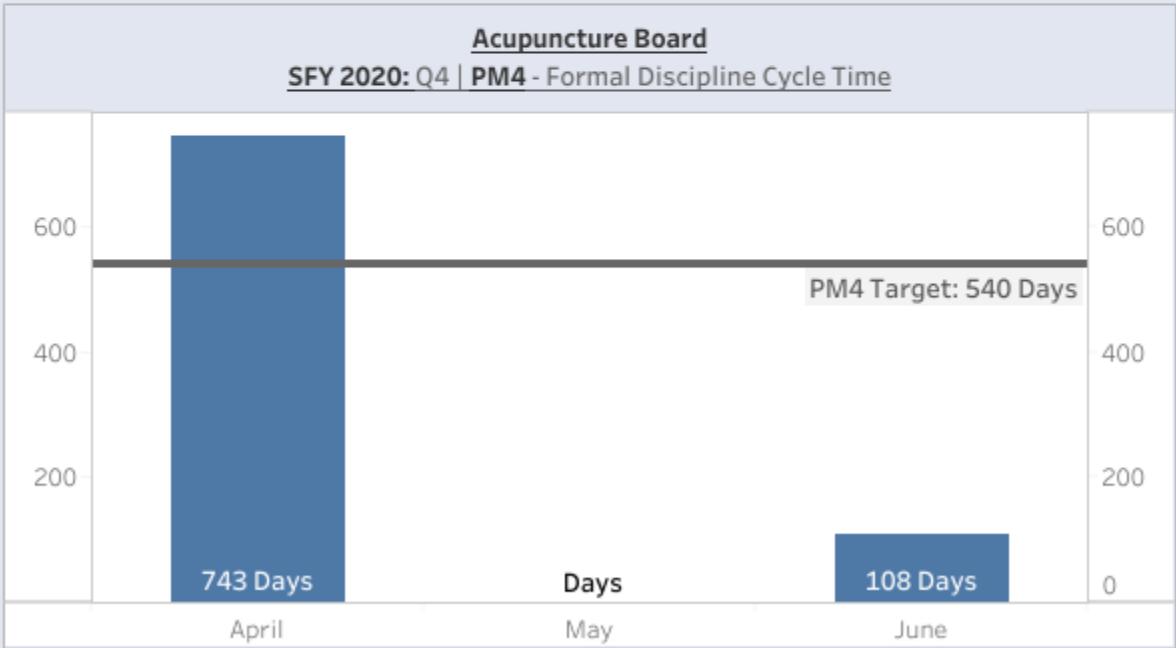
Cycle Time
Actual Target

Case Volume by Month
April June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
3	540 Days	531 Day(s)	▼ -9 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM7

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

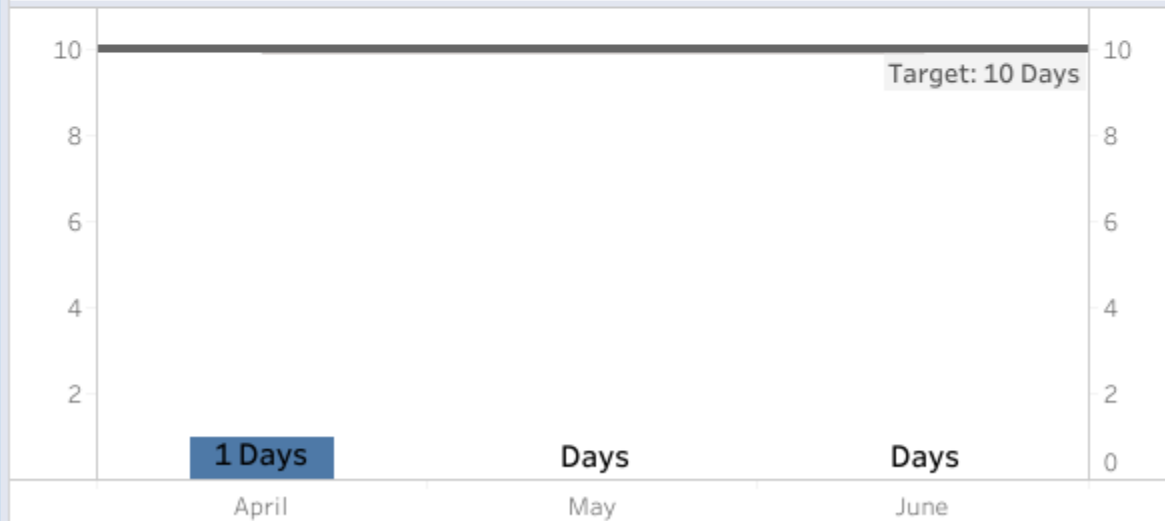
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	10 Days	1 Day(s)	▼ -9 Day(s)

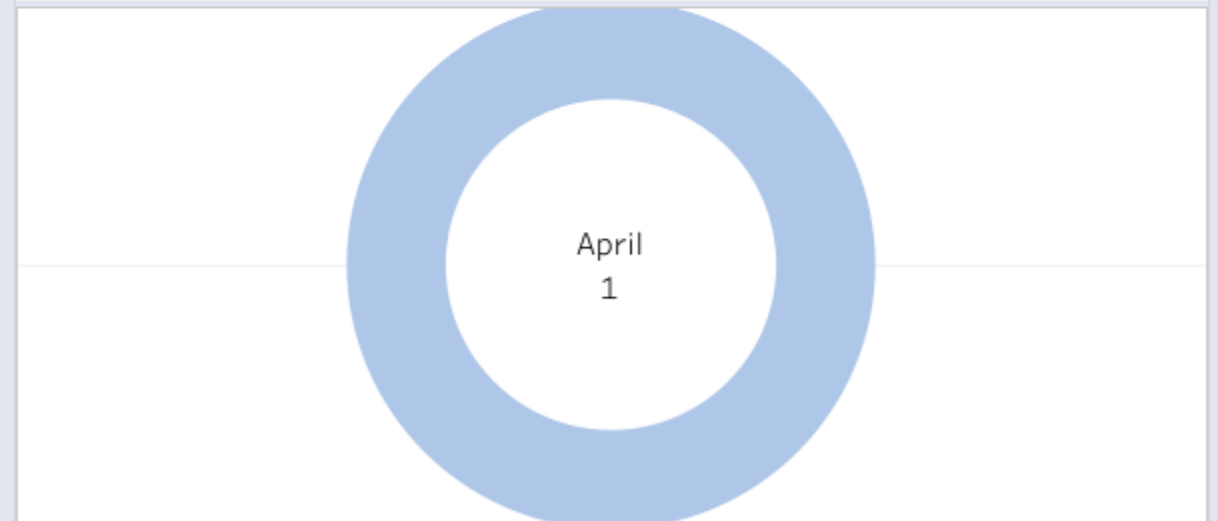
Acupuncture Board

SFY 2020: Q4 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2020: Q4 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM8

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

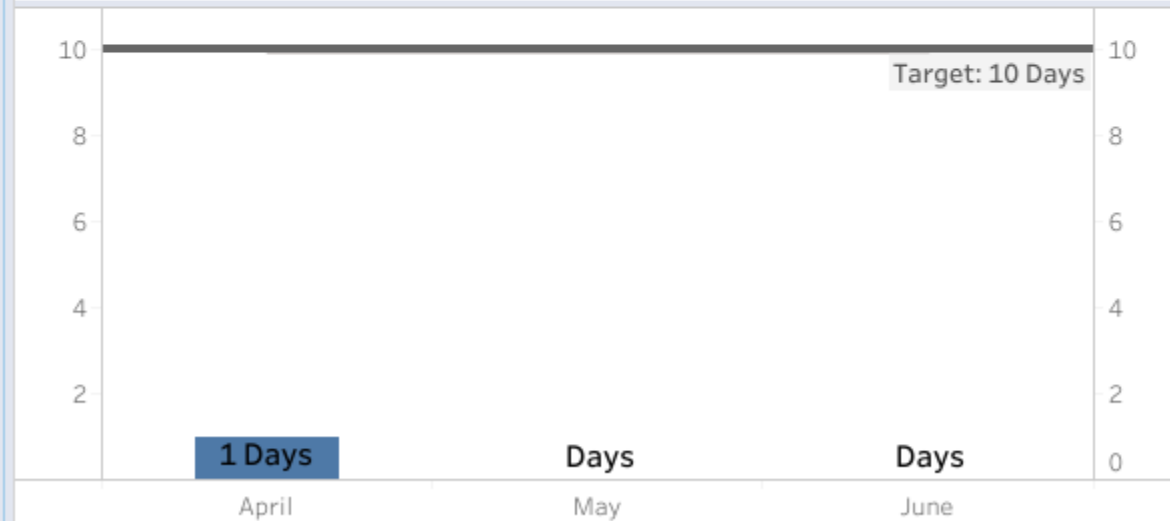
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
3	10 Days	1 Day(s)	▼ -9 Day(s)

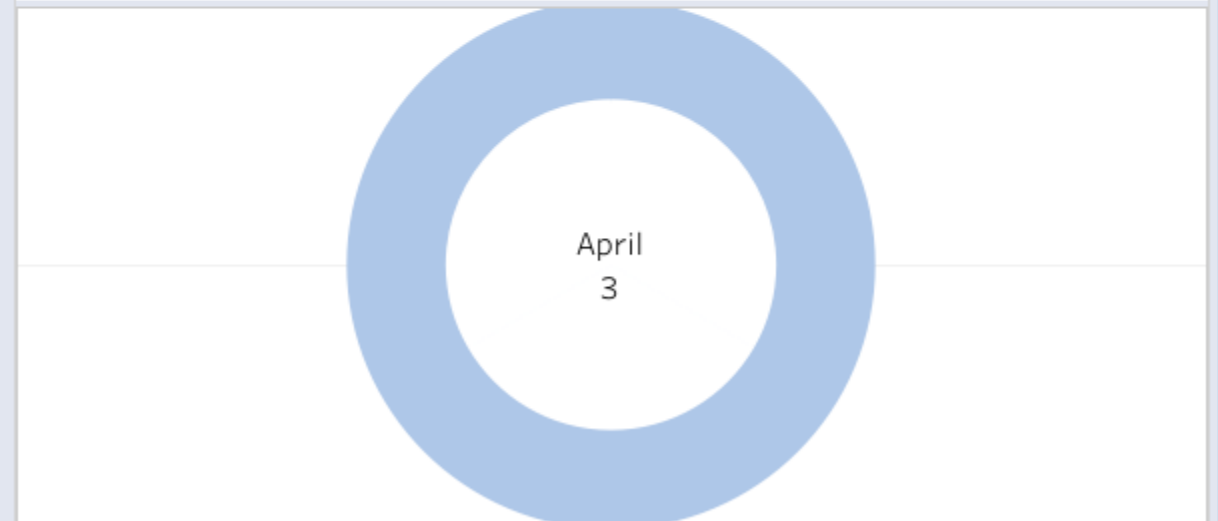
Acupuncture Board

SFY 2020: Q4 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2020: Q4 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

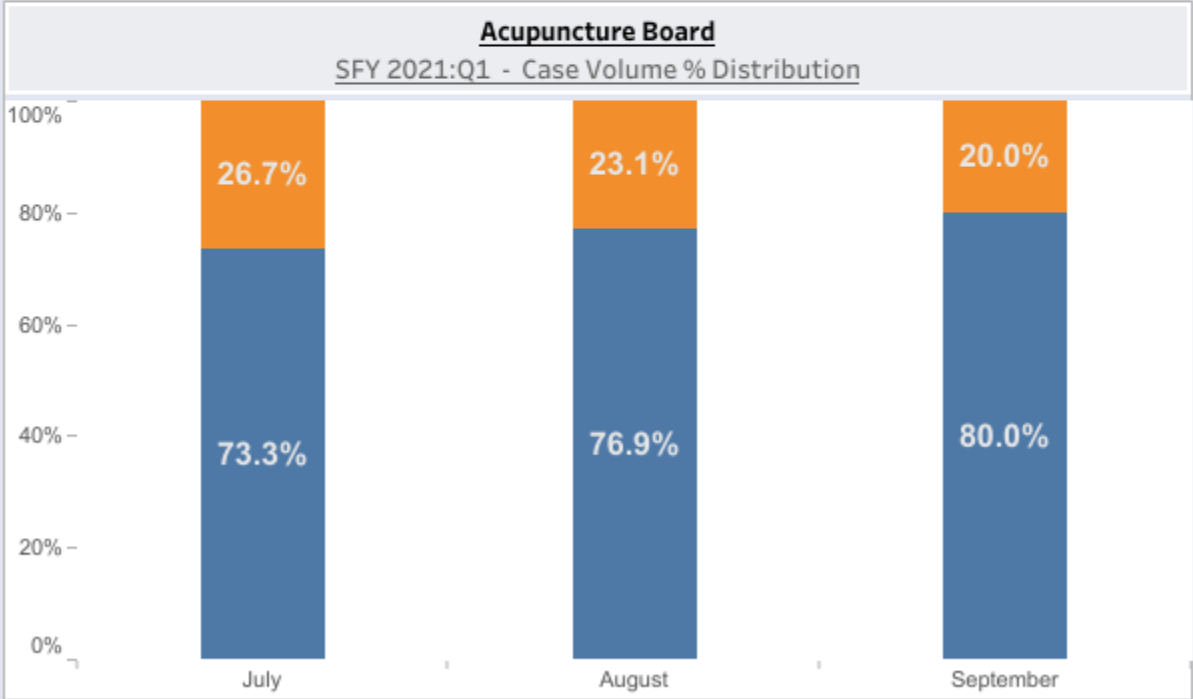
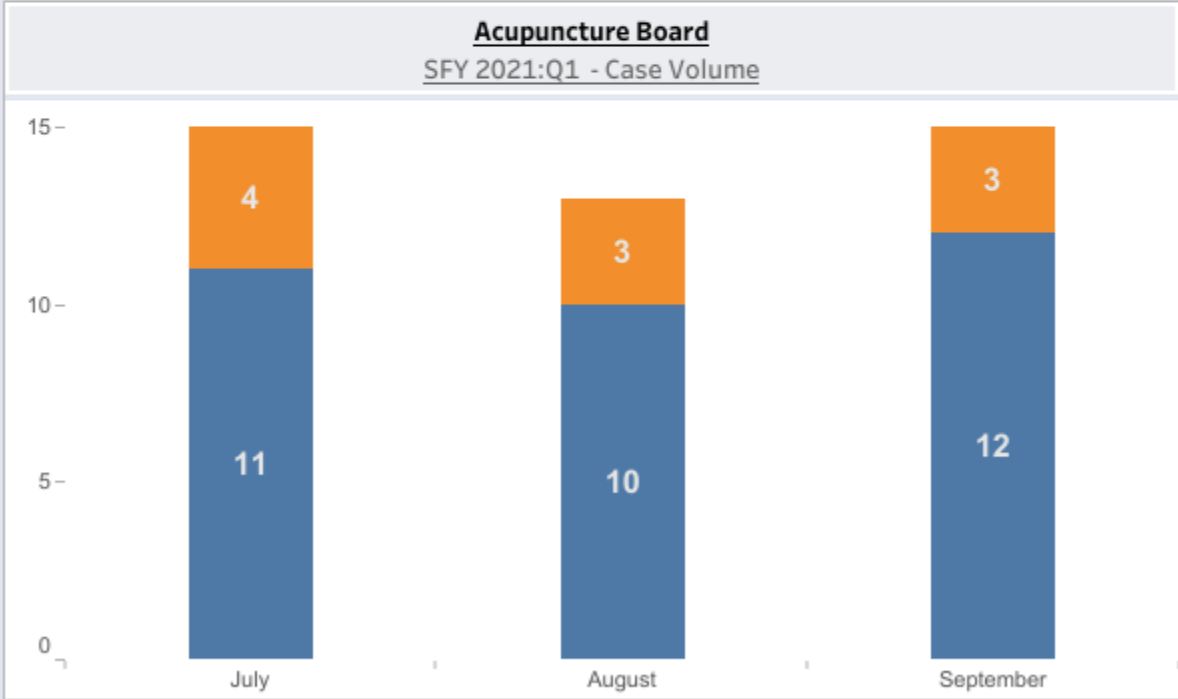
Select a Quarter
Q1

Case Type
Complaints Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary
Data last refreshed on 6/3/2022

Complaints	Conviction/Arrest	Total Volume
33	10	43



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q1

Cycle Time
Actual Target

Case Volume by Month
July August September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

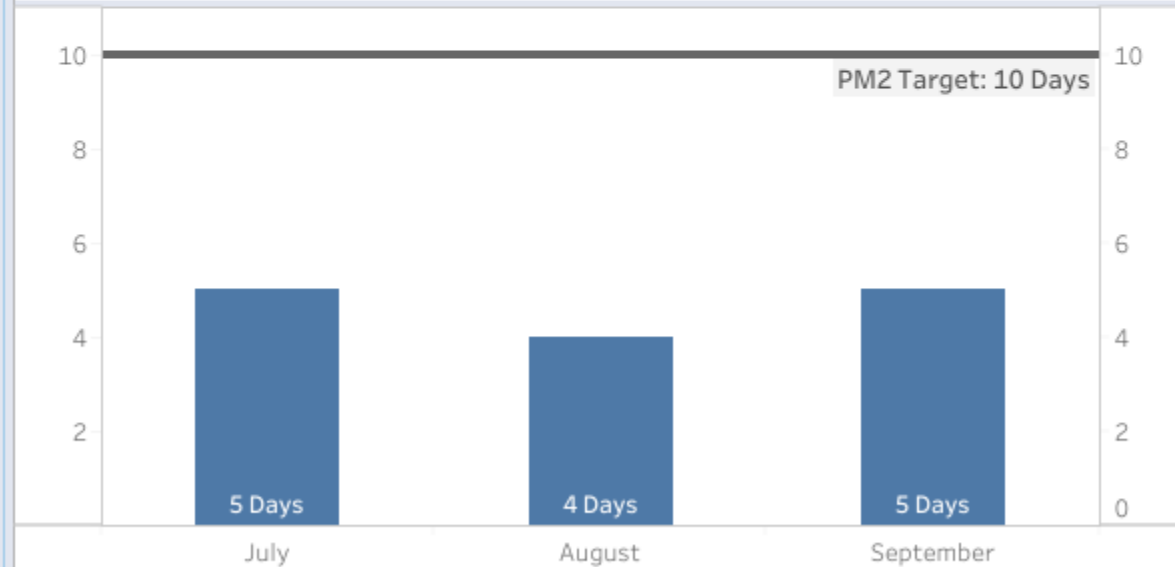
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
41	10 Days	5 Day(s)	▼ -5 Day(s)

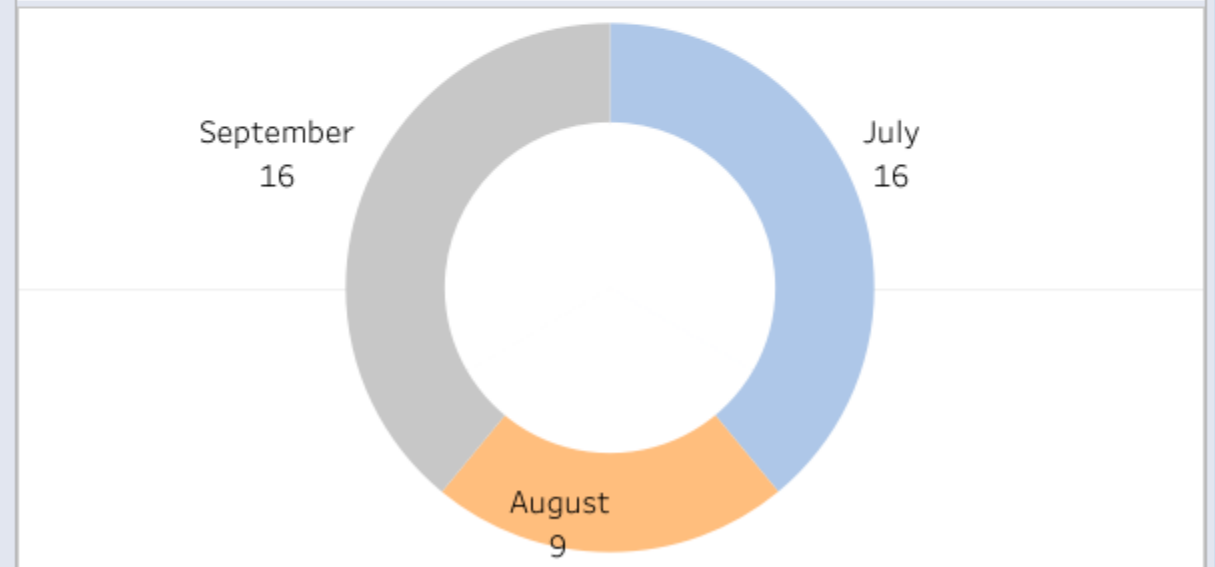
Acupuncture Board

SFY 2021: Q1 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2021: Q1 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

49

Target

200 Days

Actual

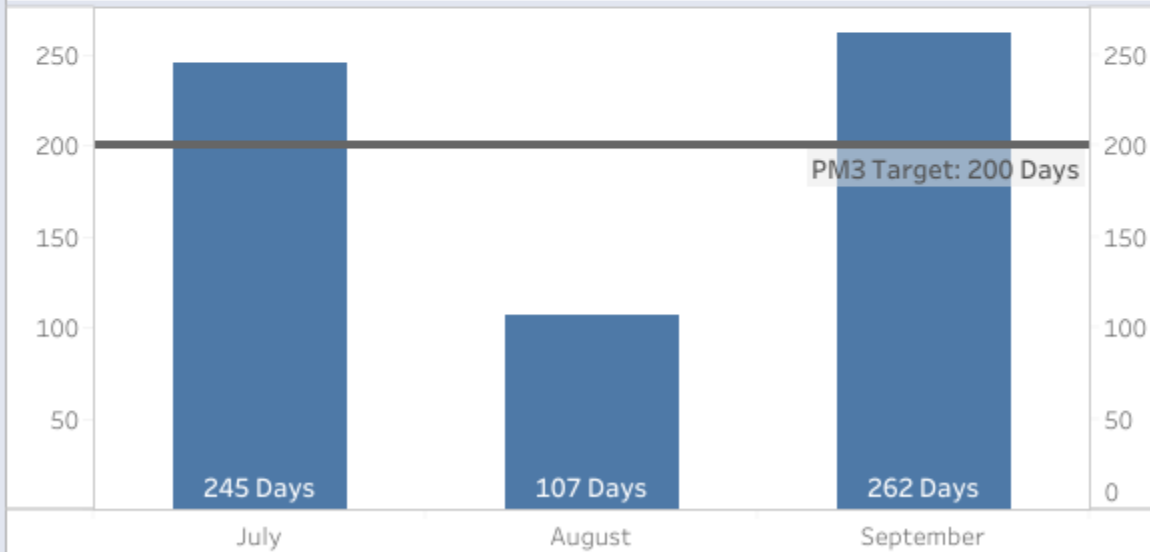
233 Day(s)

Variance

▲ 33 Day(s)

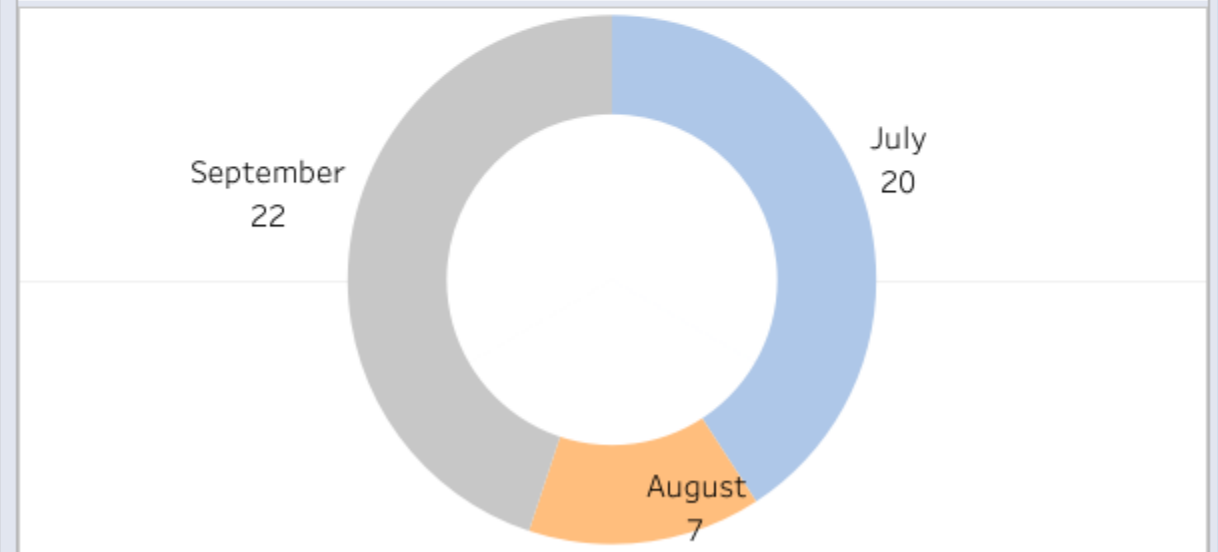
Acupuncture Board

SFY 2021: Q1 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2021: Q1 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q1

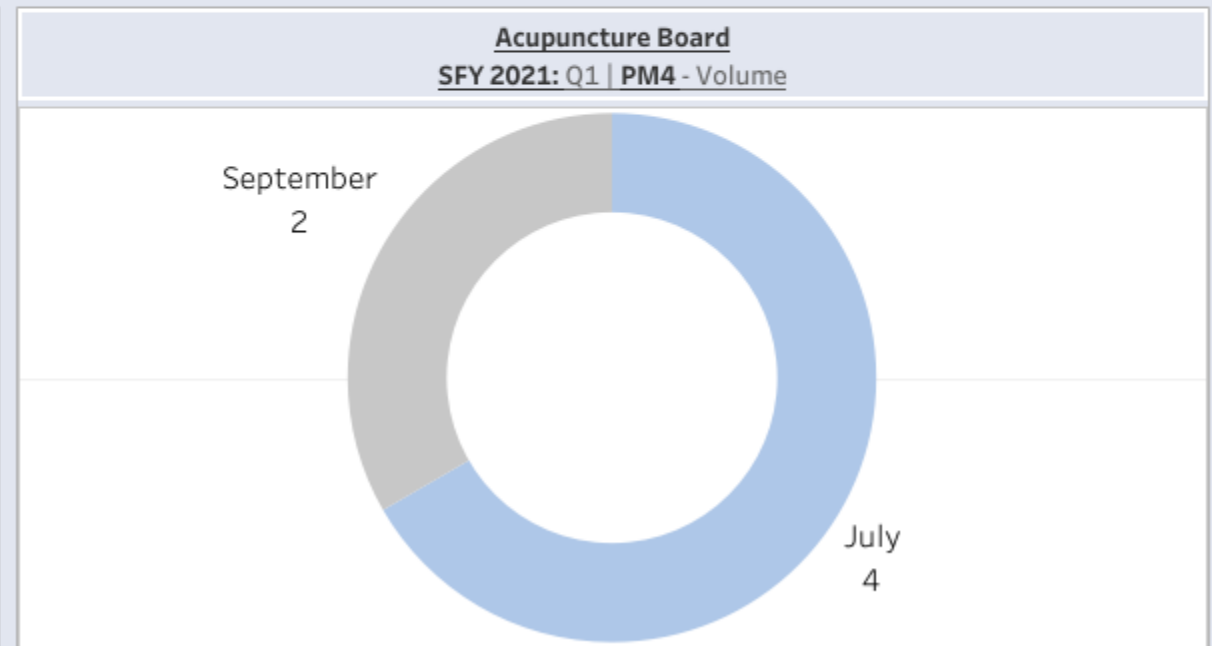
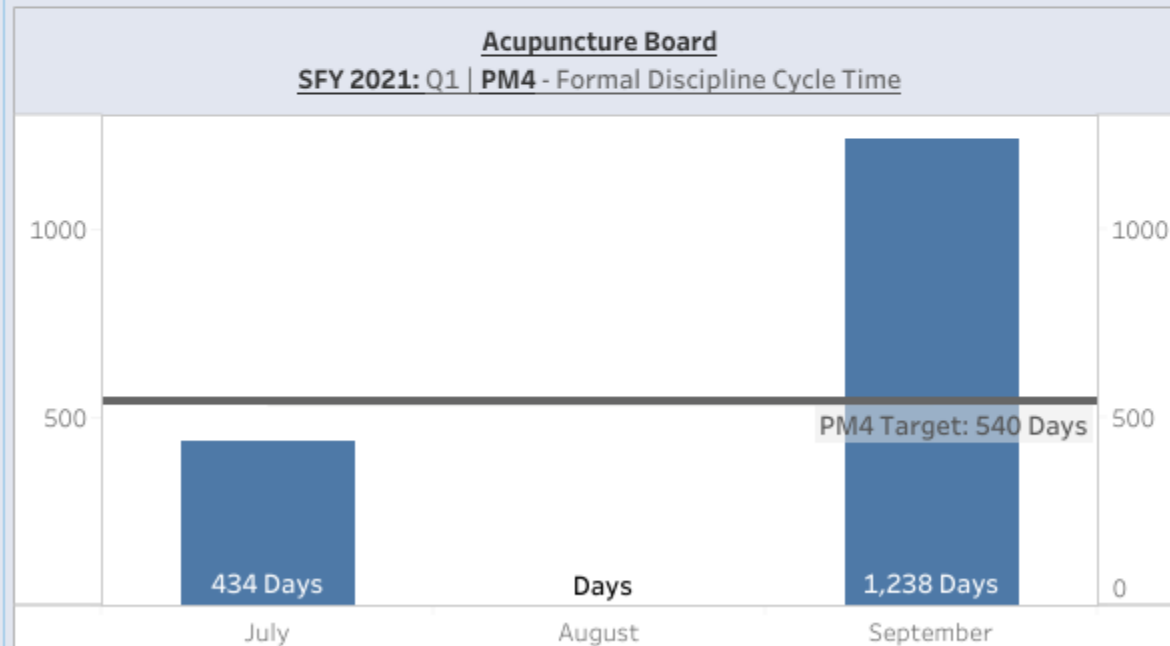
Cycle Time
Actual Target

Case Volume by Month
July September

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
6	540 Days	702 Day(s)	▲ 162 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM7

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

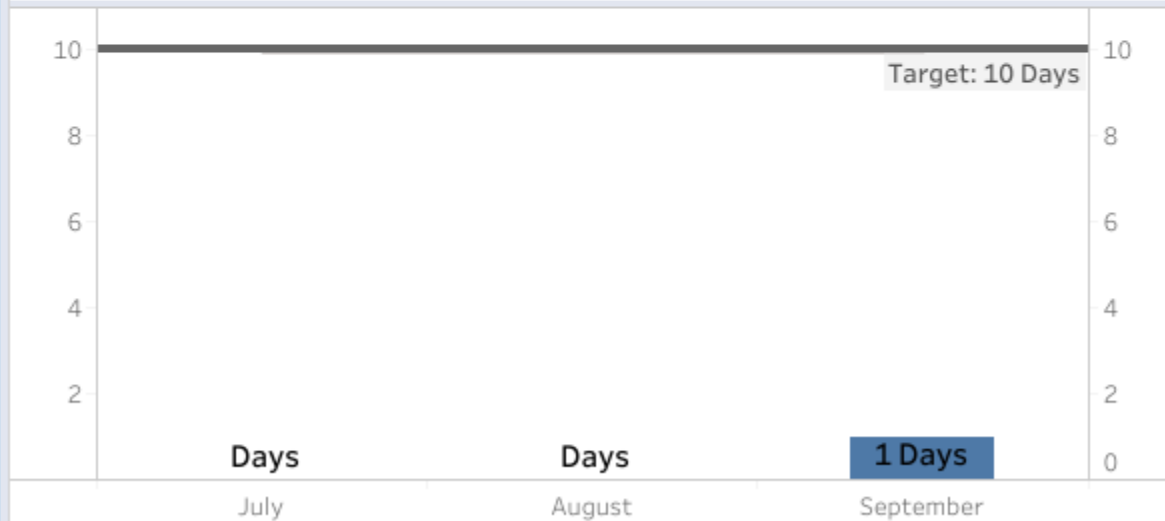
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	10 Days	1 Day(s)	▼ -9 Day(s)

Acupuncture Board

SFY 2021: Q1 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2021: Q1 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM8

Select a Quarter
Q1

Cycle Time
Actual

Target

Case Volume by Month
July

August

September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

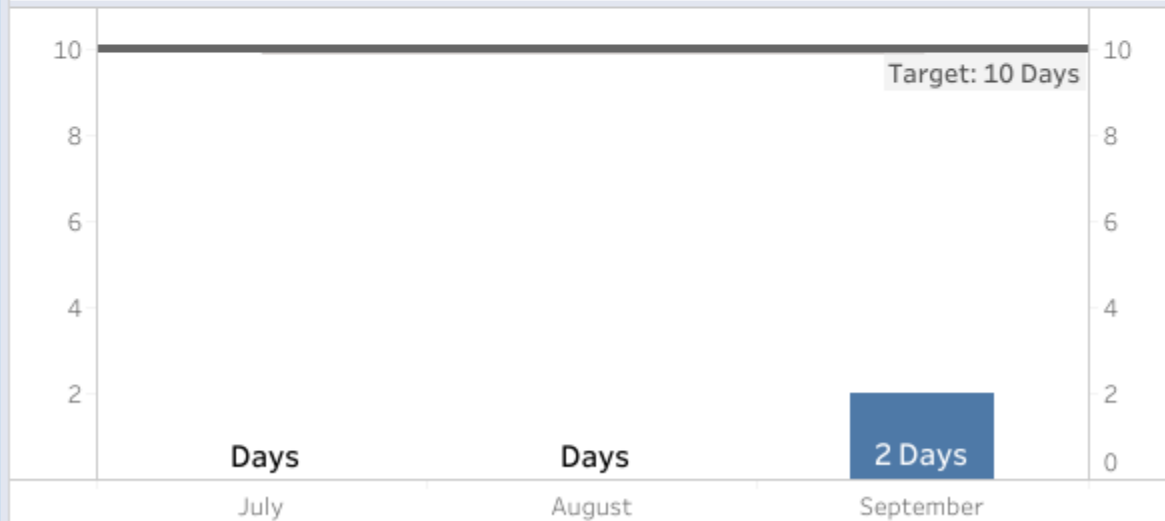
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
4	10 Days	2 Day(s)	▼ -8 Day(s)

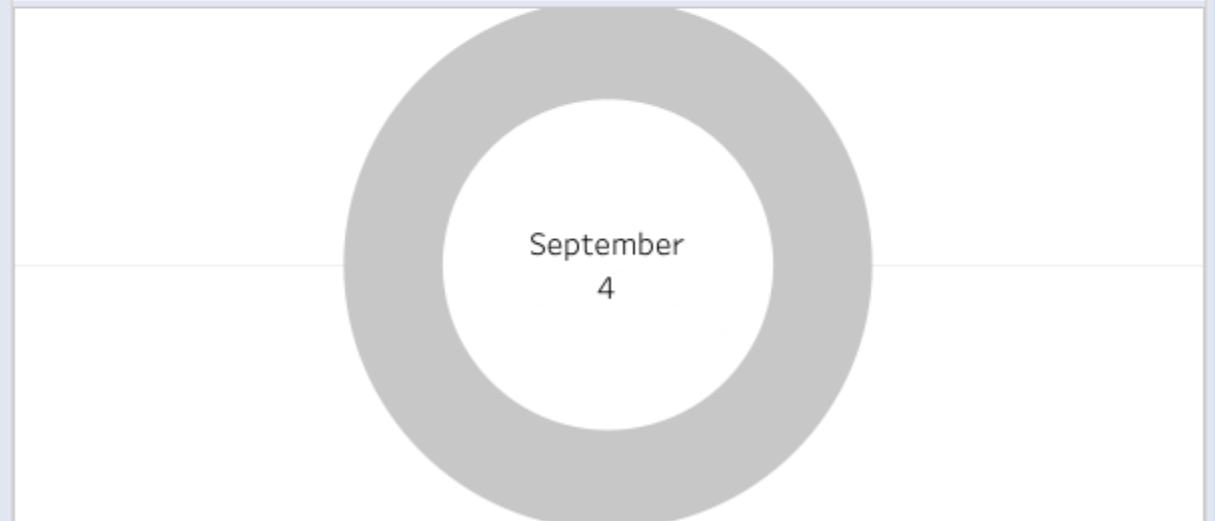
Acupuncture Board

SFY 2021: Q1 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2021: Q1 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity

Acupuncture Board

Select a Fiscal Year

SFY 2021

Select a Quarter

Q2

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

28

Conviction/Arrest

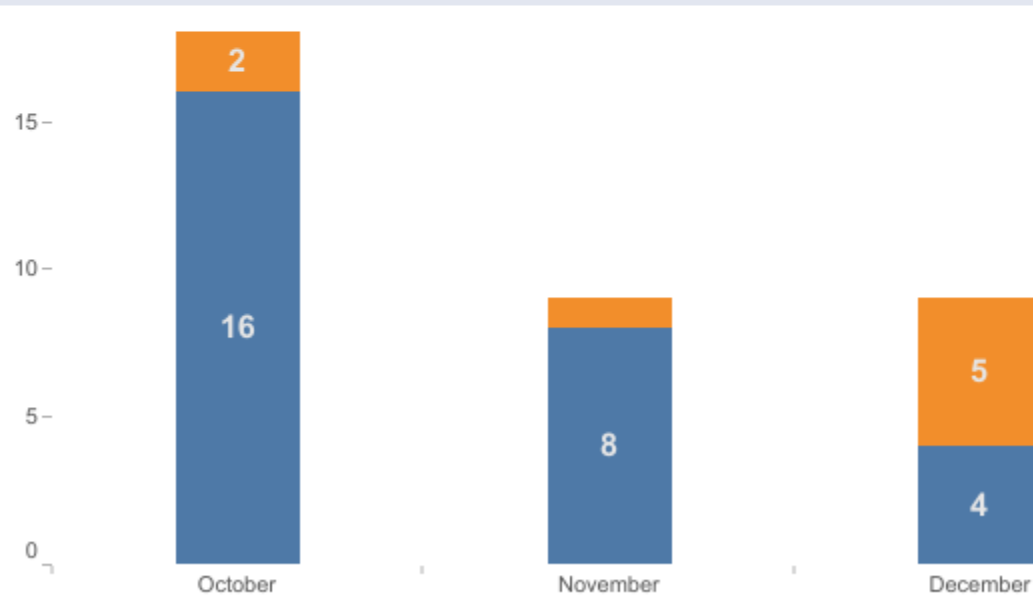
8

Total Volume

36

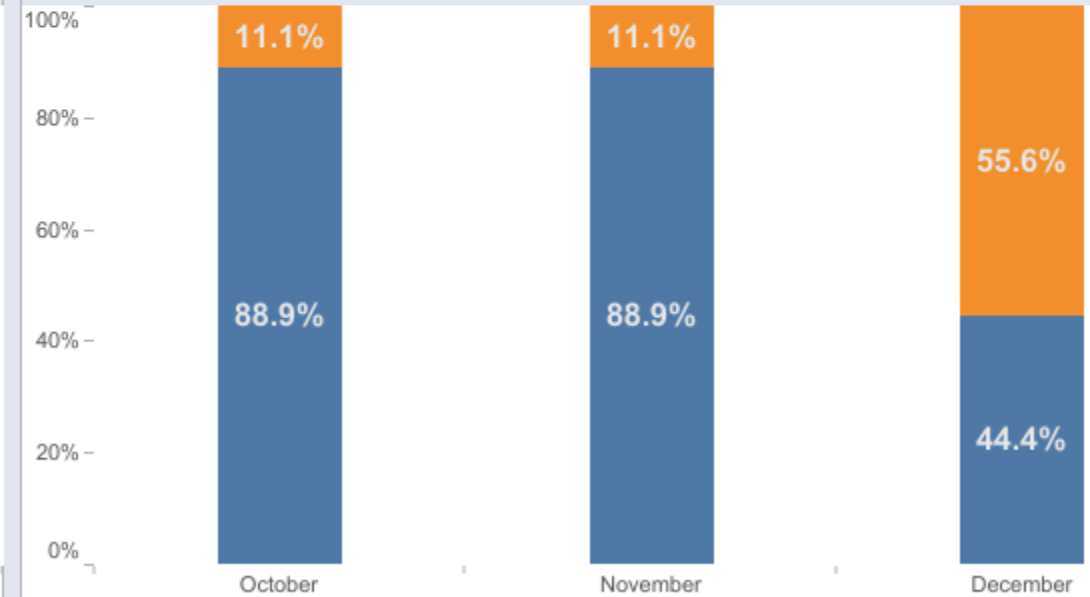
Acupuncture Board

SFY 2021:Q2 - Case Volume



Acupuncture Board

SFY 2021:Q2 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q2

Cycle Time
Actual Target

Case Volume by Month
October November December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

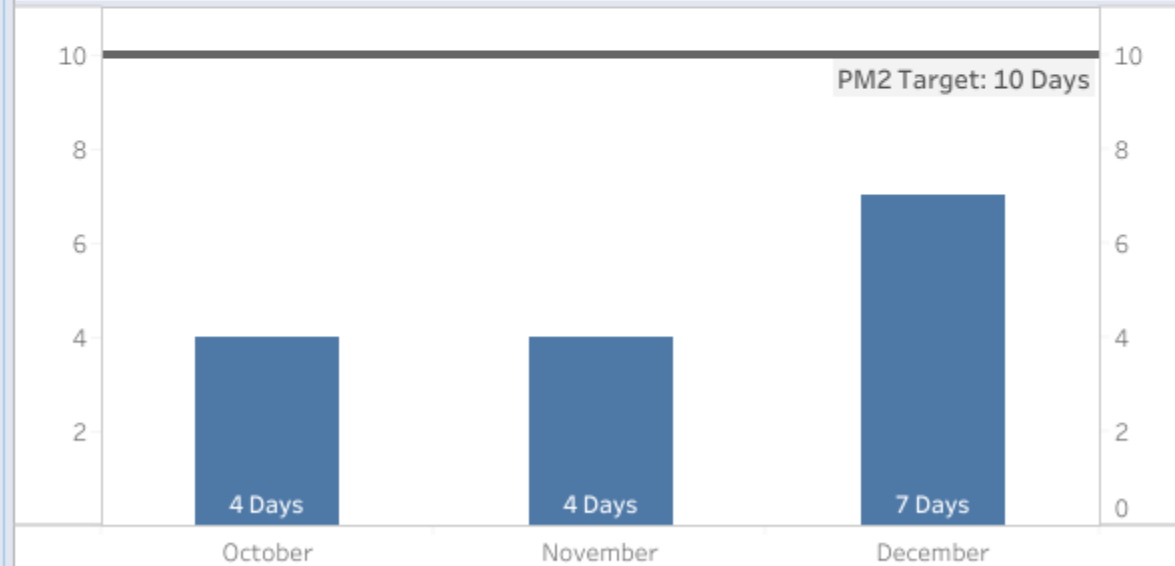
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
39	10 Days	5 Day(s)	▼ -5 Day(s)

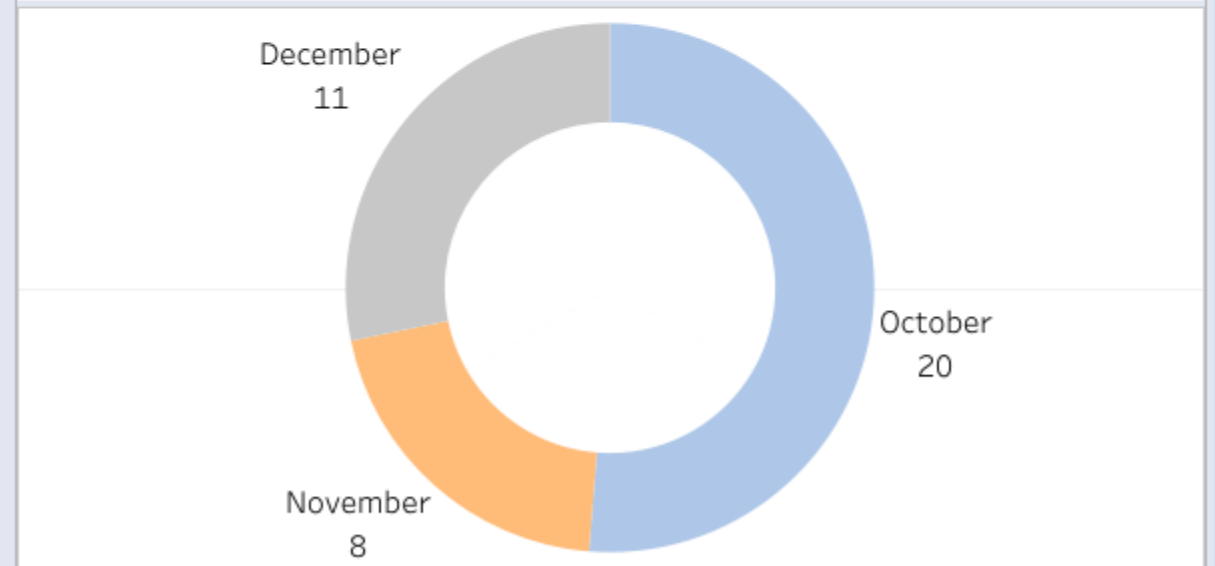
Acupuncture Board

SFY 2021: Q2 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2021: Q2 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

38

Target

200 Days

Actual

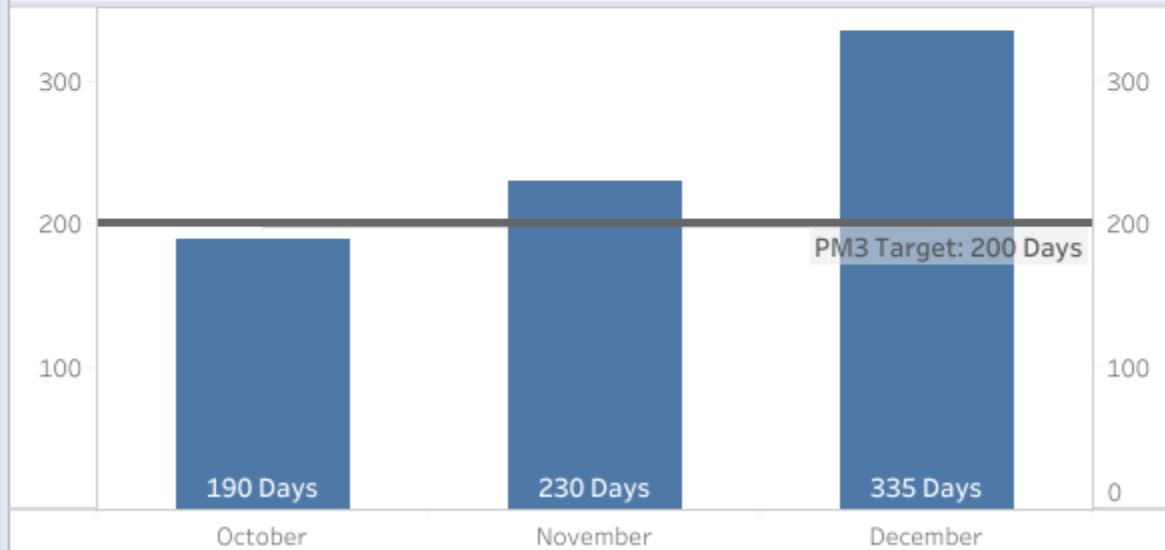
247 Day(s)

Variance

▲ 47 Day(s)

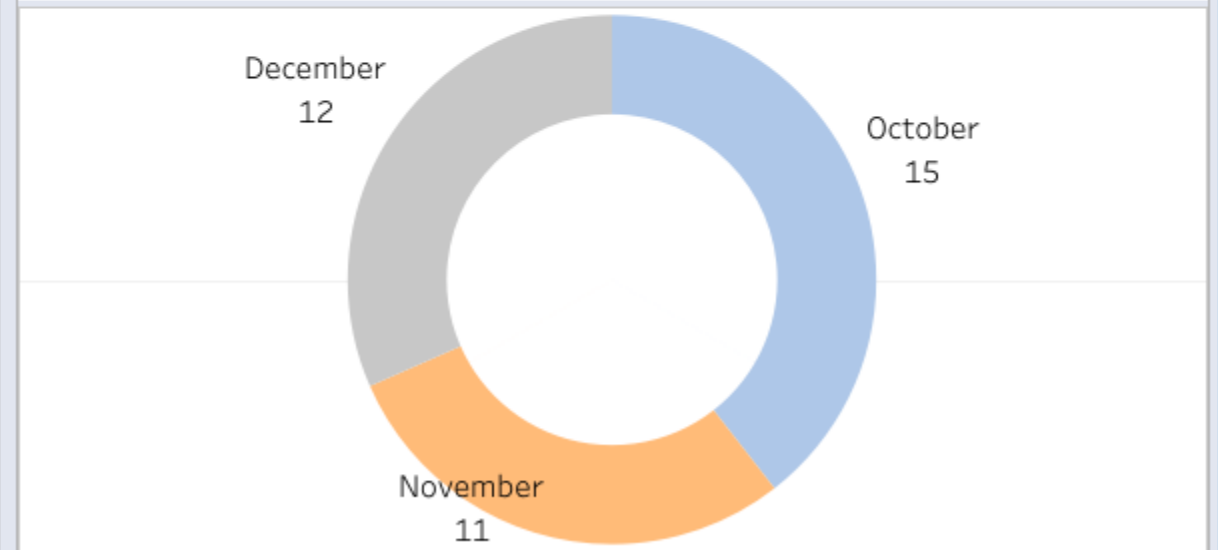
Acupuncture Board

SFY 2021: Q2 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2021: Q2 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q2

Cycle Time
Actual Target

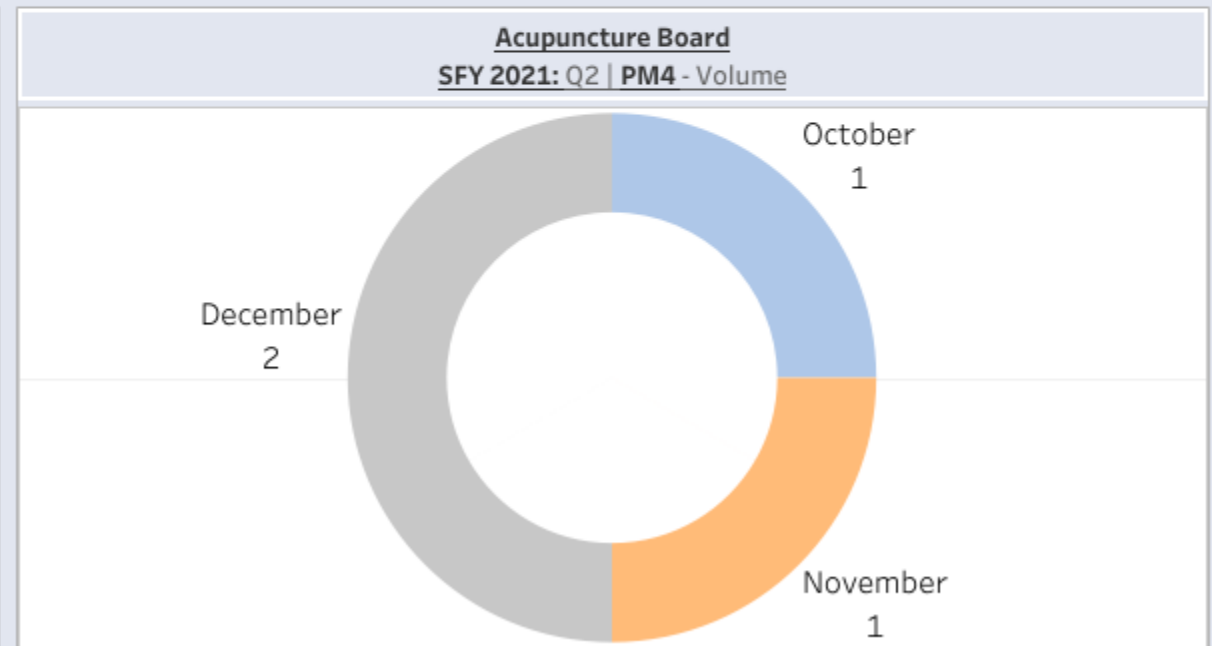
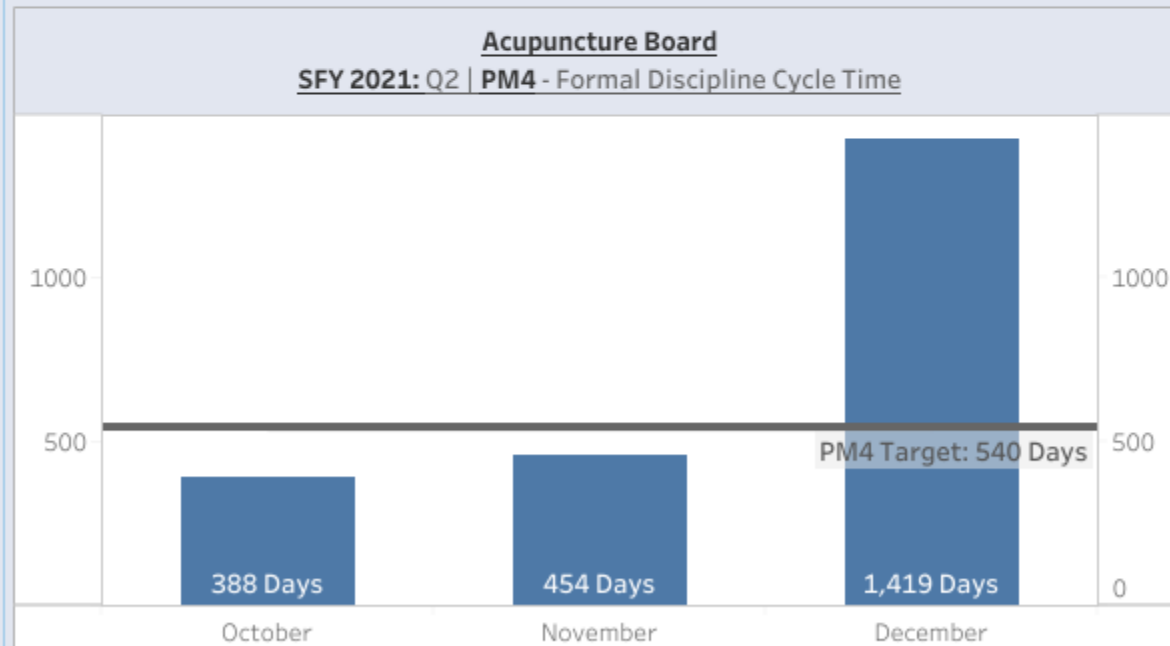
Case Volume by Month
October November December

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
4	540 Days	920 Day(s)	▲ 380 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM7

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October November December

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	10 Days	1 Day(s)	▼ -9 Day(s)

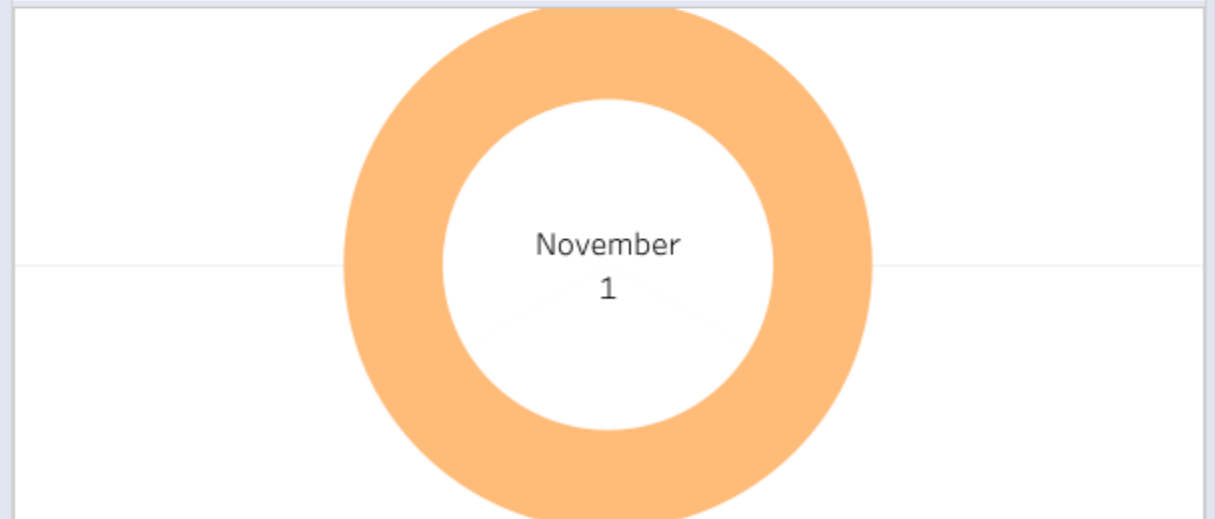
Acupuncture Board

SFY 2021: Q2 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2021: Q2 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM8

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month
October

November

December

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

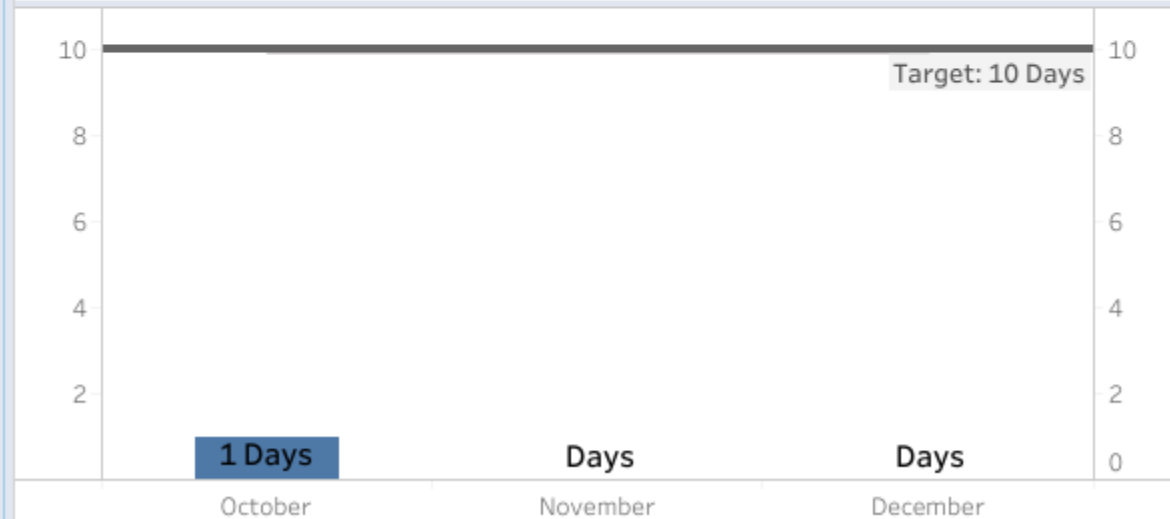
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	10 Days	1 Day(s)	▼ -9 Day(s)

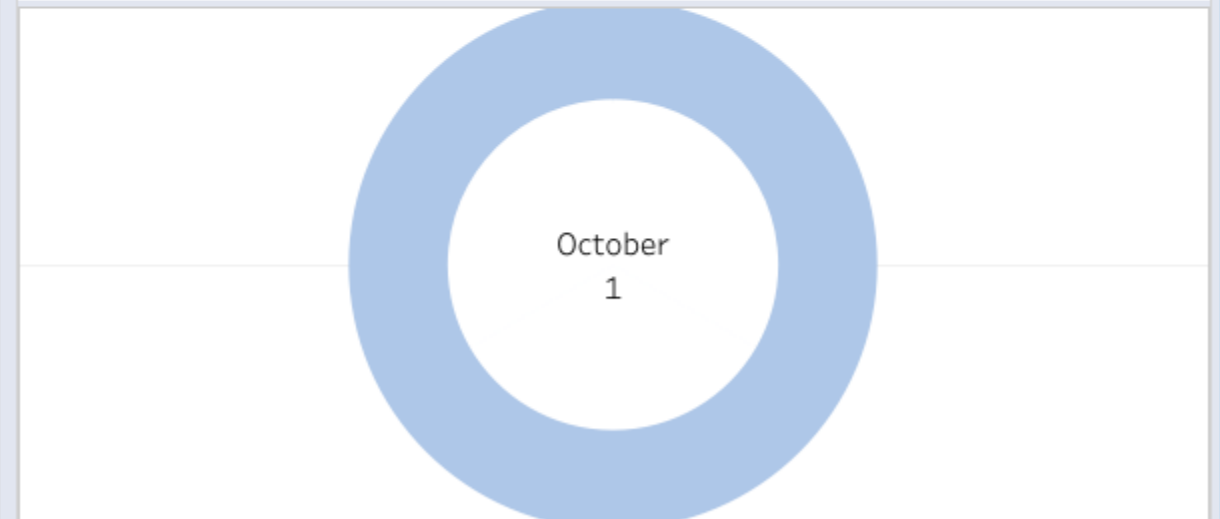
Acupuncture Board

SFY 2021: Q2 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2021: Q2 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q3

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

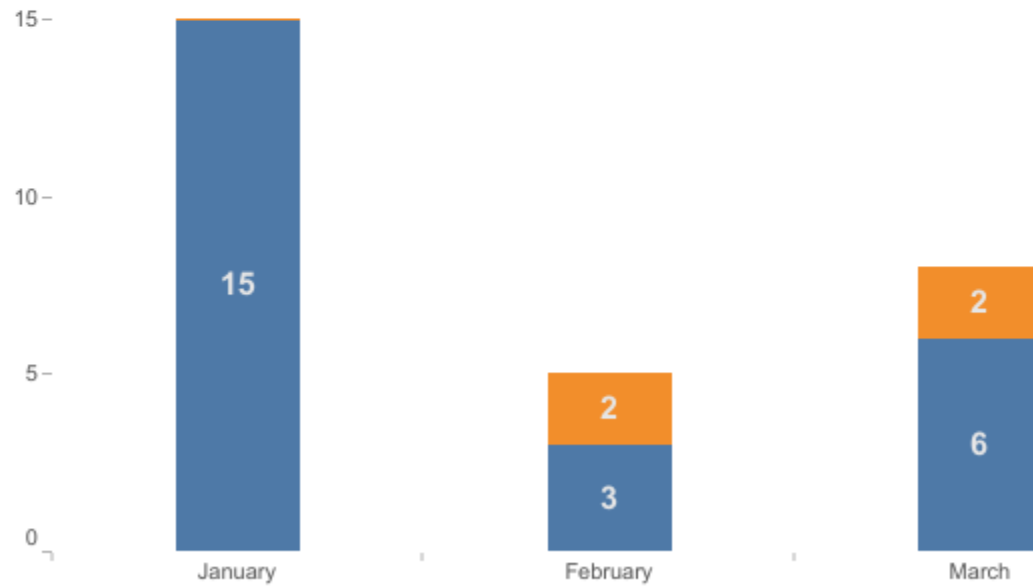
24

4

28

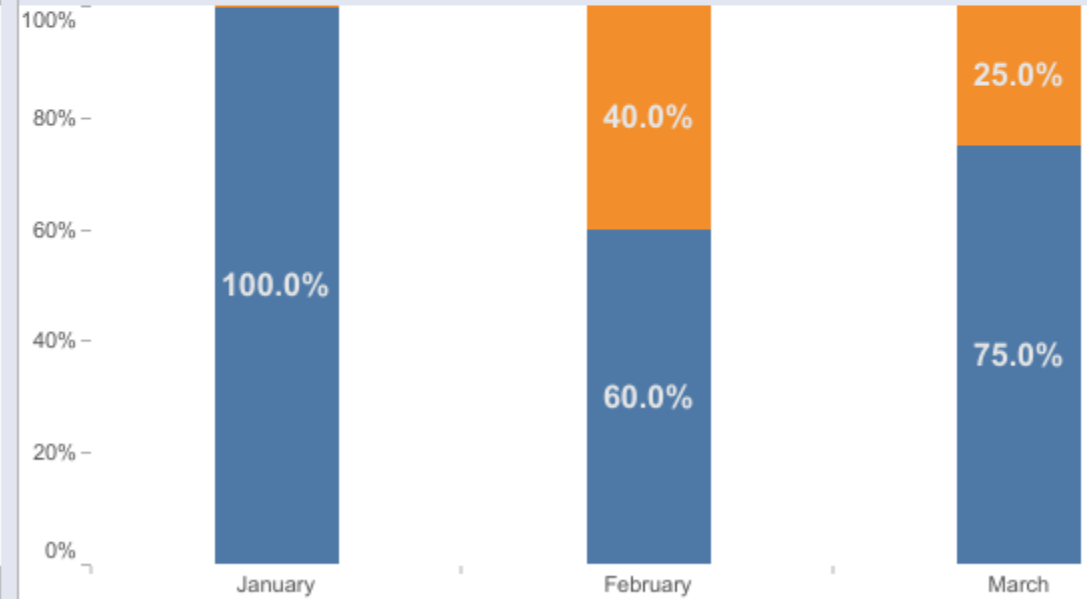
Acupuncture Board

SFY 2021:Q3 - Case Volume



Acupuncture Board

SFY 2021:Q3 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity

Acupuncture Board

Select a Fiscal Year

SFY 2021

Select a Quarter

Q3

Cycle Time

Actual

Target

Case Volume by Month

January

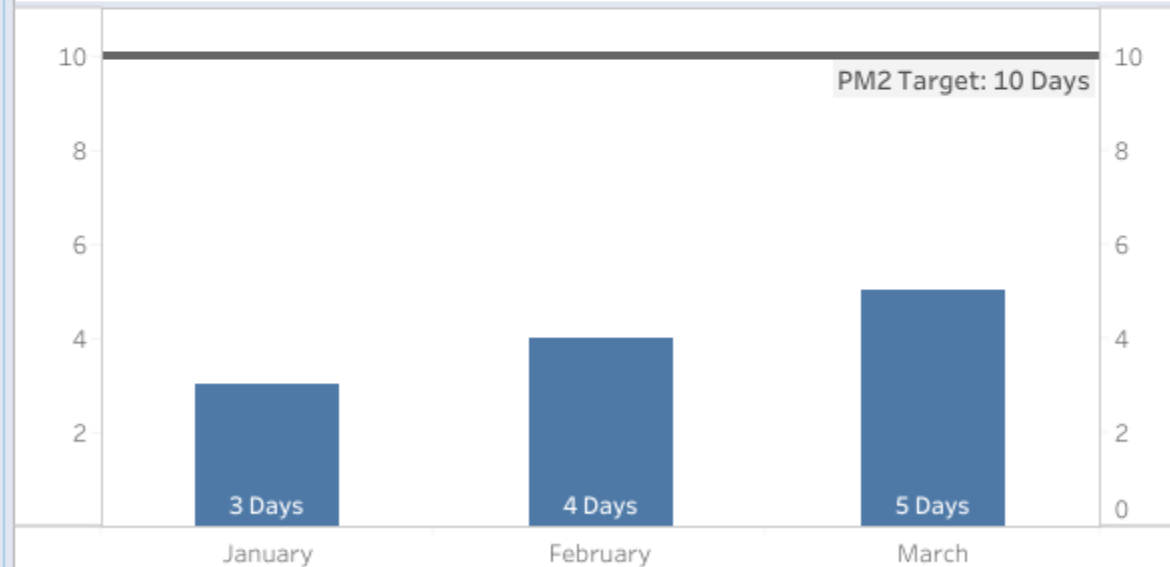
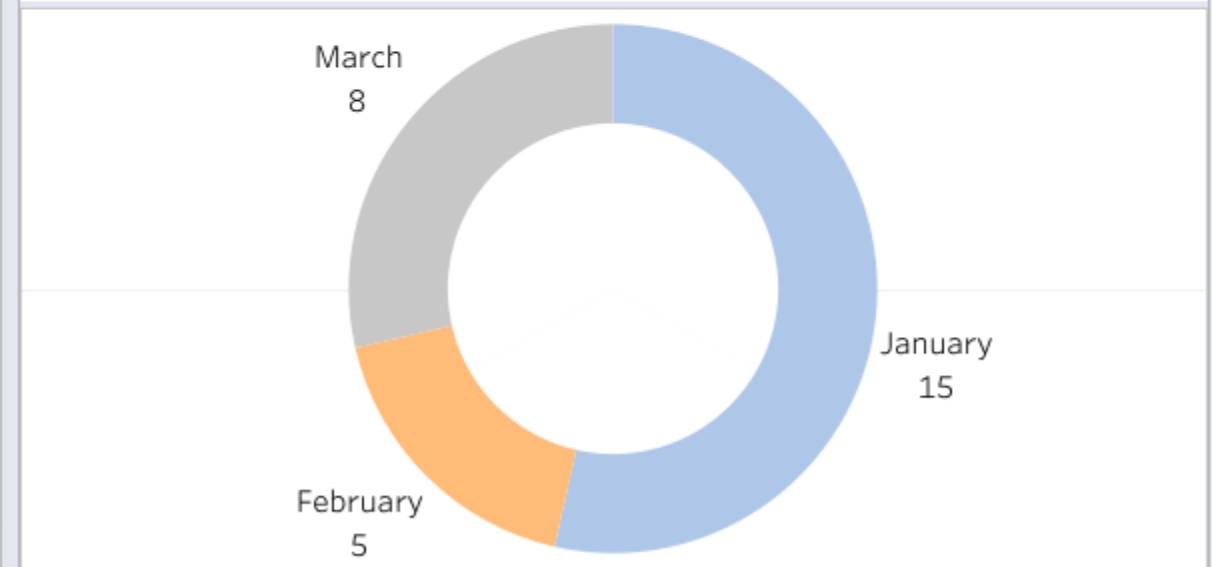
February

March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Acupuncture Board PM2 Performance Summary*Data last refreshed on 6/03/2022*

Case Volume	Target	Actual	Variance
28	10 Days	4 Day(s)	▼ -6 Day(s)

Acupuncture Board**SFY 2021: Q3 | PM2 - Intake Cycle Time****Acupuncture Board****SFY 2021: Q3 | PM2 - Volume**

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

31

Target

200 Days

Actual

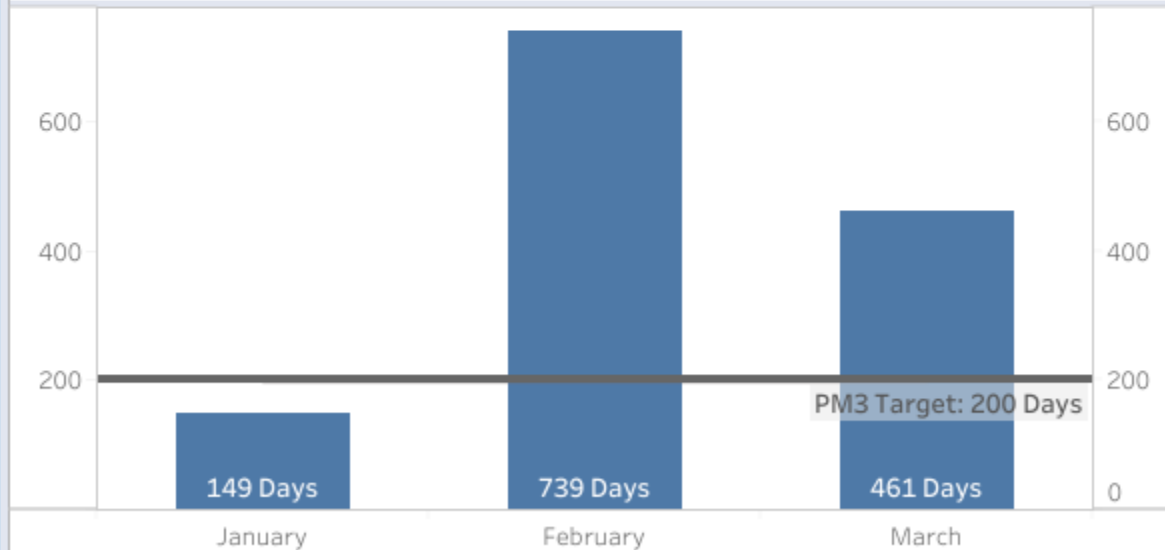
423 Day(s)

Variance

▲ 223 Day(s)

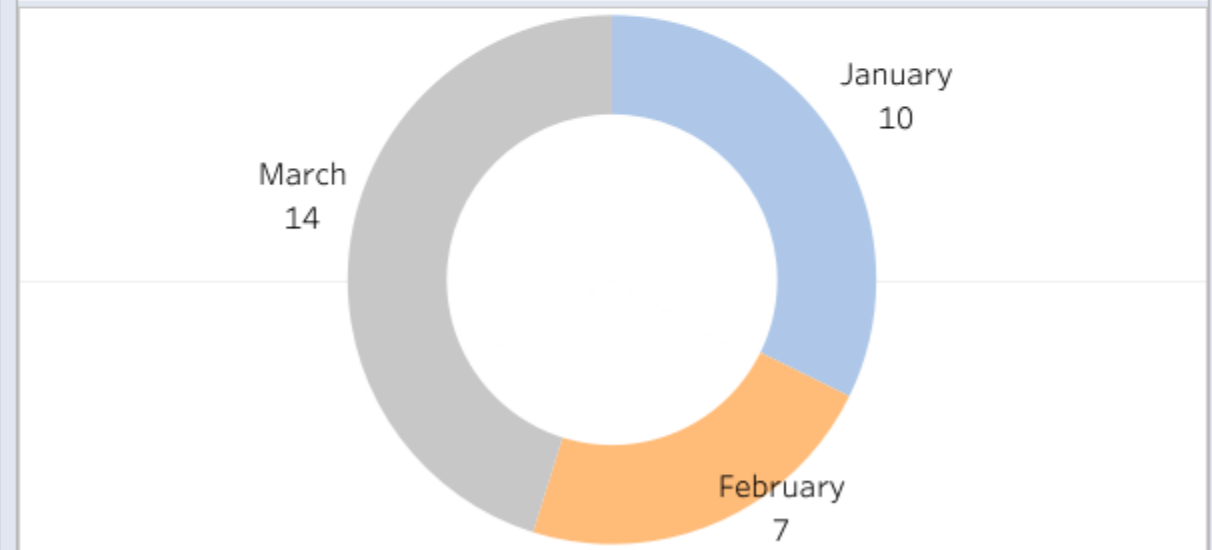
Acupuncture Board

SFY 2021: Q3 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2021: Q3 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q3

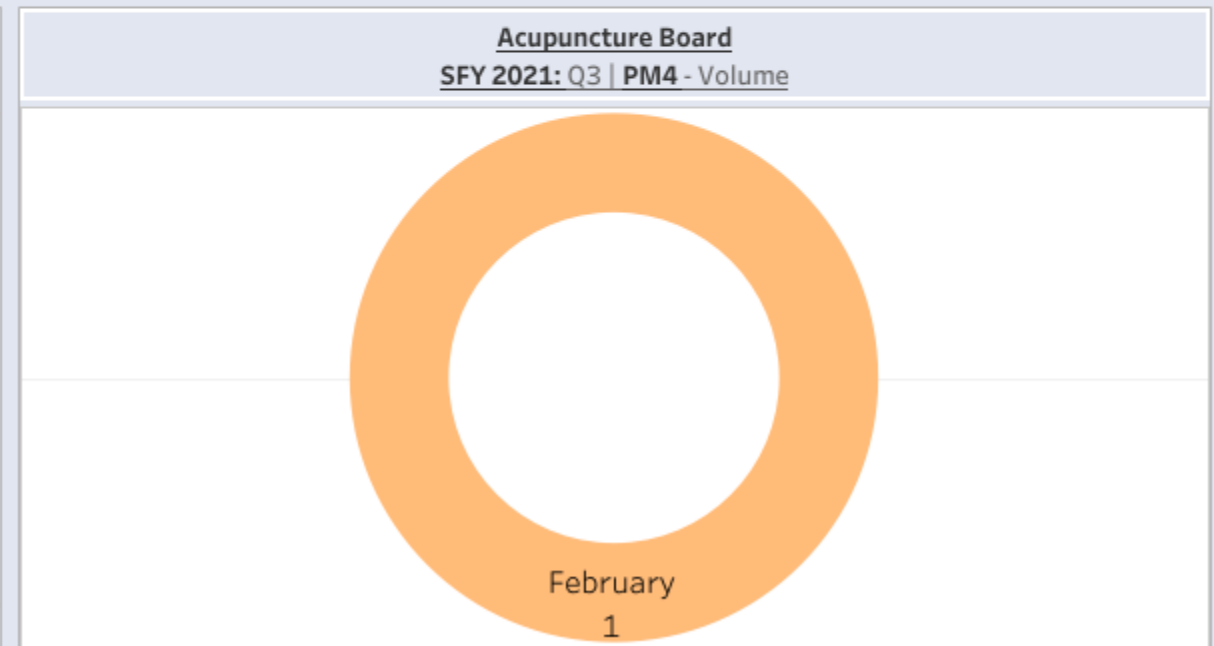
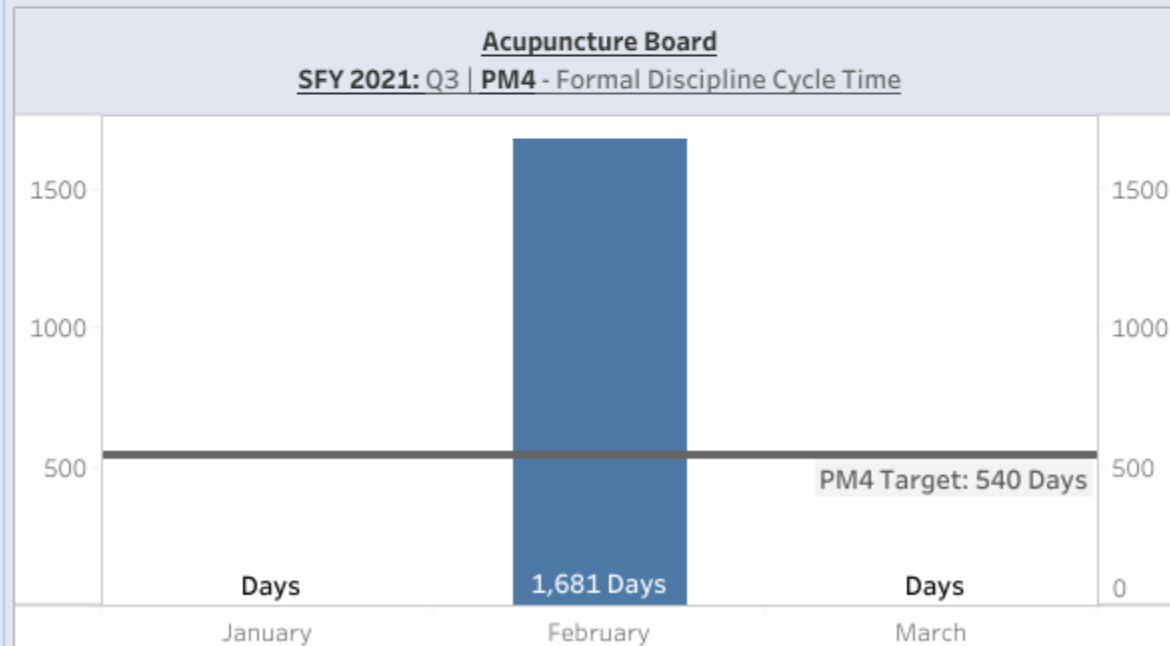
Cycle Time
Actual Target

Case Volume by Month
February

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	540 Days	1,681 Day(s)	▲ 1,141 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM7

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January February March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

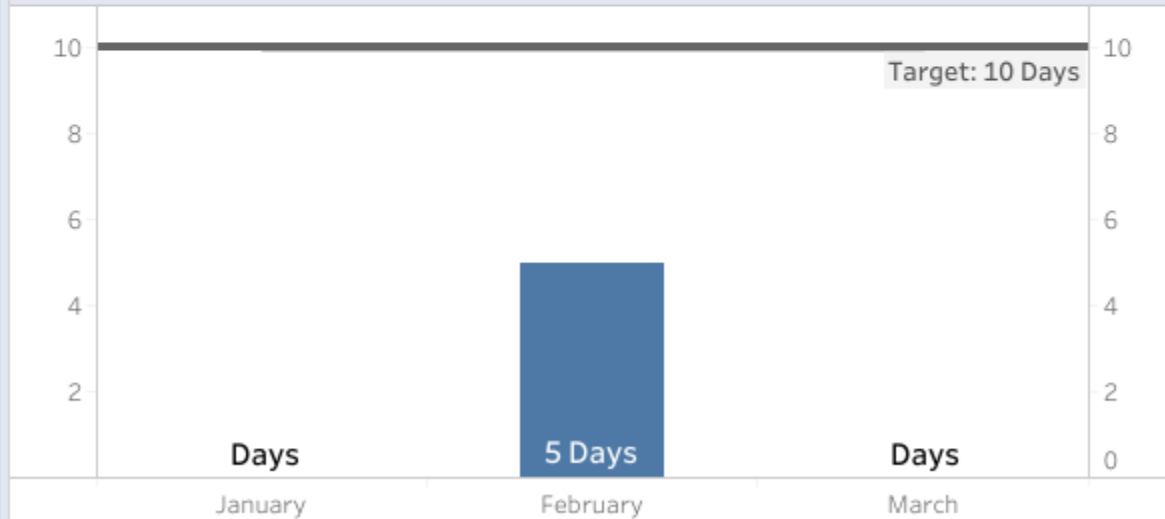
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
1	10 Days	5 Day(s)	▼ -5 Day(s)

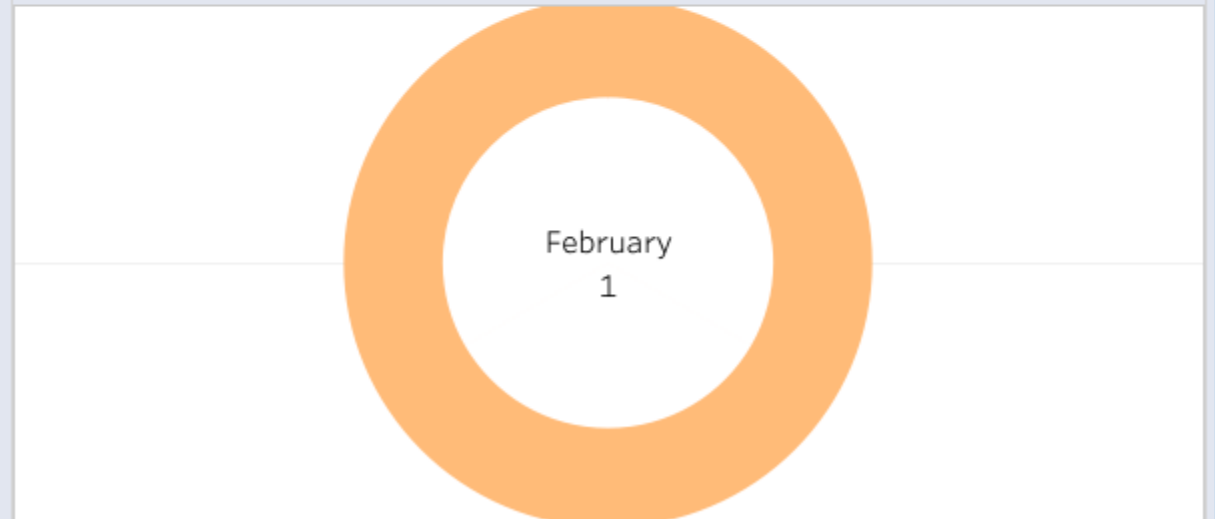
Acupuncture Board

SFY 2021: Q3 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2021: Q3 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM8

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month
January

February

March

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

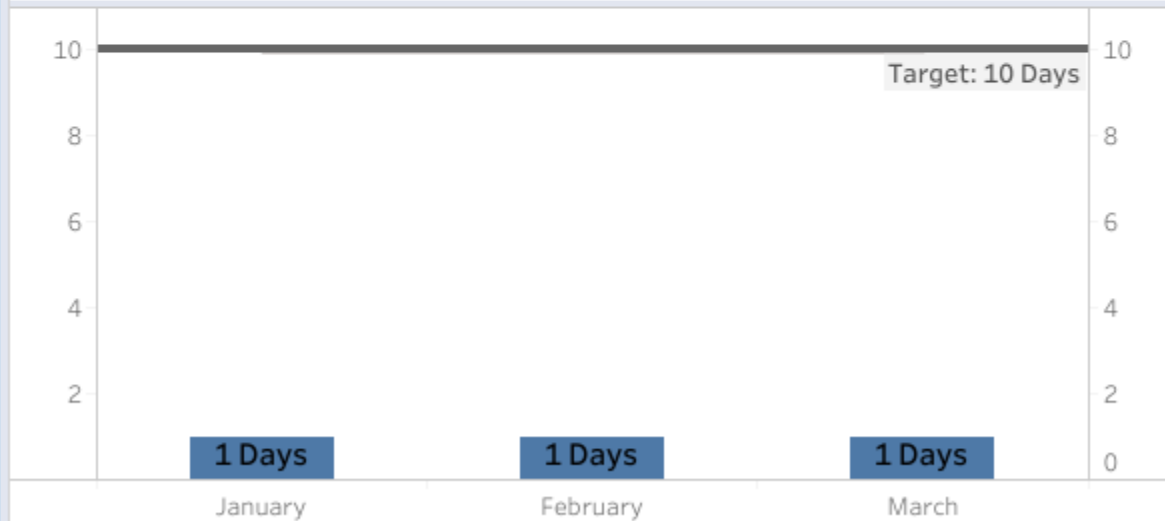
Acupuncture Board PM8 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
6	10 Days	1 Day(s)	▼ -9 Day(s)

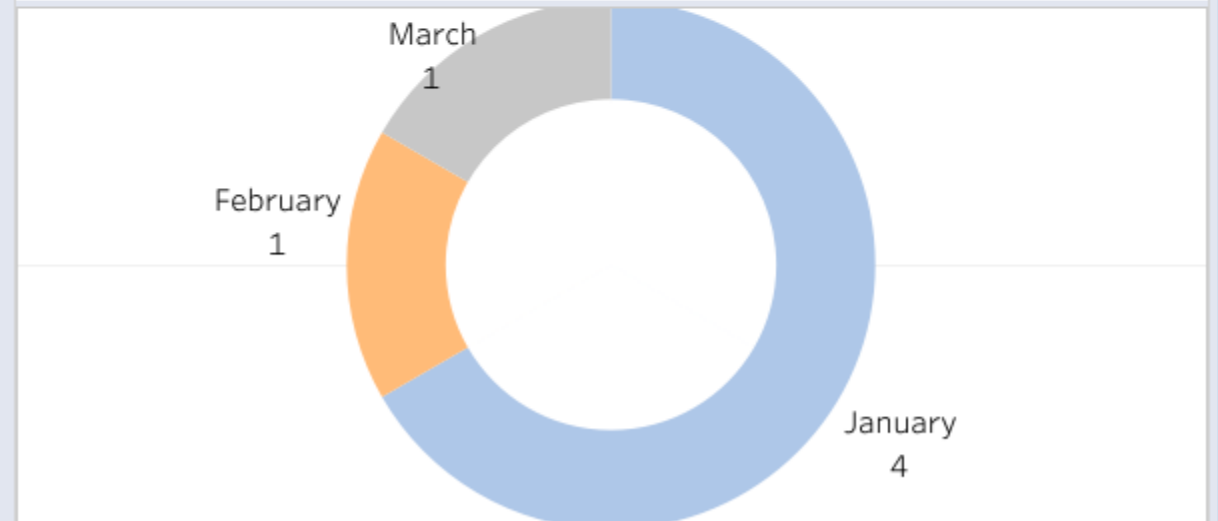
Acupuncture Board

SFY 2021: Q3 - PM8: Probation Violation Response Cycle Time



Acupuncture Board

SFY 2021: Q3 -PM8: Probation Violation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q4

Case Type
Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Acupuncture Board New Cases Summary

Data last refreshed on 6/3/2022

Complaints

Conviction/Arrest

Total Volume

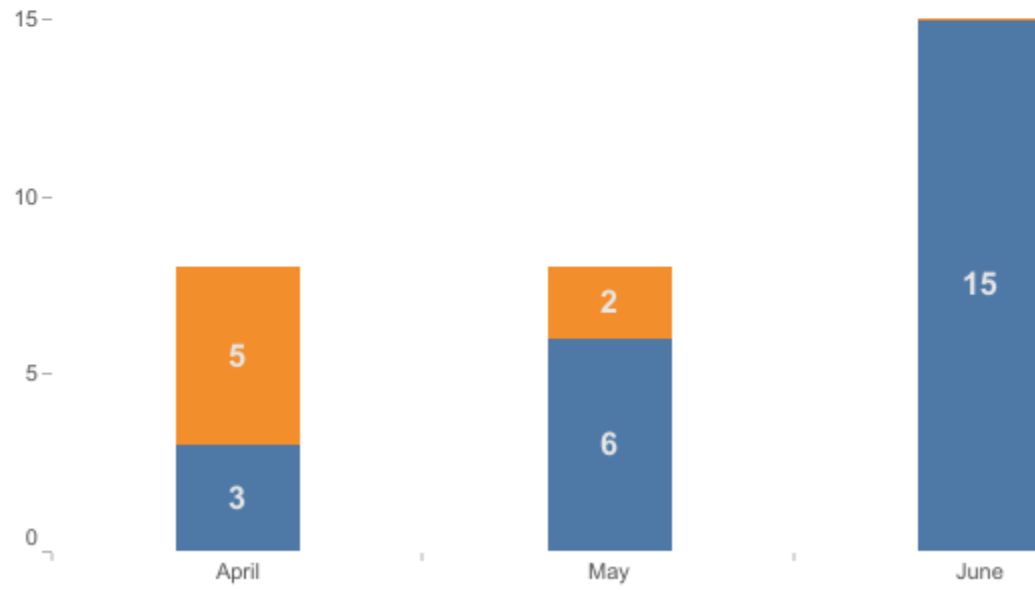
24

7

31

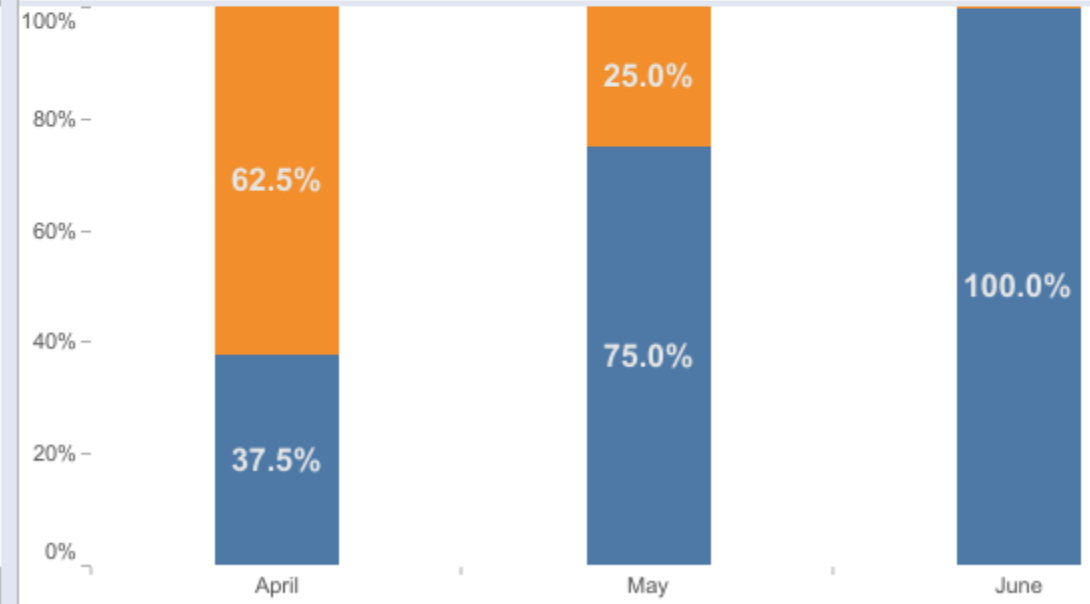
Acupuncture Board

SFY 2021:Q4 - Case Volume



Acupuncture Board

SFY 2021:Q4 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q4

Cycle Time
Actual Target

Case Volume by Month
April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

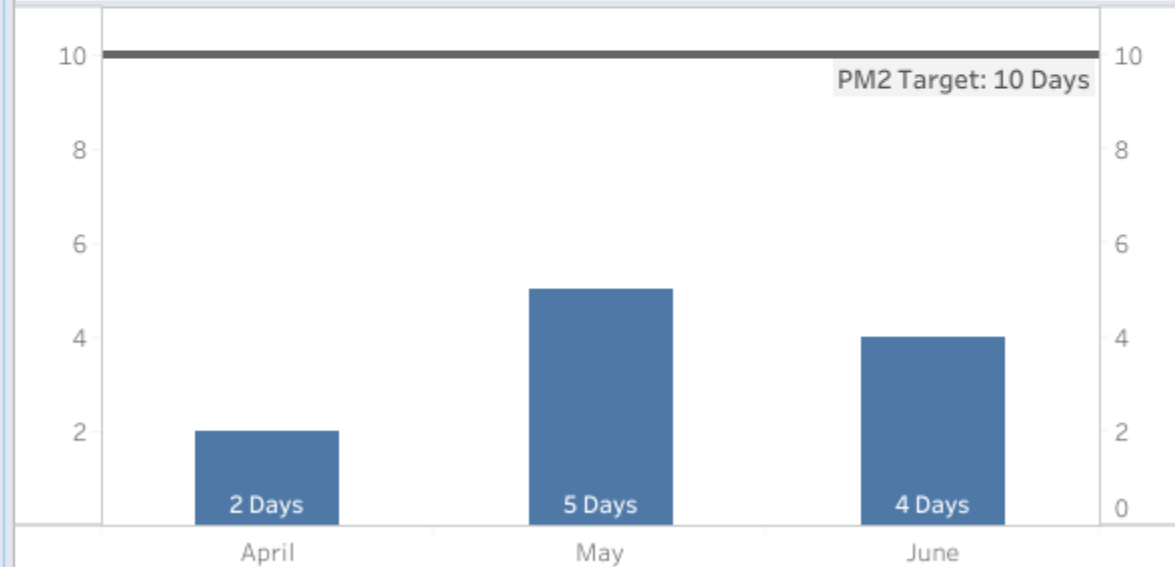
Acupuncture Board PM2 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
31	10 Days	4 Day(s)	▼ -6 Day(s)

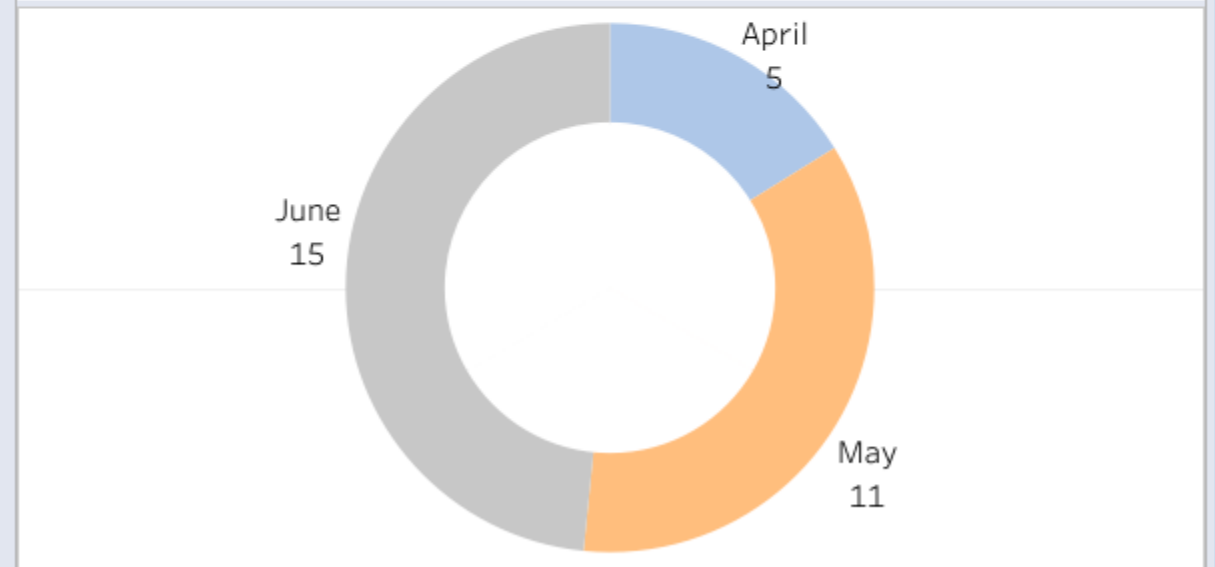
Acupuncture Board

SFY 2021: Q4 | PM2 - Intake Cycle Time



Acupuncture Board

SFY 2021: Q4 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Acupuncture Board PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume

48

Target

200 Days

Actual

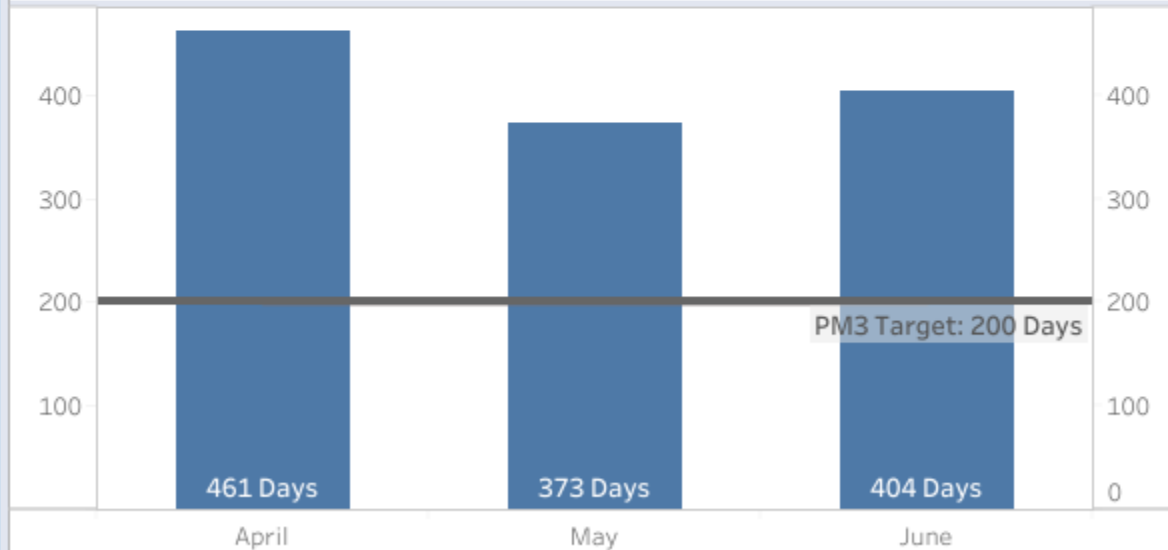
410 Day(s)

Variance

▲ 210 Day(s)

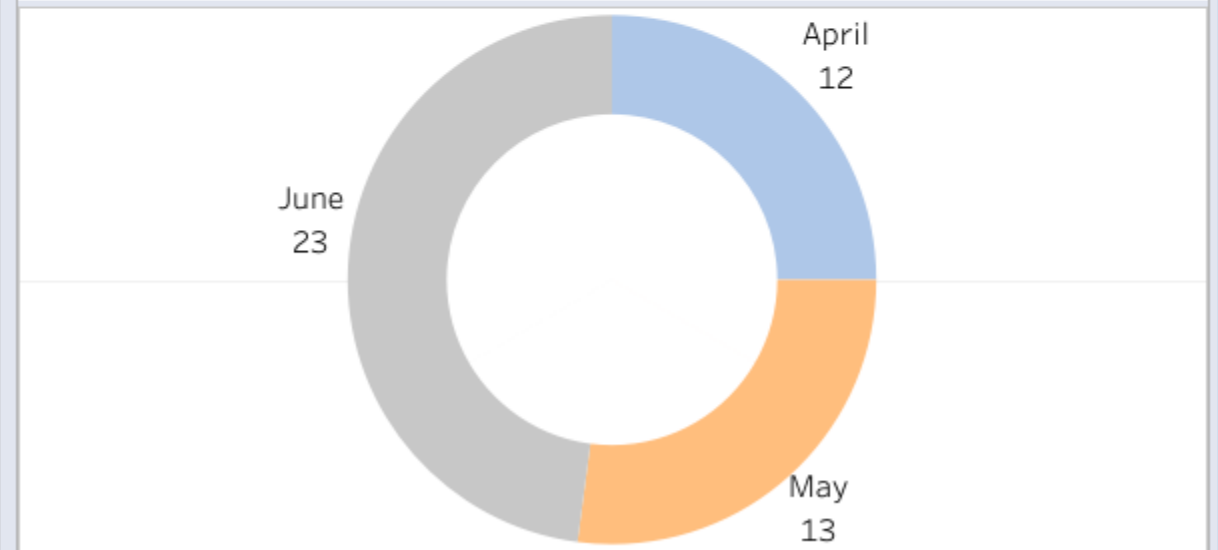
Acupuncture Board

SFY 2021: Q4 | PM3 - Investigations Cycle Time



Acupuncture Board

SFY 2021: Q4 | PM3 - Volume

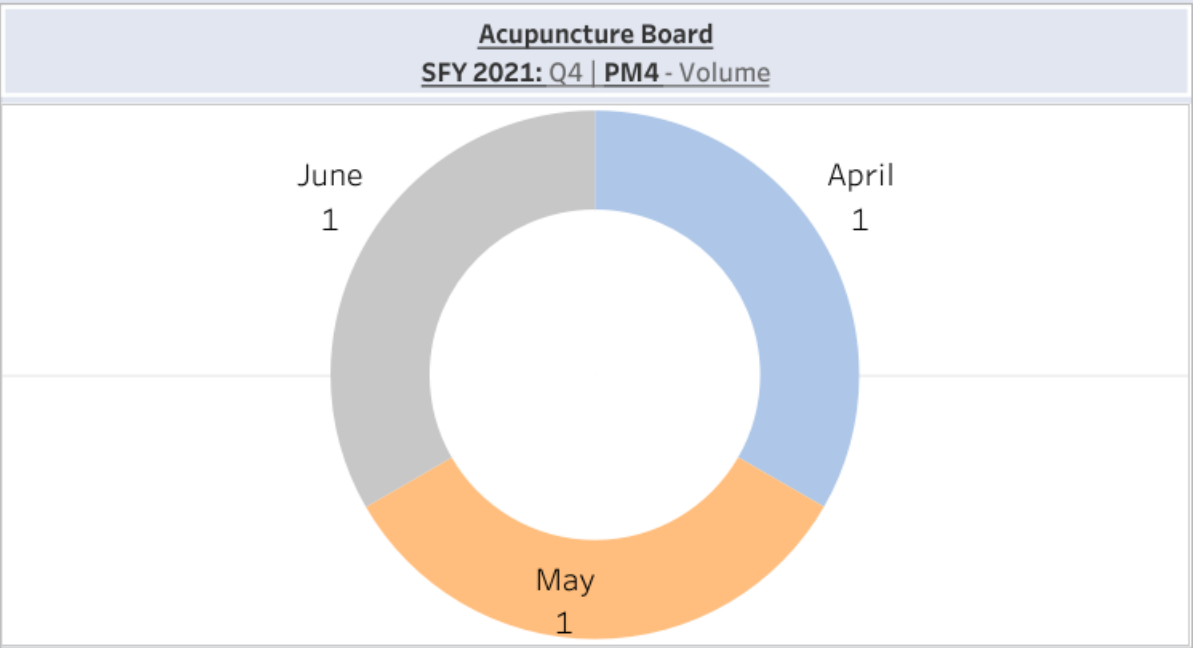
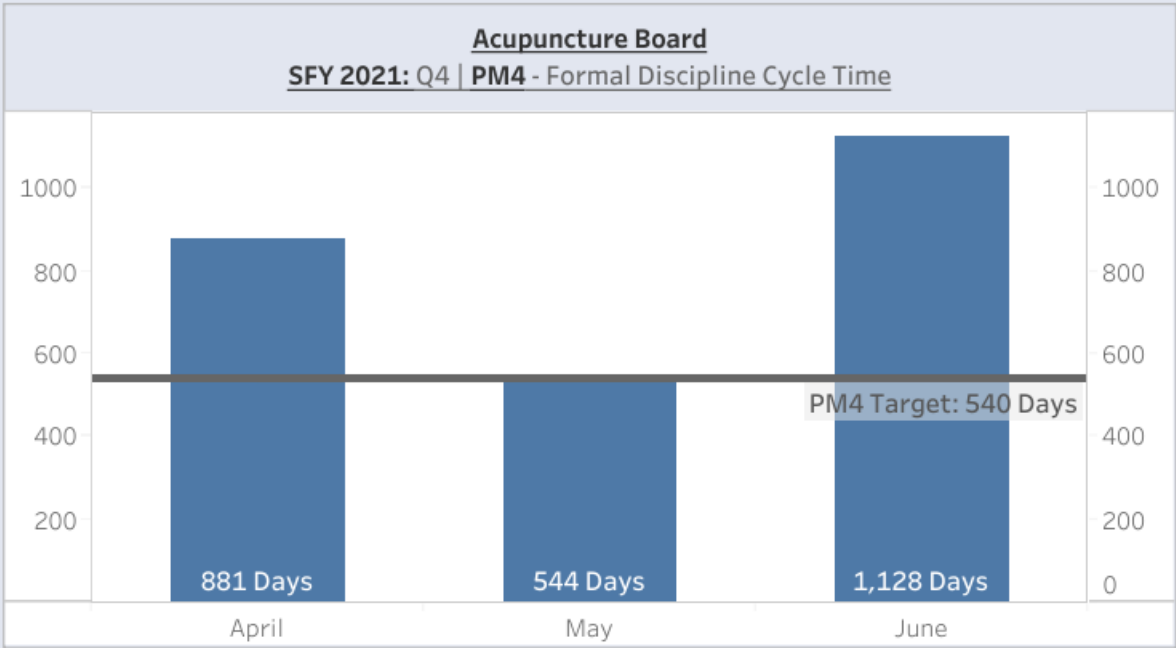


Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Acupuncture Board PM4 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
3	540 Days	851 Day(s)	▲ 311 Day(s)



Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM7

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month
April

May

June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

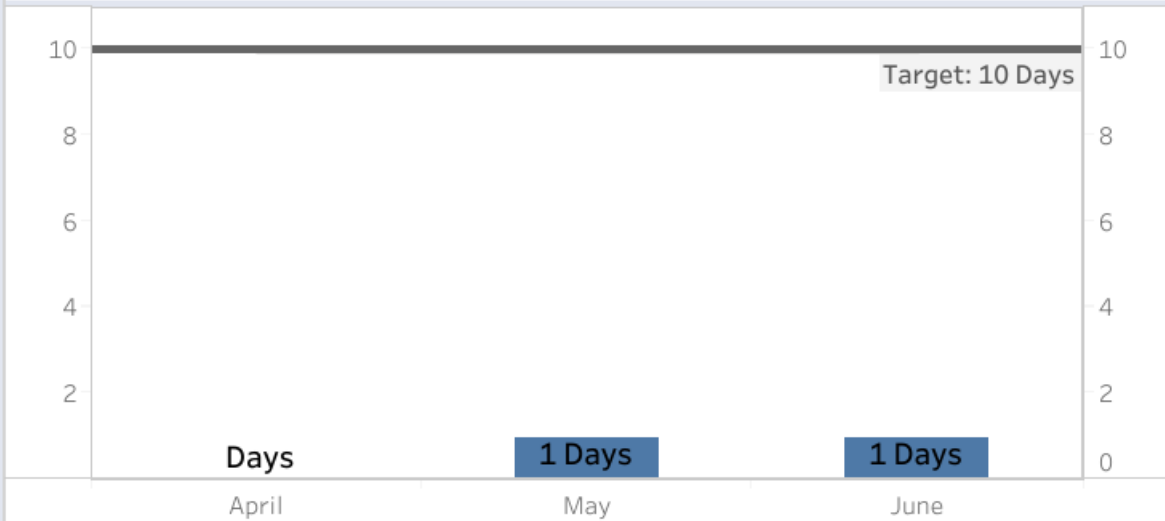
Acupuncture Board PM7 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
2	10 Days	1 Day(s)	▼ -9 Day(s)

Acupuncture Board

SFY 2021: Q4 - PM7: Probation Intake Cycle Time



Acupuncture Board

SFY 2021: Q4 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Acupuncture Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM8

Select a Quarter
Q4

Cycle Time
Actual Target

Case Volume by Month
April May June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

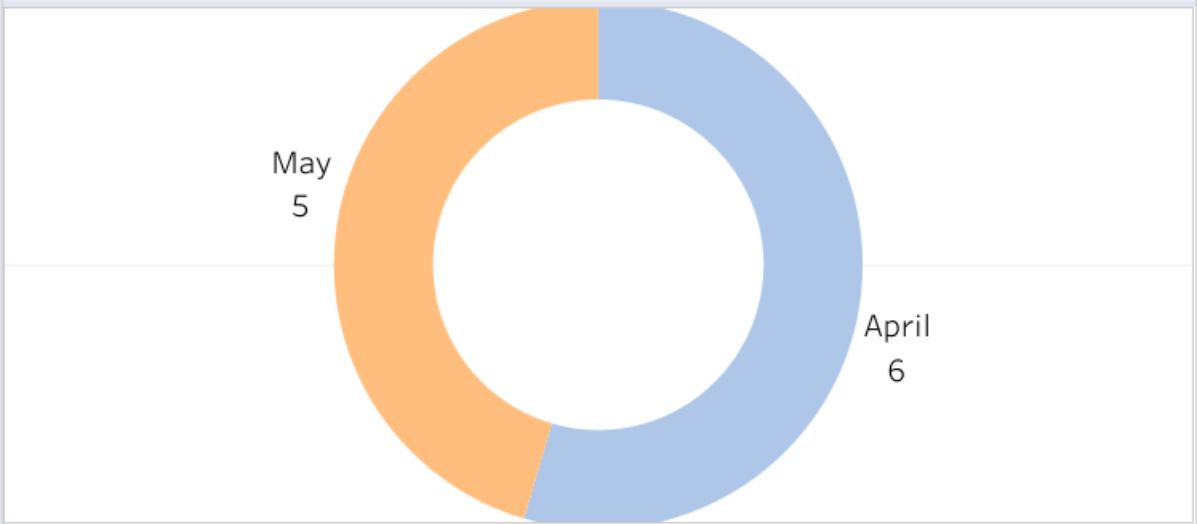
Acupuncture Board PM8 Performance Summary
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
11	10 Days	1 Day(s)	▼ -9 Day(s)

Acupuncture Board
SFY 2021: Q4 - PM8: Probation Violation Response Cycle Time



Acupuncture Board
SFY 2021: Q4 -PM8: Probation Violation Cases



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Section 2, No. 6. Enforcement Performance Measures APPENDIX D						
	Volume	Intake	Intake and Investigation	Formal Discipline	Probation Intake	Probation Violation Response
TARGETS	-	10	200	540	10	10
FY 17/18						
Quarter 1: July – Sept. '17	41	5	167	900	4	1
Quarter 2: Oct. – Dec. '17	85	3	144	695	2	2
Quarter 3: Jan. – Mar. '18	68	5	120	820	3	2
Quarter 4: Apr. – June '18	96	3	134	596	4	3
FY 18/19						
Quarter 1: July – Sept. '18	34	5	114	482	3	3
Quarter 2: Oct. – Dec. '18	88	3	151	479	3	2
Quarter 3: Jan. – Mar. '19	45	6	206	669	1	2
Quarter 4: Apr. – June '19	59	6	224	261	n/a	1
FY 19/20						
Quarter 1: July – Sept. '19	36	7	165	412	5	3
Quarter 2: Oct. – Dec. '19	88	3	137	n/a	n/a	2
Quarter 3: Jan. – Mar. '20	65	6	118	607	1	2
Quarter 4: Apr. – June '20	58	6	137	687	4	1
FY 20/21						
Quarter 1: July – Sept. '20	49	7	141	1,081	2	1
Quarter 2: Oct. – Dec. '20	58	4	229	n/a	n/a	2
Quarter 3: Jan. – Mar. '21	86	2	209	436	n/a	1
Quarter 4: Apr. – June '21	40	4	166	531	1	1
FY 21/22						
Quarter 1: July – Sept. '21	43	5	233	702	1	2
Quarter 2: Oct. – Dec. '21	36	5	247	920	1	1
Quarter 3: Jan. – Mar. '22	28	4	423	1,681	5	1
Quarter 4: Apr. – June '22	31	4	410	851	1	1

NOTE: With the exception of volume, all numbers represent the number of days.

COLUMN EXPLANATIONS

VOLUME: Number of Complaints and convictions received.

INTAKE: Average cycle time (in days) from complaint receipt to the date the complaint was assigned to an investigator.

INTAKE AND INVESTIGATION: Average cycle time (in days) from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

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)

PROBATION INTAKE: Average number of days from monitor assignment to the date the monitor makes first contact with the probationer.

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 following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. Due to a low response rate for many Boards and Bureaus, PM6 will not be reported publicly until a larger sample size has been generated. These results are for your information only at this time. The Performance measure score is the percent of Very Good and Good ratings.

October 1, 2017 - December 31, 2017	
Total responses:	3
Performance measure score	100%

October 1, 2017 - December 31, 2017	
Performance measure score	
83%	

Acupuncture Board

DCA Average

How well did we explain the complaint process to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	3	100%
Total	3	

% of Total
10%
5%
15%
70%

How clearly was the outcome of your complaint explained to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	3	100%
Total	3	

% of Total
13%
6%
12%
70%

How well did we meet the timeframe provided to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	3	100%
Total	3	

% of Total
12%
6%
14%
69%

How courteous and helpful was staff?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	2	100%
Total	2	

% of Total
9%
4%
9%
78%

Overall, how well did we handle your complaint?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	2	100%
Total	2	

% of Total
15%
6%
9%
69%

If we were unable to assist you, were alternatives provided to you?	Number	% of Total
Very Poor	1	100%
Poor	0	0%
Good	0	0%
Total	1	

% of Total
51%
49%
0%

Did you verify the provider's license prior to service?	Number	% of Total
Yes	1	33%
No	1	33%
Not Applicable	1	33%
Total	3	

% of Total
33%
37%
30%

Complaint Number	Comment

The following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. Due to a low response rate for many Boards and Bureaus, PM6 will not be reported publicly until a larger sample size has been generated. These results are for your information only at this time. The Performance measure score is the percent of Very Good and Good ratings.

July 1, 2018 - September 30, 2018	
Total responses:	1
Performance measure score	100%

July 1, 2018 - September 30, 2018	
Performance measure score	
83%	

DCA Average

Acupuncture Board

How well did we explain the complaint process to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	1	100%
Total	1	

% of Total
11%
5%
11%
73%

How clearly was the outcome of your complaint explained to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	1	100%
Total	1	

% of Total
13%
4%
9%
74%

How well did we meet the timeframe provided to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	1	100%
Very Good	0	0%
Total	1	

% of Total
13%
5%
10%
72%

How courteous and helpful was staff?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	1	100%
Total	1	

% of Total
9%
4%
9%
77%

Overall, how well did we handle your complaint?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	1	100%
Total	1	

% of Total
17%
3%
8%
71%

If we were unable to assist you, were alternatives provided to you?	Number	% of Total
Very Poor	0	#DIV/0!
Poor	0	#DIV/0!
Good	0	#DIV/0!
Total	0	

% of Total
46%
54%
0%

Did you verify the provider's license prior to service?	Number	% of Total
Yes	1	100%
No	0	0%
Not Applicable	0	0%
Total	1	

% of Total
31%
36%
33%

Complaint Number	Comment
IA-2017-200	Great communication and outcome. Thank you for your diligent work in keeping Health Care pros safety compliant.

The following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. Due to a low response rate for many Boards and Bureaus, PM6 will not be reported publicly until a larger sample size has been generated. These results are for your information only at this time. The Performance measure score is the percent of Very Good and Good ratings.

October 1, 2018 - December 31, 2018	
Total responses:	1
Performance measure score	100%

October 1, 2018 - December 31, 2018	
Performance measure score	
79%	

Acupuncture Board

DCA Average

How well did we explain the complaint process to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	1	100%
Total	1	

% of Total
10%
10%
16%
64%

How clearly was the outcome of your complaint explained to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	1	100%
Very Good	0	0%
Total	1	

% of Total
14%
9%
14%
63%

How well did we meet the timeframe provided to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	1	100%
Very Good	0	0%
Total	1	

% of Total
13%
7%
17%
63%

How courteous and helpful was staff?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	1	100%
Total	1	

% of Total
8%
7%
12%
73%

Overall, how well did we handle your complaint?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	0	0%
Very Good	1	100%
Total	1	

% of Total
21%
6%
10%
63%

If we were unable to assist you, were alternatives provided to you?	Number	% of Total
Very Poor	0	#DIV/0!
Poor	0	#DIV/0!
Good	0	#DIV/0!
Total	0	

% of Total
50%
50%
0%

Did you verify the provider's license prior to service?	Number	% of Total
Yes	1	100%
No	0	0%
Not Applicable	0	0%
Total	1	

% of Total
31%
35%
34%

Complaint Number	Comment
IA-2016-230	Thank you for protecting the public and profession. Please continue to be a watchdog for L.A.cs.

The following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. Due to a low response rate for many Boards and Bureaus, PM6 will not be reported publicly until a larger sample size has been generated. These results are for your information only at this time. The Performance measure score is the percent of Very Good and Good ratings.

April 1, 2019 - June 30 2019	
Total responses:	1
Performance measure score	0%

April 1, 2019 - June 30 2019	
Performance measure score	80%

DCA Average

Acupuncture Board

How well did we explain the complaint process to you?	Number	% of Total
Very Poor	1	100%
Poor	0	0%
Good	0	0%
Very Good	0	0%
Total	1	

% of Total
9%
8%
15%
68%

How clearly was the outcome of your complaint explained to you?	Number	% of Total
Very Poor	1	100%
Poor	0	0%
Good	0	0%
Very Good	0	0%
Total	1	

% of Total
15%
7%
13%
65%

How well did we meet the timeframe provided to you?	Number	% of Total
Very Poor	0	0%
Poor	1	100%
Good	0	0%
Very Good	0	0%
Total	1	

% of Total
12%
9%
15%
64%

How courteous and helpful was staff?	Number	% of Total
Very Poor	0	0%
Poor	1	100%
Good	0	0%
Very Good	0	0%
Total	1	

% of Total
6%
7%
13%
74%

Overall, how well did we handle your complaint?	Number	% of Total
Very Poor	1	100%
Poor	0	0%
Good	0	0%
Very Good	0	0%
Total	1	

% of Total
19%
7%
12%
63%

If we were unable to assist you, were alternatives provided to you?	Number	% of Total
Very Poor	0	0%
Poor	1	100%
Good	0	0%
Total	1	

% of Total
49%
51%
0%

Did you verify the provider's license prior to service?	Number	% of Total
Yes	0	0%
No	0	0%
Not Applicable	1	100%
Total	1	

% of Total
32%
37%
31%

Complaint Number	Comment
IA-2018-99	I still need my records! I'm entitled to have them. Will file another complaint.

The following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. Due to a low response rate for many Boards and Bureaus, PM6 will not be reported publicly until a larger sample size has been generated. These results are for your information only at this time. The Performance measure score is the percent of Very Good and Good ratings.

July 1, 2020 - September 30, 2020	
Total responses:	2
Performance measure score	50%

July 1, 2020 - September 30, 2020	
Performance measure score	
85%	

Acupuncture Board

DCA Average

How well did we explain the complaint process to you?	Number	% of Total
Very Poor	0	0%
Poor	1	50%
Good	1	50%
Very Good	0	0%
Total	2	

% of Total
10%
4%
14%
73%

How clearly was the outcome of your complaint explained to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	2	100%
Very Good	0	0%
Total	2	

% of Total
12%
4%
18%
67%

How well did we meet the timeframe provided to you?	Number	% of Total
Very Poor	1	50%
Poor	1	50%
Good	0	0%
Very Good	0	0%
Total	2	

% of Total
8%
7%
22%
63%

How courteous and helpful was staff?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	2	100%
Very Good	0	0%
Total	2	

% of Total
4%
4%
14%
79%

Overall, how well did we handle your complaint?	Number	% of Total
Very Poor	0	0%
Poor	2	100%
Good	0	0%
Very Good	0	0%
Total	2	

% of Total
17%
5%
9%
69%

If we were unable to assist you, were alternatives provided to you?	Number	% of Total
Very Poor	0	0%
Poor	2	100%
Good	0	0%
Total	2	

% of Total
54%
46%
0%

Did you verify the provider's license prior to service?	Number	% of Total
Yes	1	50%
No	0	0%
Not Applicable	1	50%
Total	2	

% of Total
32%
38%
31%

Complaint Number	Comment
1A-2017-229	It has been almost three years since I filed the complaint. DCA investigator worked hard on this case, and I appreciate that, but after the investigation I have not heard anything for more than one year. If I did not send out an email and requested results, I am not sure how long will be the wait? The result came in only 2 days after my I request, so I am curious how carefully that the staff actually review the case before proceeding the last step. I am wondering how long is the wait if I did not send out an email to demand the final evaluation? I am wondering why this case does not go through criminal court system?

The following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. Due to a low response rate for many Boards and Bureaus, PM6 will not be reported publicly until a larger sample size has been generated. These results are for your information only at this time. The Performance measure score is the percent of Very Good and Good ratings.

April 1, 2021 - June 30, 2021	
Total responses:	3
Performance measure score	80%

April 1, 2021 - June 30, 2021	
Performance measure score	73%

Acupuncture Board

DCA Average

How well did we explain the complaint process to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	1	50%
Very Good	1	50%
Total	2	

% of Total
15%
6%
15%
64%

How clearly was the outcome of your complaint explained to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	1	50%
Very Good	1	50%
Total	2	

% of Total
23%
4%
12%
61%

How well did we meet the timeframe provided to you?	Number	% of Total
Very Poor	0	0%
Poor	0	0%
Good	1	50%
Very Good	1	50%
Total	2	

% of Total
18%
11%
15%
56%

How courteous and helpful was staff?	Number	% of Total
Very Poor	0	0%
Poor	1	50%
Good	0	0%
Very Good	1	50%
Total	2	

% of Total
18%
6%
6%
69%

Overall, how well did we handle your complaint?	Number	% of Total
Very Poor	1	50%
Poor	0	0%
Good	0	0%
Very Good	1	50%
Total	2	

% of Total
29%
2%
7%
62%

If we were unable to assist you, were alternatives provided to you?	Number	% of Total
Very Poor	0	0%
Poor	1	100%
Good	0	0%
Total	1	

% of Total
52%
48%
0%

Did you verify the provider's license prior to service?	Number	% of Total
Yes	2	100%
No	0	0%
Not Applicable	0	0%
Total	2	

% of Total
39%
34%
26%

Complaint Number	Comment
1A-2021-41	I will be forwarding the letter to the CDC and the mayor in regards to allowing someone that doesn't hold a medical license to inform patients to not get the vaccine and tell them that vaccines are not needed and that anyone that receives a vaccine is under a "nazi regime" as Mr. Bright stated in writing. I will gladly inform the mayor of California and the CDC that the board backs Mr. Brights very dangerous information to the public.