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**CALIFORNIA ACUPUNCTURE BOARD
LICENSING COMMITTEE NOTICE AND AGENDA**

Thursday, June 12, 2025

9:30 a.m. to 5:00 p.m. or upon completion of business

Physical Address:

California University of Silicon Valley
441 De Guigne Dr.
Room #860 - Health Center
Sunnyvale, CA 94085

Remote Access:

This meeting will also be held via WebEx Events for public participation.
Instructions to connect to the meeting can be found by clicking [here](#).

[Click here to join the meeting](#)

If joining using the link above

Webinar number: 2481 179 7149
Webinar password: Acu612

If joining by phone

+1-415-655-0001 US Toll
Access code: 2481 179 7149
Passcode: 228612

**The California Acupuncture Board will host an in-person meeting at the above time and address,
pursuant to Government Code, sections 11122.5.**

ACTION MAY BE TAKEN ON ANY ITEM LISTED ON THE AGENDA

Members of the Committee

Dr. Amy Matecki, M.D., L.Ac.
Gregory Leung

1. Call to Order, Roll Call, and Establishment of Quorum

2. Chair's Remarks (Matecki)

3. Public Comments for Items Not on the Agenda

The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125, 11125.3, 11125.7(a).)

4. Review and Possible Approval of Committee Meeting Minutes for March 7, 2025

- 5. Discussion and Possible Action on the Clean Needle Technique Requirements (Matecki)**
- 6. Discussion and Possible Action on Stakeholder Identified Changes to the Acupuncture Curriculum Requirements (Matecki)**
 - a. Doctorate Degree**
 - b. Degree Titles**
 - c. Prerequisites**
 - d. Science Requirements**
 - e. Clinical Hours – Internship/Externship**
 - f. Establish English Proficiency Requirement for Foreign Trained and Tutorial Students Not Taking the CALE in English**
 - g. Necessity of Graduation Requirement to Qualify for CALE**
- 7. Future Agenda Items**
- 8. Adjournment**

Informational Notes:

Discussion and action may be taken on any item on the full board meeting agenda. The agenda, as well as any available Board meeting minutes and materials, can be found on the California Acupuncture Board website: www.acupuncture.ca.gov.

The time and order of agenda items are approximate and subject to change at the discretion of the Board President; agenda items scheduled for a particular day may be moved or continued to an earlier or later noticed meeting day to facilitate the effective transaction of business.

In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. The Board plans to webcast this meeting at: <https://thedcapage.wordpress.com/webcasts/>.

Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. If you wish to participate or to have a guaranteed opportunity to observe, please attend at a noticed location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

Government Code, section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board or prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issues before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time for the same meeting. (Gov. Code, §§ 11125, 11125.3, 11125.7(a).)

Board meetings are open to the public and are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you are a person with a disability requiring disability-related modifications or accommodations to participate in the meeting, including auxiliary aids or services, please contact the Board at (916) 515-5200; Fax: (916) 928-2204. Requests should be made as soon as possible, but at least five (5) working days prior to the scheduled meeting. You may also dial a voice TTY/TDD Communications Assistant at (800) 322-1700 or 7-1-1.

Members of the public may but are not obligated to provide their names or personal information as

a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.



**Draft Committee
Meeting Minutes -
03/06/2025**

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**LICENSING COMMITTEE MEETING
DRAFT MEETING MINUTES
March 6, 2025**

LOCATION:

1625 North Market Boulevard
Suite 102
Sacramento, CA 95834

Remote Access via Web Ex Teleconference

Staff Present

Benjamin Bodea, Executive Officer
Brennan Meier, Legal Counsel
Jay Herdt, Licensing Manager
Kristine Brothers, Policy Coordinator
Enrico Garcia, Administrative Coordinator
Marisa Ochoa, Central Services Manager, Remote

Members of the Committee Present

Dr. Amy Matecki, M.D., L.Ac., Chair
Gregory Leung

Item 1 – Call to Order and Roll Call

Meeting commenced at 1:19 p.m.
Roll call taken. All members present.

Item 2 – Chair’s Opening Remarks

Chair Amy Matecki (Chair Matecki) welcomed members, staff, and the public to the California Acupuncture Board (Board) Licensing Committee meeting.

Item 3 – Review and Possible Action on Acupuncturist Scope of Practice for Consumer and Patient Safety, Access, and Clarity on the Following Matters:

To start the discussion, , the Board's legal counsel reminded the public that the Board's role is centered on public protection through enforcement of the Acupuncture License Act. While the Board can suggest clarifications or propose regulatory updates, any formal scope changes must be enacted by the legislature.

a. Asian Massage/Tui Na/Manual Therapy

Chair Matecki opened the discussion on the term Asian Massage and its implications for scope of practice and public perception. Although Asian Massage is recognized as part of the acupuncture scope of practice, discussion from the public indicated the terminology remains consistently misunderstood. The confusion stressed the need for its

name modernization and advocacy that Manual Therapy is a more accurate and respected term. A public member urged the Board to push for legislative updates to align with current clinical practices. Another public member acknowledged that stakeholders would need to lead the effort, with the Board playing a supportive role by reviewing proposals for safety and public interest. The Licensing Committee (Committee) clarified that while the Board cannot unilaterally change statutory language, the Board can facilitate the process by collecting input from the profession and supporting legislative initiatives when appropriate.

b. Trigger Point Acupuncture/Dry Needling

The dialogue then moved to trigger point therapy and dry needling. Executive Officer Benjamin Bodea (E.O. Bodea) reminded the public that dry needling has been previously discussed by the Board most recently in 2017, and soon after was invited to a Physical Therapy Board meeting to provide this guidance there. In California, dry Needling is treated as the unlicensed practice of acupuncture when performed by unlicensed individuals or other medical professionals who are not expressly permitted by law. E.O. Bodea also emphasized the importance of submitting written complaints for such unlicensed practice.

c. Modern Device Point Stimulation – Heat, Magnets, Light, Lasers, Sound Therapy

The committee next discussed acupuncture scope of practice as it pertains to current point stimulation techniques using heat, magnets, light, lasers, and sound therapy. E.O. Bodea noted that while heat and magnets are already included in the scope of acupuncture, light, laser, and sound therapy are not explicitly recognized. Concerns were raised that while practitioners are already using such devices, the lack of official guidance creates uncertainty and risk of disciplinary action. A public member emphasized the need for guidance from the Board so practitioners will not unknowingly violate regulations. The Board's legal counsel clarified that while the Board can create regulations, any changes to the statutory scope of practice must come from the legislature. The Board's primary mandate is public protection, not professional advocacy. However, the Committee acknowledged the importance of being informed by the profession and encouraged practitioners to gather data, document safety, and work collaboratively with the Board toward legislative or regulatory change.

d-f. Bleeding/Therapeutic Blood Withdrawal/Needles/Acupotomy

The discussion then proceeded to therapeutic blood withdrawal, the different types of needles that are used in acupuncture and newer procedures such as Acupotomy. Chair Matecki expressed a desire to understand more from the profession on these topics.

A public member expressed hesitation about including it in scope without more research and data. Committee members and stakeholders acknowledged the complexity presented by scope of practice issues in an environment of evolving clinical/medical practice.

The Item discussion indicated a need for continued public and stakeholder engagement. The Committee reaffirmed its openness to hearing from the profession and reiterated its role as a partner and not a barrier in advancing clarity, modernization, and public understanding of acupuncture and related practices.

Item 4 – Public Comments for Items Not on the Agenda

Board Member Gregory Leung (Leung) expressed appreciation of the issues raised by the stakeholders as well as their input.

The first public speaker expressed concern over foreign transcript evaluation standards. The second speaker shared the technical issues they experienced during their licensing exam raising concerns about the integrity and reliability of the exam process.

The last public speaker advocated for better recognition and regulation of Tuina. E.O. Bodea clarified that only one foreign transcript evaluator is currently approved by the Board and applicants should ensure they use the approved evaluator.

Item 5 – Future Agenda Items

Member Leung asked to discuss the qualifications of acupuncture assistants, for the profession to continue to provide the Board updates on changes in the use of acupuncture devices, and their efforts to modernize the scope of practice.

Item 6 – Adjournment

President Chen adjourned the meeting at or around 3:51 p.m.



Law & Regulations - Clean Needle Technique



**CALIFORNIA
ACUPUNCTURE
BOARD**

STATE OF CALIFORNIA – DEPARTMENT OF CONSUMER AFFAIRS – BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

GAVIN NEWSOM, GOVERNOR

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DATE	June 12, 2025
TO	Licensing Committee Members
SUBJECT	Acupuncture Laws and Regulations pertaining to Clean Needle Technique

The following are the laws and regulations within the Acupuncture Licensure Act that refer to Clean Needle Technique.

Statutes - Business and Professions Code (BPC)

BPC § 4927

As used in this chapter, unless the context otherwise requires:

- (a) "Board" means the Acupuncture Board.
- (b) "Person" means any individual, organization, or corporate body, except that only individuals may be licensed under this chapter.
- (c) "Acupuncturist" means an individual to whom a license has been issued to practice acupuncture pursuant to this chapter, which is in effect and is not suspended or revoked.
- (d) "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control for the treatment of certain diseases or dysfunctions of the body, and includes the techniques of electroacupuncture, cupping, and moxibustion.
- (e) "Supervising acupuncturist" means a person who meets the following conditions:
 - (1) Is licensed to practice acupuncture in this state and that license is current, valid, and has not been suspended or revoked or otherwise subject to formal disciplinary action, unless approved by the board.
 - (2) Has practiced as a licensed acupuncturist in this state for at least five years.
 - (3) Is in compliance with subdivision (j) of Section 4955.
- (f)
 - (1) "Acupuncture assistant" means a person who, without a license, may perform basic supportive acupuncture procedures under the supervision and order of an acupuncturist.
 - (2) The supervising acupuncturist shall be physically present and available in the place of practice during the performance of any ordered basic supportive acupuncture procedures.

- (3) The supervising acupuncturist engaging the services of an acupuncture assistant shall be responsible for the training and overall competency of the acupuncture assistant, including the ability to perform any specific basic supportive acupuncture service.
- (4) The supervising acupuncturist shall ensure the acupuncture assistant meets the following:
 - (A) Is enrolled in an approved educational and training program and has completed at least a minimum of 700 hours of clinical practice or has completed an approved educational and training program.
 - (B) Holds a certificate in **Clean Needle Technique** issued by the Council of Colleges of Acupuncture and Herbal Medicine, or its successor entity, or has completed an approved educational and training program's **Clean Needle Technique** course using the Council of Colleges of Acupuncture and Herbal Medicine **Clean Needle Technique**, 7th edition, revised 1/2016.
- (g) (1) "Basic supportive acupuncture service" means any of the following:
 - (A) Needle removal.
 - (B) Cupping.
 - (C) Moxibustion.
 - (D) Gua sha.
 - (E) Any other service listed under subdivision (b) of Section 4937.
- (2) "Basic supportive acupuncture service" does not include diagnosis, point location, needle insertion, electrical stimulation, rendering advice to patients, or any other procedure requiring a similar degree of judgment or skill.

California Code of Regulations (CCR)

§ 1399.416 Equivalent Educational Training and Clinical Experience Qualifying for Licensure.

- (a) For documented educational training and clinical experience to qualify for licensure under Section 4938 of the Code, an applicant shall document that such education and experience meets the curriculum requirements of Section 1399.434, including certified transcripts, and certificates of completion of a course in cardiopulmonary resuscitation (CPR) pursuant to Section 1399.434(f)(3) or **clean needle technique** (CNT) pursuant to Section 1399.434(b)(2)(K), if not specified in the transcript.
- (b) All foreign-trained applicants shall submit documentation of the applicant's education and clinical experience to a credentials evaluation service approved by the Board, pursuant to Section 1399.416.4 for a course-by-course evaluation. All foreign-trained applicants must have successfully completed equivalent coursework to the coursework set forth under section 1399.434.

CCR § 1399.425 Requirements for Approval of an Acupuncture Tutorial.

- (a) An acupuncture tutorial shall provide a trainee with a structured learning experience in all the basic skills and knowledge necessary for the independent practice of acupuncture.
- (b) An acupuncture tutorial which is in the nature of on-the-job training may be full time or part time employment relationship, however, the training plan and proposed supervision

shall be contained in a written agreement between the supervisor and trainee. There shall be no tuition fees charged to the trainee by the supervising acupuncturist.

- (c) An acupuncture tutorial shall provide formal clinical training with supplemental theoretical and didactic instruction. The theoretical and didactic training required in subsections (e)(8) through (e)(20) shall be obtained in an approved acupuncture school or another postsecondary educational institution which is accredited or approved under Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code or is accredited by a regional accrediting agency authorized by the U.S. Department of Education.
- (d) The clinical training shall consist of a minimum of 2250 hours in the following areas:
- (1) Practice observation.
 - (2) History and physical examination.
 - (3) Therapeutic treatment planning.
 - (4) Preparation of the patient.
 - (5) Sterilization, use, and maintenance of equipment.
 - (6) Moxibustion.
 - (7) Electroacupuncture (AC and DC voltages).
 - (8) Body and auricular acupuncture.
 - (9) Treatment of emergencies, including cardiopulmonary resuscitation.
 - (10) Pre- and post-treatment instructions to the patient.
 - (11) Contraindications and precautions.
- (e) The theoretical and didactic training shall consist of a minimum of 1548 hours (approximately 100 semester units) in the following areas:

Minimum Class Hours

- (1) Traditional Asian medicine--a survey of the theory and practice of traditional diagnostic and therapeutic procedures.
- (2) Acupuncture anatomy and physiology--fundamentals of acupuncture, including the meridian system, special and extra loci, and auriculotherapy.
- (3) Acupuncture techniques--instruction in the use of needling techniques, moxibustion, electroacupuncture, including contraindications and complications. Tutorial trainees shall either (1) successfully complete, at a Board-approved acupuncture school, a course which requires a student to pass an examination in **clean needle technique** that uses as its primary reference the most current edition of the "**Clean Needle Technique Manual**", published by the National Acupuncture Foundation, or (2) successfully complete a **Clean Needle Technique** course administered by the Council of Colleges of Acupuncture and Herbal Medicine.
- (4) Acupressure.
- (5) Breathing techniques--introductory course in qi gong.
- (6) Traditional Asian exercise--introductory course in tai chi chuan. 660
- (7) Traditional Asian herbology including botany. 300

- (8) Practice management--instruction in the legal and ethical aspects of maintaining a professional practice, including record keeping, professional liability, patient accounts, and referral procedures.
- (9) Ethics relating to the practice of acupuncture.
- (10) Clinical medicine--a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, and homeopathy to familiarize practitioners with the practices of other health care practitioners.
- (11) History of medicine--a survey of medical history, including transcultural healing practices.
- (12) Medical terminology--fundamentals of English language medical terminology.
- (13) General sciences--a survey of or courses in general biology, chemistry, and physics.
- (14) Anatomy--a survey of microscopic and gross anatomy and neuroanatomy.
- (15) General Psychology--including counseling skills.
- (16) Physiology--a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry.
- (17) Pathology--a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology.
- (18) Clinical sciences--a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, vitamins, and public health.
- (19) Western pharmacology.
- (20) A minimum of eight (8) hours in a certified course offering first-aid and adult/child cardiopulmonary resuscitation (CPR). Such course shall be taken from the American Red Cross, American Heart Association, or other organization with an equivalent course work approved by the Board.

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- (f) The course work specified in this section shall extend over a minimum period of four (4) academic years, eight (8) semesters, 12 quarters, nine (9) trimesters, or 36 months. No more than 1500 hours of clinical training and/or theoretical and didactic training is to be completed per 12 month period.
- (g) The acupuncture services provided by the trainee shall be done in a manner that does not endanger the health and welfare of patients receiving such services.

No trainee shall render acupuncture services to any patient unless the patient has been informed that such services will be rendered by that trainee. The patient on each occasion of treatment shall be informed of the procedure to be performed by the trainee under the supervision of the supervising acupuncturist and have consented in writing prior to performance to permit such rendering of the acupuncture procedure by the trainee. The foregoing requirements shall also be applied to those instances wherein the trainee is to assist the supervisor in the rendering of acupuncture services.

- (h) The acupuncture tutorial training program shall be set forth in a written agreement signed by the supervisor and trainee which sets forth, but is not limited to, the training plan, length of training time, method for providing the theoretical and didactic training, and guidelines for supervision of the acupuncture services rendered by the trainee. A copy of such written agreement shall be submitted with the application for approval.

- (i) As a condition of approval, or continued approval, all tutorial programs are subject to an on-site visit by representatives of the Board to review and evaluate the status of the program. It will be the responsibility of the trainee and supervisor to reimburse the Board for direct costs incurred in conducting such review and evaluation.
- (j) Acupuncture trainees shall have met the following prerequisites prior to the approval of the tutorial program:
 - (1) Be at least 18 years of age.
 - (2) Successful completion of an approved high school course of study or passage of a standard equivalency test.
- (k) An acupuncture tutorial shall be made available regardless of sex, race, religion, creed, color, or physical handicap.
- (l) The requirements of this section shall not apply to persons who commenced a tutorial and registered with the Board as provided in Section 1399.424 prior to January 1, 1999. Such persons shall meet the curriculum and clinical training requirements in effect at the time the Board approved their application for a tutorial program.

CCR § 1399.434 Criteria for Approval of Acupuncture and Asian Medicine Curriculum.

To be approved by the Board, an acupuncture and Asian medicine educational and training curriculum shall consist of at least 2,050 hours of didactic and laboratory training and at least 950 hours of supervised clinical instruction. The curriculum shall include the following coursework that contains the following criteria:

(a) Basic Sciences.....350 hours

The curriculum in basic sciences shall prepare students to enter postsecondary upper division biomedical and clinical science courses and shall consist of at least 350 hours of didactic and laboratory instruction in the following basic science courses:

- (1) General biology;
- (2) Chemistry, including organic and biochemistry;
- (3) General physics, including a general survey of biophysics;
- (4) General psychology, including counseling skills;
- (5) Anatomy--a survey of microscopic, gross anatomy and neuroanatomy;
- (6) Physiology--a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry;
- (7) Pathology and Pathophysiology--a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology;
- (8) Nutrition and vitamins;

(b) Acupuncture and Asian Medicine Principles, Theories and Treatment.....1,255 hours

The curriculum in acupuncture and Asian medicine principles, theories, and treatment shall consist of at least 1,255 hours of didactic instruction in the following principles, theories, prescription, and treatment procedures of acupuncture and Asian medicine:

(1) Acupuncture and Asian Medicine Principles and Theories

- (A) Asian Medicine Principles and Theory;
- (B) Acupuncture Principles and Theory;
- (C) Asian Massage (e.g., *tui na* or *shiatsu*) Principles and Theory;
- (D) Chinese Herbal Medicine Principles and Theory, including relevant botany concepts
(This subject area shall consist of at least 450 hours of instruction);

- (6) Clinical reasoning and problem solving;
- (7) Clinical impressions and the formation of a working diagnosis, including acupuncture and Asian medicine diagnoses, and the World Health Organization's International Classification of Diseases (ICD-10);
- (8) Awareness of at-risk populations, including gender, age, indigent, and disease specific patients;
- (9) Standard medical terminology;
- (10) Clinical sciences--a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health;
- (11) Clinical medicine--a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners.

(d) Case Management.....90 hours

The curriculum in case management shall consist of at least 90 hours of didactic instruction and shall prepare the student to manage patient care as a primary health care professional, and shall include instruction in the following subject:

- (1) Primary care responsibilities;
- (2) Secondary and specialty care responsibilities;
- (3) Psychosocial assessment;
- (4) Treatment contraindications and complications, including drug and herb interactions;
- (5) Treatment planning, continuity of care, referral, and collaboration;
- (6) Follow-up care, final review, and functional outcome measurements;
- (7) Prognosis and future medical care;
- (8) Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations;
- (9) Coding procedures for current procedural and diagnostic codes, including Current Procedural Terminology (CPT) and International Classification of Disease ICD-10 diagnostic codes;
- (10) Medical-legal report writing, expert medical testimony, and independent medical review;
- (11) Special care/seriously ill patients;
- (12) Emergency procedures.

(e) Practice Management.....45 hours

The curriculum in practice management shall consist of at least 45 hours of didactic instruction and shall include the following subjects:

- (1) Record keeping, insurance billing, and collection;
- (2) Business written communication;
- (3) Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, the Labor Code, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA));
- (4) Front office procedures;
- (5) Planning and establishing a professional office;
- (6) Practice growth and development;
- (7) Ability to practice in interdisciplinary medical settings including hospitals;
- (8) Risk management and insurance issues;

(9) Ethics and peer review.

(f) Public Health.....40 hours

The curriculum in public health shall consist of at least 40 hours of didactic instruction and shall include training in the principles of public health, including the following subjects:

- (1) Public and community health and disease prevention;
- (2) Public health education;
- (3) A minimum of eight (8) hours in first-aid and adult/child cardiopulmonary resuscitation (CPR) from the American Red Cross, American Heart Association, or other organization with an equivalent course approved by the Board;
- (4) Treatment of chemical dependency;
- (5) Communicable disease, public health alerts, and epidemiology.

(g) Professional Development.....30 hours

The curriculum in professional development shall consist of at least 30 hours of didactic instruction and shall prepare the student with the skills to continue to expand their knowledge, including instruction in the following subjects:

- (1) Research and evidence based medicine;
- (2) Knowledge of academic peer review process;
- (3) Knowledge and critique of research methods;
- (4) History of medicine.

(h) Clinical Practice.....950 hours

The curriculum in clinical practice shall consist of at least 950 hours in clinical instruction, 75% of which shall be in a clinic owned and operated by the school, which includes direct patient contact where appropriate in the following:

- (1) Practice Observation (minimum 150 hours)--supervised observation of the clinical practice of acupuncture and Asian medicine with case presentations and discussion;
- (2) Diagnosis and evaluation (minimum 275 hours)--the application of Eastern and Western diagnostic procedures in evaluating patients;
- (3) Supervised practice (minimum 275 hours)--the clinical treatment of patients with acupuncture and Asian medicine treatment modalities listed in Sections 4927(d) and 4937(b) of the Code.
- (4) During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment.

CCR § 1399.451 Treatment Procedures.

In treating a patient, an acupuncturist shall adhere to the following procedures:

- (a) The acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients.

- (b) All instruments shall be sterilized before and between uses in a manner that destroys all microorganisms. All needle trays that contain sterile needles shall also be sterile. Each time instruments are sterilized, the acupuncturist shall use a tape or strip indicator that shows that sterilization is complete.
- (c) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.
- (d) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician. An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.
- (e) Any complication, including but not limited to, hematoma, peritonitis, or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician, dentist, or podiatrist, if appropriate, if immediate medical treatment is required.
- (f) Acupuncture shall not be performed using hypodermic needles.
- (g) All instruments to be discarded shall be disposed of safely.
- (h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

CCR § 1399.454 Single Use Needles.

An acupuncturist shall use needles labeled for single use only that meet the requirements of federal regulations 21 CFR Part 880.5580 (61 FR 64617, December 6, 1996). It shall constitute unprofessional conduct for an acupuncturist to use a needle more than once.



**Law & Regulations -
Education
Prerequisite**

**CALIFORNIA
ACUPUNCTURE
BOARD**

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DATE	June 12, 2025
TO	Licensing Committee Members
SUBJECT	Acupuncture Laws and Regulations Pertaining to Education Pre-requisites

The following are subsets of the laws and regulations within the Acupuncture Licensure Act that refer to education pre-requisites.

Laws (Business and Professions Code (BPC))**BPC § 4938**

(a) The board shall issue a license to practice acupuncture to any person who makes an application and meets the following requirements:

(1) Is at least 18 years of age.

California Code of Regulations (CCR)**CCR § 1399.425 Requirements for approval of an acupuncture tutorial.**

(j) Acupuncture trainees shall have met the following prerequisites prior to the approval of the tutorial program:

(1) Be at least 18 years of age.

(2) Successful completion of an approved high school course of study or passage of a standard equivalency test.

CCR § 1399.435 Criteria for acupuncture and Asian medicine training programs.

An acupuncture and Asian medicine training program approved by the Board shall adopt the following procedures for its program effective January 1, 2005:

(a) Candidates for admission shall have successfully completed at least two (2) academic years (60 semester credits/90 quarter credits) of education at the baccalaureate level that is appropriate preparation for graduate level work, or the equivalent from an institution accredited by an agency recognized by the U.S. Secretary of Education.



Law & Regulations - Clinical Hours

**CALIFORNIA
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DATE	June 12, 2025
TO	Licensing Committee Members
SUBJECT	Acupuncture Laws and Regulations pertaining to Clinical Hours (1399.434(h))

The following is a subset of California Code of Regulations (CCR) section 1399.434 that relates to the clinical hour requirements from the curriculum of a Board approved educational and training program.

CCR § 1399.434 Criteria for Approval of Acupuncture and Asian Medicine Curriculum.

(h) Clinical Practice.....950 hours

The curriculum in clinical practice shall consist of at least 950 hours in clinical instruction, 75% of which shall be in a clinic owned and operated by the school, which includes direct patient contact where appropriate in the following:

- (1) Practice Observation (minimum 150 hours)--supervised observation of the clinical practice of acupuncture and Asian medicine with case presentations and discussion;
- (2) Diagnosis and evaluation (minimum 275 hours)--the application of Eastern and Western diagnostic procedures in evaluating patients;
- (3) Supervised practice (minimum 275 hours)--the clinical treatment of patients with acupuncture and Asian medicine treatment modalities listed in Sections 4927(d) and 4937(b) of the Code.
- (4) During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment.



ACAHM Clinical Training Definitions

ACAHM Accreditation Commission for Acupuncture and Herbal Medicine

Position Paper Title: Off-Campus Clinical Training

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References:

Responsible Official: ACAHM Director of Accreditation Services

SUMMARY

This *Position Paper* focuses on the requirements for ACAHM-accreditable programs offering clinical training at off-campus locations.

BACKGROUND

The Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM or Commission) recognizes the following types of [clinical training](#):

1. *Clinical Observation*
2. *Clinical Internship*
3. *Clinical Externship*

Clinical Internship versus Clinical Externship

Internship and externship are not differentiated by geographical location, i.e., on-campus or off-campus.

Clinical internship training is directly controlled by a main or branch campus, is carried out by program faculty, and involves student-delivered patient care.

Clinical externship training involves an indirect relationship to the campus. The campus is responsible for establishing learning objectives and expected learning outcomes, and ensuring that qualified (i.e., appropriate experience as a licensed professional) practitioners instruct and evaluate student clinical externs.

ACAHM's minimum program length requirements¹ stipulate that the majority of clinical training for entry-level programs must be clinical internship.

¹ See criterion 7.02: *Minimum Program Length, Credits and Hours*.

For example, master's programs in acupuncture with a Chinese herbal medicine specialization must include at least **870** clock hours of instruction in integrated acupuncture and herbal clinical training, comprised of at least **150** hours in clinical observation and **700** clock hours of instruction in clinical internship. [Leaving 20 hours that could be classified as observation, internship, or externship.]

Entry-level doctoral programs in acupuncture with a Chinese herbal medicine specialization must include at least **1,000** clock hours of instruction in integrated acupuncture and herbal clinical training, comprised of at least **150** hours in clinical observation and **700** clock hours of instruction in clinical internship. [Leaving 150 hours that could be classified as observation, internship, or externship.]

Clinical Settings

Clinical training may occur **on-campus** (i.e., at a main or branch campus) or at **off-campus** locations (i.e., private practice clinic, community health center, hospital, out-patient clinic, etc.). Regardless of where clinical training occurs, the clinical location must meet the corresponding conditions outlined in ACAHM's [Glossary](#)².

For clinical observation and internship training that does not occur on-campus, the location:

- (A) is subject to a written agreement³ providing for reasonable access to and assessment by program administrators and
- (B) requires proof of appropriate insurance.

For clinical externship training, the location:

- (A) is subject to a written agreement and
- (B) requires proof of appropriate insurance.

Additionally, when a proposed clinical training location is in a state different from where an institution has an ACAHM accredited or pre-accredited main or branch campus (i.e., out-of-state clinical training location), the institution/program must maintain written evidence confirming that the out-of-state clinical training location has received all necessary local and state authorizations/certifications to offer clinical training.⁴

If an off-campus clinical training site also delivers classroom instruction resulting in the location offering fifty (50) percent or more of an ACAHM-accredited program, the location is considered an "additional location" or "branch campus" as defined in ACAHM's [Glossary](#). Refer to ACAHM's [Notification of Change Policy](#), substantive change sections 1.02 and 1.03 for details.

Clinical Internship Training Requirements

Clinical internship training must be carried out by program faculty and involve student-delivered patient care. Faculty are instructional staff of an institution/program responsible and compensated for the design, delivery, and assessment of academic courses.

Programs are expected to utilize and document self-assessment, examination, and evaluation practices to demonstrate the effectiveness the off-campus clinical sites at providing clinical training that is functionally equivalent to clinical training at the main campus. This evaluation must incorporate input from the institution's communities of interest– board, faculty, students, administration, and staff – and reflect on the off-campus clinical

² See definition for *Clinical Settings – Internship Locations and Externship Locations* found in ACAHM's [Glossary](#)

³ See *criterion 2.04: Off-Campus Control*.

⁴ This requirement also applies to programs and institutions offering some or all of an ACAHM-accredited or pre-accredited program via online or [distance education](#) delivery. See also, ACAHM's [Position Paper: Compliance with Out-of-State Educational Activities](#).

sites' impact on the institution's compliance with applicable ACAHM accreditation standards, including but not limited to the following criteria:

- 4.01: *Recordkeeping Systems*, programmatic components B, C
- 4.04: *Clinical Records*, all components
- 6.02: *Assessment of Student Learning*, all components
- 6.03: *Programmatic Review*, all components
- 6.05: *Assessment Methods*, all components
- 7.01: *Program Level*, programmatic component F
- 7.05: *Clinical Training*, programmatic components A, B, C, D
- 8.05: *Faculty Communication*, all components.

From the ACAHM GLOSSARY

Clinical Settings

1. Clinical Internship Location – A clinical internship location:

- (1) offers less than fifty (50) percent of an ACAHM-accredited or pre-accredited program,
- (2) clinical training is directly controlled by a main or branch campus,
- (3) training is carried out by program faculty,
- (4) faculty and faculty placement are administered by the main or branch campus,

For clinical internship training that does not occur at a main or branch campus (e.g., private practice clinic, hospital, out-patient clinic) the location:

- (A) is subject to a written agreement providing for reasonable access to and assessment by program administrators, and
- (B) requires proof of appropriate insurance.

2. Clinical Externship Location. – A clinical externship location:

- (1) offers less than fifty (50) percent of an ACAHM-accredited or pre-accredited program,
- (2) involves an indirect relationship to the main or branch campus,
- (3) is subject to a written agreement, and
- (4) requires proof of appropriate insurance.

Clinical Training

1. Clinical Observation – Clinical observation involves students observing healthcare professionals and senior student interns performing patient care therapies in a clinical setting.

2. Clinical Internship - Clinical internship training:

- (1) involves student-delivered patient care,
- (2) is directly controlled by a main or branch campus,
- (3) is carried out by program faculty,
- (4) faculty and faculty placement are administered by the main or branch campus,
- (5) is under faculty and institutional/programmatic control and direction.
- (6)

3. Clinical Externship - Clinical externship training involves an indirect relationship to the main or branch campus. The main or branch campus is responsible for establishing learning objectives and expected learning outcomes, and ensuring that qualified (i.e., appropriate experience as a licensed professional) practitioners instruct and evaluate student clinical externs.