CALIFORNIA ACUPUNCTURE BOARD
1625 North Market Blvd., Suite N-219
Sacramento, CA 95834
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www.acupuncture.ca.gov

CALIFORNIA ACUPUNCTURE BOARD

LICENSING COMMITTEE MEETING

NOTICE AND AGENDA

Wednesday, November 5, 2025

1:00 p.m. to 5:00 p.m. or upon completion of business

Physical Address:

Dongguk University Library
440 South Shatto Place
Los Angeles, CA 90020

Remote Access:

This meeting will also be held via WebEx Events for public participation. While the Board is webcasting the meeting as a courtesy to the public, the meeting will continue, even if the webcast fails. If you wish to participate or to have a guaranteed opportunity to observe, please attend in person at a noticed physical location.

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: 2489 395 7685
Webinar password: Acupuncture115

If joining by phone

+1-415-655-0001 US Toll
Access code: 2489 395 7685
Passcode: 22878628

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

Francisco Hyun Kim, L.Ac., Chair
Gregory Leung

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

2. **Chair's Remarks (Kim)**

3. **Review and Possible Approval of Committee Meeting Minutes for June 12, 2025**

4. Discussion and Possible Action on Stakeholder Identified Changes to the Acupuncture Curriculum Requirements (Kim)

- **a. Doctorate Degree**
- **b. Degree Titles**
- **c. Prerequisites**
- **d. Science Requirements**
- **e. Clinical Hours – Internship/Externship**

5. 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).)

6. Future Agenda Items

7. Adjournment

Informational Notes:

Discussion and action may be taken on any item on the 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 the Webex address listed on the agenda above.

Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. Please note that the meeting will continue even if the webcast fails. 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

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LICENSING COMMITTEE MEETING
DRAFT MEETING MINUTES
June 12, 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 9:48 a.m.

Roll call taken. All members present.

Item 2 – Chair's Opening Remarks

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

Item 3 – Public Comments for Items Not on the Agenda

The first public speaker advocated for updating the term "exercise" in the scope of practice to "therapeutic exercise". The speaker explained the change would better align with insurance coding standards and reflect the structured clinical activities already being performed by licensed acupuncturists. The speaker also raised serious concerns about the illegal practice of dry needling by unlicensed individuals particularly physical therapists.
The second public speaker suggested increasing entry requirements for acupuncture programs from high school to bachelor's degree. The speaker also called for the standardization of doctorate degree titles and curriculum across schools and urged the Board to clearly define dry needling to avoid public confusion.
The third public speaker proposed the Board issue a more durable, credit card-sized pocket license for easier use and longevity.

The fourth public speaker supported the first speaker's recommendations on updating the term "exercise" and echoed concerns about dry needling. The speaker further proposed updating language around Tui Na therapy, suggesting the term manual therapy to more accurately represent techniques like acupressure and myofascial release.
The fifth public speaker shared their personal experience receiving acupuncture and acupuncture's role in managing their pain and supporting their recovery without the use of drugs, emphasizing the importance of continued support for such care especially for veterans.
The sixth public speaker raised concern about the removal of content category weightings from the California Acupuncture Licensing Examination (CALE) Candidate Handbook.
The seventh public speaker strongly urged the Board to make doctorate degree the minimum requirement for acupuncturists, aligning the profession with the broader healthcare field where similar roles have already made the transition.
The eighth public speaker echoed the same sentiments of the previous speaker regarding the minimum requirement for acupuncturists.
The ninth public speaker urged the Board to consider organizing a workshop to integrate years of accumulated knowledge and past recommendations, including those from the Little Hoover Commission, into a formal report that could inform future legislative changes.
The tenth public speaker supported elevating the acupuncture entry-level degree to a doctoral level, framing it as a natural evolution of the profession. The speaker addressed the issue of dry needling, asserting that it mirrors traditional acupuncture but is being misapplied by undertrained practitioners.
The eleventh public speaker highlighted the lack of data supporting better outcomes for doctoral-level practitioners and explained how practices differ internationally.

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

Committee members reviewed the minutes from the March 7, 2025, meeting and noted a correction stating that Chair Matecki was the one who adjourned the meeting.

MOTION

Chair Matecki motioned to accept the March 7, 2025, committee meeting minutes with the correction for Item 6.

Member Gregory Leung (Member Leung) seconded.

Yes: Matecki and Leung

2-0

Motion Passes

The Board recessed from 10:43 a.m.-10:58 a.m.

Item 5 – Discussion and Possible Action on the Clean Needle Technique Requirements

Chair Matecki opened the discussion emphasizing the importance of public participation and safety in acupuncture practices. The discussion moved to the use of the Clean Needle Technique (CNT) textbook, currently on the 7th edition. Chair Matecki asked whether graduates from accredited schools who trained before 2016 could still be certified in clean needle technique. Executive Officer Ben Bodea (E.O. Bodea) explained that earlier graduates used previous editions of the textbook and if their training followed required standards, schools can issue letters or certificates verifying their completion. Chair Matecki also asked about tutorial programs and how students could meet CNT requirements. E.O. Bodea noted they could either take the course through a school or directly through the Council of Colleges of Acupuncture and Herbal Medicine (CCAHM). Board Member Leung stressed the importance of single-use needles from approved manufacturers and proper disposal after each use. Chair Matecki agreed and noted that this standard is already followed in many hospitals and reflected in the Board's guidelines.

The conversation then turned to dry needling, which Chair Matecki recognized as acupuncture by another name. She stressed the need for public understanding, highlighting that in California, any time the skin is pierced with a needle, it is considered acupuncture regardless of the term used. Chair Matecki confirmed that the CNT certification is important for practitioners seeking to work in integrated or hospital settings.

A public speaker addressed the Board with concerns about CNT and the need to regularly update safety training for licensed acupuncturists. The speaker emphasized many practitioners might be unaware of newer safety protocols and advocated for a mandatory CNT refresher course every eight to ten years to enhance public safety. The conversation expanded when E.O. Bodea clarified the regulations on single-use needles, reading directly from the California Code of Regulations (CCR) section 1399.454, which states that it is unprofessional conduct to reuse needles. The public speaker added that not all tools used in acupuncture are single-use, such as scalpels and cups used in wet cupping. The speaker urged the board to ensure proper sterilization protocols for non-disposable tools, referencing guidance already in the CNT manual.

Chair Matecki shared insight from the hospital setting, where professionals must update their safety training every two years. She encouraged acupuncture stakeholders to adopt a similar system, suggesting integration into CE coursework.

The conversation turned to modernizing acupuncture definitions, especially around terms like "dry needling" and "on or near the body". Both Chair Matecki and E.O. Bodea encouraged stakeholders to propose language to the Board that they could all agree on. They both acknowledged that the current definitions have not been updated since they were established and that it would take a statutory change with a

to update. Member Leung suggested sending out a survey to gather input from practitioners. Chair Matecki and E.O. Bodea reminded the public that scope changes are to be addressed by the profession and urged the community to consolidate their views before submitting sample legislative language for the Board to consider supporting.

Several other speakers raised concerns about the CNT manual and the future of acupuncture practice. One speaker criticized the CNT manual as outdated and inadequate in addressing current disinfection standards and microbiological risks. They urged collaboration among schools, associations, and the Board to develop a more modern and comprehensive version. Another speaker raised concern about Artificial Intelligence (AI) and robotic acupuncture devices potentially being used by unlicensed individuals in the future. They recommended preemptive regulations to ensure such devices are only operated by licensed professionals. Another speaker asked if a new CNT manual could be adopted in California.

Chair Matecki thanked the public and stakeholders for their participation in the discussion on the CNT, emphasizing the importance of the topic and welcoming continued dialogue and exploring ideas with the Board.

The Board recessed from 12:00 p.m.-1:15 p.m.

Item 6 – Discussion and Possible Action on Stakeholder Identified Changes to the Acupuncture Curriculum Requirements

a-b. Doctorate Degree/Degree Titles

Chair Matecki and Member Leung merged the two agenda sub-items due to their close connection. Chair Matecki emphasized longstanding confusion around degree titles, both from the public and other medical professionals, and encouraged public input to move toward clarity and unity in the profession.

Numerous stakeholders voiced support for elevating the entry-level educational standard to a doctoral degree. They highlighted the need for standardized and respected degree titles to align acupuncture with other healthcare professions and reduce public confusion. They also stressed the importance of a doctoral title for legitimacy, confidence, and professional parity. A public speaker recounted the historical evolution of acupuncture titles and argued for clarity and simplicity, suggesting Doctor of Acupuncture and Integrative Medicine (DAcIM) as a viable unified title.

Several speakers advocated for aligning titles with the broader scope of Traditional Chinese Medicine (TCM), warning that narrow titles could fragment the profession. One speaker urged for titles like Doctor of Chinese Medicine to accurately reflect the full TCM practice. Individual comments underscored the need for higher educational

standards, including prerequisites like bachelor's degrees, to ensure the profession gains the respect of other medical fields and better prepare future practitioners.

Member Leung raised concerns about the relevance of World Health Organization (WHO) standards, especially in light of potential U.S. withdrawal from the WHO. This sparked a broader conversation about professional titles and public clarity. Chair Matecki proposed a new licensure title of Doctor of Acupuncture with specific variations, such as DAcIM and DAcH (Doctor of Acupuncture with herbal medicine), suggesting a grandfathering system for currently licensed practitioners. Member Leung favored a simpler, more recognizable title like DAc (Doctor of Acupuncture) arguing that acupuncture inherently includes herbal and traditional medicine and that lengthy titles could confuse the public.

Stakeholders contributed diverse perspectives. Some emphasized the importance of recognizing herbal medicine within the title, distinguishing California's integrated education and training. Others raised concerns about the use of integrative medicine in the title, noting it's a catchword that may not reflect the traditional scope of Chinese medicine, and could eventually fall out of favor. Another speaker emphasized integrative medicine is an approach, not a discipline, and does not accurately reflect TCM which includes acupuncture, herbal medicine, manual therapy (Tui Na), dietary therapy, and exercise therapy.

The Committee expressed openness to continued public input and further discussion on how best to balance title clarity, professional recognition, and patient safety while honoring the broad competencies of California's acupuncturists.

Chair Matecki thereafter recognized the progress of selecting a title for a doctorate-level acupuncture degree, narrowing it down to two options: DACH and DAcIM. She suggested opening a public poll to gauge preference and emphasized not complicating the matter further, especially regarding legal naming restrictions in California. Member Leung added that public opinion should be prioritized. He proposed including questions about the doctorate title on future public acupuncture surveys to better understand public acceptance of proposed titles.

The conversation concluded with a shared commitment to inclusivity and a desire for the profession to reach a decision within the year, while recognizing the time legal and procedural challenges involved would add.

The Committee recessed from 2:33 p.m.-2:45 p.m.

c-d. Prerequisites/Science Requirements

E.O. Bodea addressed educational prerequisites for acupuncture licensure, referencing what is presently in the Business and Professions Code and the CCR. He clarified the differences in requirements between accredited training programs and the tutorial pathway noting that while approved acupuncture educational and training programs

require at least 60 semester units for admission, the tutorial program only mandates a high school diploma plus a minimum of community college-level coursework.

Public comment followed with stakeholders expressing concerns about educational standards, the quality of training, and the profession's future. One speaker highlighted the political nature behind setting the current 3,000-hour minimum training requirement and called for a reassessment based on past research noting deficiencies in clinical competence and communication skills in recent graduates.

Other speakers advocated raising entrance standards suggesting a move from sixty to ninety or even one hundred twenty semester units to align with other health professions and improve public perception. Some proposed conditional enrollment models to ease the transition. Additional concerns included the gap between academic training and real-world practice, the need for better patient-provider communication, realistic patient expectations, and cultural competency, especially regarding bedside manners and consent.

Chair Matecki highlighted concerns about declining student enrollment, balancing access with raising standards, and referenced the differences between tutorial training and formal medical education pathways. E.O. Bodea stated any changes must come within the profession and educational institutions, warning that unilateral regulations without consensus will fail. He encouraged the profession to pursue aligning science prerequisites with those of other healthcare fields if they feel strongly about this topic.

A public commenter cautioned against lowering standards and stressed the need for better business education in acupuncture programs citing inconsistencies across schools and how this impacts practitioner success. Another public commenter supported a bachelor's degree requirement, sharing concerns about poor academic skills among students without higher education. The final public comment suggested moving toward integrative medicine and enhancing clinical exposure.

Chair Matecki reiterated the importance of collaboration between professionals, schools, and the Board, emphasizing the focus on protecting the public and maintaining high standards while keeping the issue open for continued discussion.

e. Clinical Hours – Internship/Externship

The discussion centered on the current regulation requiring 950 hours of clinical instruction, with 75% of those hours taking place in a clinic owned and operated by the school. E.O. Bodea explained that this requirement differs from the standards set by Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), which emphasize supervision over clinic ownership.

However, concerns were raised about how to ensure quality, supervision, and compliance with ACAHM standards if more externships are allowed. One speaker emphasized the logistical challenges of managing externships responsibly, while one speaker noted his school stopped offering externships due to supervision and accreditation difficulties.

Chair Matecki reflected on the benefits of externships for student development and professional networking, advocating for collaboration between the Board and schools. She questioned the rationale behind the 75% in-house requirement and suggested reviewing it to align more closely with ACAHM standards. Licensing Manager Jay Herdt (Manager Herdt) added historical context, explaining the ownership rule stemmed from older financial oversight authority, not educational needs.

Several other commenters raised concerns about the current clinical competency and integration of acupuncture students into the broader medical field. A commenter emphasized the need for community group internship models in schools to help graduates build sustainable careers, noting the financial challenges new practitioners face. They proposed two types of externships: shadowing successful private acupuncturists and working under medical doctors to build interdisciplinary relationships and increase job opportunities. The commenter followed up with advocating for collaboration between acupuncture schools and hospitals to give students access to programs like Grand Rounds and urged formal partnerships to allow acupuncturists to both learn from and contribute to mainstream medical discussions without added cost.

Another commenter expressed concerns about the current 75% clinical hour requirement at acupuncture schools, supporting it due to the importance of qualified faculty supervision. While open to externship opportunities, the speaker cautioned that many outside practitioners lack teaching skills while encouraging developing formal partnerships with hospitals to create viable externship options.

f. Establish English Proficiency Requirement for Foreign Trained and Tutorial Students Not Taking the CALE in English

The topic focused on establishing minimum English proficiency requirements for foreign-trained and tutorial students not taking the CALE in English. Chair Matecki expressed strong support for such a requirement, citing patient safety and professional standards. E.O. Bodea and Mr. Herdt explained current Test of English as a Foreign Language (TOEFL) standard used by ACAHM and noted that tutorial and foreign-trained applicants often bypass these language requirements, which raises concerns.

Public comments highlighted the impact of unequal standards between accredited and non-accredited schools, with some schools benefiting from relaxed language requirements. While one speaker suggested future AI translation tools might help bridge the language gap, others stressed that personal communication is crucial in building trust, ensuring safety, and maintaining professional credibility. Chair Matecki concluded by questioning the practicality and safety of relying on AI for communication in clinical settings, especially for invasive procedures, emphasizing the importance of direct understanding between provider and patient.

g. Necessity of Graduation Requirement to Qualify for CALE

Chair Matecki highlighted confusion around CALE exam eligibility particularly regarding

graduation requirements for acupuncture schools. E.O. Bodea clarified that students must graduate from an approved educational and training program to sit for the CALE. Mr. Herdt confirmed that a graduation date must be reflected on official transcripts for exam eligibility.

Item 7 – Future Agenda Items

Chair Matecki invited suggestions for future agenda items. Member Leung proposed conducting a stakeholder survey on the definition of acupuncture and the appropriate use of doctoral titles (such as DAcIM or DAIM).

A commenter requested the Committee revisit and discuss the Little Hoover Commission's past recommendations on acupuncture education, emphasizing the need for Board members to understand the history and address unresolved issues.

Another commenter asked the consumer brochure be re-agendized, particularly to include more detailed information about conditions acupuncture can treat, stressing its importance from a patient's perspective.

Item 8 – Adjournment

Chair Matecki adjourned the meeting at or around 4:58 p.m.

Law & Regulations - Education Prerequisite

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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.

ACAHM Clinical Training Definitions

ACAHM Accreditation Commission for Acupuncture and Herbal Medicine

Position Paper Title:	Off-Campus Clinical Training
Approved By:	ACAHM Executive Director
Document History:	Initial Publication Date: 20 February 2024
	Last Updated:
Related Commission Materials:	Glossary; Comprehensive Standards and Criteria; Position Paper: Compliance with Out-of-State Educational Activities; Distance Education Policy; Notification of Change Policy
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 requirements[1] 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 agreement[3] 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.