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Members of the Board

Dr. Amy Matecki,
M.D., L.Ac., President
Kitman Chan,
C.P.A., Vice President
John Harabedian, Esq.
Ruben Osorio
Bradley Cimino,
M.A., L.Ac.
Hyun "Francisco" Kim,
M.S., L.Ac.
Shu Dong Li, Ph.D.

**ACUPUNCTURE BOARD AND
COMMITTEE MEETINGS**

June 13 & 14, 2019

**LOCATION:
Board 'A' Room
'A' Building
Southern California University
of Health Sciences
16200 Amber Valley Drive
Whittier, California 90604**

*Action may be taken on any item
listed on the full board meeting
agenda.*

EDUCATION AND RESEARCH COMMITTEE MEETING

**Thursday, June 13, 2019
9:30 a.m. to 10:30 a.m.
(or until the close of business)**

**Education and Research Committee Members
John Harabedian, Esq., Chair
Hyun "Francisco" Kim, M.S., L.Ac.**

- 1. Call to Order, Roll Call, and Establishment of Quorum (Harabedian, Chair)**
- 2. Chair's Remarks (Harabedian, Chair)**
 - Welcoming message and meeting information
- 3. Public Comment on Items Not on the Agenda (Harabedian, Chair)**
- 4. Review and Possible Approval of the March 28, 2019 Education and Research Committee Meeting Minutes (Harabedian, Chair)**
- 5. Discussion on Recommendation to Amend Title 16, CCR §§ 1399.415, 1399.416, 1399.435, 1399.437, 1399.438, 1399.439 (Curriculum Oversight Authority) (Jay Herdt, Licensing Manager)**
- 6. Discussion on Recommendation to Amend Title 16, CCR §§ 1399.434 (Clinical Supervision) (Jay Herdt, Licensing Manager)**
- 7. Future Meeting Dates and Agenda Items (Harabedian, Chair)**
- 8. Adjournment (Harabedian, Chair)**

LICENSING AND EXAMINATION COMMITTEE MEETING

**Thursday, June 13, 2019
10:45 a.m. to 11:45 a.m.
(or until the close of business)**

**Licensing and Examination Committee Members
Kitman Chan, C.P.A., Chair
Bradley Cimino, M.A., L.Ac.**

- 1. Call to Order, Roll Call, and Establishment of Quorum (Chan, Chair)**
- 2. Chair's Remarks (Chan, Chair)**
 - Welcoming message and meeting information
- 3. Public Comment on Items Not on the Agenda (Chan, Chair)**
- 4. Discussion on Test of English as a Foreign Language (TOEFL) Requirements for International Applicants (Jay Herdt, Licensing Manager)**
- 5. Discussion on Retired Licensing Status Designation (Jay Herdt, Licensing Manager)**
- 6. Future Meeting Dates and Agenda Items (Chan, Chair)**
- 7. Adjournment (Chan, Chair)**

DAY ONE AGENDA

**FULL BOARD MEETING
Thursday, June 13, 2019
1:00 p.m. to 5:00 p.m.
(or until the close of business)**

- 1. Call to Order, Roll Call, and Establishment of Quorum (Dr. Amy Matecki, President)**
- 2. President's Remarks (Dr. Matecki)**
 - Welcoming message and meeting information
- 3. Public Comment on Items Not on the Agenda (Dr. Matecki)**

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. (Government Code §§ 11125, 11125.7(a).)
- 4. Review and Possible Approval of the March 28-29, 2019 Board Meeting Minutes (Dr. Matecki)**

5. Executive Officer's Report (Ben Bodea, Executive Officer)

(A) Staff Update Regarding Vacancies

(B) Budget Update

- (i) Fund Condition
- (ii) Fee Study
- (iii) Architecture Revolving Fund
- (iv) Budget Change Proposals (BCP)
 - a) Business Modernization Plan
 - b) Facilities (rent)
 - c) DCA-Wide Administration

(C) Outreach Update Regarding Acupuncture Day

6. Legislative Update (Kristine Brothers, Policy Coordinator)

- Items Introduced in the 2019 Legislative Session Pertinent to Acupuncture
 - (i) **AB 193**, as amended, Patterson. Professions and vocations.
 - (ii) **AB 544**, as amended, Brough. Professions and vocations: inactive license fees and accrued and unpaid renewal fees.
 - (iii) **AB 613**, as introduced, Low. Professions and vocations: regulatory fees.
 - (iv) **AB 778**, as introduced, Low. Acupuncture: continuing education.
 - (v) **AB 779**, as amended, Low. Acupuncture: place of practice: wall license.
 - (vi) **AB 888**, as amended, Low. Opioid prescriptions: information: nonpharmacological treatments for pain.
 - (vii) **AB 1076**, as amended, Ting. Criminal records: automatic relief.
 - (viii) **AB 1245**, as amended, Low. Political Reform Act of 1974: contribution prohibitions.
 - (ix) **SB 53**, as amended, Wilk. Open meetings.
 - (x) **SB 425**, as amended, Hill. Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct.
 - (xi) **SB 601**, as amended, Morrell. State agencies: licenses: fee waiver.

7. Regulations Update (Kristine Brothers, Policy Coordinator)

(A) **AB 2138 (2018 Chiu and Low)**

Licensing Boards: Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction

(B) **SB 1441 (2008 Ridley-Thomas) and Update of Acupuncture Board Disciplinary Guidelines**

Healing arts practitioners: substance abuse

(C) **SB 1448 (2018 Hill)**

Healing arts licensees: probation status: disclosure

(D) **SB 1246 (2014 Lieu)**

Acupuncture

(E) **AB 2190 (2016 Salas)**

Acupuncture Board: Executive officer: Education

8. Enforcement Report (Ben Bodea, Executive Officer)

- Q3, FY 18-19 Enforcement Report

9. Licensing Report (Jay Herdt, Licensing Manager)

(A) Status of Curriculum Reviews

(B) Tutorial Program Report

(C) Continuing Education Report

(D) Continuing Education Audit Report

(E) Examination Statistics

10. Recess Until Friday, June 14, 2019

DAY TWO AGENDA

FULL BOARD MEETING

Friday, June 14, 2019

9:00 a.m. to 5:00 p.m.

(or until the close of business)

11. Call to Order, Roll Call, and Establishment of Quorum (Dr. Amy Matecki, President)

12. President's Remarks (Dr. Matecki)

- Opening message and meeting information

13. CLOSED SESSION

Pursuant to Government Code section 11126, subdivision (c)(1), the Board will convene in closed session to discuss and take possible action on the preparation, approval, and administration of examinations.

RECONVENE OPEN SESSION

- 14. Public Comment on Items Not on the Agenda (Dr. Matecki)**
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. (Government Code §§ 11125, 11125.7(a).)
- 15. Report from Education and Research Committee Chair on June 13, 2019 Committee Meeting and Possible Action on any Recommendations (John Harabedian, Committee Chair)**
- 16. Report from Licensing and Examination Committee Chair on June 13, 2019 Committee Meeting and Possible Action on any Recommendations (Kitman Chan, Committee Chair)**
- 17. Strategic Plan Update (Ben Bodea, Executive Officer)**
- 18. Updates from Acupuncture Professional Associations**
- 19. Presentation on Dry Needling/Trigger Point Therapy (California Acupuncture and Traditional Medicine Association (CalATMA))**
- 20. Presentation on Manual Therapy (CalATMA)**
- 21. Presentation on Open and Closed Session Protocols, the Adjudication Process, and Conflicts of Interest (Salwa Bojack, Legal Counsel)**
- 22. Future Agenda Items and Meeting Dates (Dr. Matecki, President)**
- 23. Adjournment (Dr. Matecki, President)**

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 plan to attend at a physical 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, regarding the full Board meeting agenda, the Board cannot discuss or take official action on these items during the same meeting. (Gov. Code §§ 11125, 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 Beck Untalasco, Licensing Analyst – Exam Desk at (916) 515-5205; 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.

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**ACUPUNCTURE BOARD
EDUCATION COMMITTEE MEETING
Meeting Minutes
Thursday, March 28, 2019**

LOCATION:

Department of Consumer Affairs
Hearing Room, Suite 186
1747 North Market Blvd.
Sacramento, CA 95834

Committee Members Present

John Harabedian, Chair, Public Member
Hyun “Francisco” Kim, Licensed Member

Education Committee Members

*John Harabedian, Chair, Public Member
Hyun “Francisco” Kim, L.Ac., Licensed
Member*

Staff Present

Benjamin Bodea, Executive Officer
Salwa Bojack, Legal Counsel
Jay Herdt, Licensing Manager
Kristine Brothers, Policy Coordinator

Education Committee Meeting – Thursday, March 28, 2019

1. Call to Order

Chair Harabedian called the meeting to order at 3:40 pm. Roll was taken: Harabedian – present; Kim – present.

2. Discussion on Amending Title 16, CCR §§ 1399.483, 1399.489 (Continuing Education Ethics Requirements (Jay Herdt, Licensing Manager))

Herdt introduced the discussion on the initiation of rulemaking to amend Title 16 California Code of Regulation Section 1399.483 and 1399.489, continuing education's ethic requirement. The proposed rulemaking requires a biennial continuing education requirement of four units in law and ethics for all licensees, unless on inactive status. Herdt presented a brief history on the issue and what took place at prior meetings to influence the text and recommendations by staff being presented that day.



The Education Committee previously requested to see what other boards have in terms of their ethics requirements for continuing education to bring back for consideration and requested a definition of active and inactive status.

There was a previous question from Committee whether the ethics requirement would be category 1 or 2, which was clarified when Herdt pointed out that 16 CCR section 1399.483, subdivision (d) identifies ethics as a category 1 course. Harabedian also voiced concern over the wording of excluding licensees renewing on inactive status. However, staff clarified that the previous wording brought to the Committee was resolved by changing “renewing in inactive status” to “renewing on inactive status.”

Public Comment:

The following comments were made:

- A commenter indicated he was working on developing an ethics course in the near future and wanted to work closely with the Board to be sure it meets the new criteria. There was also a concern about having to apply for course approval each time a course is taught. The commenter requested that the issue of having to apply each time a course is taught be streamlined and placed as a future agenda item.
- A commenter noted the World Health Organization has established a committee on quality of care and patient safety. It was suggested for the Committee to list some general categories that should be included in the ethics class.

Counsel Bojack indicated that the Board may want to consider how the ethics requirement was set at four hours. EO Bodea stated that it was based upon what other boards require and it is about a half-day’s worth of continuing education. There was also a distinction provided that the ethics requirement could be satisfied online or live.

There was also some discussion on whether or not the ethics and law requirement would also include practice or risk management safety. Member Kim noted that the requirement would address incompetency.

Going back to the discussion on why the requirement was set at four hours, there was a breakdown in the hours by category and subject areas required in regulation. It was pointed out that the four hours of ethics makes up about 5% of the 45 hours of category 1 that is required biennially. This means that the ethics and law set at four hours is proportionate to the other nine subject areas required in regulation.

Member Harabedian noted that in previous discussion, ethics has been a major priority. Member Kim and EO Bodea both spoke to relating the ethics requirement back to the majority of violations the Board sees all comes down to lacking knowledge or training in ethics.



Member Harabedian brought up the concern of whether it will be clear to licensees what ethics and laws entails, and what coursework will meet those subject areas. Herdt addressed those concerns by explaining that staff will look at objectives and the hour-by-hour schedule when course applications are received to identify a course meets the ethics and law requirement. Member Harabedian stated it would be best for more research to occur to clearly define what the Board would be requiring for ethics and law. Herdt suggested that the Board or Committee invite associations to send in language or recommendations they may have so staff can do additional research. Counsel Bojack pointed out that the Board may be consistent with other boards in not having a definition of ethics.

Brothers suggested to place a requirement on continuing education providers to advertise or assure licensees a course satisfies the laws and ethics requirement as opposed to creating a definition of ethics.

Member Harabedian stated the language for the proposed regulation for continuing education ethics requirement as presented be taken to the Board for adoption, and to discuss as a Board. He also stated that staff has been asked to do a little bit more research on how to best define and clarify what the law and ethics requirement entails.

Adjournment at 4:33 pm.

BOARD AND COMMITTEE AGENDAS, MEETING MATERIALS AND MINUTES CAN
BE FOUND ON THE ACUPUNCTURE BOARD'S WEBSITE:

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DATE	June 13, 2019
TO	Education and Research Committee
FROM	Jay Herdt, Licensing Manager
SUBJECT	Discussion on Amending Title 16, California Code of Regulations §§ 1399.415, 1399.416, 1399.434, 1399.435, 1399.437, 1399.438, 1399.439 (Curriculum Oversight Authority)

Chapter 397, Statutes of 2014 (SB 1246), extended the sunset date of the Acupuncture Licensure Act and the Acupuncture Board’s (Board) operations until January 1, 2017. It also made substantial changes to the Board’s education regulation and oversight.

Effective January 1, 2017, the bill deleted the requirement that schools and colleges offering education and training in the practice of acupuncture obtain all necessary approvals within three years of Board approval. The bill also eliminated the requirement that the Board approve those schools and colleges offering education and training in the practice of acupuncture.

Instead, a new definition and term was put forth for “approved educational and training programs” limiting the Board’s role of approval to curriculum, ensuring that programs include 3,000 hours of Board specified training. The other parts to an “approved educational and training program” are approval from the Bureau for Private Postsecondary Education (BPPE) or other appropriate out-of-state governmental educational authority and accreditation or granted candidacy status by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), or a letter of intent to pursue accreditation to the ACAOM.

The Board has already enacted a lot of the necessary amendments and deletions to existing regulations, including California Code of Regulations (CCR) sections 1399.436 and 1399.437, to remove the inoperative sections that related to Board approved training programs and allow for a curriculum application/review process. However, further staff and legal review was conducted identifying additional areas of the Board’s regulations that require amendments to align with the changes of SB 1246 and the loss of training program approval.

The following memorandums and regulatory language detail the suggested amendments and options staff has identified for discussion and consideration.



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DATE	June 13, 2019
TO	Education and Research Committee
FROM	Jay Herdt, Licensing Manager
SUBJECT	Discussion on Amending Title 16, California Code of Regulations § 1399.415

Discussion

California Code of Regulations (CCR) section 1399.415 Documentation of Training

This section sets forth the education and tutorial requirements required for the examination. The regulation states that the education and tutorial requirements must be documented by the registrar or tutor. It also states that any education or tutorial completed to be eligible for the examination must be completed at least thirty (30) days prior to the date of the examination. All of these requirements are still applicable and are unchanged.

Subdivision (b)(1) currently identifies applicants who enrolled in an approved training program prior to January 1, 2005, shall have completed the coursework and training set forth in CCR section 1399.436. However, this section was repealed when previous regulatory changes occurred due to Chapter 397, Statutes of 2014 (SB 1246). Therefore, staff is recommending the removal of the date-contingent language and has changed the citation of the coursework and training section to CCR section 1399.434, which is the Acupuncture Board's (Board) only regulation on curriculum and coursework requirements. Subdivision (1) of subdivision (b) has been removed because (b)(2) has been struck through as explained below.

Subdivision (b)(2) currently states that all applicants who are enrolled in an approved training program after January 1, 2005, shall have completed the coursework and training set forth in CCR section 1399.434. Since there are not date-specific program requirements anymore and amendments have been made to subdivision (b)(1) to indicate that applicants must comply with the coursework requirements in CCR section 1399.434, staff is recommending the deletion of this subdivision. It is duplicative and no longer needed.

Motion

Possible Motions for CCR section 1399.415

Recommendation for Approval to Full Board:

Option 1:

Motion to recommend the discussion and approval of the proposed regulatory text for Title 16, CCR section 1399.415 to be presented to the full Board at a future Board meeting.

Option 2:

Motion to recommend the approval of the proposed regulatory text as amended:

Recommendation for Further Research and Amendments:

Option 3:

Motion for additional research by staff and the Education and Research Committee to bring back amendments to the proposed regulatory text for Title 16, CCR section 1399.415 to be presented to the:

full Board or Education and Research Committee

at a future meeting.

ACUPUNCTURE BOARD

Proposed Language

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

(1) Amend Section 1399.415 of Article 2 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.415 Documentation of Training.

(a) Each applicant shall have completed the education or tutorial requirements set forth in these regulations as documented by the registrar of each school from which the applicant attended or from the applicant's tutor, in the case of a tutorial program.

~~(b)(1) All applicants for examination who are enrolled in an approved acupuncture and Oriental medicine educational training program prior to January 1, 2005, shall have completed the coursework and training set forth in Section 1399.4364.~~

~~(2) All applicants for examination who are enrolled in an approved acupuncture and Oriental medicine educational training program on or after January 1, 2005, shall have completed the coursework and training set forth in Section 1399.434.~~

(c) All applicants applying for examination shall meet the minimum educational or tutorial requirements set forth in these regulations at least thirty (30) days prior to the date of the examination for which the application has been made.

Note: Authority cited: Section 4933, Business and Professions Code. Reference: Sections 4927.5, 4938, 4939, 4940, 4941 and 4944, Business and Professions Code.



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DATE	June 13, 2019
TO	Education and Research Committee
FROM	Jay Herdt, Licensing Manager
SUBJECT	Discussion on Amending Title 16, California Code of Regulations § 1399.416

Discussion

California Code of Regulations (CCR) section 1399.416 Equivalent Training and Clinical Experience Qualifying for Licensure

This section states that the documentation of educational training and clinical experience to qualify an applicant for licensure under Business and Professions Code section 4938 (b)(3), shall be provided by the applicant. In addition, the applicant's documentation shall meet the requirements of CCR section 1399.436, which has been repealed. Staff is recommending the cleanup on the introductory language of the regulation by removing "In order." Staff is also recommending the deletion of the reference to CCR section 1399.436 and leaving only the referenced CCR section 1399.434, as this is the only regulation on coursework and curriculum requirements currently.

Additionally, this section sets forth the documentation requirements for foreign trained applicants in that a report from a member of the National Association of Credentials Evaluation Services, Inc. must be submitted to the Acupuncture Board (Board) by the applicant with his or her application for examination. Due to no changes with these provisions, this language remains unchanged.

Motion

Possible Motions for CCR section 1399.416

Recommendation for Approval to Full Board:

Option 1:

Motion to recommend the discussion and approval of the proposed regulatory text for Title 16, CCR section 1399.416 to be presented to the full Board at a future Board meeting.

Option 2:

Motion to recommend the approval of the proposed regulatory text as amended:

Recommendation for Further Research and Amendments:

Option 3:

Motion for additional research by staff and the Education and Research Committee to bring back amendments to the proposed regulatory text for Title 16, CCR section 1399.416 to be presented to the:

full Board or Education and Research Committee

at a future meeting.

ACUPUNCTURE BOARD

Proposed Language

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

(2) Amend Section 1399.416 of Article 2 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.416 Equivalent Training and Clinical Experience Qualifying for Licensure.

~~In order f~~For documented educational training and clinical experience to qualify for licensure under Section 4938, subdivision (b)(3) of the Code, the applicant shall document that such education and experience meets the requirements of ~~Section 1399.436, subsections (a), (b), and (c) or, if applicable, Section 1399.434.~~ All foreign trained applicants shall submit documentation of his or her education to a credentials evaluation service that is a member of the National Association of Credentials Evaluation Services, Inc. for review and a report to the board. This report shall be filed by the applicant with his or her application for examination.

Note: Authority cited: Section 4933, Business and Professions Code. Reference: Sections ~~4925,~~ 4938, 4939, 4940, 4941 and 4944, Business and Professions Code.



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DATE	June 13, 2019
TO	Education and Research Committee
FROM	Jay Herdt, Licensing Manager
SUBJECT	Discussion on Amending Title 16, California Code of Regulations §§ 1399.434 and 1399.435

Discussion

Acupuncture Board (Board) staff is proposing two separate options for implementing amendments of Section 1399.435. In both options staff is proposing the retitling of Article 3.5 Acupuncture Training Programs to Acupuncture Approved Educational and Training Programs to align with the statutory term from Business and Professions Code (BPC) section 4927.5.

Option 1:

California Code of Regulations (CCR) section 1399.435 Criteria for Acupuncture and Oriental Medicine Training Programs.

In option 1, changes within existing CCR section 1399.435 would be made. The amendments are straightforward, and the regulation section would remain to allow any applicants or educational and training programs who regularly work with the Board's regulations to still be familiar with the organization and constitution of the Board's requirements. Below is a list of each amendment:

- The title of CCR section 1399.435 is amended to more accurately reflect that the procedures within the section are not criteria, but requirements of an approved educational and training program. BPC section 4927.5 defines a training program as an approved educational and training program so the title has been changed to match that statutory term.
- The same statutory term of approved educational and training program has been added and the term curriculum has replaced the word program. The effective date has been removed since the curriculum standards are currently in effect and there are not different curriculums set forth contingent on an applicant's enrollment date.
- Subdivision (a) has been removed, which is a requirement that candidates have completion of 60 semester units/90 quarter credits of education at the baccalaureate level. The elimination is recommended because this is not a requirement that aligns with the curriculum standards under the Board's purview. Rather, this is a requirement that Accreditation Commission for Acupuncture and

Oriental Medicine (ACAOM) ensures is being upheld by the programs when accreditation is granted.

- Subdivision (b) has been removed because this requirement is duplicative of BPC 4927.5 (a)(2), which is the provision requiring Bureau for Private Postsecondary Education (BPPE) approval for an approved educational and training program.
- Subdivision (c) pertains to the development of a self-study evaluation process required for training programs. Deletion of this subdivision is recommended because this is currently a requirement of ACAOM accreditation, which makes it an unnecessary and duplicative process.
- Subdivisions (d) through (f) have been reassigned but no amendments to content are suggested.
- The words “educational and” have been added to subdivision (g) to reflect the statutory term “educational and training program.” The subdivision has been reassigned.
- Subdivision (g)(1) has been amended to add the authority to accept coursework as credit when a course has been challenged by a College Level Examination Program (CLEP) exam as determined by the Board. Staff feels this is necessary to align with other academic institutions, as well as ACAOM, who all accept CLEP challenged courses for transfer students.
- Subdivision (g)(3) has been amended to add the statutory term “educational and training program.”
- Subdivision (g)(4) has been amended to update the correct Education Code citation for BPPE authority.
- Subdivision (g)(5) has been eliminated because all Traditional Chinese Medicine programs in the US are accredited by ACAOM, therefore, ACAOM already oversees any transfer credit rules.
- Subdivision (g)(6) has been amended to remove the requirement that record of a student’s transfer credit evaluation and award be filed with the Board upon request. This is not necessary since transcripts documenting such an evaluation and award of transfer credit is already submitted to the Board by the educational and training program.
- Subdivision (g)(7) has been stricken as it is outside the Board’s jurisdiction to oversee transfer credit policies and procedures. ACAOM is the entity that oversees transfer rules.

Option 2:

CCR 1399.435 Criteria for Acupuncture and Oriental Medicine Training Programs CCR 1399.434 Criteria for Approval of Acupuncture and Oriental Medicine Curriculum

In option 2, all of CCR section 1399.435 would be repealed and the above changes as well as the unchanged content of CCR section 1399.435 would get moved under CCR section 1399.434.

CCR section 1399.434 sets forth the criteria for approval of acupuncture and oriental medicine curriculum. It sets out a detailed breakdown in curriculum hours by coursework area that is required of an approved educational and training program. Logically, the other requirements for an approved educational and training program that offer the curriculum could go under this section as well. Therefore, option 2 consolidates the two sections and can be seen as a more logical organization of all provisions related to curriculum and approved educational and training programs.

Motions:

Possible Motions

Option 1:

Recommendation for Approval to Full Board:

Option 1 Motion: As is

Motion to recommend the discussion and approval of Option 1 including the proposed regulatory text for Title 16, CCR section 1399.435 to be presented to the full Board at a future Board meeting.

Option 2 Motion: Amended

Motion to recommend the approval of the proposed regulatory text as amended:

Option 3 Motion: Recommendation for Further Research and Amendments

Motion for additional research by staff and the Education and Research Committee to bring back amendments to the proposed regulatory text for Title 16, CCR section 1399.435 to be presented to the:

full Board or Education and Research Committee

at a future meeting.

Option 2:

Recommendation for Approval to Full Board:

Option 1 Motion: As is

Motion to recommend the discussion and approval of Option 2 including the proposed regulatory text for Title 16, CCR section 1399.434 and repeal of 1399.435 to be presented to the full Board at a future Board meeting.

Option 2 Motion: Amended

Motion to recommend the approval of the proposed regulatory text as amended:

Option 3 Motion: Recommendation for Further Research and Amendments:

Motion for additional research by staff and the Education and Research Committee to bring back amendments to the proposed regulatory text for Title 16, CCR sections 1399.434 and 1399.435 to be presented to the:

full Board or Education and Research Committee

at a future meeting.

ACUPUNCTURE BOARD

Proposed Language

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Option 1:

(3) Amend Section 1399.435 of Article 3.5 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

1399.435. Criteria Requirements for Acupuncture and Oriental Medicine Approved Educational and Training Programs.

An ~~acupuncture and Oriental medicine~~ approved educational and training program approved by the board shall adopt the following procedures for its ~~program effective January 1, 2005~~curriculum:

~~(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.~~

~~(b) The training program should be located in an educational institution approved under Article 4 (commencing with Section 94770) of Chapter 7 of Part 59 of the Education Code, or in the case of training programs located outside California, in an institution which is approved by the appropriate governmental accrediting authority or an accrediting agency recognized by the U.S. Department of Education.~~

~~(c) The training program shall develop self study evaluation process to determine the effectiveness of its theoretical and clinical program.~~

(a) ~~(d)~~ Coursework shall carry academic credit.

(b) ~~(e)~~ The director and supervisor(s) of the clinical portion of the training program shall be a licensed acupuncturist in the state where the educational institution is located and with at least 5 years of licensed clinical experience in the practice of acupuncture and Oriental medicine.

(c) ~~(f)~~ All instructors shall be competent to teach their designated courses by virtue of their education, training and experience. All faculty credentials shall be equivalent to the course and degree level being taught.

(d) ~~(g)~~ Each educational and training program shall develop policies and procedures to evaluate and award transfer credit to students for coursework and experience which is

equivalent to current coursework and clinical instruction required. Such policies and procedures shall be defined in the school's catalog and shall include the following:

- (1) Credit shall only be awarded for actual coursework, or by a College Level Examination Program (CLEP) examination, as determined by the board.
- (2) Where the coursework and clinical instruction were completed at an acupuncture school not approved by the board, the evaluation shall include an examination administered and retained by the school in the subject area(s) in which transfer credit may be awarded.
- (3) Up to 100% transfer credit may be awarded for coursework and clinical instruction completed successfully at another acupuncture school or college which is an educational and training program approved by the board.
- (4) Up to 100% transfer credit may be awarded for courses completed successfully in basic sciences, clinical medicine, case management, practice management, public health, and professional development at a school which is approved under Article 4-6 (commencing with Section 9477094885) of Chapter 78 of Part 59 of Division 10 of Title 3 of the Education Code or by an accrediting agency recognized by the U.S. Department of Education.
- ~~(5) Up to fifty percent (50%) credit, by transfer or challenge exam, for clinical practice coursework and instruction in acupuncture and Oriental medicine principles, theories and treatment procedures completed successfully at a school which is not approved by the board may be awarded by a school approved by the board, provided that at least 50% of the course hours in individual subjects are completed successfully at a school approved by the board.~~
- (6) The entire record of the evaluation and award of the student's transfer credit shall be included in the student's academic file and shall be made an official part of the student's transcript ~~which shall be filed with the board upon request.~~
- ~~(7) All students shall receive upon matriculation a copy of the school's policies and procedures for evaluating and awarding transfer credit.~~

Note: Authority cited: Section 4933, Business and Professions Code. Reference: Sections 4927.5, 4938, 4939, ~~4940~~, 4941 and 4944, Business and Professions Code.

Option 2:

(3) Amend Section 1399.434 of Article 3.5 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.434. Criteria for approval of acupuncture and oriental medicine curriculum.

To be approved by the Board, an acupuncture and Oriental 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 Oriental Medicine Principles, Theories and Treatment 1,255 hours

The curriculum in acupuncture and Oriental 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 Oriental medicine:

- (1) Acupuncture and Oriental Medicine Principles and Theories
 - (A) Oriental Medicine Principles and Theory;
 - (B) Acupuncture Principles and Theory;
 - (C) Oriental 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);
 - (E) Acupuncture and Oriental Medicine Diagnosis;
 - (F) Acupuncture and Oriental Medicine Specialties, including dermatology, gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care;
 - (G) Classical acupuncture and Oriental medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing;
 - (H) Modern acupuncture and Oriental medicine literature.
- (2) Acupuncture and Oriental Medicine Treatment

- (A) Integrated acupuncture and Oriental medicine diagnostic and treatment procedures;
- (B) Acupuncture techniques and treatment procedures, including electroacupuncture;
- (C) Oriental massage (e.g., Tui Na or Shiatsu), acupressure, and other techniques utilizing manual therapy and mechanical devices;
- (D) Exercise therapy, including breathing, qi gong and taiji quan;
- (E) Herbal prescription, counseling and preparation;
- (F) Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling;
- (G) Cold and heat therapy, including moxibustion and ultrasound;
- (H) Lifestyle counseling, and self-care recommendations;
- (I) Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks;
- (J) Acupuncture micro therapies, including auricular and scalp therapy;
- (K) Hygienic standards, including clean needle techniques. The clean needle technique portion of this subject shall use the “Clean Needle Technique Manual 7th edition” (rev. January 2016), published by the Council of Colleges of Acupuncture and Oriental Medicine, which is hereby incorporated by reference. Students shall successfully complete the clean needle technique portion of the hygienic standards subject prior to performing any needling techniques on human beings;
- (L) Equipment maintenance and safety;
- (M) Adjunctive acupoint stimulation devices, including magnets and beads.

(c) Clinical Medicine, Patient Assessment and Diagnosis 240 hours

The curriculum in clinical medicine, patient assessment and diagnosis shall consist of at least 240 hours of didactic instruction and shall prepare the student to possess the knowledge, skills and abilities necessary to utilize standard physical examinations, laboratory and imaging studies, and International Classification of Diseases (ICD) diagnostic principles to improve treatment efficacy, patient safety, referral, and continuity of care; to improve communication and collaboration of care with all other medical providers; to assist in the evaluation and documentation of patient progress; and to improve the acupuncturists understanding of biochemical etiology and pathology. Clinical medicine, patient assessment, and diagnostic skills curriculum shall include the following:

- (1) Comprehensive history taking;
- (2) Standard physical examination and assessment, including neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment;
- (3) Pharmacological assessment, emphasizing side-effects and herb-drug interactions;

- (4) Patient/practitioner rapport, communication skills, including multicultural sensitivity;
- (5) Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports;
- (6) Clinical reasoning and problem solving;
- (7) Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses, and the World Health Organization's International Classification of 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, Labor Code, 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 Oriental 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 oriental medicine treatment modalities listed in the Business and Professions Code sections 4927(d) and 4937(b).

(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.

(i) The director and supervisor(s) of the clinical portion of the training program shall be a licensed acupuncturist in the state where the educational institution is located and with at least 5 years of licensed clinical experience in the practice of acupuncture and Oriental medicine.

(j) Coursework shall carry academic credit.

(k) All instructors shall be competent to teach their designated courses by virtue of their education, training and experience. All faculty credentials shall be equivalent to the course and degree level being taught.

(l) Each educational and training program shall develop policies and procedures to evaluate and award transfer credit to students for coursework and experience which is equivalent to current coursework and clinical instruction required. Such policies and procedures shall be defined in the school's catalog and shall include the following:

(1) Credit shall only be awarded for actual coursework, or by a College Level Examination Program (CLEP) examination as determined by the board.

(2) Where the coursework and clinical instruction were completed at an acupuncture school not approved by the board, the evaluation shall include an examination administered and retained by the school in the subject area(s) in which transfer credit may be awarded.

(3) Up to 100% transfer credit may be awarded for coursework and clinical instruction completed successfully at another acupuncture school or college which is an educational and training program approved by the board.

(4) Up to 100% transfer credit may be awarded for courses completed successfully in basic sciences, clinical medicine, case management, practice management, public

health, and professional development at a school which is approved under Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code or by an accrediting agency recognized by the U.S. Department of Education.

(4) The entire record of the evaluation and award of the student's transfer credit shall be included in the student's academic file and shall be made an official part of the student's transcript.

Note: Authority cited: Sections 4927.5 and 4933, Business and Professions Code.
Reference: Sections 4927.5, 4938, 4940, 4941 and 4944, Business and Professions Code.

(4) Repeal Section 1399.435 of Article 3.5 of Division 13.7 of Title 16 of the California Code of Regulations:

~~1399.435 Criteria for Acupuncture and Oriental Medicine Training Programs.~~

~~An acupuncture and Oriental 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.~~

~~(b) The training program should be located in an educational institution approved under Article 4 (commencing with Section 94770) of Chapter 7 of Part 59 of the Education Code, or in the case of training programs located outside California, in an institution which is approved by the appropriate governmental accrediting authority or an accrediting agency recognized by the U.S. Department of Education.~~

~~(c) The training program shall develop self study evaluation process to determine the effectiveness of its theoretical and clinical program.~~

~~(d) Coursework shall carry academic credit.~~

~~(e) The director and supervisor(s) of the clinical portion of the training program shall be a licensed acupuncturist in the state where the educational institution is located and with at least 5 years of licensed clinical experience in the practice of acupuncture and Oriental medicine.~~

~~(f) All instructors shall be competent to teach their designated courses by virtue of their education, training and experience. All faculty credentials shall be equivalent to the course and degree level being taught.~~

~~(g) Each training program shall develop policies and procedures to evaluate and award transfer credit to students for coursework and experience which is equivalent to current~~

~~coursework and clinical instruction required. Such policies and procedures shall be defined in the school's catalog and shall include the following~~

~~(1) Credit shall only be awarded for actual coursework.~~

~~(2) Where the coursework and clinical instruction were completed at an acupuncture school not approved by the board, the evaluation shall include an examination administered and retained by the school in the subject area(s) in which transfer credit may be awarded.~~

~~(3) Up to 100% transfer credit may be awarded for coursework and clinical instruction completed successfully at another acupuncture school or college which is approved by the board.~~

~~(4) Up to 100% transfer credit may be awarded for courses completed successfully in basic sciences, clinical medicine, case management, practice management, public health, and professional development at a school which is approved under Article 4 (commencing with Section 94770) of Chapter 7 of Part 59 of the Education Code or by an accrediting agency recognized by the U.S. Department of Education.~~

~~(5) Up to fifty percent (50%) credit, by transfer or challenge exam, for clinical practice coursework and instruction in acupuncture and Oriental medicine principles, theories and treatment procedures completed successfully at a school which is not approved by the board may be awarded by a school approved by the board, provided that at least 50% of the course hours in individual subjects are completed successfully at a school approved by the board.~~

~~(6) The entire record of the evaluation and award of the student's transfer credit shall be included in the student's academic file and shall be made an official part of the student's transcript which shall be filed with the board upon request.~~

~~(7) All students shall receive upon matriculation a copy of the school's policies and procedures for evaluating and awarding transfer credit.~~

~~Note: Authority cited: Section 4933, Business and Professions Code. Reference: Sections 4938, 4939, 4940, 4941 and 4944, Business and Professions Code.~~

ACUPUNCTURE BOARD

Proposed Language

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

(5) Amend Title of Article 3.5 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

Article 3.5. Acupuncture Approved Educational and Training Programs



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DATE	June 13, 2019
TO	Education and Research Committee
FROM	Jay Herdt, Licensing Manager
SUBJECT	Discussion on Amending Title 16, California Code of Regulations §§ 1399.437 and 1399.438

Discussion

California Code of Regulations section (CCR) 1399.437 Requirements for Board Approval of Curriculum.

CCR section 1399.437 was amended in 2017 in response to Chapter 397, Statutes of 2014 (SB 1246). The regulation now provides a process for the Acupuncture Board (Board) approval of curriculum and outlines the application components. When the regulation was carried out the title of the section was changed from “Documentation Required for Approval to “Requirements for Board Approval of Curriculum.”

Staff is only suggesting a minor change to this section. After further staff review and advice from Legal Counsel, it has been determined the regulation could be clearer if the title was amended to read, “Application Process for Board Approval of Curriculum.”

Staff feels this distinction is necessary because CCR sections 1399.434 and 1399.435 are the two regulations that set forth the requirements for Board approved curriculum and approved educational and training programs. CCR section 1399.437 is focused on the application process itself.

CCR section 1399.438 Suspension or Revocation of Approval.

Staff is recommending some minor changes for cleanup for this regulation to align with the statutory term and intent of Business and Professions Code (BPC) section 4927.5.

Staff is recommending that the word “curriculum” be added to the sentence regarding the Board’s authority to deny, place on probation, suspend or revoke, or grant approval to programs’ curriculum. This will provide more clarity in setting out the Board’s proper authority. In addition, the Board has added the words “approved educational and” to the sentence to specify the statutory term, approved educational and training program.

Motions:

Possible Motions for CCR section 1399.437

Recommendation for Approval to Full Board:

Option 1:

Motion to recommend the discussion and approval of the proposed regulatory text for Title 16, CCR section 1399.437 to be presented to the full Board at a future Board meeting.

Option 2:

Motion to recommend the approval of the proposed regulatory text as amended:

Recommendation for Further Research and Amendments:

Option 3:

Motion for additional research by staff and the Education and Research Committee to bring back amendments to the proposed regulatory text for Title 16, CCR section 1399.437 to be presented to the:

full Board or Education and Research Committee

at a future meeting.

Possible Motions for CCR section 1399.438

Recommendation for Approval to Full Board:

Option 1:

Motion to recommend the discussion and approval of the proposed regulatory text for Title 16, CCR section 1399.438 to be presented to the full Board at a future Board meeting.

Option 2:

Motion to recommend the approval of the proposed regulatory text as amended:

Recommendation for Further Research and Amendments:

Option 3:

Motion for additional research by staff and the Education and Research Committee to bring back amendments to the proposed regulatory text for Title 16, CCR section 1399.438 to be presented to the:

full Board or Education and Research Committee

at a future meeting.

ACUPUNCTURE BOARD

Proposed Language

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

(6) Amend Title of Section 1399.437 of Article 3.5 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.437. ~~Requirements~~ Application Process for Board Approval of Curriculum.

(a) Each educational and training program seeking board approval of its curriculum shall submit an “Application for Board Approval of Curriculum” (rev 4/15), hereby incorporated by reference. The application shall be accompanied by the following information and documentation:

- (1) Educational and training program legal name, current address, phone number, website, contact person, and program(s) requested for board curriculum approval;
- (2) A completed course-by-course list for each course that meets the board required coursework with course number, clock hour, and course unit to document that the curriculum meets the requirements for Section 1399.434;
- (3) A list of all courses in the program requested for board approval of curriculum with course hours, course units, course number and course title;
- (4) A copy of all course syllabi for program(s) requested for board curriculum approval; and
- (5) A copy of the current course catalog.

All information and documentation submitted under this section shall be in English.

(b) An “Application for Board Approval of Curriculum” shall be deemed received and complete pursuant to Business and Professions Code Section 4927.5, subdivision (b), when the board has received a complete application, including the form and all information and documentation, as defined in subdivision (a) of this regulation.

(c) An educational and training program whose “Application for Board Approval of Curriculum” is incomplete shall be notified, in writing, that the application is incomplete, and of the reasons the application is incomplete and instructions for how to address the incomplete application. An educational and training program's incomplete application shall be deemed abandoned if the educational and training program does not submit a complete application to the board within 30 days of the mailing of the written notification that the application is incomplete.

(d) An “Application for Board Approval of Curriculum” submitted subsequent to the abandonment of a prior application shall be treated as a new application.

(e) Any changes to coursework as listed in Section 1399.434 after Board approval constitutes a new curriculum and requires Board approval pursuant to Business and Professions Code Section 4927.5. The approval shall be attained prior to implementing the new curriculum.

Note: Authority cited: Sections 4927.5 and 4933, Business and Professions Code.
Reference: Sections 4927.5, 4937 and 4938, Business and Professions Code.

ACUPUNCTURE BOARD

Proposed Language

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

(7) Amend Section 1399.438 of Article 3.5 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.438. Suspension or Revocation of Approval

The board may deny, place on probation, suspend or revoke the curriculum approval granted to any ~~acupuncture~~ approved educational and training program for any failure to comply with the regulations in this article, the Acupuncture Regulations or the Acupuncture Licensure Act.

Note: Authority cited: Section 4933, Business and Professions Code. Reference: Sections 4925 and ~~4939~~ 4927.5, Business and Professions Code.



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DATE	June 13, 2019
TO	Education and Research Committee
FROM	Jay Herdt, Licensing Manager
SUBJECT	Discussion on Amending Title 16, California Code of Regulations § 1399.439

Discussion

California Code of Regulations (CCR) section 1399.439 School Monitoring; Records; Reporting

Staff is recommending the title of CCR section 1399.439 be amended to read, “School and Curriculum Monitoring; Records; Reporting” to clarify that Board’s authority is over curriculum, and not the schools themselves.

CCR section 1399.439 relates to school annual reports and the requirements for this process when it was in existence. Since the Board no longer has authority over the training programs themselves, there are some necessary changes to make in order to provide the proper authority over curriculum and approved educational and training programs as defined under Business and Professions Code (BPC) section 4927.5. Below are the recommended changes to CCR section 1399.439:

- Staff has aligned terminology with statute changing ‘acupuncture school’ to ‘educational and training program’ under subdivision (a).
- Staff is also recommending moving up the reporting period from 60 days after the close of a school’s fiscal year to 90 days prior to the close of the school’s academic year. Moving the reporting period up allows the Board more time to review any curriculum changes prior to the start of the school’s new academic year. Academic year was specified instead of fiscal year because it is clearer to align the changes in curriculum for the next year with the close of the academic year versus a school’s fiscal year end.
- Reference to the “Application for Board Approval of Curriculum” was added to specify that approved educational and training programs communicate annual curriculum changes through the same form used to apply for curriculum approval.
- Course catalog was deleted because the Application for Board Approval of Curriculum is only deemed complete when a copy of a current course catalog is included as set forth under Section 1399.437 (a)(5). Therefore, it is unnecessary

and duplicative to include the submission of a course catalog again in Section 1399.439.

- Currently the Board wants to know if there have been any changes in faculty, however, the Board only has criteria related to clinic supervisors. Therefore, staff has removed faculty and replaced it with clinic supervisors to allow the Board to only receive information about changes to clinic supervisors.
- The Board does not have authority over a school's administration, facility, or financial condition so staff has amended CCR section 1399.439 to remove all of those references. Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), and Bureau for Private Postsecondary Education (BPPE) are the entities that oversee these areas.
- The only minor change to subdivision (b) is changing the word 'school' to 'curriculum' since the Board only has authority to review and evaluate curriculum, not the school itself.
- Subdivision (c) has been reworded for clarity.
- Subdivision (d) has been deleted because the process for approved educational and training program's communication of changes to curriculum have already been addressed under subdivision (a).

Motions:

Possible Motions for CCR 1399.439

Recommendation for Approval to Full Board:

Option 1:

Motion to recommend the discussion and approval of the proposed regulatory text for Title 16, CCR section 1399.439 to be presented to the full Board at a future Board meeting.

Option 2:

Motion to recommend the approval of the proposed regulatory text as amended:

Recommendation for Further Research and Amendments:

Option 3:

Motion for additional research by staff and the Education and Research Committee to bring back amendments to the proposed regulatory text for Title 16, CCR section 1399.439 to be presented to the:

full Board or Education and Research Committee

at a future meeting.

ACUPUNCTURE BOARD

Proposed Language

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

(8) Amend Section 1399.438 of Article 3.5 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.439. School and Curriculum Monitoring; Records; Reporting.

(a) Every approved ~~acupuncture school~~ educational and training program shall be required to submit to the board within ~~sixty ninety~~ (690) days ~~after prior to~~ the close of the school's ~~fiscal~~ academic year a current ~~course catalog with~~ Application for Board Approval of Curriculum and a letter outlining the following: 1) any courses added/deleted or significantly changed from the previous year's curriculum; 2) and any changes in faculty, administration, or governing body; 3) any major changes in the school facility; and 4) a statement regarding the school's financial condition, which enables the board to evaluate whether the school has sufficient resources to ensure the capability of the program for enrolled students clinical supervisors.

(b) If determined necessary an on-site visit by representatives of the board will be made to the school to review and evaluate the status of the ~~school~~ curriculum. The school will be required to reimburse the board for direct costs incurred in conducting such review and evaluation.

(c) ~~All~~ At minimum, all student records shall be maintained in ~~at least~~ English.

(d) ~~Each approved acupuncture school shall report to the board within 30 days any substantial changes to the facility and/or clinic(s), and curriculum required in this section.~~

Note: Authority cited: Section 4933, Business and Professions Code. Reference: Sections 4939 4927.5 and 4944, Business and Professions Code.



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DATE	June 13, 2019
TO	Education and Research Committee
FROM	Jay Herdt, Licensing Manager
SUBJECT	Discussion on Amending Title 16, California Code of Regulations § 1399.434 (h)(3)(4), (Clinical Supervision)

Chapter 397, Statutes of 2014 (SB 1246), extended the sunset date of the Acupuncture Licensure Act and the Acupuncture Board's (Board) operations until January 1, 2017. It also made some substantial changes to the Board's education regulation and oversight.

SB 1246 led to the adoption of Business and Professions Code (BPC) section 4927.5. This law changed the Board's role in the educational and training program approval process. As part of this educational and training program approval, programs are required to have their curriculum approved by the Board. Applications for Board Approval of Curriculum are processed through a desk review completed by Board staff.

Upon adoption of BPC section 4927.5, the Board suspended clinical compliance site visits to educational and training programs. This action was due to both the change in the Board's authority and the inclusion of the requirement that approved educational and training programs be in pursuit of accreditation from the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

As part of the accreditation process, ACAOM conducts ongoing site visits to these programs and conducts clinical program inspections to verify training programs' compliance with ACAOM's clinical training standards and on-site review of clinical training.

As part of the discussion of the adoption of the regulatory package that was promulgated related to BPC section 4927.5, the Board received extensive public comment at the August 31 and October 26, 2016, Board meetings about the existing regulations pertaining to the clinical supervision of acupuncture interns. Those discussions focused on California Code of Regulations (CCR) section 1399.434(h), which sets forth the clinical supervision requirements of interns by clinical supervisors.

In consideration of these comments, the Board included this issue in stakeholder meetings that were held July 28, 2017, facilitated by DCA's Office of Strategic, Organizational, Leadership and Individual Development. At this meeting the stakeholders reached a consensus, which was the following position.

The Board's clinical supervision regulatory requirements were not aligned with the ACAOM standards for clinical supervision. The ACAOM standard for clinical practice supervision is 150 hours of practice observation, followed by a process of achieving

defined clinical competencies. This includes proficiency examinations that move the student intern through a progression of demonstrating the intern's increasing competency.

The ACAOM standard also requires student interns to complete a minimum number of patient treatments as part of their training. Presently, educational and training programs are required to manage two divergent systems of clinical training and supervision based on the Board's regulations and ACAOM's standards.

Among the organizations offering written comment in reference to this discussion, included the Council of Colleges of Acupuncture and Oriental Medicine, National Certification Commission for Acupuncture and Oriental Medicine, ACAOM, and many currently approved educational and training programs.

These organizations provided discussion, expert opinions, and data that suggest there is no defining justification to support the requirement that a clinic supervisor be physically present during the needling in the second period of 275 hours of supervised practice with the trainee and the patient. Additionally, there is no enforcement justification for ACAOM to align their supervision requirements with the Board's. ACAOM is the sole accreditor of acupuncture and Oriental Medicine educational and training programs, therefore, it does not make sense for California's supervision requirements to be different from ACAOM's requirements.

The proposed regulatory change is to remove the requirement that a clinical supervisor be physically present during a trainee's needling in the second period of 275 hours of supervised practice.

This would result in educational and training program clinic supervisors to observe the intern during the 150 hours of practice observation. The clinic supervisor would also need to be physically present during the initial 275 hours in the diagnosis and evaluation stage of clinical training before an intern begins the period of 525 hours of supervised practice. The completion of a total of 950 hours of clinical practice remains unchanged.

Motion

Possible Motions for CCR section 1399.434(h)

Recommendation for Approval to Full Board:

Option 1:

Motion to recommend the discussion and approval of the proposed regulatory text for Title 16, CCR section 1399.434(h) to be presented to the full Board at a future Board meeting.

Option 2:

Motion to recommend the approval of the proposed regulatory text as amended:

Recommendation for Further Research and Amendments:

Option 3:

Motion for additional research by staff and the Education and Research Committee to bring back amendments to the proposed regulatory text for Title 16, CCR section 1399.434(h) to be presented to the:

full Board or Education and Research Committee

at a future meeting.

ACUPUNCTURE BOARD

Proposed Language

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Amend Section 1399.434 of Article 3.5 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.434. Criteria for Approval of Acupuncture and Oriental 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 Oriental 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~~ 525 hours) -the clinical treatment of patients with acupuncture and oriental medicine treatment modalities listed in the Business and Professions Code sections 4927(d) and 4937(b).

(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.

Note: Authority cited: Sections 4927.5 and 4933, Business and Professions Code.
Reference: Sections 4927.5, 4938, 4940, 4941 and 4944, Business and Professions Code.

Curriculum Standards

Acupuncture Board
Department of Consumer Affairs
July 28, 2017



Introductions

- ▶ Board staff
- ▶ Attendees
 - ▶ Your name
 - ▶ Your organization or relationship to the Board

Acupuncture Board

- ▶ Why is the Board pursuing curriculum standards for students of acupuncture programs?
 - ▶ History
 - ▶ Current situation
 - ▶ Purpose of today
 - ▶ Next steps

Your Facilitators

- ▶ Elizabeth Coronel
- ▶ Lusine Sarkisyan

Role of the Facilitator

- ▶ Neutral party, non-participant
- ▶ Provides structure
- ▶ Documents the discussion
- ▶ Not the expert

Acronyms we may use today

- ▶ ACAOM
 - ▶ Accreditation Commission for Acupuncture and Oriental Medicine
- ▶ NCCAOM
 - ▶ National Certification Commission for Acupuncture and Oriental Medicine
- ▶ BPC
 - ▶ (California) Business and Professions Code
- ▶ CCR §
 - ▶ California Code of Regulations Section(s)

Curriculum Standards

- ✓ Acupuncture Training Program Clinical Supervision Hours
- ✓ Online Education for Acupuncture Training Programs

Training Program Clinical Supervision Hours - per CCR Section 1399.434

- ▶ (1) Practice Observation (minimum 150 hours)--supervised observation of the clinical practice of acupuncture and Oriental medicine with case presentations and discussion;
 - ▶ 150 hours, specifics of the language should be amended.
- ▶ (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 oriental medicine treatment modalities listed in the Business and Professions Code Section 4927(d) and 4937(b).
- ▶ (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.

- ▶ The 275, 275, and 250 becomes grouped as 800 hours that the schools can determine how it should be divided amongst graduated levels of care and responsibilities. (Kim and Given) One block of hours. 3 and 4 the physical presence should be amended that the faculty member must be in close proximity and immediately available but not physically next to the student as the student is performing. P. 34 "The clinic supervisor shall otherwise be in close..." is acceptable and agreed upon however the issue is regarding the physically present reference. Stakeholders suggest that it be eliminated/changed in regards to the "there after for a second period...clinic supervisor shall be physically present at the needling of the patient."
- ▶ Kim - students advance at different levels. Giving programs latitude.
- ▶ Given - less effective and less safe in regards to (4) because the clinician is forced to stand in one room and not managing other aspects of therapy in more one room. Students not given in there capacity to grow. Reg as it exists is problematic and not creating a safe
- ▶ Marilyn Allen - thanked for the board putting this on. Adopt the ACAOM standards. #2 technical advisory group that has been organized focusing on safety. Leave it open because this discussion will continue on for a number of years.
- ▶ Ron - where physically present is not correctly placed with needling. The reference has been occurring during the acupuncture training. So it does not need to be placed later on. Just clinician in the room.
- ▶ Yun - at every school students have to go through competency tests to pass so this reference the student should already be competent at a clinical level to perform the tasks.
- ▶ See 1399.426(b) reference relating to "the supervisor shall be in the same facility as and in proximity to the location where the trainee...."
- ▶ Brady - How unsafe was education prior and has there been an improvement since then.

Training Program Clinical Supervision Hours

These requirements can be Summarized as:

- ▶ 150 hours - Observation
- ▶ 275 hours - Physically present during Diagnosis and Treatment
- ▶ 275 hours - Physically present during Needling Treatment
- ▶ 250 hours - Independent intern practice with Supervisor in close proximity to where the patient is being treated (requires consultation with supervisor before and after treatment)

Training Program Clinical Supervision Hours

150 hours - Observation

- ▶ Steve Given - global statement made that all hour requirements should be made in accordance with the current curriculum standard 8 of ACAOM masters program. 1399.434 sec h4 all is prescriptive which is an issue.
- ▶ Yun Kim - the trend in Ed is to move away from quantifying hours. Supporting dr. Given's statement.
- ▶ Brady Chin - remains one of the flexible areas for room for growth. Changing the scope of this is important. There is inadequate training in this area. Students do not feel prepared for clinical. Create a more practice centered clinical training model.
- ▶ Mora Marco - 100% support with the statement of Dr. Given.
- ▶ David Lee - AMU - echo the support for Dr. Given's statement. Align with ACAOM standards. Why are we not consistent with them now?
- ▶ John Scrainge - SCU - in support of the last few comments regarding ACAOM comments. All educators evaluate the curriculum, the ed experiences, and leaving it to those experts is an appropriate process.
- ▶ Yun Kim - Pointed out no ACAOM rep presented. The org has been ested since 80s. They have a track record for reinforcing the standards in the field. Best interest of the schools to meet those standards. Prescriptive language that Acup. Board has is not in line with other Boards and bureaus within DCA.
- ▶ Given - looked at data Medline and ALTHALWATCH (Peer review) 33,087 records which evaluated safety in the profession. separating CA from rest of US should have been based on data. Andrew Vickers- untrained and unlicensed providers result in safety concerns and issues. No data to support the findings in regs. No reason to separate from the national standard.
- ▶ Michael Fitzgerald - asked for clarification regarding the data from Dr. Given.
- ▶ Given - No data to suggest that the prescriptive standards protect consumers. Other nations have defaulted to national standards. Acupuncture is generally safe. Prescriptive language is not effective and has weakened education for students and good quality health care.
- ▶ Fitzgerald - a difference between safety and quality of service provided.
- ▶ Given - Agrees with ACAOM standard and CA standard in terms of what is approp for entry requirements into the field. CA is not exceptional in his opinion in relation to other states. 46 states license acupuncturists as a separate profession and almost all of them follow ACAOM standards and add there own (schools do)
- ▶ Valerie Hobbs - Looking CA standards the higher number hours versus prescriptive nature of how it should be provided. How it should be provided is written in language may not be current in how to develop those skills.

- ▶ Mora Marco - times have changed and the ACAOM is the standard nationally and CA should reach that standard.
- ▶ Jenny YU - best interest is best practice for education for students and become practitioners. Discussion about quantitative of hours and discussion relating to the quality of the ed. Do not justify the quality in relation to the number of hours.
- ▶ Ron Zaidman - involved with the profession since 84, 2 issues- four sections of a regulation and the global issue of what standard we should follow. Okay with 150 hours-observation requirement
- ▶ Fitzgerald - what is the difference between ACAOM requirements and CA requirements
- ▶ Given - ACAOM is a peer review process and does not make rigid standards. It is a process based on the quality. About how many hours before, but now it is based more on education competency.
- ▶ Yun Kim - ACAOM standards are very general. And focus on the graduated levels of responsibilities for interns and qualification of supervisors . Oriental medicine program 700 hours and 500 hours acupuncture hours. The level of education standards are very high compared to what they were 10, 15 years ago. The regs are not appropriate given the level of education.
- ▶ Lee - interpretation of “physically present” has been an issue for interpretation relating to in the clinic versus in the direct line of sight.
- ▶ John - Does everyone have a problem in the room with a set hour amount? Given does not have an objection for 150 hour requirement for observation, just that the regs should reflect the ACAOM requirements. How those hours a prescribed is an issue. Very talented faculty. Why do we have to force them into certain hours when they can move forward. Take prescriptive nature of hours and also the definition of supervision.
- ▶ Given - prescriptive nature of 4.1 clinical training 4.12 next three sections that he is concerned with. Those should be intern hours working through staged competencies and up to the schools to determine how they should meet that. Physically presence agrees with Lee.
- ▶ Brady Chin - Translation issue. Competency v safety. Has the safety goal been achieved from before and is there a data
- ▶ Rob Zaidman - “physically present” needs to be redefined because it reduces the schools ability to better serve the student and the consumer. Faculty member being physically present in needling is an issue and should be redefined. Has data to support this. Effective and safe treatment you have to have the correct diagnosis. Faculty focuses on diagnosis accuracy. Physical presence is decreasing safety. Those currently in the field are lifting the field.
- ▶ Kim - What is the appropriate authority of the Board in dictating the standards in relation to the prescriptive language? Just have Board adopt the ACAOM standards. Cant say CAB schools are better than nonCAB schools. Safety is being met and the standard is being met through ACAOM standards. How education is delivered is the main issue, due to prescriptive language.
- ▶ Given - ACAOM standard should be the standard. 2nd level leaving observation

Training Program Clinical Supervision Hours

275 hours - Physically present during Diagnosis and Treatment

Training Program Clinical Supervision Hours

275 hours - Physically present during Needling Treatment

- ▶ Rob Zaidman - “physically present” needs to be redefined because it reduces the schools ability to better serve the student and the consumer. Faculty member being physically present in needling is an issue and should be redefined. Has data to support this. Effective and safe treatment you have to have the correct diagnosis. Faculty focuses on diagnosis accuracy. Physical presence is decreasing safety. Those currently in the field are lifting the field.

Training Program Clinical Supervision Hours

250 hours - Independent intern practice with Supervisor in close proximity to where the patient is being treated (requires consultation with supervisor before and after treatment)

▶ ...

Online Education for Acupuncture Training Program

- ▶ The Board currently does not have specific regulations in reference to online education
- ▶ Both ACAOM and BPPE currently have some requirements in place in reference to Online/distance education

Online Education for Acupuncture Training Program

- ▶ Given - There are guidelines already in place through accreditation commissions. Accreditor standards curriculum adaptable to online education. Practical courses are generally not suited for online education for example, techniques, CPR, shouldn't be online.
- ▶ Online CE contains gray areas that need to be clarified. Distinguish and specify what should be taken live online versus remote online classes.
- ▶ Zaidman - Online education standards are more rigorous than in class standards because they have to ensure that
- ▶ Scaringe - competencies that could be supplemented. Accreditors advance quicker in regards to changes. Not be prescriptive. How it is delivered for example hybrid classes.
- ▶ Chin - what is most appropriate materials. Dr. Given listed
- ▶ Philip Yang - demand for online courses. Oriental medicine 50% of classes could be online courses based on ACAOM guidelines. Case management needs analysis and also hands on training not applicable to online education.
- ▶ Valerie Hobbs - forces outside regulations and education community. One issue that is arising is jobs opening up do to opioids. We need regulations that allows sustainability, thus avoid overregulation. Such will not serve anybody. Education is moving in such a way that it provides oversight. Refer to ACAOM or education.
- ▶ Yu - Support Dr. Givens, certain courses could be considered for online education. Consider the students (who are our audience).
- ▶ Given - Distinction is not the domain of material. The distinction is the material being given. The issue is the demand of the course.
- ▶ Lee - ACAOM or regional accreditation standards have taken positions and the Board should be aligned with such.
- ▶ Givens - the board should align with the ACAOM standards. Clear, clean and consistent.
- ▶ Hobbs - agrees with above comment. Basic sciences before the acupuncture program, including biology, in regionally accredited education. Shouldn't have to take those courses over. Caution the board for creating language that may be overly prescriptive in the future. Fitzgerald agrees with comment.
- ▶ Lee - accept credits from accredited intuitions that are necessary regionally accredited.
- ▶ Givens - agree with Hobbs. ACAOM has language in regards to transfer credits.
- ▶ Jan Rice - all schools should accept online courses as standardized to raise the standard more. If schools can agree on online courses.
- ▶ Givens - Challenges to Rice's statement: 1. innovative educators updating curriculum, 2. curriculum needs to be local for example needs to be taught in school not online. 3. a lot of decisions are made by institutions by what subjects and specific components are needed. A lot of reasons why some courses are commonly taken else where.
- ▶ US Department of Education recognized schools.
- ▶

Online Education for Acupuncture Training Program



Closing

- ▶ Next steps - The Board will continue to receive written comment on these issues until further notice.
- ▶ Evaluations

Thank you for your participation!

acupuncture@dca.ca.gov

acupuncture.ca.gov

Acupuncture Board

Curriculum Standards Stakeholder Meeting

Friday, July 28, 2017

Comments¹ on Training Program Clinical Supervision Hours per California Code of Regulations 1399.434 (h)

1. Steve Given – Global statement made that all hour requirements should be made in accordance with the current curriculum standard 8 of Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) master’s program. States that CCR 1399.434 section h 4 all is prescriptive which is an issue.
2. Yun Kim – Supports Dr. Given’s statement. Also states that the trend in education is to move away from quantifying hours.
3. Brady Chin – Remains one of the flexible areas for room for growth. Changing the scope of this is important. There is inadequate training in this area. Students do not feel prepared for clinical. Create a more practice centered clinical training model.
4. Mora Marco – 100% support with the Dr. Given’s statement.
5. David Lee – Alhambra Medical University (AMU) – Echo the support for Dr. Given’s statement. Also states that the Board should align with ACAOM standards. And asks, “Why are we not consistent with them now?”
6. John Scaringe – Southern California University (SCU) – Is in support of the last few comments regarding ACAOM standards. All educators evaluate the curriculum, the education experiences, recommends leaving it to those experts is an appropriate process.
7. Yun Kim – Pointed out no ACAOM rep presented. The organization has been established since the 80s. ACAOM has a track record for reinforcing the standards in the field. Also adds, it is to the best interest of the schools to meet those standards. Further states that the prescriptive language that Acupuncture Board has is not in line with other boards and bureaus within the Department of Consumer Affairs.
8. Steve Given – Referenced the data in Medline and ALTHALWATCH (Peer review) and stated that 33,087 records evaluated safety in the profession. Separating California from the rest of United States should have been based on data. Also refers to Andrew Vickrs’ notion that untrained and unlicensed providers result in safety concerns and issues. Concludes that there is no data to support the findings in regulations, thus no reason to separate from the national standard.
9. Michael Fitzgerald – Asked for clarification regarding the data provided by Dr. Given.
10. Steve Given – Responded that no data is available to suggest that the prescriptive standards protect consumers. Other nations have defaulted to national standards; thus, Acupuncture is generally safe. Prescriptive language is not effective and has weakened education for students and good quality health care.
11. Fitzgerald – States there is a difference between safety and quality of service provided.

¹ Comments listed in chronological order for relevancy.

Acupuncture Board

Curriculum Standards Stakeholder Meeting

Friday, July 28, 2017

12. Steve Givens – Agrees with ACAOM standards and California standards in terms of what is appropriate for entry requirements into the field. California is not exceptional in relation to other states. In 46 states license Acupuncturists have a separate profession and almost of those states follow ACAOM standards and schools also add their own.
13. Valerie Hobbs – Asks to analyze California standards the higher number of hours versus prescriptive nature of how it should be provided. If it is written into language how many hours should be provided than it may not be current in developing those skills.
14. Mora Marco – States times have changed and the ACAOM is the standard nationally and California should reach that standard.
15. Jenny Yu – States it is to the best interest and it is best education practice students to become practitioners. Discussion about quantitative of hours and discussion relating to the quality of the education. Do not justify the quality in relation to the number of hours.
16. Ron Zaidman – Has been involved with profession since 84. States he's okay with 150 hours of observation as requirement. States that there are two issues: 1. The four sections of the regulation and 2. the global issue of what standard the Board should follow.
17. Fitzgerald – Asks what is the difference between ACAOM requirements and California requirements.
18. Steve Givens – Responds to Fitzgerald's request stating that ACAOM is a peer review process and does not make rigid standards. It is a process based on the quality. Used to consist of how many hours, but now it is based more on education competency.
19. Yun Kim – ACAOM standards are very general. And focus on the graduated levels of responsibilities for interns and qualification of supervisors. Oriental medicine program 700 hours and 500 hours acupuncture hours. The level of education standards is very high compared to what they were ten or fifteen years ago. At this point, the regulations are not appropriate given the level of education.
20. David Lee – States that interpretation of "physically present" has been an issue for interpretation relating to in the clinic versus in the direct line of sight.
21. John – Asked the room if everyone has a problem with a set hour amount?
22. Steve Given – responded that he does not have an objection of the 150-hour requirement for observation. Then reinforced that regulations should reflect the ACAOM requirements. Further, stated that how he 150-hours a prescribed is the issue. States that the faculty is very talented. And asks why do we have to force students into certain hours when they can move forward. Take out prescriptive nature of hours and the definition of supervision.
23. Steve Given – States that he's concerned with the prescriptive nature of 2 through 4. Those should be intern hours working through staged competencies and it should be up to the schools to determine how they should meet the required hours. Also agrees with Lee in the issue regarding the misinterpretation of being "physically present".
24. Brady Chin – States there is a translation issue. Competency versus safety. Also asks if the the safety goal been achieved from before and is there data?

Acupuncture Board

Curriculum Standards Stakeholder Meeting

Friday, July 28, 2017

25. Rob Zaidman – “Physically present” needs to be redefined because it reduces the schools’ ability to better serve the student and the consumer. Faculty member being physically present in needling is an issue and should be redefined. He states that he has data to support this. Also states that to have effective and safe treatment you must have the correct diagnosis and faculty focuses on diagnosis accuracy. Physical presence is decreasing safety. Those currently in the field are lifting the field.
26. Yun Kim – Asks what is the appropriate authority of the Board in dictating the standards in relation to the prescriptive language? Just have Board adopt the ACAOM standards. Cannot say CAB schools are better than non-CAB schools. Safety and the standard is being met through ACAOM standards. How education is delivered is the main issue, due to prescriptive language.
27. Steve Given – ACAOM standard should be the standard.
28. Yun Kim and Steve Given – The 275, 275, and 250 hours (h 2 through 4) should become grouped as 800 hours which then the schools can determine how it can be divided amongst graduated levels of care and responsibilities.
29. (h) 3 through 4 “physical presence” should be amended so that the faculty member must be in close proximity and immediately available instead of physically next to the student as the student is performing. On page 34 “The clinic supervisor shall otherwise be in close...” is acceptable and agreed upon however the issue is regarding the physically present reference. Stakeholders suggest that it be eliminated/changed regarding the “there after for a second period...clinical supervisor shall be physically present at the needling of the patient.”
30. Yun Kim – States that students advance at different levels. Thus, give programs latitude.
31. Steve Given – States its less effective and safe regarding (h) 4 because the clinician is forced to stand in one room and not managing other aspects of therapy in more one room. Students not given capacity to grow. Regulation as it exists is problematic and not creating a safety.
32. Marylin Allen – Thanked the board putting this on and recommended to adopt the ACAOM standards. #2 technical advisory group that has been organized focusing on safety. Leave it open because this discussion will continue for many years.
33. Ron Zaidman – Where physically present is not correctly placed with needling. The reference has been occurring during the acupuncture training. So it does not need to be placed later on. Just clinician in the room.
34. Yun Kim – States that in every school students have to go through competency tests to pass so the student should already be competent at a clinical level to perform the tasks.
35. Valerie Hobbs – Referenced the wording in I 399.426(b) “the supervisor shall be in the same facility as and in proximity to the location where the trainee..”
36. Brady Chin – Asks how unsafe was education previously and has there been an improvement since implementation of regulations.

Acupuncture Board

Curriculum Standards Stakeholder Meeting

Friday, July 28, 2017

Comments on Online Education for Acupuncture Program

1. Given – There are guidelines already in place through accreditation commissions. Accreditor standards curriculum adaptable to online education. Practical courses are generally not suited for online education for example, techniques, CPR, shouldn't be online.
2. Online CE contains gray areas that need to be clarified. Distinguish and specify what should be taken live online versus remote online classes.
3. Zaidman – Online education standards are more rigorous than in class standards because they must ensure that
4. Scaringe – competencies that could be supplemented. Accreditors advance quicker regarding changes. Not be prescriptive. How it is delivered for example hybrid classes.
5. Chin – what is most appropriate materials. Dr. Given listed
6. Philip Yang – demand for online courses. Oriental medicine 50% of classes could be online courses based on ACAOM guidelines. Case management needs analysis and hands on training not applicable to online education.
7. Valerie Hobbs – forces outside regulations and education community. One issue that is arising is jobs opening do to opioids. We need regulations that allows sustainability, thus avoid overregulation. Such will not serve anybody. Education is moving in such a way that it provides oversight. Refer to ACAOM or education.
8. Yu – Support Dr. Givens, certain courses could be considered for online education. Consider the students (who are our audience).
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15. Jan Rice – all schools should accept online courses as standardized to raise the standard more. If schools can agree on online courses.
16. Givens – Challenges to Rice's statement: 1. innovative educators updating curriculum, 2. curriculum needs to be local for example needs to be taught in school not online. 3. a lot of decisions are made by institutions by what subjects and specific components are needed. A lot of reasons why some courses are commonly taken elsewhere.
17. Accrediting agencies recognized by the United States Secretary of Education.



Pacific College of Oriental Medicine

①
RE
PHYSICALLY
PRESENT

July 17, 2017

To: California Acupuncture Board

FR: Pacific College of Oriental Medicine

RE: Public Stakeholder Meeting July 28, 2017

Public Comment on item 4. Discussion on Acupuncture Training Program Clinical Supervision Hours 4.1 Current number of clinical hours required 4.1.2 150 hours – Observation 4.1.3 275 hours – Physically present during diagnosis and treatment 4.1.4 275 hours – Physically present during needling treatment 4.1.5 250 hours – Independent intern practice of acupuncture; supervisor in close proximity to where patient is being treated.

Pacific College of Oriental Medicine is dedicated to the training and development of future practitioners and leaders in the field of Chinese and integrative medicine. To this end we endeavor to provide the highest quality clinical training to our students as well as exceptional healthcare to the public. From the highest levels of our administration to the clinical supervisors overseeing our trainees, we are dedicated to serving and protecting the public and advancing the growth and development of Chinese medicine in the United States.

While PCOM has structured the clinical training program to be in full compliance with requirements set forth in the Regulations, Title 16, Article 3.5 Acupuncture Training Programs we believe that the prescribed hours by level of trainee are arbitrary and do not achieve the intended goals for appropriate clinical training.

In our 1000-hour clinical training program we evaluate and assess trainees by level on an individual basis based upon domains and competencies set forth by the Accreditation Council for Graduate Medical Education (ACGME) as modified to meet PCOM's needs. PCOM's standards were also influenced by the integrative medicine competencies of the Academic Consortium for Complementary and Alternative Health Centers (ACCAHC) and the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM). Lastly PCOM incorporates the master and doctorate clinical standards of Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

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Pacific College of Oriental Medicine

With these influences, Pacific College's expert faculty and academic leadership team has developed competencies within six domains that form the foundation for the learning outcomes at every level of our multiple programs. We believe these provide a firm foundation for the training and development of our clinical students and does not rely solely on prescribed hours. An essential tenet of education is the need to recognize that students learn at different paces. This concern is magnified in the clinic where the knowledge, skills, and personal character of an intern encounters a suffering patient. Some senior interns, while technically falling into the category of "Independent Intern," may require more monitoring than an intern categorized as only "needing (a supervisor) to be physically present during the diagnosis and treatment stage."

We appreciate the opportunity to express our views to the Board and put forth a recommendation for consideration. We suggest revising the verbiage in Title 16, Article 3.5 to provide more discretion to a CAB-approved training program. More emphasis should be placed upon individual student assessment and development, as opposed to a one-size-fits-all approach based on the proximity of a supervisor. Effective educational design and maximizing student learning opportunities comes along with this individualized approach. Our recommendation is to remove from the regulatory language any reference to being "Physically present during diagnosis and treatment 275 hours and Physically present during needling treatment 250 hours." The Board would have at its discretion the ability to review the clinical assessment instruments utilized assuring that appropriate oversight and training is being conducted to develop practitioners and protect the public.

Respectfully submitted,

Gregory Lane, DACM, Lac
Director of Clinical Services
Pacific College of Oriental Medicine

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2A

RE: PHYSICIAN
PRESENT



University of Bridgeport Acupuncture Institute Statement Regarding Clinical Supervision levels for Acupuncture Training Programs.

Clinical supervision of health care trainees and interns requires both numerical evaluations (number of patients seen, number of hours working in various settings, numbers and types of diagnoses and treatments completed) as well as skills competency evaluations. The goal for such training in acupuncture programs is to provide quality Traditional Chinese Medical care to patients and a quality clinical education for acupuncture students. Evaluations must lead to excellence in both training and patient care, safety and outcomes.

Competency-based clinical education requires assessment processes that are “frequent, criterion-based, developmental, work-based where possible, use assessment methods and tools that meet minimum requirements for quality, use both quantitative and qualitative measures and methods, and involve the wisdom of group process in making judgments” about acupuncture interns (1). Programs that use competency based systems utilize reliable assessment tools such as assessment using direct observation, frequent formative feedback and periodic summative feedback (2). While it is easier to count hours than demonstrate specific skills competencies, clearly some skills require multiple applications to master while others can be demonstrated with just a few clinical encounters.

The pedagogy of teaching health sciences clinical skills suggests that each student must be evaluated individually for competency and then supervised accordingly. (3, 4) Students learning clinical skills during their training need to be prepared for independent clinical practice. There are critical areas of training to be assessed from clinical diagnosis and recognizing red flag presentations to specific skills and working interprofessionally.

In the University of Bridgeport Acupuncture institute on site clinic, we use phased clinical competencies with skills exams at each level which interns can take whenever they are ready. Some interns can work independently after a relatively short time in the clinic while others may need direct supervision for specific skills or problems even after 600 hours in the clinic.

Supervision of acupuncture interns at all levels of training includes supervisor confirmation of diagnosis with direct supervision and feedback regarding pulse and tongue diagnoses, confirmation of all abnormal clinical evaluation findings, confirmation of all biomedical and TCM diagnoses and evaluation of clinical care of the patient. While all clinical treatments are supervised directly early in a TCM student’s training, once that intern demonstrates competency with needling or applying moxibustion to commonly used points, supervision would be periodic rather than continuous. However, for specific treatments, special needling techniques or points that require critical anatomy skills (e.g., ST 1, LR 12) a clinical supervisor

would be present during such treatment even if the intern had demonstrated phased clinical competency to the independent level.

Clinical diagnosis skill training starts in the first semester and continues throughout the University of Bridgeport Acupuncture Institute training. Clinical safety and techniques skills are also taught starting in the first semester. No student interacts with patients as an intern until they have been trained in the classroom and demonstrated skill levels in the clinical diagnosis and techniques skills labs, amounting to 400 hours and 200 hours respectively.

The concept of phased clinical competency can be witnessed in many of the University of Bridgeport healthcare training programs. There are no specific accreditation standards describing specific levels of supervision within Physician Assistants' training, Naturopathic or Chiropractic intern training programs. At the UB Clinics, the supervisor must be either in the room or on the floor and there must always be at least one licensed provider on the floor when any patient is in clinic. For each training clinic, a supervisor will examine each patient after the student completes their evaluation to check any abnormal findings, discuss the case presentation and then create a care plan. This level of supervision shouldn't vary by activity, although clearly a PA student would never be left alone in an OR. It is our opinion that for most activities the supervising clinical or preceptor should be on the same floor as and in the same area as the students.

Similarly, the Veterans Administration Hospitals training handbook for Healthcare associated trainees provides guidelines for supervision for students and residents in their training programs (5). Within this document Pages A-1 and A-2 provide specific program guidelines.

Notable in the VA document is that for training students in programs leading to degrees above the baccalaureate degree, supervision is required either in the "area" or just "available" based on a competency evaluation. Supervision within the room of the patient is needed only for lower level degrees and training. In the VA system, the supervisor is designated as being needed in the "area" or "available" defined as:

***"Area.** The supervising practitioner is in the same physical area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with Veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation or treatment plans. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.*

***Available.** Services furnished by trainee under supervising practitioner's guidance. The supervising practitioner's presence is not required during the provision of services. The supervising practitioner is available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision."*

The University of Bridgeport Acupuncture Institute supports allowing TCM training programs and clinical supervisors to enact phased clinical competency evaluations to identify when a student intern requires continuous direct supervision and when an intern can work independently rather than a simple numerical hours-based system to both better prepare TCM students for private practice and to ensure optimal patient safety and care outcomes.

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72: ONLINE



University of Bridgeport Acupuncture Institute Statement Regarding Distance Education for Acupuncture Training Programs.

The University of Bridgeport is in support of distance learning options for courses within the acupuncture training programs (MS-Acupuncture, MS-Traditional Chinese Medicine, MS-Chinese Herbology, Doctor of TCM).

A number of studies have shown that within health and allied health programs, there is a positive effect for learning retention for distance learners when compared to classroom-based learners and that utilization of specific online instructional design components can result in better student achievement scores. (1)

Instructors in the University of Bridgeport Acupuncture Institute have experienced enhanced student engagement and retention of clinical material utilizing hybrid course pedagogy. The types of student learning best approached through hybrid classes and online classes includes memorization of data (e.g., anatomy, herbal materia medica and point function learning outcomes) (2, 3), ethics (4,5) and acquiring both critical and clinical thinking skills. (6,7,8)

While a fully online approach to course delivery can be very effective for didactic/classroom instruction, a fully online course delivery is inappropriate for the delivery of training that requires demonstration of hands-on skills. However, even in clinical training and TCM techniques classes, hybridized and web-assistance can enhance the training. (9)

It is the position of the University of Bridgeport Acupuncture Institute that web-enhanced, hybrid and online instruction is an efficient and effective method for promoting competency in health professionals, including acupuncture students.

There are a number of critical issues associated with moving from a traditional resident-based training program toward a hybrid learning environment. As per the C-RAC statement of best practices for distance education (download.hlcommission.org/C-RAC_Distance_Ed_Guidelines_7_31_2009.pdf). The critical elements include:

1. Institutional support for hybrid and online education.
2. Standards of instructional quality must be maintained and learning outcomes assessed.
3. Access to materials must be equally available for online and classroom instruction.

4. Curricula for the institution's on-line learning offerings are coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.
5. Appropriate documentation of credit hours and student work
6. Online student services and support meet or exceed those for the traditional student
7. Academic honesty and verification of student work
8. Confidentiality and privacy is maintained.

References:

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University of Bridgeport and Online Learning:

The University of Bridgeport offers career-oriented undergraduate, graduate and professional degrees and programs for people seeking personal and professional growth. The University promotes academic excellence, personal responsibility and commitment to service. Distinctive curricula in an international, culturally diverse supportive learning environment prepare graduates for life and leadership in an increasingly interconnected world. The University is independent and non-sectarian.

The University of Bridgeport has a long-standing tradition of providing quality online and hybrid programs dating back to 1997 when UB launched our first online Master's degree in Human Nutrition. This program, as well as our newest additions, show the University's strong commitment to meeting the needs of our diverse undergraduate and graduate student population – including those who have a desire to learn online.

Over the past decade, UB has invested significant resources to expanding online learning and online student services to enhance the career learning for UB scholars. This includes the Global Learning Initiative ("GLI") comprised of staff that support the instructors and scholars in online and hybrid classes. GLI staff hold regular learning opportunities for faculty to better engage students online.

The Acupuncture Institute faculty and students have embraced the use of course Learning Management Systems (LMS) to web support and hybridize Acupuncture Institute courses. First using Blackboard, then moving to Canvas in 2013, the UBAI faculty all use the LMS to communicate with students regarding course requirements and assignments, supply handouts and supporting materials, create learning videos, and use synchronous and asynchronous teaching strategies to support regular classroom instruction and to hold classes during weather emergencies (e.g., "snow days").

Both the University of Bridgeport and the Acupuncture Institute are committed to delivering quality distance educational offerings. Stakeholders from the Board of Trustees to UBAI faculty and students all have embraced the use of distance education software and pedagogy to improve learning.

LMS:

The web-assisted, hybrid and Distance Education courses at the University of Bridgeport Acupuncture Institute utilize the University of Bridgeport's LMS "Canvas." Canvas allows for both synchronous and asynchronous teaching and learning. All UBAI courses are web supported or hybridized utilizing the Canvas LMS. The GLI team and the UBAI Director can access all UBAI online courses through the administrative functions of Canvas.

Faculty Training in Online and Hybrid Pedagogy

All faculty are required to complete an online course development training program developed by the Instructional Design department of GLI (Global Learning Initiatives), UB's online learning

support department. The training program prepares faculty to develop an effective and interactive online course that meets quality standards. Topics include an overview of using the Canvas LMS (Learning Management System), course structure and organization, and assessments and grading.

Faculty learn how to prepare their instructional materials for online delivery during the training program described above. A variety of learning materials, assessment types, and student interaction methods are presented in order to ensure that online students are actively engaged in the learning process throughout the course.

The faculty training program is based on effective instructional design principles appropriate for online learning. The recommended course structure is based on a modular approach, to help make the course presentation well-organized and sequential, and to enhance learning through a scaffolded approach to content delivery and assessment of learning outcomes.

DOCUMENTATION OF CREDIT HOURS AND STUDENT WORK

The UBAI administrators and faculty have regular discussions about the time for in-class and out of class work at the start of each academic term. When faculty move to a hybrid format for a class, they project real time requirements for the asynchronous work that is expected and document such on course syllabi.

In addition, UB provides “Guidelines for Instructional Time Equivalencies” to instructors offering hybrid and distance classes. Courses at the Acupuncture Institute create their course learning hours based largely on these guidelines.

Actual student online work time and time to complete online projects is accessible through the “course analytics.”

ONLINE STUDENT SERVICES

The Wahlstrom Library provides a variety of resources and services for online students. Reference librarians are available who specialize in servicing specific content areas, including health sciences, and offer information literacy services. In addition, there is a wide selection of online databases which offer several types of information resources including journals, ebooks, videos, and other scholarly reference materials.

All students and faculty can access UB’s online library databases, the Canvas LMS (Learning Management System), and other University services, through the myUB portal and UB website. Support is provided through a 24/7 help desk.

All UBAI courses utilize the LMS to communicate with students about both in class and online assignments. Current UBAI hybrid classes utilize online assessment strategies including quizzes, exams, discussions, case studies and online presentations. The LMS allows for regular

communication with students about expectations and also allows students to see their grades in real time.

STUDENT INTEGRITY AND ACADEMIC HONESTY

The University of Bridgeport Computer Networks Acceptable Use Guidelines outlines each student's responsibility to protect their account information. Additional technology is available for faculty to use to improve security for online testing, including a Lockdown Browser (a custom browser that locks down the testing environment within Canvas, so students are unable to print, copy, go to another URL, or access other applications) and Monitor (that requires students to use a webcam to record themselves during an exam, and which flags inappropriate behavior). Plagiarism detection software is also available for written assignments, to discourage and identify plagiarism.

ONLINE STUDENT SUPPORT SERVICES

GLI offers a variety of technology tools that can easily be accessed from within Canvas, including video recording, web conferencing, plagiarism detection, exam security, and online tutoring. These tools enhance both the teaching experience for faculty and the learning experience for students. Training and support is offered for all technology, for faculty and students.

All students participate in an Online Orientation prior to their first online course, which provides instruction on using the technology and offers best practices for being a successful online student. As described in the Course Development section above, faculty receive training on developing and teaching an online course. In addition, support for all technology is offered 24/7 through the UB help desk.

Instructions are provided by faculty within each course on how students can contact their instructors, how to proceed with their coursework, and how to submit assignments. Students are given instructions on how to contact University support services in the Online Orientation, described above.

Students are assigned an academic advisor at the time of acceptance who can help the student navigate the available student support services. Online students have access to all University services, which are available through the UB website, myUB portal, and Online Orientation. These services include admissions, advising, student financial services, career services, and alumni relations. All services can be accessed remotely through phone and email.

UB offers a Tutoring and Learning Center for students, which includes an online eTutoring platform which students can access remotely, both synchronously and asynchronously, and provides tutoring and writing assistance for all students.

All students can utilize both the Center for Career Development and Alumni Association, which can be easily accessed through the main website and myUB portal.

CONFIDENTIALITY AND PRIVACY

The University of Bridgeport complies with FERPA in protecting students' personal information. FERPA guidelines can be found in the Key to UB, the Acupuncture Student Handbook and in the Office of the Dean of Students.

No personally identifiable information from the student files is released without student permission. General non-identifiable UBAI student information may be disclosed without that student's permission but with permission of the Director to University faculty, staff, and administrators with a legitimate educational interest as per the FERPA guidelines found in the Key to UB. Other types of disclosures are enumerated in the University of Bridgeport's and UBAI's FERPA statements. These policies apply to students whether they are participating in online, hybrid or conventional resident programs and classes.



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3A

RE: COMMENTS
PHYSICALLY
PRESENT

California Acupuncture Board
1747 N. Market Blvd, Suite 180
Sacramento, CA 95834
Attn: Ben Bodea, Executive Officer
Jay Herdt, Education Coordinator

RE: Public Comments for 7/28/2017 Public Stakeholder Meeting

To the California Acupuncture Board:

Thank you for the invitation to submit written comments regarding clinical supervision hours and online education (agenda items 4 & 5), to be considered as part of the Public Stakeholder Meeting scheduled for July 28, 2017. Our approach with this submission is to provide information on ACAOM standards and policies that directly relate to the areas being considered for potential regulation and which we hope will be of assistance during your deliberations. We have also included a copy of ACAOM's May 18, 2016 letter to the California Acupuncture Board (CAB) as it includes information germane to the clinical supervision topic.

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is the accrediting agency recognized by the U.S. Department of Education for the accreditation and pre-accreditation ("Candidacy") throughout the United States of professional non-degree and graduate degree programs, including professional doctoral programs, in the field of acupuncture and/or Oriental medicine, as well as freestanding institutions and colleges of acupuncture and/or Oriental medicine that offer such programs. As of July 2017, ACAOM accredits 95 programs (26 Master of Acupuncture, 57 Master of Oriental Medicine, and 12 post-graduate Doctor of Acupuncture and Oriental Medicine) at 64 locations for 57 institutions located in 22 states, including California. Twenty-nine of these institutions/locations also

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appear on CAB's Approved Training Programs list, and ACAOM is intimately familiar with both the shared institutions and the issues regarding clinical supervision and online education that are under consideration.

ACAOM STANDARDS FOR CLINICAL TRAINING

The following criteria, from ACAOM's Accreditation Manual, are directly relevant to clinical supervision in acupuncture and Oriental medicine training programs:

Criterion 8.7 Clinical Training - *Clinical education and training must consist of clinical observation and the supervised care of patients which leads the student through gradually increasing levels of responsibility for patient care resulting in the ability to function independently by graduation. The program must provide a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors must be sufficient to ensure effective instruction of and safe practice by interns. Student interns must receive training from a variety of clinical faculty members.*

Criterion 8.8 Clinical Observation - *The program must assure that each student fulfill at least 150 hours observing acupuncturists and senior student interns performing acupuncture and/or Oriental medicine therapies in a clinical setting. A significant portion of the clinical observation experience must be with experienced practitioners.*

Criterion 8.9 Supervised Clinical Practice - *The program must assure that each student participate in a minimum of ... 700 hours [in the supervised care of patients] for an Oriental medicine program. This portion of the clinical training, conducted under the supervision of program-approved supervisors, must consist of a least ... 350 intern-performed treatments for an Oriental medicine program where interns conduct patient interviews, perform diagnoses and treatment planning, perform appropriate acupuncture and/or Oriental medicine treatments, and follow-up on patients' responses to treatment.*



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The supervised clinical practice must be an internship (see Glossary definition of “internship” provided below) and must be conducted in a teaching clinic operated by the institution; or in a clinical facility with a formal affiliation with the institution where the institution exercises academic oversight substantially equivalent to the academic oversight exercised for teaching clinics operated by the institution, where:

- (1) clinical instructors' qualifications meet school requirements for clinical instruction;*
- (2) regular, systematic evaluation of the clinical experience takes place; and,*
- (3) clinical training supervision procedures are substantially equivalent to those within the teaching clinic operated by the institution.*

Definition from Glossary:

Clinical Internship - *Clinical training that is directly controlled by the academic institution. Training is carried out in on-campus clinics owned by the institution, or in hospitals, out-patient clinics, or private practices where a written agreement has been established with the academic institution for such training to be made available. Clinical internships must be within a reasonable proximity to the academic institution to allow for reasonable and unannounced access by program administrators. Clinical training is carried out by regular faculty. Faculty placement and faculty are administered by the academic institution, and the entire teaching environment is under faculty and institutional control and direction. The institution is responsible for establishing the qualifications required for each level of internship, the objectives of the internship, and assessing student achievement of expected outcomes. Institutions must periodically review each off-campus training location to ensure educational components and services of the off-campus internships are sufficient in quality.*

Importantly, each ACAOM-accredited institution goes through a comprehensive evaluation, including an onsite visit, every three (3) to seven (7) years which includes peer review assessment of clinical instruction and supervision.



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REQUIREMENTS OF CLINICAL SUPERVISION

Regarding the level of supervision provided during clinical education, a program and its clinical supervisors must make decisions related to the oversight of student-provided services in the clinical setting. Specific requirements are not defined or prescribed by ACAOM accreditation standards beyond those outlined above; however, programs must consider and comply with relevant laws, regulations, and requirements. These requirements may vary per practice setting, payer source, or by state.

In addition, the ability level of the student, the needs of the patient, the experience of the clinical supervisor, and the expectations of the academic institution and/or internship site inform the decision-making process used to determine appropriate supervision parameters. It is the responsibility of each program to determine all relevant requirements for student supervision in clinical internship settings and make certain that students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure that:

- patients and students are safe,
- the level of responsibility delegated to the student is appropriate to his or her level of training,
- and the activities supervised are within the scope of practice of the supervising health professional.

Considered collectively, these factors assure high quality care for the patient and high quality learning for the student.

CURRENT CALIFORNIA REGULATIONS AND THEIR INTERPRETATION

ACAOM's attached May 18, 2016 letter provides background information, identifies the specific issue related to our review and provides a recommendation based on our analysis of supervision requirements set forth in Title 16 California Code of Regulations section 1399.434 (h). Essentially, the term "physically present" has been subject to disparate interpretations. "Physically present" may be interpreted in the sense that is generally established in law and



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regulation for the supervision of clinical practice of students and provider extenders by licensed professionals. Alternately, this standard has been interpreted as implying that the supervising clinician will “be physically present” *in the space in which treatment is being conducted, without a screen or other barrier impeding their ability to directly observe the conduct of the student providing treatment*. This essentially interprets “physical presence” as requiring “line of sight” supervision, a very different standard that demonstrates the need for clarification.

A review of statutory language governing clinical supervision in the health professions suggests that a prevailing standard for “direct supervision” is “physical presence” with “direct supervision” typically defined as “physically present on the premises and immediately available for direction and supervision” [for example <https://www.ndbpt.org/pdf/supervision-pta.pdf> and https://mn.gov/boards/assets/ms%20148_tcm21-284120.pdf, chapter 148.65, subdivision 6)]. In absence of defining language in the regulation or its definition, this would be a reasonable interpretation of the standard under 1399.434, and would be consistent with ACAOM’s interpretation. Clinical faculty who supervise the care provided by interns in ACAOM-accredited programs are physically present and provide direct supervision (as typically defined) at all times that care is provided by the student. At times, depending on the needs of the patient or the student, or based on the clinical judgment of the faculty, they may directly observe or guide the conduct of the treatment. At other times, the clinical faculty are physically present in an adjacent clinic space so that they can provide prompt evaluation, guidance, or support if needed. This opportunity for relative autonomy within a substantial portion of the clinical training provides the student intern experience that is fundamental to their preparation as an independent health care practitioner.

APPLICATIONS OF “LINE OF SIGHT” SUPERVISION IN ACUPUNCTURE TRAINING

As discussed above, the interpretation of the standard to require “line of sight” supervision, does not appear consistent with prevailing practice at ACAOM-accredited programs, nor with that of other health professions. While there are many approaches to ensuring that a program’s graduates are able to provide safe and effective clinical care, it is



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generally agreed that students build their skills best through an integrated process of developing physical and cognitive skills that occurs both in the classroom and in the clinic.

In effective training programs, such as those accredited or pre-accredited by ACAOM, the distinction between the classroom and clinic is not sharply drawn. Important professional behaviors are taught and developed under “line of sight” supervision in discussions, practica, and lab settings. These behaviors are modeled by faculty both in the classroom and in the clinic. In ACAOM-accredited programs, curricular delivery typically consists of classroom lecture and practica combined with clinical observation through which students build significant palpatory assessment skills, the cognitive foundations of clinical assessment, and learn to integrate these skills as they train and perfect their skills under line of sight supervision. Engagement in courses teaching clinical skills, along with ongoing clinical experience, mark an important shift training students in needling most points on the body and in a wide range of adjunctive techniques including scalp, ear, and abdominal acupuncture.

This training generally consists of lecture-supported practica in which students learn, practice, and demonstrate competency in a wide range of needling (and other treatment) tasks. They do this under line of sight supervision and are assessed to determine their capability to perform the learned tasks safely without supervision. Because of the inherent risk of inappropriately, or even appropriately, performed acupuncture treatments, it is a commonly accepted tenet that it is inappropriate for students to learn to needle, or needle points for the first time, on patients in a clinical setting. While line of sight supervision is invaluable in pedagogy, many believe that its primary place is in the classroom and that its use in clinical training is best restricted to the skill building and assessment development in the preliminary internship phase of clinical training.



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PROTECTING PATIENT SAFETY

Advocacy for the “line of sight” interpretation of the current regulatory language may be based on the supposition that the prescribed level of supervision is critical to ensuring patient safety. The exemplary safety history of all ACAOM-accredited programs’ clinical training facilities, CAB-approved and non-CAB approved, does not support this assumption. From the Commission’s experience, ACAOM-accredited or pre-accredited programs providing a minimum of 700 hours of directly supervised clinical internship training do not have any demonstrable difference with patient safety than those CAB-approved programs with expanded contact hours and state-prescribed supervisory methods.

SUGGESTIONS FOR CONSIDERATION

California regulatory language related to clinical supervision maybe strengthened by including and following recognized standard definitions for terms of supervision. Standard of practice in comparable health professions and ACAOM’s extensive history of program assessment demonstrate that “direct supervision” for the majority of clinical internship training promotes quality patient care and educational efficacy.

ONLINE EDUCATION

In response to changing methods of educational delivery in higher education, ACAOM created a task force and developed our *Distance Education Policy*. Our policy requires all accredited or pre-accredited institutions to submit a substantive change application when they plan to implement their first distance education course in which the majority of instruction (\geq 50% of the seat time in a course) occurs when the student and instructor are not in the same place. ACAOM conducts a comprehensive review of the application consistent with the requirements of the policy and the substantive change application requirements to ensure that the proposed program is going to meet the needs of students, the institutions, and the public. Currently ACAOM will only consider applications to add classroom based (didactic) courses for distance education. Clinical instruction and hands-on lab courses are excluded from consideration.



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CONCLUSION

Thank you for the opportunity to submit these comments. Please feel free to contact me at 952-212-2434 should you have any questions about ACAOM policies or procedures related to clinical supervision or online learning.

Sincerely,



Mark S McKenzie, PhD (China), MSOM, LAc
Executive Director
Mark.McKenzie@acaom.org

Cc: Katherine Taromina, DACM, LAc, Chair





The Accreditation Commission for Acupuncture and Oriental Medicine

33
RE: PHYSICAL
PRESENCE

8941 Aztec Drive, Suite 2 | Eden Prairie, Minnesota 55347 | p: 952-212-2434 f: 952-657-7068

May 18, 2016

California Acupuncture Board
Attn: Ben Bodea, Interim Executive Officer
1747 N. Market Blvd, Suite 180
Sacramento, CA 95834

Subject: Clinical Supervision and Physical Presence Definition

Dear Ben:

I am writing on behalf of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM or Commission) a specialized accrediting agency recognized by the U.S. Department of Education to accredit schools and programs of acupuncture and Oriental Medicine.

BACKGROUND

Recently an ACAOM accredited school received a site visit by the California Board of Acupuncture (CAB). The site visitors reported the following "finding" of non-compliance pertaining to supervision of clinical interns.

"Non-Compliance:

1. Supervision of clinical interns.

a) Finding: What we discovered is direct supervision during needling is not consistently performed in compliance with Title 16 California Code of Regulations section 1399.434 (h):

"During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all time 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



www.acaom.org

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during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment."

Corrective action: Ensure that all supervisors consistently provide direct supervision as required by 1399.434 (h). We suggest amending clinic supervisor job description or job assignment agreement to include the language of 1399.434 (h). This would provide accountability with faculty to ensure they provide intern supervision in compliance with the California regulations." (Emphasis added)

In previous discussions this issue had been raised by your predecessor as a significant area of concern, therefore ACAOM staff have conducted a review of the related regulations.

ISSUE

The site visitor's finding appears to center around their particular concept of what it means to be "physically present" as a clinical supervisor. Our review notes that Title 16 governing *Acupuncture Training Programs* does not appear to define "physical presence." One can glean from the finding that this particular site visit team interpreted "physically present" to essentially mean "line of sight" supervision. This interpretation does not appear to be supported by California law nor longstanding practice of acupuncture training in California. Clearly the drafters of Title 16 could have defined physical presence to include line-of-site supervision – but they didn't. The site visit team's non-compliance "Finding" and recommended "Corrective Action" appears to be further complicated by their use of the term "direct supervision" which also is not found in relevant California law.

The Commission, and by extension the schools approved by the California Acupuncture Board that we accredit, value and respect the important and difficult work of site visitors. We are confident the site team at issue was operating with the best of intentions. However, we believe their concept of *physical presence* is an anomaly that does not appear to be supported by state law and if allowed to become *de facto* regulation would create unnecessary and unintended consequences to schools of acupuncture and Oriental medicine.

RECOMMENDATION


Please note that current California law contemporaneously recognizes both Acupuncture Training Programs and Acupuncture Tutorials. Title 16 Article 3 §1399.426(b) pertaining to Acupuncture Tutorials provides in pertinent part:

[Supervising acupuncturists] "shall provide continuous direction and immediate supervision of the trainee when patient services are provided. The supervisor shall be in the same facility as and in proximity to the location where the trainee is rendering services and shall be readily available at all times to provide advice, instruction and assistance to the trainee" (emphasis added).



The underlined law above directly and more clearly describes *physical presence* as it pertains to the practice of clinical supervision of acupuncturists in training. This law has been California law for some time and we respectfully request that the California Acupuncture Board, staff and counsel review and if appropriate reference this definition to define "physically present" in the context of clinical supervision in order to ensure consistency and universal applicability of this law in both Acupuncture Training Programs and Acupuncture Tutorials. Thank you for your consideration. I am happy to discuss if it would be helpful and we look forward to your response.

Respectfully:



Mark S McKenzie, Ph.D., MSOM, L.Ac.
Executive Director
Mark.McKenzie@acaom.org

Cc: John Paul Liang, Ph.D., MSOM, L.Ac., Chair
Hildegarde Aguinaldo, Chair, California Acupuncture Board



To: Acupuncture@DCA <Acupuncture@dca.ca.gov>

Subject: re. Distance education

7/28/17

Dear Acupuncture Board members and Mr. Bodea:

I am sorry I cannot be present at today's Acupuncture Board meeting. If I understand correctly, you have requested input on distance education. Pacific College of Oriental Medicine has received approval to offer distance education in its acupuncture, massage, and nursing programs from two institutional accreditors:

1. Accrediting Commission of Career Schools and Colleges (ACCSC), Pacific's former institutional accreditor
2. WASC Senior College and University Commission (WSCUC), Pacific's current institutional accreditor

Both agencies conducted comprehensive evaluations of the capacity and competence of the college's distance education infrastructure, including among others, its staff, faculty, faculty training methods, student training, student support, hardware, software, and more. They directly reviewed actual course delivery and instructional design. Over the past six years, the college has successfully offered hundreds of online classes in its post-graduate doctorate, transitional doctorate, and undergraduate programs.

We believe that approval from an accreditor recognized by the U.S Department of Education and whose scope includes distance education should satisfy California Acupuncture Board requirements for schools under its purview or for courses transferred into such schools. Distance education courses presented by such institutions should be treated the same as courses offered onsite.

If you have any questions or need more information, please do not hesitate to contact me by email. Thank you for your attention to this important issue.

Sincerely,

Jack Miller

President

Pacific College of Oriental Medicine

www.PacificCollege.edu

San Diego, New York, Chicago

Best reached via email.

(S) ILE: PHYSICALLY
PRESENT



FIVE BRANCHES UNIVERSITY

Graduate School of Traditional Chinese Medicine

Via Email and Mail

Santa Cruz Campus

August 2, 2017

200 Seventh Ave

Ben Bodea, Jay Herdt, Marc Johnson and Members

Santa Cruz

State of California Acupuncture Board

California

1747 North Market Blvd, Suite 180

Sacramento, CA 95834

95062

**Re: Public Stakeholder Meeting July 28, 2017; Discussion on
Acupuncture Training Program Clinical Supervision Hours
CCR Section 1399.433 h (4) and CCR Section 1399.434h (4)**

(831) 476-9424

Fax (831) 476-8928

Clinic (831) 476-8211

Dear Ben Bodea, Jay Herdt, Marc Johnson and Members of the Acupuncture Board,

Thank you for organizing the Stakeholder meeting to request input from the CAB approved schools. We appreciate the format, excellent facilitators and outcomes we achieved.

San Jose Campus

We here submit a written letter to clarify our views and recommendations for developing CAB regulations to enhance TCM education, and serve the people of California with safe and high level TCM.

1885 Lundy Ave

In the view of the academic leadership of Five Branches University, the CAB regulations governing TCM education are good. At the same time, at a detailed level there is regulation that, while accurate and useful, is misplaced, and therefore does not support quality education nor safety. That is CCR Section 1399.434 (h) (4) that reads as follows.

Suite 108

(h) Clinical Practice 950 hours

San Jose

...

California

(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.

95131

(408) 260-0208

Fax (408) 261-3166

Clinic (408) 260-8868

Asking a faculty supervisor to observe needling is an excellent idea and the Five Branches University program has faculty physically present observing and critiquing needling throughout the 7 courses and 315 hours of acupuncture training in the first two years (highlighted in red in the attached curriculum). In addition, supervising faculty are physically present throughout the 9 clinical trainings in the first two years of training, and observing students during the second year of clinical training. This faculty presence and training is highlighted in red in the program curriculum Appendix 1. Definitions of the staged clinical training are presented in Appendix 2.

The two years of acupuncture courses include extensive in-class practical training, and students have been observed and examined to assure the student is skillful in needling, including CNT (Clean Needle Technique), accurate point location, and correct needle angle and depth.

To clinical faculty to be present after these two years of training is neither necessary nor useful. It is not necessary because students have practiced and been observed needling through in the first two years when it is most important.

In addition, this timing of the regulation late in the acupuncture program undermines the quality of clinical education and the safety of the patient by forcing faculty to stand by and needlessly observe students needling rather than focusing on the imperative responsibility of meeting with the student to analyze and discuss the diagnosis and treatment plan of the patient.

To achieve the highest level of supervision and safety, faculty need to visit the patient to help in making the correct diagnosis, then *meet with the student to discuss and agree on the diagnosis, and acupuncture and herbal formula treatment plan*, and finally go back to observe that the student needled the points correctly.

As you may know, the Dean of Finger Lakes School of Acupuncture and Oriental Medicine in New York State, now the Director of Accreditation Services at ACAOM, chose to not undermine the quality of their clinical training by following the mistimed policies of the Acupuncture Board. As a consequence, their program was not approved. California schools in contrast can not afford to not be approved by CAB and have therefore reduced the quality of clinical training in order to be in compliance – an uncomfortable and regrettable compromise.

Thank you for offering us this opportunity to research and understand why CCR Section 1399.434 (h) (4) has received so much resistance from schools and faculty who have been teaching TCM for decades.

In summary, deleting the following language would, in the view of our academic leadership and faculty, assure the highest education and clinical training, and would maximize patient safety.

~~Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient.~~

Sincerely,



Ron Zaidman
President & CEO

FIVE BRANCHES UNIVERSITY – DUAL DEGREE DTCM / MTCM

3435 Hours ♦ 195.5 units ♦ 11 trimesters

DEPARTMENTS	TRIMESTER 1	TRIMESTER 2	TRIMESTER 3	TRIMESTER 4	TRIMESTER 5	TRIMESTER 6	TRIMESTER 7	TRIMESTER 8	TRIMESTER 9	TRIMESTER 10	TRIMESTER 11
TCM Theory and TCM Clinical Medicine 43u/645hr	FCT 100 Foundations I 3u/45hr	FCT 200 Foundations II 3u/45hr	FCT 310 Diagnosis II 4u/60hr	FCT 400 Case Studies I 2u/30hr	FCT 500 Classics: Nei Jing 2u/30hr	FCM 600 Trauma & Orthopedics 3u/45hr	FCT 700 Classics: Shang Han Lun 2u/30hr	FCM 800 Internal Medicine I 3u/45hr	FCM 900 Internal Medicine II 3u/45hr	FCT X10 Classics: Jin Gui 2u/30hr	
	FCT 110 History & Philosophy 2u/30hr	FCT 210 Diagnosis I 2u/30hr						FCM 810 Gynecology 3u/45hr	FCM 910 External Medicine 2u/30hr	FCT X20 Case Studies II 2u/30hr	
TCM Acupuncture 25u/375hr	FAP 100 Acupuncture I 3u/45hr	FAP 200 Acupuncture II 3u/45hr	FAP 300 Acupuncture III 3u/45hr	FAP 410 Acupuncture Techniques II 2u/30hr	FAP 500 Meridian Theory 2u/30hr	FAP 600 Extra Points 3u/45hr	FAP 610 Tuina 3u/45hr	FAP 800 Acupuncture Therapeutics I 3u/45hr	FAP 900 Acupuncture Therapeutics II 2u/30hr	FCT X20 Case Studies II 2u/30hr	
										FEL TCM Elective 1u/15hr	
TCM Herbology 23.5u/352.5hr	FHB 200 Herbology I 4u/60hr	FHB 300 Herbology II 3u/45hr	FHB 400 Herbology III 3u/45hr	FHB 500 Formulas I 3u/45hr	FHB 600 Formulas II 3u/45hr	FHB 700 Formulas III 3u/45hr	FHB 800 Patent Medicines 2u/30hr	FHB 900 Herb-Pharm Interactions 0.5u/7.5hr			
TCM Energetics 4u/60hr	FEB 100 Qi Gong 1u/15hr	FEB 300 Qi Gong 1u/15hr	FEB 500 Tai Ji Quan I 1u/15hr	FEB 700 Tai Ji Quan II 1u/15hr							
Career Development 5.5u/82.5 hr			FCD 300 Professional Ethics 1u/15hr	FCD 400 Career Development I 1u/15hr					FCD 500 Career Development II 1u/15hr	FCD 600 Career Development III 1u/15hr	
Western Medicine 51u/765hr	FWM 100 Surface Anatomy 2u/30hr	FWM 200 Patient Relations 1u/15hr	FWM 300 Patho-physiology I 3u/45hr	FWM 400 Patho-physiology II 4u/60hr	FWM 500 Lab Analysis & Imaging 2u/30hr	FWM 600 Psychology & Counseling 3u/45hr	FWM 700 Research & Medical Literature 3u/45hr	FWM 800 Western Case Management I 3u/45hr	FWM 900 Western Case Management II 3u/45hr	FWM X10 Western Case Management III 3u/45hr	
	FWM 103 Anatomy & Physiology I 2u/30hr	FWM 203 Anatomy & Physiology II 3u/45hr			FWM 510 Western Physical Examination 3u/45hr	FWM 610 Diet, Nutrition & Vitamins 2u/30hr	FWM 810 Pharmacology 3u/45hr	FWM 910 Public Health & Epidemiology 2u/30hr			
Didactic Assessment 10u/150hr			FRA 440 Assessment I 2u/30hr	FRA 440 Assessment I 2u/30hr			FRA 770 Assessment II 2u/30hr	FRA X10 Assessment III 3u/45hr	FRA E10 Final Review 3u/45hr		
162 ACADEMIC UNITS (2,430 Hrs)	14u	16u	16u	13u	17u	17u	17u	16u	16u	13u	4u
Clinical Training 33u/990hr	FCL 100 Beginning Theater 1.5u/45hr	FCL 200 Theater 1.5u/45hr	FCL 300 Rounds 1.5u/45hr	FCL 400 Intern Rounds 1.5u/45hr	FCL 400 Intern Rounds 1.5u/45hr	FCL 400 Intern Rounds 1.5u/45hr	FCL 400 Intern Rounds 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr
	FCL 103 Theater 1.5u/45hr	FCL 203 Theater 1.5u/45hr	FCL 303 Rounds 1.5u/45hr	FCL 403 Intern Rounds 1.5u/45hr	FCL 403 Intern Rounds 1.5u/45hr	FCL 403 Intern Rounds 1.5u/45hr	FCL 403 Intern Rounds 1.5u/45hr	FCL 750 Integrated Intern Theater 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr
Clinical Training Assessment 0.5u/15hr		FCL 201 Clinic Competency I 0.1u/3hrs	FCL 301 Clinic Competency II 0.1u/3hrs	FCL 401 Intern Rounds Orientation 0.1u/3hrs			FCL 701 Clinic Competency III 0.1u/3hrs	FCL 801 Internship Orientation 0.1u/3hrs			
33.5 CLINICAL UNITS (1,005 Hrs)	1.5u	1.6u	3.1u	1.6u	3u	3u	1.6u	3.1u	3u	6u	6u
TOTAL UNITS	15.5	17.6u	19.1u	14.6u	20u	20u	12.6u	19.1u	19u	19u	10u

Five Branches University

Stages of Clinical Training and Student Responsibilities

There are four different stages to clinical training at Five Branches: Theater, Rounds, Internship Rounds, and Internship. These stages are designed to provide observation, training, and supervised practice to develop student's clinical knowledge, skills, and abilities. Following is a brief overview of each stage:

1. **Theater.** Theater provides beginning level introduction to the clinical environment and protocols, and trains students in observations skills so that they may learn from clinical faculty and senior students. Entering students attend Beginning Theater, in which they are oriented and trained in basic clinic protocols for student/practitioner and patient safety, patient care and confidentiality, record keeping and preparing herbal formulas. Theater also provides a unique opportunity to cross-reference academic educational materials with real-world clinical encounters.
2. **Rounds.** Rounds provides a unique opportunity to more closely observe clinical faculty practicing patient care. Faculty also challenge students to begin applying their developing academic education by considering and developing diagnoses and treatment plans. Students may begin performing certain clinical procedures under direct faculty supervision, and take on increasing responsibility in many aspects of patient treatment and clinic operations.
3. **Internship Rounds.** In Internship Rounds, students take on more active responsibility for patient care under direct supervision of clinical faculty. Faculty remain in the treatment room with students to provide hands-on training, guidance, and direction as students participate in interviewing and examining patients, developing diagnoses and treatment plans, and performing acupuncture and related modalities.
4. **Internship.** Internship represents the culmination of clinical training at Five Branches. Interns interview and examine patients, then consult with clinical faculty outside the treatment room regarding their diagnostic impressions and proposed treatment plans. Faculty modify and approve treatment plans, which interns then perform with indirect supervision as needed from faculty. Clinic Faculty will periodically visit while patients are receiving Intern treatments.



Council of Colleges of
Acupuncture and Oriental Medicine

⑥ ISE:
PHYSICALLY
PRESENT

August 9, 2017

Ben Bodea
Executive Officer
California Acupuncture Board
1747 North Market Blvd., Suite 80
Sacramento, CA 95834

Dear Mr. Bodea:

The purpose of this letter is to comment on California Acupuncture Board (CAB) regulation Article 3.5, Section 1399.434 (h), concerning the supervision of student clinicians in acupuncture training programs. The Council of Colleges of Acupuncture and Oriental Medicine (Council) is a voluntary association of 56 acupuncture schools that are accredited or pre-accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is the national accrediting agency recognized by the U. S. Department of Education to accredit programs in the acupuncture and Oriental medicine profession. The Council counts among its membership 26 schools that are approved by CAB.

Article 3.5, Section 1399.434(h) provides as follows:

“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.”

This language does not protect the public, ensure that students have a strong clinical education, or ensure that patients in teaching clinics receive the best possible care. Proscribing specifics of supervision in such a restrictive manner does not allow educational institutions to innovate in order to enhance safety, patient care and education. On the contrary, this language in a materially significant way makes it more difficult for an institution to ensure that these goals are achieved.

The CAB is the only health professions board in the state that dictates the specific form that supervision of student clinicians must follow. The Board for Chiropractic Examiner (BCE) has the following requirement for the educational curriculum:

“(e) Clinics. Each student shall be provided with actual clinical experience in the examining, diagnosing, and treatment of patients. Said clinical experience shall include spinal analysis, palpation, chiropractic philosophy, symptomatology, laboratory diagnosis, physical diagnosis, X-ray interpretation, postural analysis, diagnostic impressions, and adjusting of various articulations of the body, psychological counseling, dietetics and physical therapy. Individual case files on each patient together with a record of dates and treatments given and student treating shall be kept and available to the board for inspection” (BCE, Rules and Regulations, Pg. 30).

Additionally, BCE requires the following:

“Students shall perform a minimum of two hundred and fifty (250) patient treatments (visits), including diagnostic procedures, chiropractic adjustive technique and patient evaluation.” (BCE, Rules and Regulations, Pg 35)

The potential for injury during an improper chiropractic treatment is no less than the potential for injury during an improper acupuncture treatment. The fact that the BCE has no requirement that a supervisor be physically present for any part of treatments provided by the trainees suggests that safety of the patients is not enhanced by this requirement. Similarly, the naturopathic and dental Boards in California do not have the requirement of physical presence of supervisors.

The Council respectfully requests that CAB align itself with practices of other health boards and bureaus regulated by the California Department of Consumer Affairs, such as the Board for Chiropractic Examiners, the Naturopathic Medicine Committee, and the Dental Board of California. These boards do not dictate the form that supervision of student clinicians must take.

The Council asks that CAB approved institutions be allowed, in collaboration with ACAOM, to develop the most effective way for clinic faculty to supervise student clinicians. As a result of the passing SB 1246, all CAB approved schools must be accredited by the Accreditation Commission for Acupuncture and Oriental Medicine as of January 2017. We ask that the CAB allow ACAOM's peer-review process to determine whether a school is meeting appropriate standards for safety in the clinic.

ACAOM Standards

In order for a school to be accredited by ACAOM, it needs to meet the 14 Standards for accreditation, which include the specific standards referenced below for clinic training.

Criterion 8.7 Clinical Training

Clinical education and training must consist of clinical observation and the supervised care of patients which leads the student through gradually increasing levels of responsibility for patient care resulting in the ability to function independently by graduation. The program must provide a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors must be sufficient to ensure effective instruction of and safe practice by interns. Student interns must receive training from a variety of clinical faculty members.

Criterion 8.8 Clinical Observation

The program must assure that each student fulfill at least 150 hours observing acupuncturists and senior student interns performing acupuncture and/or Oriental medicine therapies in a clinical setting. A

significant portion of the clinical observation experience must be with experienced practitioners.

Criterion 8.9 Supervised Clinical Practice

The program must assure that each student participate in a minimum of 500 hours in the supervised care of patients for an acupuncture program or 700 hours for an Oriental medicine program. This portion of the clinical training, conducted under the supervision of program-approved supervisors, must consist of a least 250 intern-performed treatments for an acupuncture program or 350 intern-performed treatments for an Oriental medicine program where interns conduct patient interviews, perform diagnoses and treatment planning, perform appropriate acupuncture and/or Oriental medicine treatments, and follow-up on patients' responses to treatment.

It is by following the accreditation process of ACAOM that educational institutions can best ensure public safety, quality of care, and educational standards for the acupuncture profession.

Lastly, the charge of the CAB is the protection of the public. The acupuncture school clinics have a track record of providing safe treatments to their patients--for decades for some schools. The American Acupuncture Council (AAC) provides malpractice insurance to 56 acupuncture schools, most of which are ACAOM accredited or pre-accredited. Philip Stump, the President of AAC, attests to the safety record of acupuncture schools as a whole. He stated:

Not surprisingly, the highly professional, and closely managed environment at the schools consistently produces safety outcomes that are substantially more favorable than the overall professional practice environment.

Exposure is typically measured in terms of frequency, how often incidents arise, and severity, how bad are the incidents when they do arise. Schools consistently produce safety results, based on these two

measures, which are superior to the profession as a whole. Frequency of claims is about 1/2 the average for the acupuncture profession. Severity of claims is about 70% less than the overall profession average.

These statistics are based on hundreds of thousands of patient visits, and convincingly support the conclusion that the school's professional approach to patient safety and risk management works well. The schools are already going above and beyond in these areas. Allowing some managerial flexibility given these outstanding results seems entirely supportable. (Email correspondence, July 28, 2017)

Safety is of the utmost importance to acupuncture schools, and the schools make sure that they have experienced clinicians who are conscientious in their responsibilities as supervisors. After all, the student interns are providing treatments under the supervisors' license, so it behooves the supervisors to make sure that they are providing appropriate levels of guidance. Given the record of safety for acupuncture schools, we ask that CAB align itself with other health boards in CA and entrust ACAOM in continuing to enforce standards for safety in school clinics.

Sincerely,

A handwritten signature in cursive script that reads "Misti Oxford-Pickerel". The signature is written in black ink and is positioned above the typed name.

Misti Oxford-Pickerel
President



California Institute of Integral Studies

August 14, 2017

Ben Bodea
Executive Officer
California Acupuncture Board
1747 North Market Blvd., Suite 180
Sacramento, CA 95834

Dear Mr. Bodea:

The purpose of this letter is to comment on the below.

1. Clinic supervision pursuant to California Acupuncture Board (CAB) regulation Article 3.5, Section 1399.434 (h), concerning the supervision of student clinicians in acupuncture training programs.
2. Online education in the training of candidates for the California acupuncture licensing exam (CALE).

Clinic Supervision

Article 3.5, Section 1399.434(h) provides as follows:

“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.”

This language does not protect the public, ensure that students have a strong clinical education, or ensure that patients in teaching clinics receive the best possible care. Proscribing specifics of supervision in such a restrictive manner does not allow educational institutions to innovate in order to enhance safety, patient care and education. On the contrary, this language in a materially significant way makes it more difficult for an institution to ensure that these goals are achieved.

The CAB is the only health professions board in the state that dictates the specific form that supervision of student clinicians must follow. The Board for Chiropractic Examiner (BCE) has the following requirement for the educational curriculum:

“(e) Clinics. Each student shall be provided with actual clinical experience in the examining, diagnosing, and treatment of patients. Said clinical experience shall include spinal analysis, palpation, chiropractic philosophy, symptomatology, laboratory diagnosis, physical diagnosis, X-ray interpretation, postural analysis, diagnostic impressions, and adjusting of various articulations of the body, psychological counseling, dietetics and physical therapy. Individual case files on each patient together with a record of dates and treatments given and student treating shall be kept and available to the board for inspection” (BCE, Rules and Regulations, Pg. 30).

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dental Boards in California do not have the requirement of physical presence of supervisors.

We respectfully requests that CAB align itself with practices of other health boards and bureaus regulated by the California Department of Consumer Affairs, such as the Board for Chiropractic Examiners, the Naturopathic Medicine Committee, and the Dental Board of California. These boards do not dictate the form that supervision of student clinicians must take.

We request that CAB approved institutions be allowed, in collaboration with ACAOM, to develop the most effective way for clinic faculty to supervise student clinicians. As a result of the passing SB 1246, all CAB approved schools must be accredited by the Accreditation Commission for Acupuncture and Oriental Medicine as of January 2017. We ask that the CAB allow ACAOM's peer-review process to determine whether a school is meeting appropriate standards for safety in the clinic.

ACAOM Standards

In order for a school to be accredited by ACAOM, it needs to meet the 14 Standards for accreditation, which include the specific standards referenced below for clinic training.

Criterion 8.7 Clinical Training

Clinical education and training must consist of clinical observation and the supervised care of patients which leads the student through gradually increasing levels of responsibility for patient care resulting in the ability to function independently by graduation. The program must provide a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors must be sufficient to ensure effective instruction of and safe practice by interns. Student interns must receive training from a variety of clinical faculty members.

Criterion 8.8 Clinical Observation

Letter to CAB regarding Clinic Supervision and Distance Learning
August 14, 2017

The program must assure that each student fulfill at least 150 hours observing acupuncturists and senior student interns performing acupuncture and/or Oriental medicine therapies in a clinical setting. A significant portion of the clinical observation experience must be with experienced practitioners.

Criterion 8.9 Supervised Clinical Practice

The program must assure that each student participate in a minimum of 500 hours in the supervised care of patients for an acupuncture program or 700 hours for an Oriental medicine program. This portion of the clinical training, conducted under the supervision of program-approved supervisors, must consist of a least 250 intern-performed treatments for an acupuncture program or 350 intern-performed treatments for an Oriental medicine program where interns conduct patient interviews, perform diagnoses and treatment planning, perform appropriate acupuncture and/or Oriental medicine treatments, and follow-up on patients' responses to treatment.

It is by following the accreditation process of ACAOM that educational institutions can best ensure public safety, quality of care, and educational standards for the acupuncture profession.

Lastly, the charge of the CAB is the protection of the public. The acupuncture school clinics have a track record of providing safe treatments to their patients--for decades for some schools. The American Acupuncture Council (AAC) provides malpractice insurance to 60 acupuncture schools, most of which are ACAOM accredited or pre-accredited. According to the AAC, there is no difference in malpractice claim outcomes between the CAB approved schools versus non-CAB schools. (AAC letter is attached.) This suggests that the CAB requirement for clinic supervision is not the determining factor in maintaining safety. Additionally, Philip Stump, the President of AAC, attests to the safety record of acupuncture schools as a whole. He stated:

Letter to CAB regarding Clinic Supervision and Distance Learning
August 14, 2017

Not surprisingly, the highly professional, and closely managed environment at the schools consistently produces safety outcomes that are substantially more favorable than the overall professional practice environment.

Exposure is typically measured in terms of frequency, how often incidents arise, and severity, how bad are the incidents when they do arise. Schools consistently produce safety results, based on these two measures, which are superior to the profession as a whole. Frequency of claims is about 1/2 the average for the acupuncture profession. Severity of claims is about 70% less than the overall profession average.

These statistics are based on hundreds of thousands of patient visits, and convincingly support the conclusion that the school's professional approach to patient safety and risk management works well. The schools are already going above and beyond in these areas. Allowing some managerial flexibility given these outstanding results seems entirely supportable. (Email correspondence, July 28, 2017)

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Distance Education

As education moves into the 21st century, distance (online) education has become an important means of curriculum delivery. As noted at a recent meeting to provide input to CAB, institutions throughout the United States and under the supervision of accreditation commissions recognized by the United States Department of Education are providing high quality and effective education through a variety of conformations, including hybrid (both online and classroom activities), synchronous (online education with regular

meetings with faculty lectures through a webinar format) and asynchronous (all curriculum materials and activities are online with student-faculty interactions completed through a learning management system) online courses.

Courses offered in one of these formats must be appropriate to the online or hybrid formats, and be conducted through an appropriate learning management system (LMS). This determination is best done within the institution at the direction of faculty and in collaboration with the institution's USDE accreditation agency. We strongly encourage CAB to recognize online training at a CAB recognized educational institution, or an accredited institution providing prerequisite or corequisite education to a candidate for licensure in California.

ACAOM has published a distance education policy (attached to this letter). All continuing education at an ACAOM accredited institution must meet standards and criteria specified in this substantive change documentation including guidelines on purpose and governance, course outcomes and delivery, course development, faculty for online courses, documentation of credit hours and student work, educational media and learning resources, examinations and other assessment, and student integrity and academic honesty. Part of this process is demonstrating that online coursework is appropriate for a hybrid or online format, and that the institution has demonstrated that moving to such a format is consistent with the delivery of knowledge and skills inherent to the course being delivered.

Thank you for your consideration of the above.

Sincerely,



Steve Given, DAOM, L.Ac.
Academic Associate Dean
ACTCM



Accreditation Commission for Acupuncture and Oriental Medicine

8941 Aztec Dr., Eden Prairie, MN 55347 || tel 952-212-2434 || fax 952-657-7068 || info @ acaom.org

**SUBSTANTIVE CHANGE APPLICATION:
ADD INITIAL DISTANCE EDUCATION COURSE**

Institution Name			
Date Submitted			
Institutional Accreditor	ACAOM	Other (specify):	
Program to be Changed			

I. BASIC INSTITUTIONAL/PROGRAMMATIC INFORMATION

Name of Program to be Changed	
Corporate Name of Sponsoring Institution	
Academic Unit, if applicable	
Mailing Address Line 1	
Mailing Address Line 2	
City	
State	
ZIP Code	
Phone Number	
Fax Number	
Email	
Location Address (if different from mailing address)	

II. LEGAL ORGANIZATION

State agency authorization

Does your state require a change/update to authorization in order to offer distance education courses? Yes No

Agency Name	
Contact Name/Title	

Address	
City/State/Zip	
Phone	

REQUIRED ATTACHMENT:

If YES above, attach copy of updated state authorization

ADDL. ATTACHMENTS:

Please attach any approvals from other states for out-of-state institution to offer credit-bearing courses, SARA authorizations, etc., as may apply

CERTIFICATION STATEMENT: COMPLIANCE WITH ACAOM ELIGIBILITY REQUIREMENTS & FEDERAL TITLE IV REQUIREMENTS

An institution/program seeking approval for a substantive change must affirm that it meets or continues to meet established Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) Eligibility Requirements and Federal requirements relating to Title IV program participation; and that all of its ACAOM accredited or pre-accredited programs are in full compliance with all ACAOM Standards and Criteria as of the date of this application.

If it is not possible to certify compliance with all of the above, the institution/program must attach specific details to this substantive change application cover sheet.

- Exceptions are noted in an attachment. Please provide a detailed explanation of the exceptions in your attachment.

THE SIGNATURES AFFIXED TO THIS SELF-STUDY APPLICATION COVER SHEET SERVE AS AFFIRMATION THAT THE INSTITUTION/PROGRAM NOW MEETS OR CONTINUES TO MEET ESTABLISHED ACAOM ELIGIBILITY REQUIREMENTS AND FEDERAL REQUIREMENTS RELATING TO TITLE IV PROGRAM PARTICIPATION (IF APPLICABLE), AND IS NOW IN FULL COMPLIANCE WITH ALL ACAOM STANDARDS, CRITERIA AND POLICIES, EXCEPT AS NOTED BY THE INSTITUTION.

ADDITIONALLY, THESE SIGNATURES CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS ATTACHMENTS IS TRUE AND ACCURATE.

Chief Executive Officer

 Date

 Chair, Board of Directors/Trustees

 Date

***FEE:** Please submit a check in the amount of \$4,000, with the memo field “SUBSTANTIVE CHANGE APP”, to: ACAOM, 8941 Aztec Drive, Eden Prairie, MN 55346. Substantive change applications will not be processed until the associated fees are paid in full.

ATTACHMENT 1: APPLICATION NARRATIVE

When an institution plans to implement its first distance education course, ACAOM must be notified at least six months prior to the planned implementation through receipt of a completed substantive change application and associated fee. (See ACAOM Notification of Institutional Change Policy and ACAOM’s Dues and Fee Schedule). ACAOM will review the substantive change based on the demonstrated compliance with all of its *Standards and Criteria for Accreditation*, policies, and procedures, including those specific to distance education and elements critical to effective use of distance education methods. ACAOM approval is required prior to the implementation of the first distance education course.

While recognizing that some ACAOM accredited institutions offer instruction in more than one language, this policy specifies that the first course to be offered via distance education must be offered in English. An accredited institution seeking to offer a subsequent distance education course in a language other than English, must apply for Substantive Change approval for the first course in each additional language. At the present time, only programs offered in English are eligible for distance education approval.

Please take careful note of the contents of the *ACAOM Distance Education Policy* [see Attachment 2] when preparing the narrative portion of this application and supporting documents thereto.

A change application, report or self-study section prepared for a regional/national accreditor that led to approval of distance education programming may be submitted as the narrative component for this application. Relevant exhibits and supplemental information should be included. However, please review the Practice Guidelines below and the ACAOM Distance Education Policy to be sure that all major elements are addressed.

Review of this application by staff and peer/technical reviewers will lead to a recommendation to the Commission, which will determine whether to approve initiation of a first distance education course. This category of substantive change ordinarily requires a site visit within six months following implementation. Because of the distributed and asynchronous nature of distance instruction and related resources, this post-implementation review may be conducted remotely. The Commission reserves the right to move directly to approval without a post-implementation review, based upon findings from the preimplementation review.

Whether writing an application narrative specifically for ACAOM submission or borrowing content from prior distance education reviews by other accreditation agencies, please be sure to address the following Distance Education Practice Guidelines that will be available to peer, technical and staff reviewers:



1. PURPOSE AND GOVERNANCE

- The program/institution's core documents demonstrate a commitment to delivering quality distance educational offerings.
- Faculty, staff, administrators, governing board members, students and other stakeholders were active participants in the decision to offer distance educational offerings.
- Faculty were actively engaged in the development of distance educational offerings and related content, tools and assessments.

2. COURSE OUTCOMES

- Course outcomes are clearly defined, simply stated, and indicate the benefits for students who are reasonably capable of completing the educational offering.
- Course learning outcomes are linked to program outcomes as identified by the institution and are consistent with the curricula offered.
- Course outcomes are measurable and reasonably attainable through distance education.
 - Appropriate program outcomes clearly communicate the knowledge, skills, and abilities students will obtain upon completion of the educational offering.

3. COURSE DELIVERY

- All required learning activities are clearly stated.
- Online materials sufficiently support the curriculum and are delivered using readily available, reliable technology.
- Instructions and suggestions on how to study and how to use the instructional materials are made available to assist students to learn effectively and efficiently.

4. COURSE DEVELOPMENT

- Qualified persons competent in distance education instructional practices and experts in their subjects or fields develop the content of curricula and prepare instructional materials.
- All curricula and instructional materials are appropriately designed and presented for distance education.
 - The organization and presentation of the curricula and instructional materials are designed using sound principles of learning and are grounded in distance education instructional design principles.
- Effective procedures are used on a continuing basis to keep curricula and instructional materials up-to-date.

5. COURSE FACULTY

- Faculty/instructors are properly and continuously trained on institution policies, learner needs, instructional approaches and techniques, and the use of instructional technology.
- The institution regularly evaluates faculty performance using clear, consistent procedures.
- The institution assures that faculty are appropriately involved and engaged in the distance education courses/curriculum and instructional aspects of the distance educational offerings.



6. DOCUMENTATION OF CREDIT HOURS AND STUDENT WORK

- The institution is accountable for demonstrating that each course and program requires the appropriate amount of work for students to achieve the level of competency defined by institutionally established course/program outcomes.
- The institution measures and documents the amount of time it takes the average student to achieve learning outcomes and specifies the academic engagement and preparation time.
- All student work is documented in the curricula materials and syllabi, including a reasonable approximation of time required for students to complete the assignments.
- Evaluation of student work is identified as a grading criterion and weighted appropriately in the determination of a final course grade.

7. EDUCATIONAL MEDIA AND LEARNING RESOURCES

- Learning resources for faculty and students are available and appropriate to the level and scope of program offerings.
- Program designers, faculty, and instructors effectively use appropriate teaching aids and learning resources, including educational media and supplemental instructional aids, when creating programs and teaching students.
- The institution provides faculty and students – whether learning on-site or at a distance – with access to learning resources and libraries that are appropriate for the achievement of learning outcomes.

8. EXAMINATIONS AND OTHER ASSESSMENTS

- Examinations and other assessment techniques provide adequate evidence of the achievement of stated learning outcomes.
- The institution implements grading criteria that it uses to evaluate and document student attainment of learning outcomes.

9. STUDENT INTEGRITY AND ACADEMIC HONESTY

- The institution publishes clear, specific, policies related to student integrity and academic honesty.
- The institution affirms that the student who takes the examination is the same person who enrolled in the program and that the examination results will reflect the student's own knowledge and competence in accordance with stated learning outcomes.



10. ACCESS TO STUDENT SUPPORT SERVICES

- The institution uses appropriate and readily accessible technology to optimize interaction between the institution and the learner that enhances instructional and educational services.
- Students, faculty, and involved practitioners receive training and support for the technology used to deliver the educational offerings.
- The institution publishes all available methods students can use to submit inquiries and assignments, and responds promptly and thoroughly to all student inquiries.
- The institution provides support services designed for the students enrolled, such as financial aid guidance, advising services, employment assistance, and/or alumni services.
- Appropriate academic support services are readily available.
- Any career services and/or alumni services are offered as published in the institution's materials.

11. CONFIDENTIALITY AND PRIVACY

- The institution implements policies to protect student confidentiality and privacy as required by applicable federal and state laws.



ATTACHMENT 2: ACAOM DISTANCE EDUCATION POLICY

The ACAOM Distance Education Policy was implemented October 17, 2016, and may be amended from time to time. You may locate the most current version via the ACAOM public website's Documents and Resources page.

The ACAOM Distance Education Policy (rev. October 30, 2016) may be directly obtained from the ACAOM website's Policy page at <http://acaom.org/policies/>

Please be sure that your narrative (Attachment 1) is fully respondent to the ACAOM Distance Education Policy, as may apply on the date that your application is received by ACAOM.

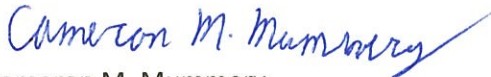


August 11, 2017

To whom it may Concern:

At our request, a survey was conducted by the American Acupuncture Council of 60 accredited Acupuncture Educational and training programs in the country. Of these schools, 34 are approved by the CA Board of Acupuncture and 26 are not. A review of claims statistics for these Acupuncture College's revealed no statistically supportable difference in claims outcomes between these two groups.

Sincerely,



Cameron M. Mummery
Programs