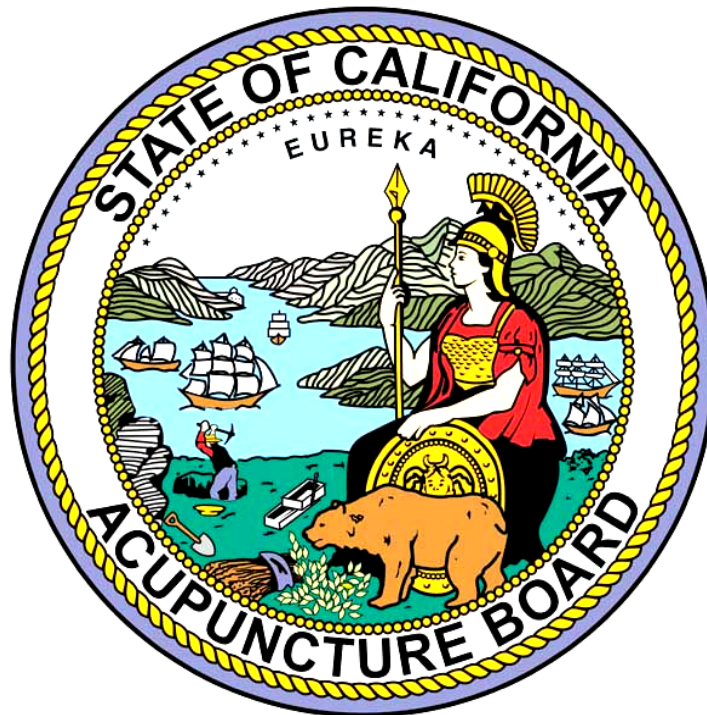


**California Acupuncture Board Meeting**  
**June 19, 2015**

**Hotel Whitcomb Ballroom**  
**1231 Market Street**  
**San Francisco, California 94103**



**Board Members**

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

**Staff**

*Terri Thorfinnson, J.D. - Executive Officer*  
*Tammy Graver – Board Liaison*  
*Terry Sinkovich – Examination Coordinator*  
*Kristine Brothers – Enforcement Coord.*  
*Ben Bodea – Continuing Education Coord.*  
*Katie Le – Education Coordinator*  
*Marc Johnson – Policy Coordinator*

**Legal Counsel**

*Tamara Colson*



**ACUPUNCTURE BOARD**

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
(916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)



---

## NOTICE OF ACUPUNCTURE BOARD MEETING

June 19, 2015

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

**SAN FRANCISCO, CA**

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

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

### **Acupuncture Board Members**

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

### **AGENDA**

#### **FULL BOARD MEETING - 9:00 a.m.**

- 1. Call to Order and Establishment of a Quorum**
- 2. Opening Remarks**
- 3. Public Comment for items not on Agenda**
- 4. Approval of Board Meeting Minutes for:**  

**February 20, 2015**
- 5. President's Report**
- 6. Executive Officer's Report**
  - Staff Update
  - Budget Update
  - Exam Update: Audit of NCCAOM exam, March 2015 Exam Statistics
  - Enforcement: Data Report
- 7. Committee Reports:**
  - Education Committee
  - Executive Committee

- **Enforcement Committee**

8. **Consideration of Recommendation from Enforcement Committee Regarding Proposal to Contract with National Practitioner Data Bank (Sunset Recommendation)**
9. **Consideration of Recommendations By Education Committee Regarding School Seeking Approval of Acupuncture Training Program (Board Action)**
  - **California Institute of Integral Studies (CIIS)**
10. **Review of School Compliance Site Visits: (Board Action)**
  - **Alhambra University**
  - **Kingston University**
  - **Stanton University**
  - **Saint Luke University**
  - **University of South Los Angeles**
11. **Consideration of Education Committee Recommendation for Request for Board Approval of CPR and First Aid Curricula pursuant to Title 16 California Code of Regulations (CCR) Sections 1399.434 (f) (3) and 1399.436 (a) (14): (Board Action)**

**EMS Safety Services, Inc**  
**Save - A - Life Educators, Inc**

12. **Consideration of Education Committee Recommendation for Proposed Regulatory Changes to CCR Sections 1399.434 (f) (3) and 1399.436 (a) (14) Regarding CPR and First Aid level certification (Board Action)**
13. **Implementation of SB 1246: Discussion and Assignment to Education Committee**
14. **Sunset Review Update**
15. **Strategic Plan Update**
16. **Review and Consideration of Legislation:**

AB 12 (Cooley) State Government: administrative regulations: review

AB 19 (Chang) GO Biz: administrative review: review

AB 41 (Chau) Healing Arts Provider Discrimination

**AB 85 (Wlik) Open Meetings Law: two member committees: public\***

AB 483 (Patterson) Healing Arts Initial Licensure Proration Licensing Fees

AB 758 (Chau) Acupuncture and Training Programs

AB 333 (Melendez) Healing Arts: continuing education credit for CPR instructors

**SB 800 (Committee on Business, Professions and Economic Development)\*\***

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

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

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

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

### **Other Bills Tracking**

AB 351 (Jones-Sawyer) Public Contracts: small business

AB 611 (Dahle) Controlled substances: prescription reporting

AB 728 (Hadley) State Government: financial reporting

AB 750 (Low) Business and Professions License

AB 797 (Steinorth) Regulations: effective dates & legislative review

AB 1060 (Bonilla) Business and Professions Licensure

### **17. Regulatory Update**

- Acupuncture Advertising Guidelines
- Continuing Education Ethics Requirement
- Consumer Protection Enforcement Initiative (CPEI)
- Sponsored Free Health Care Events
- Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Conditions of Probation
- Hygiene guidelines
- Prostitution Prevention regulation
- BPC 138 Implementation of Notice to Consumers of Licensure by California Acupuncture Board

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

**James Skoien**

### **19. Future Agenda Items.**

### **20. Adjournment**

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

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

**[www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)**

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



Approval of February  
20, 2015 Board  
Meeting Minutes

**ACUPUNCTURE BOARD**

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
(916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)



---

## ACUPUNCTURE BOARD MEETING

February 20, 2015

1747 NORTH MARKET BOULEVARD,  
HQ2 HEARING ROOM  
SACRAMENTO, CA 95834

### Acupuncture Board Members

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

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

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

**Board Members Present: Michael Shi, Kitman Chan, Francisco Hsieh, Hildy Aguinaldo, Jamie Zamora. Absent: Jeannie Kang--not available and no agenda posted on location so Legal Counsel disallowed her to join meeting in late afternoon.**

**Staff Present: Terri Thorfinnson, Tammy Graver, Katie Le**

**Legal Counsel: Spencer Walker, Michael Santiago**

### **FULL BOARD MEETING - 9:00 a.m.**

- 1. Quorum established.**
- 2. Opening Remarks.**

Board President wished everyone Happy Spring Festival and explained that in Chinese Medicine there are seasonal cycles with specific time frames that are celebrated. He thanked Spencer for his dedication and solid legal guidance that has been critical to the Board's meetings and business. Board members added their appreciation for his work.
- 3. Election of Officers: President, Vice President.**

Motion to nominate Michael Shi for President made by Francisco Hsieh, seconded by Hildy Aguinaldo. Vote: Michael -yes, Kitman -yes, Francisco-yes, Jamie- yes. *Motion approved 5-0.*

Motion to nominate Hildy for Vice President made by Michael, seconded by Jamie. Vote: Michael-yes, Kitman-yes, Francisco- yes, Hildy-yes, Jamie-yes. *Motion approved 5-0.*

**4. Approval of Board Meeting Minutes for November 14, 2014.**

Motion made by Jamie, seconded by Francisco. Michael-yes, Kitman-yes, Francisco-yes, Hildy-abstained, Jamie -yes. *Motion approved 4-0-1.*

**5. President's Report.**

Thanked Legal Counsel, E.O. and Staff. The staff has been busy with daily operations. Exam staff is busy preparing for March 3rd exam, education staff have been busy conducting school site visits. The goal is to complete all 21 in-state schools by March. The staff is busy with legislative policy and tracking. The office remains very busy. Over the past half year, he has spent time in the field meeting with associations and attending their various celebrations and meetings. He was invited to attend the Southern California Korean Association AKAMAC December celebration. He also attended the formative announcement for the new combined association in Northern California AACMA, formerly CCAA and UCPCM. He has encouraged associations to have open communication with the Board and to make the extra effort to have a unified voice in terms of associations.

He reiterated the policy that any changes to the agenda must be made well in advance and no later than 15 days prior to the meeting date because open meetings law requires 10 days notice and 5 days for posting on the website. The process for approving the agenda involves the office, legal and DCA so requests must be made well in advance to accommodate this complex review.

**6. Executive Officer's Report.**

**BreEze.** Brandon Rushman provided an update on BreEze implementation. Over the past three years the department has undergone implementation of the new computer database called BreEze, which was divided into three release phases. There have been significant challenges in release one with the initial 10 boards. The timeline was lengthened. As a result of the challenges we encountered, we restructured release two to address deficiencies from release one and to restructure and reconsider the contract with the vendor due to the cost overruns and volume of software issues. It was decided by the DCA Director to end the Accenture contract and step back and plan for release three. BreEze is wholly financed by the Boards. All Boards have paid for the development of release one and two. We have provided the E.O.s with the charges for BreEze development costs. We have eliminated the charges to the Acupuncture Board for the vendor costs for release one and two. However, there are investment benefits that release three will be able to take advantage of later. We are currently figuring out the costs of how we plan to handle release three, but the message is that we are committed to BreEze and its full implementation. Board members asked about costs, cost benefit and the implementation time line. The original budget was \$23 million and the projection is \$96 million, but only \$37 million has been spent to date. The Board questioned why the huge difference in cost. It was explained that it is the implementation problems, the need for added staff and the vendor contract that drove up the costs. The EO commended the DCA Director for making a bold and wise decision to rethink this contract given the problems and rising costs. The move to end the vendor contract will save everyone money. Concern was raised about how the Board could staff BreEze because it requires dedicated staff for a minimum of 2-3 years and the Board does not have the staff to dedicate to BreEze so that remains a huge unsolved future problem for the Board. That is why staffing becomes critical to be able to cover daily operations and BreEze implementation. The issue has been raised with DCA that our Board will need staff or assistance. Brandon concurred that BreEze requires the Board's best staff for a solid full time commitment of 2 years during which they are not available for daily

operations. The other point raised by the EO was that the cost remains unknown to the Board so it is difficult to be fiscally prepared for the cost.

**Staffing.** I am still filling our OT vacancy and re-classifying the exam position into a higher-level classification to address the workload.

**Budget.** Terri briefly mentioned to check out the newly designed website. It is designed for mobile users, computer users and menu users. We re-designed the links so no link was more than 2-3 clicks away. In reviewing the budget, Terri highlighted the structural deficit and the balanced budget as both realities. She explained that expenditures had increased due to increased staff, Enforcement, exam costs and increased overhead. She explained that budgets are set at least one year in advance, so line items can appear inaccurate as a result. Board members asked why facilities costs are in deficit. There was a cost overrun in exam due to the exam audit. She explained that she initially submitted a BCP to request the additional appropriate authority but was asked to withdraw it, so it is reflecting as a cost that exceeds the line item. Board members asked about whether the Enforcement costs are recoverable and the answer is yes, that is a special focus for the EO. The Board can recover costs through settlements, orders, and citations. It is difficult to obtain full costs, but Administrative Law Judges (ALJ) often reduce recovery amounts to a fraction of the costs. Last year, enforcement recovery was estimated at \$186,000 and the Board recovered \$30,000, which was an increase from the past in which recovery was \$20,000. This year, mid year, we are already at \$25,000 so we are set to exceed our prior year's recovery. The final budget point is that this fiscal year, the Board is projected to be within \$50,000 of their budget--much closer than in past years. The Board questioned the increased expenditures and indicated that it was time for the Board to consider increasing their fees to eliminate the structural deficit. It was referred to the Executive Committee for further discussion.

**School oversight.** The Board's school oversight is anchored by an impressive list of Subject Matter Experts. We were looking for highly experienced experts to assist the Board with evaluation of curriculum and clinical compliance.

**Enforcement.** While the majority of our complaints are related to unprofessional conduct, we are seeing an increase in unlicensed activity. That is due to people in the communities around the state reporting it to the District Attorney's and to the Board. This represents a huge public safety issue and we are very aggressive in following up in this category. Criminal convictions, fraud, incompetence and negligence still remain high in terms of complaints. We are within our target intake of 9 days. If you look at the investigation and AG's stage--that is not within our control. Despite our having only one enforcement staff, Cricket is continuing to work on a high volume of cases. There were questions raised about whether the unusually high number of convictions are occurring among licensees or applicants prior to being licensed. If it is occurring among new licensees, then we need the education committee to assess if there are any CEUs that can address the issue. We are unable to separate the data in this way due to the way it is coded. Based on observation, a significant number of convictions are by those applying for licensure because they must undergo a background check and all convictions show up during that process. Overall, our enforcement efforts have resulted in decreasing our processing days by 300 since the last reporting cycle--that is huge. There was concern expressed about how the data distorts what is happening. The system was designed to capture time and was not built with the ability to provide break down details. The way to do data analysis is to move the data into research software to crunch the numbers. It is unknown what additional capacity for data analysis BreEze will bring. There was a request to have a written narrative for the enforcement data.

**Exam.** As you will hear later in the meeting, we have completed the Occupational Analysis and will be moving to audit the National Certification Exam. There was some confusion that the decision to go to the national certification exam has been made, and just to clarify, that decision has not been made. By law, any other licensing exam must be audited to determine whether it meets California's standards. The results of the audit will provide information to facilitate a discussion about the exam.

**7. Board Administrative Manual revisions.**

Changes were made to reflect the title of Board President and Vice President rather than Chair and Vice Chair. The Chair will remain the title of committees only. Motion to approve changes by Hildy, seconded by Michael. Michael-yes, Hildy-yes, Kitman-yes, Jamie-yes, Francisco-yes. *Motion approved 5-0.* No public comments made.

**8. Report and Recommendations by Education Committee Regarding Schools Seeking Approval of Acupuncture Training Programs**

**Yuin University.** There was concern expressed by the volume of non-compliance changes and whether they were really completed and the fact that we do not see a class or clinic. The clinic visits are very important in evaluating both the curriculum and the clinical training. The clinical review of the medical charts shows us whether the curriculum and clinical training has occurred in compliance with our regulations. The patient file should list the patient condition, assessment, diagnosis, treatment, treatment plan including herbs and clinical reasoning for each step. The school can cut and paste the curriculum, but the competency is reflected in the medical charts and clinical evaluation--that is why the clinical site visit is critical to the Board's ability to evaluate compliance. California is unique because Acupuncturists are one of the 7 Physicians in Worker's Compensation so it is critical that students learn medical and legal knowledge. School's staff answered questions and explained the history of the school and their commitment to high quality education and complying with the Board's standards. Motion to approve school and was amended to add a stipulation that the Board re-visits the school in 6 months for a clinic site visit by Jamie who agreed to the amendment, seconded by Michael. Michael- yes, Hildy-yes, Jamie-Yes, Kitman-yes, Francisco-yes. *Motion approved 5-0.* No public comment.

**Hongik International University.** The Education Committee recommends a denial based on the fact that the corrective action did not correct all of the non-compliance, so the school's training program does not comply with the Board's standards. Motion to deny school Board approval of their training program, seconded by Michael. Vote: 5-0. Michael-yes, Hildy-yes, Jamie-yes, Francisco- yes, Kitman- yes. *Motion approved 5-0.* No public comment.

**9. Occupational Analysis Report presentation by Office of Professional Examination Services.**

The presentation highlighted the findings of the Occupational Analysis (OA) and new trends. She explained the OA process and the fact that the OA determines the outline for future exams. There were three main types of providers: sole practitioner 59.8%, group setting 19.2 %, medical group or LLC was 9%. For income, 52.1% made over \$40,000. 47.2% had patients covered by general health insurance and 42.9% were covered by private insurance, HMO, PPO. Public comment. A question was asked about whether there was a comparison to the former OA and the response was that both the 2008 OA and this recent OA are on the Board's website. There was concern raised that the percentage of the exam dedicated to herbs declined from 17.5 % in 2008 to 10.5% in this OA. Despite the low percentage, schools still dedicate 30% of time to herbs. Michael commented that schools should teach what is needed to practice, not gear training to the exam. There was public concurrence.

**10. CPR equivalence course approval.**

This issue was assigned to the Education Committee.

**11. CPR issue regarding revised CPR course work by American Red Cross and American Heart Association non-compliance with Board regulations.**

This issue was assigned to the Education Committee

**12. Sunset Review Update.**

The three priority issues for the Sunset Review are: Shifting school oversight to ACAOM, Auditing the National Certification Exam and Implementing BPC 138. All three of these priorities are being addressed, so the Board is on track. The EO summarized the Sunset Review chart that highlights the issues, status and Board action on each issue. See handout. No public comment.

**13. Strategic Plan Update.**

EO provided summary of strategic plan chart. The Board is on track for achieving its strategic plan objectives. See handout. Public comment related to whether BreEze would facilitate online license renewal.

**14. Legislative Implementation.**

EO explained what the bills require the Board to implement and that the Board has implemented both bills. SB 1159 removes a barrier to immigrants who lack a social security number by allowing them to use an individual taxpayer identification number (ITIN). The Board already expedites applications from military service personnel pursuant to AB 1057. Public comment. There was a request to add AB 41 to the Board's legislative update.

**15. Regulatory Update**

CPEI is still undergoing review with all levels of the Administration before it is submitted to the Office of Administrative Law for final approval and implementation. SB 1441 is still under review and revision- it has not been filed with OAL. Free and Sponsored Health Events is under review and has not been filed with OAL. BPC 138 is in the final revision stages for approval. The rest of the regulations remain in the research and writing stage. See handout. No public comments.

**CLOSED SESSION.**

**16. Pursuant to Government Code Section 11126(a) (1) the Board will meet in closed session to conduct the annual evaluation of the Executive Officer**

**OPEN SESSION – Announcement Regarding Closed Session.**

**17. Request for Re-instatement of License**

**Ben Hekmania.** Jamie moved to waive the exam requirement and have the Board issue him a new license, seconded by Hildy. Michael-yes, Hildy-yes, Jamie-yes, Kitman-no, Francisco-no. *Motion approved 3-2.* A request was made for staff to provide the calculation of CEUs completed, approved and needed in the memo in the future. No public comment.

**Anna Bonas.** Kitman moved to deny request to waive exam requirement for new licensure, seconded by Francisco. Michael-yes, Hildy-yes, Jamie-yes, Kitman-yes, Francisco-yes. *Motion approved 5-0.* No public comment.

**18. Future Agenda Items.**

**19. Public Comment on Items Not on the Agenda.** There was a request for the Board to reconsider denial of a foreign applicant to take the California Acupuncture Licensure Exam (CALE). Board Legal Counsel advised that the Board cannot respond and that his only remedy is to appeal to the Executive Officer asking for reconsideration. Other than that, there is no remedy. Another speaker asked the Board to consider supporting legislation regarding acupuncture school oversight. The concern was raised that ACAOM should not be the only accreditation agency overseeing acupuncture schools and that the Board's site inspection and reimbursement taken away by SB 1246 should be restored. The Board cannot be replaced by ACAOM. Another comment requested the Board review AB 41. Another comment suggested that the Board should raise funds by issuing fines for licensees that do not correct their addresses because we need correct addresses. Another speaker read a note from an exam applicant who was denied to take the CALE.

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

## **20. Adjournment**

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

**[www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)**

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



# Executive Officer Report

**EO REPORT:  
BUDGET  
UPDATE**

**ACUPUNCTURE BOARD - 0108  
BUDGET REPORT  
FY 2014-15 EXPENDITURES  
Apr-2015**

FISCAL MONTH 10

OBJECT DESCRIPTION	FY 2013-14		FY 2014-15				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES (MONTH 13)	EXPENDITURES 4/30/2014	ACT 2014-15	EXPENDITURES 4/30/2015			
<b>PERSONNEL SERVICES</b>							
Salary & Wages (Staff)	319,354	210,162	496,694	336,518	68%	420,622	76,072
Statutory Exempt (EO)	81,975	53,600	84,180	71,550	85%	85,580	(1,400)
Temp Help Reg (Seasonals)	61,334	33,265	19,000	30,789	162%	40,731	(21,731)
Bl 12-03 Blanket	0	0	0	0			0
Temp Help (Exam Proctors)	0		0	0			0
Board Member Per Diem	8,800	3,200	7,463	10,000	134%	11,900	(4,437)
Committee Members (DEC)	0		0	0	0%		0
Overtime	396	396	5,000	9,515		15,000	(10,000)
Staff Benefits	171,986	109,498	330,638	200,581	61%	249,977	80,661
<b>TOTALS, PERSONNEL SVC</b>	<b>643,845</b>	<b>410,121</b>	<b>942,975</b>	<b>658,953</b>	<b>70%</b>	<b>823,810</b>	<b>119,165</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>							
General Expense	48,614	32,127	67,671	51,877	77%	86,000	(18,329)
Fingerprint Reports	2,374	1,501	20,045	1,666	8%	3,000	17,045
Minor Equipment	19,599	10,495	6,000	0	0%	6,000	0
Printing	9,771	6,451	17,331	17,544	101%	33,000	(15,669)
Communication	2,347	1,333	16,958	4,757	28%	5,300	11,658
Postage	24,411	23,462	26,773	27,378	102%	46,000	(19,227)
Insurance	0	0	0	0			0
Travel In State	42,908	22,092	32,141	40,321	125%	45,000	(12,859)
Travel, Out-of-State	0	0	0	0	0%		0
Training	307	0	3,129	0	0%	500	2,629
Facilities Operations	120,750	119,770	65,195	112,856	173%	120,500	(55,305)
Utilities	0	0	0	0			0
C & P Services - Interdept.	0	0	8,771	0	0%		8,771
C & P Services - External	0	0	3,965	0	0%		3,965
<b>DEPARTMENTAL SERVICES:</b>							
Departmental Pro Rata	111,043	84,160	145,867	135,669	93%	145,867	0
Admin/Exec	81,360	61,386	91,833	91,854	100%	91,833	0
Interagency Services	0	0	650	0	0%	0	650
IA w/ OPES	303,906	303,906	333,119	427,765	128%	427,765	(94,646)
DOI-ProRata Internal	2,608	1,966	2,863	3,108	109%	2,863	0
Public Affairs Office	3,014	2,762	2,808	3,120	111%	2,808	0
Consumer and Community	2,973	2,366	104,673	104,210	100%	104,673	0
<b>INTERAGENCY SERVICES:</b>							
Consolidated Data Center	370	307	2,604	421	16%	1,000	1,604
DP Maintenance & Supply	13,903	5,484	5,494	0	0%	8,000	(2,506)
Central Admin Svc-ProRata	108,549	81,412	141,674	106,256	75%	141,674	0
<b>EXAM EXPENSES:</b>							
Exam Supplies		0	0	0			0
Exam Freight		0	25	0			25
Exam Site Rental		0	0	0			0
C/P Svcs-External Expert Administrative	351,075	347,575	286,772	343,491	120%	343,491	(56,719)
C/P Svcs-External Expert Examiners	60,026	23,534	83,944	44,843	53%	70,000	13,944
C/P Svcs-External Subject Matter	2,565	1,565	0	443		443	(443)
<b>ENFORCEMENT:</b>							
Attorney General	177,391	112,008	379,123	169,340	45%	223,208	155,915
Office Admin. Hearings	41,173	14,259	106,670	24,169	23%	39,000	67,670
Court Reporters	1,765	643	0	554		2,000	(2,000)
Evidence/Witness Fees	30,792	21,667	10,795	39,076	362%	46,000	(35,205)
DOI - Investigations	309,938	232,761	405,713	405,408	100%	405,713	0
Major Equipment	20,866	20,866	18,000	0	0%	18,000	0
Special Items of Expense							0
Other (Vehicle Operations)			2,650	0			2,650
<b>TOTALS, OE&amp;E</b>	<b>1,894,398</b>	<b>1,535,858</b>	<b>2,393,256</b>	<b>2,156,126</b>	<b>90%</b>	<b>2,419,638</b>	<b>(26,382)</b>
<b>TOTAL EXPENSE</b>	<b>2,538,243</b>	<b>1,945,979</b>	<b>3,336,231</b>	<b>2,815,079</b>	<b>160%</b>	<b>3,243,448</b>	<b>92,783</b>
Sched. Reimb.		(1,176)					
Sched. Reimb. - Fingerprints	(1,960)	(1,900)	(22,000)	(1,372)	6%	(22,000)	0
Sched. Reimb. - External/Private	(3,075)		(1,000)	(2,585)		(1,000)	0
Unsched. Reimb. - Other	(20,522)	(15,801)		(41,462)			0
<b>NET APPROPRIATION</b>	<b>2,512,686</b>	<b>1,927,102</b>	<b>3,313,231</b>	<b>2,769,660</b>	<b>84%</b>	<b>3,220,448</b>	<b>92,783</b>
<b>SURPLUS/(DEFICIT):</b>							<b>2.8%</b>

**EO REPORT:  
FUND  
CONDITION**

# 0108 - Acupuncture Analysis of Fund Condition

Prepared 02/10/2015

(Dollars in Thousands)

## 2015-16 Governor's Budget w/BreEZe SPR 3.1

	Governor's Budget				
	ACTUAL 2013-2014	CY 2014-15	BY 2015-16	BY+1 2016-17	BY+2 2017-18
<b>BEGINNING BALANCE</b>	\$ 2,088	\$ 2,127	\$ 1,931	\$ 1,694	\$ 2,397
Prior Year Adjustment	\$ 9	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,097	\$ 2,127	\$ 1,931	\$ 1,694	\$ 2,397
<b>REVENUES AND TRANSFERS</b>					
Revenues:					
125600 Other regulatory fees	\$ 45	\$ 45	\$ 47	\$ 47	\$ 47
125700 Other regulatory licenses and permits	\$ 792	\$ 980	\$ 1,086	\$ 1,086	\$ 1,086
125800 Renewal fees	\$ 1,697	\$ 2,067	\$ 2,073	\$ 2,073	\$ 2,073
125900 Delinquent fees	\$ 14	\$ 12	\$ 13	\$ 13	\$ 13
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 1	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 5	\$ 6	\$ 6	\$ 4	\$ 6
150500 Interest Income From Interfund Loans	\$ -	\$ -	\$ -	\$ -	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 1	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 2,555	\$ 3,110	\$ 3,225	\$ 3,223	\$ 3,225
Transfers from Other Funds					
Proposed GF 11-12 Loan Repayment				\$ 1,000	
Transfers to Other Funds					
GF Loan per item 1110-011-0108, Budget Act of 2011					
Totals, Revenues and Transfers	\$ 2,555	\$ 3,110	\$ 3,225	\$ 4,223	\$ 3,225
Totals, Resources	\$ 4,652	\$ 5,237	\$ 5,156	\$ 5,917	\$ 5,622
<b>EXPENDITURES</b>					
Disbursements:					
1110 - Program Expenditures (State Operations)	\$ 2,513	\$ 3,313	\$ 3,421	\$ 3,489	\$ 3,559
8880 - Financial Information System for California	\$ 13	\$ 2	\$ 5		
2015-16 BreEZe SFL		\$ (10)	\$ 36	\$ 31	
Total Disbursements	\$ 2,526	\$ 3,305	\$ 3,462	\$ 3,520	\$ 3,559
<b>FUND BALANCE</b>					
Reserve for economic uncertainties	\$ 2,127	\$ 1,931	\$ 1,694	\$ 2,397	\$ 2,063
<b>Months in Reserve</b>	7.7	6.7	5.8	8.1	6.8

NOTES: A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.

B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING BY+1.

C. ASSUMES INTEREST RATE AT 0.3%

# EO REPORT: EXAM STATS

**MARCH 2015 EXAMINATION RESULTS STATISTICS BY SCHOOL**

SCHOOL	1st TIME TAKERS			OVERALL (includes re-examinees)		
	# Passed	# Failed	PASS %	# Passed	# Failed	PASS %
<i>Academy of Chinese Culture &amp; Health Sciences</i>	13	3	81%	16	8	67%
<i>Academy of Oriental Medicine at Austin</i>	0	1	0%	1	1	50%
<i>Acupuncture &amp; Integrative Medicine College, Berkeley</i>	12	8	60%	18	10	64%
<i>Alhambra Medical University</i>	8	2	80%	8	9	47%
<i>American College of Traditional Chinese Medicine</i>	13	3	81%	15	6	71%
<i>Bastyr University</i>	1	0	100%	1	0	100%
<i>California Trinity University (formerly Kyung San)</i>	0	2	0%	0	7	0%
<i>Dong-guk University, California</i>	14	11	56%	16	28	36%
<i>East West College of Natural Medicine</i>	0	1	0%	0	1	0%
<i>Emperor's College of Traditional Oriental Medicine</i>	17	3	85%	23	7	77%
<i>Five Branches University</i>	37	9	80%	42	21	67%
<i>Kingston University</i>	0	0	N/A	1	0	100%
<i>National College of Naturopathic Medicine</i>	1	1	50%	1	1	50%
<i>Nine Star University of Health Sciences</i>	5	0	100%	6	1	86%
<i>Oregon College of Oriental Medicine</i>	4	1	80%	4	2	67%
<i>Pacific College of Oriental Medicine</i>	32	15	68%	35	26	57%
<i>Samra University</i>	0	0	N/A	1	5	17%
<i>Seattle Institute of Oriental Medicine</i>	2	1	67%	2	1	67%
<i>South Baylo University</i>	54	18	75%	62	56	53%
<i>Southern California University of Health Sciences</i>	11	4	73%	13	8	62%
<i>Southern CA Univ. School of OM &amp; Acupuncture</i>	2	0	100%	3	2	60%
<i>Southwest Acupuncture College</i>	0	1	0%	0	1	0%
<i>St. Luke</i>	0	1	0%	0	1	0%
<i>Stanton University</i>	5	0	100%	5	3	63%
<i>University of East West Medicine</i>	8	3	73%	13	9	59%
<i>University of South Los Angeles (formerly Life University)</i>	1	0	100%	2	0	100%
<i>YoSan University of TCM</i>	11	7	61%	11	11	50%
<i>Tutorials</i>	1	1	50%	1	1	50%
<i>Foreign Equivalency</i>	1	1	50%	5	16	24%
<b>GRAND TOTAL</b>	<b>253</b>	<b>97</b>	<b>72%</b>	<b>305</b>	<b>242</b>	<b>56%</b>



<b>California Acupuncture Board</b>				
<b>March 2015 Examination Results</b>				
<b>Statistics by Language</b>				
<b>FIRST TIME TAKERS ONLY</b>				
	<b>ENGLISH</b>	<b>CHINESE</b>	<b>KOREAN</b>	<b>TOTAL</b>
<b>PASSED</b>	167	34	52	253
<b>FAILED</b>	76	14	7	97
<b>TOTAL</b>	243	48	59	350
<b>PASS RATE</b>	69%	71%	88%	72%
<b>RE-EXAMINEES ONLY</b>				
	<b>ENGLISH</b>	<b>CHINESE</b>	<b>KOREAN</b>	<b>TOTAL</b>
<b>PASSED</b>	32	11	9	52
<b>FAILED</b>	89	26	30	145
<b>TOTAL</b>	121	37	39	197
<b>PASS RATE</b>	26%	30%	23%	26%
<b>OVERALL</b>				
	<b>ENGLISH</b>	<b>CHINESE</b>	<b>KOREAN</b>	<b>TOTAL</b>
<b>PASSED</b>	199	45	61	305
<b>FAILED</b>	165	40	37	242
<b>TOTAL</b>	364	85	98	547
<b>PASS RATE</b>	55%	53%	62%	56%

English	Chinese	Korean
<b>199-167=32</b>	<b>45-34=11</b>	<b>61-52=9</b>
<b>165-76=89</b>	<b>40-14=16</b>	<b>37-7=30</b>

**EO REPORT:  
ENFORCEMENT**



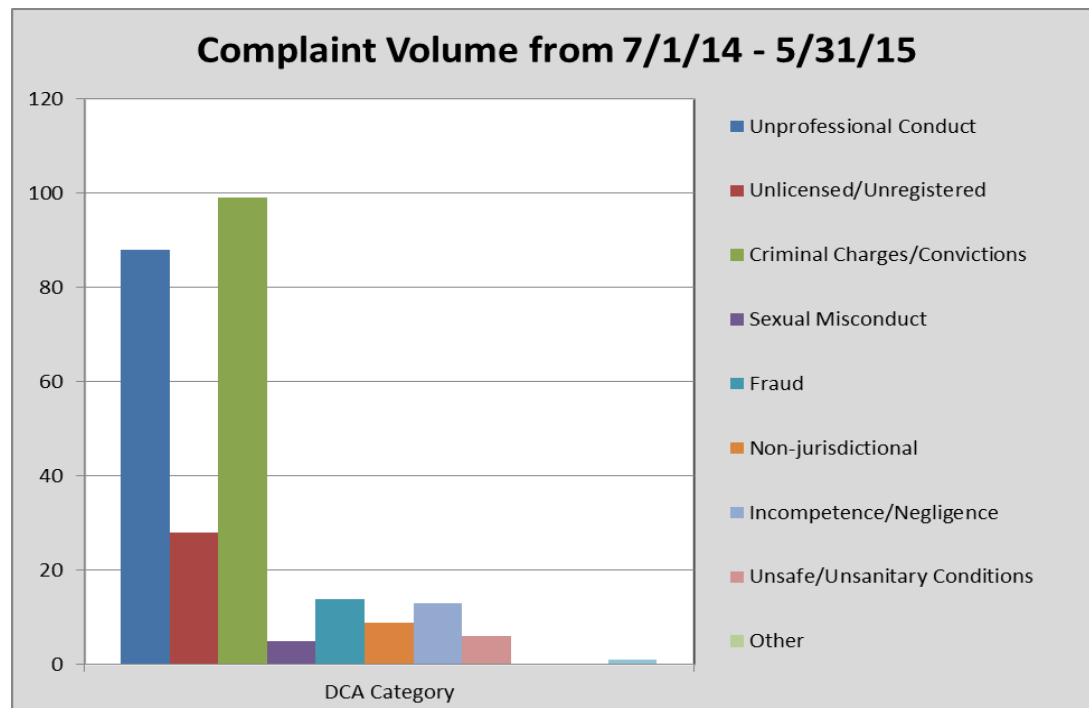
**ACUPUNCTURE BOARD**

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
 (916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)

<b>DATE</b>	June 19, 2015
<b>TO</b>	All Board Members
<b>FROM</b>	Kristine Brothers Enforcement Coordinator
<b>SUBJECT</b>	<b>Enforcement Update for July 1, 2014 to May 31, 2015</b>

**COMPLAINTS/CONVICTIONS & ARRESTS**

<b>DCA Category</b>	<b>Received</b>	<b>Closed/Referred to Investigation</b>
Unprofessional Conduct	88	86
Unlicensed/Unregistered	28	29
Criminal Charges/Convictions	99	104
Sexual Misconduct	5	5
Fraud	14	14
Non-jurisdictional	9	8
Incompetence/Negligence	13	13
Unsafe/Unsanitary Conditions	6	6
Other	0	0
Substance Abuse/Drug & Mental/Physical Impairment	0	0
Discipline by Another State Agency	1	0
<b>Total</b>	<b>263</b>	<b>265</b>
<b>Average Intake Time: 9 days</b>		

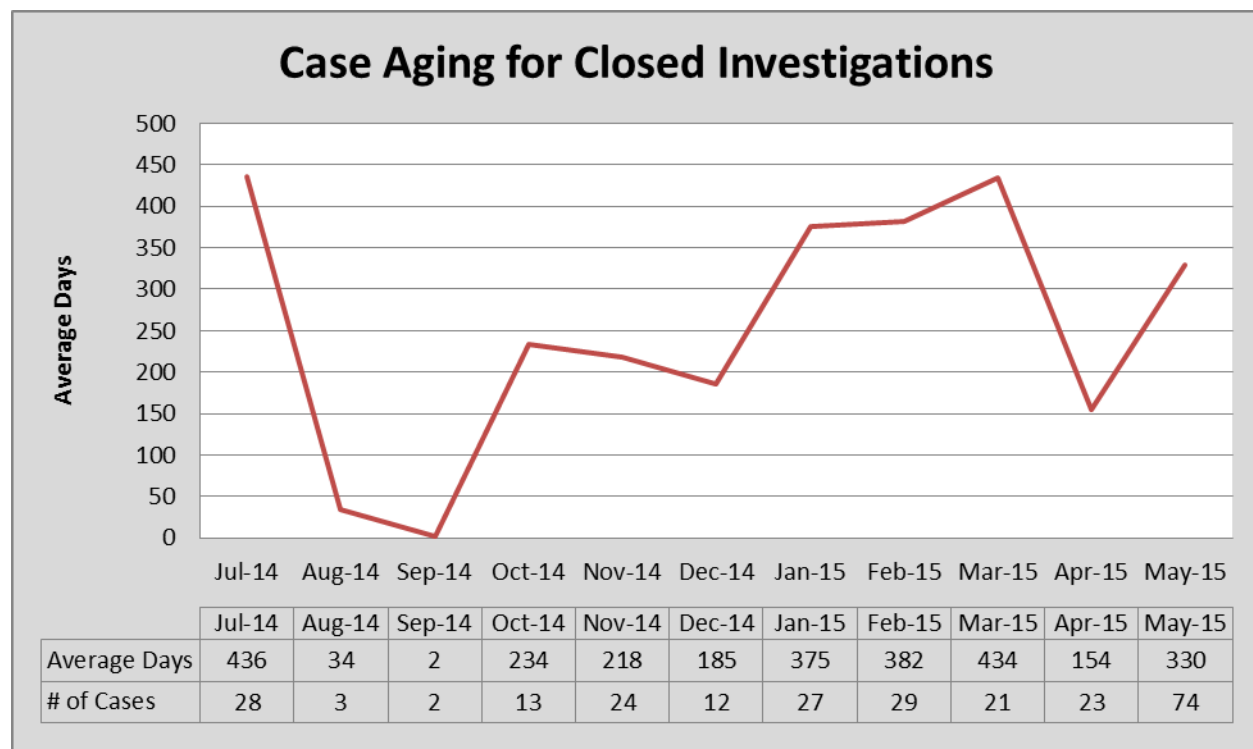


The bar graph above shows the number of complaints received by complaint type for this fiscal year. When each complaint is logged into the database it is assigned a complaint type based upon the primary violation.

**\*INVESTIGATIONS**

<b>DCA Category</b>	<b>Initiated</b>	<b>Pending</b>	<b>Closed</b>
Unprofessional Conduct	83	45	62
Unlicensed/Unregistered	28	28	40
Criminal Charges/Convictions	93	46	99
Sexual Misconduct	5	4	9
Fraud	14	24	15
Non-jurisdictional	4	1	5
Incompetence/Negligence	13	16	16
Unsafe/Unsanitary Conditions	6	2	8
Other	0	0	0
Substance Abuse/Drug & Mental/Physical Impairment	0	1	1
Discipline by Another State Agency	0	0	1
<b>Total</b>	<b>246</b>	<b>166</b>	<b>256</b>
<b>Average days</b>		<b>223</b>	<b>317</b>

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



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

## DISCIPLINARY ACTIONS

<b>Requested</b>	<b>20</b>
<b>Pending</b>	<b>33</b>
<b>Accusation/SOI Filed</b>	<b>13</b>
<b>Decisions</b>	<b>9</b>
Revoked	2
Voluntary Surrender	1
Probation	6
License Denied	0
Public Reprimand	0
<b>Avg. Overall Process Time</b>	<b>1,125 days</b>
<b>Citations Issued</b>	<b>61</b>
<b>Open Probation Cases</b>	<b>20</b>

# NPDB memo



**ACUPUNCTURE BOARD**

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
(916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)



<b>DATE</b>	June 19, 2015
<b>TO</b>	Acupuncture Board
<b>FROM</b>	Terri Thorfinnson Executive Officer
<b>SUBJECT</b>	National Practitioner Databank (NPDB) Query Information

**Issue:**

The Sunset Review Committee background paper for the Board's 2013 Sunset Review has recommended that the Board start querying the National Practitioner Databank (NPDB) continuously, or at minimum, conduct periodic checks of sets of licensees to ensure protection of the public.

**Problem:**

All licensing, certification and regulatory agencies over acupuncturists nationwide are required to report disciplinary actions to NPDB. In addition, insurance companies, health networks, and certain employers are also required to report malpractice and other adverse actions to NPDB. Currently, the Board has not participated in NPDB's querying system to learn of these disciplinary and other adverse actions. Insurance companies are also required by Business and Professions Code section 801 to report malpractice judgments and settlements over \$3,000 directly to the Board. However, without querying, the Board is reliant on self-reporting from licensees during their renewal and self-reporting on examination applications from applicants to report any in-state or out-of-state disciplinary actions taken.

The Board needs to decide whether it should contract with the NPDB, and if so, for what type of coverage. There is a significant cost to contract for access to NPDB queries.

**Background:**

The Board reviews its examination application to screen those applicants that have prior healing arts disciplinary action for evaluation purposes. There are four separate questions on the examination/licensure application that asks if the applicant was ever denied a healing arts license anywhere in any state or country, voluntarily surrendered a healing arts license, or had a healing arts license disciplined. The application also asks if the applicant was ever charged with unprofessional conduct or another unlawful activity. If an applicant reports yes on any of these questions, it is referred to enforcement for further review. After additional information is evaluated, the Executive Officer then determines if the applicant will be granted or denied a license after passing the exam.

The Board also screens licensees through the renewal process for any disciplinary actions or licenses denied by another licensing authority of this state, out-of-state, or out-of-country for current licensees. Both the examination and license renewal applications require the individual to sign under penalty of perjury that those statements are true and correct.

In the past, the Board has looked into querying capabilities with NPDB but always ran into logistical problems with terms of payment, as you can only use a credit card or electronic fund transfers for the service. The other barrier is the cost for querying the Board's applicant and licensee population.

Since the Committee discussed this last year the cost has changed. The NPDB charges \$3.00 per query for a one-time query or per continuous query. The Committee had consensus that the one-time query coverage was inadequate for the Board's enforcement purposes. So, the remaining issue was deciding on what continuous query option to choose.

**Discussion:**

There are a total of 12,473 (active, inactive, delinquent) licensed acupuncturists both in-state and out-of-state and 1,107 (active, inactive, delinquent) out-of-state licensees. In reviewing the cost of continuous query capacity, it would cost \$37,419 to contract for coverage of all licensees. It would cost \$3,321 to contract for just out-of-state licensees. One of the other options proposed at the last meeting was to consider querying either one third or one quarter of the total licensees on a rotating basis that changes the query every year to cover a different one third or one-quarter licensee population. Under this option, the entire licensee population would be covered every 3-4 years for considerable less money. The cost of this option would be \$12,474 for one third of licensees and \$9,354.75 for one quarter of licensees. Each year, there are approximately 800 new licenses issued, so the annual costs would increase by a maximum of \$2,400, but that amount could be less because there is also a continual decrease in licensees through retirement and cancellation.

**Options:**

1. Continuous query of entire licensee population annually \$37,419 plus an annual increase of \$2,600 per year.
2. Continuous query of out-of-state licensees annually \$3,321 with some annual increase.
3. Continuous query of one third of licensees annually \$12,474 with some annual increase rotating the query base each year.
4. Continuous query of one quarter of licensees annually \$9,354 with some annual increase rotating the query base each year.

**Recommendation:**

Enforcement Committee recommends to the Board to contract with the National Practitioner Data Bank for continuous query for out of state licensees estimated to be \$3,321 and evaluate the number of reports it provides on an annual basis as a way to monitor its effectiveness.

# Approval of Acupuncture Training Program

CIIS

**ACUPUNCTURE BOARD**

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
(916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)



**American College of Traditional Chinese Medicine at  
California Institute of Integral Studies  
1453 Mission Street  
San Francisco, CA 94103  
Training Program Seeking Approval Exit Report**

**PART I: BACKGROUND**

---

**INSTITUTION MISSION AND OBJECTIVE**

California Institute of Integral Studies (CIIS) stemmed from the American Academy of Asian Studies, which was founded by Louis Gainsborough and Frederic Spiegelberg in 1951 in San Francisco, CA. The purpose of the American Academy of Asian Studies was to bring together “Eastern and Western scholars to study the fundamentals of Eastern culture, philosophy, yoga, psychology, and literature.” From the Academy’s vision, Dr. Haridas Chaudhuri founded California Institute of Asian Studies (CIAS) in 1968 as the “educational arm of the Cultural Integration Fellowship”. Six years later, CIAS was incorporated separately as a private, nonprofit, nonsectarian graduate school. CIAS was renamed to CIIS in 1980 and expanded its scope to offer “comparative and cross-cultural studies in philosophy, religion, psychology, counseling, cultural anthropology, organization studies, health studies and the arts.”

CIIS’ mission statement obliges the institution to:

*“California Institute of Integral Studies (CIIS) is an accredited university that strives to embody spirit, intellect, and wisdom in service to individuals, communities, and the earth. CIIS expands the boundaries of traditional degree programs with trans disciplinary, cross-cultural, and applied studies with face-to-face, hybrid, and online pedagogical approaches. Offering a personal learning environment and supportive community, CIIS provides an excellent multifaceted education for people committed to transforming themselves, others, and the world.”*

Manifested from CIIS’ mission, the Seven Commitments of CIIS are:

1. “Practice integral approaches to learning and research”
2. “Affirm spirituality”
3. “Commit to diversity and inclusion”
4. “Foster multiple ways of learning and teaching”
5. “Advocate sustainability and social justice”
6. “Support community”
7. “Strive for an integral and innovative governance”

## **ACADEMIC PROGRAMS OFFERED AT CIIS:**

CIIS currently offers or will offer 20 academic programs:

1. Anthropology & Social Change - MA; PhD
2. Clinical Psychology – PsyD
3. Counseling Psychology, with a concentration in Community Mental Health – MA
4. Counseling Psychology, with a concentration in Drama Therapy – MA
5. Counseling Psychology, with a concentration in Expressive Arts Therapy – MA
6. Counseling Psychology, with a concentration in Integral Counseling Psychology – MA
7. Counseling Psychology with a concentration in Somatic Psychology – MA
8. Human Sexuality – PhD
9. Integral Studies – BA
10. Integrative Health Studies – MA
11. East-West Psychology – MA; PhD
12. Philosophy & Religion, with a concentration in Asian & Comparative Studies – MA; PhD
13. Philosophy & Religion, with a concentration in Ecology, Spirituality, and Religion – MA; PhD
14. Philosophy & Religion, with a concentration in Philosophy, Cosmology, & Consciousness – MA; PhD
15. Women, Gender, Spirituality, and Social Justice – MA
16. Women's Spirituality – PhD
17. Writing Consciousness, & Creative Inquiry – MFA
18. Traditional Chinese Medicine, MSTCM; DAOM; DACM
19. Transformative Leadership – MA
20. Transformative Studies – PhD

CIIS is applying for California Acupuncture Board Training Program approval for its Master of Science in Traditional Chinese Medicine (MSTCM). This degree will be offered at CIIS upon the merger between CIIS and the American College of Traditional Chinese Medicine (ACTCM) effectively July 1, 2015. The MSTCM program will be offered at CIIS' branch campus, ACTCM at CIIS, also located in San Francisco, CA.

## **ACCREDITATION**

Since 1981, CIIS have been institutionally accredited by the Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC). Since CIIS is accredited by WASC, CIIS no longer needs to receive authorization from the Bureau for Private Postsecondary Education to operate. Additionally, the MSTCM

program is programmatically accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

## **PART II: GOVERNANCE, ADMINISTRATION, AND PERSONNEL**

---

CIIS' Board of Trustees consists of 29 members:

- |                       |                         |                          |
|-----------------------|-------------------------|--------------------------|
| 1. Michael Aho        | 13. Rose Lavandero      |                          |
| 2. Peter Baumann      | 14. John Paul Lenny     | 22. Joseph Subbiondo     |
| 3. Margy Boyd         | 15. Tamar March         | 23. Prasad Vepa          |
| 4. Keith Cich         | 16. Ashor Narasimhan    | 24. Ruel Walker          |
| 5. Fania E Davis      | 17. Sandra Pacheco      | 25. Daphne Crocker-White |
| 6. Helen Desai        | 18. William Pegg        | 26. Meihong Xu           |
| 7. Stuart Diamond     | 19. Ricki Pollycove     | 27. Elizabeth McCormack  |
| 8. Richard Giardina   | 20. Renuka Prasad Relan | 28. Zeppelin Wong        |
| 9. Betsy Gordan       | 21. Brenda M. Sanders   | 29. Savita Wakhlu        |
| 10. Lixan Huang       |                         |                          |
| 11. Yasmine Khan      |                         |                          |
| 12. Kishore Kripalani |                         |                          |

The Board of Trustees meets three times a year and meeting minutes are recorded.

CIIS have 78 permanent administrators:

1. Joseph Subbiondo – President/CEO
2. Lixin Huang – VP China Projects & Executive Director ACTCM
3. Michelle Coleman – Director of Human Resources
4. David Blohm – Controller & Director of Finance
5. Dorotea Reyna – Vice President of Development
6. Deirdre Visser – Arts Curator
7. Richard Buggs – Dean of Alumni & Travel Services
8. Lauren Selfridge – Interim Director Student Affairs
9. Jodie O'Connor – International Student Recruitment & Advising Manager
10. Judie Wexler – Academic Vice President
11. Anne Teich – Academic Affairs Manager
12. Karim Bear – Director of Public Program and Performances
13. Steven Swanson – Director of Auxiliary Services
14. Janet Cragin – Director of Information Technology Services
15. Emma Dunne – Enrollment Systems Manager
16. Frank Talamantez – Director of Facilities and Operations
17. I Chen – Director of Financial Aid
18. Wendell Tull – Director of Admissions
19. Dan Gurler – Registrar

20. Chip Goldstein – Dean of Academic Planning & Administration
21. Noah Lowenstein – Director of Laurence S. Rockefeller Library
22. Heather Fester – Director of the Center for Writing & Scholarship
23. Peter Jones – Director of Institutional Effectiveness
24. Becky McGovern – Director of MCP Field Placement & Clinic Sites
25. James Martin – Director of Communications
26. Neil Freese – Online Content & Social Media Manager
27. Karim Baer – Director of Public Programs & Performances
28. Laura Reddick – Program Manager of Public Programs & Performances
29. Bing Zou – Dean of ACTCM
30. Steve Given – Director of Clinical Education & Director of Academic Assessment of ACTCM
31. Carla Wilson – Director of Doctoral Programs & Director of Research of ACTCM
32. Kathy Littles – Director of Online Learning & Director of Transformative Inquiry Department
33. Sarah Smetzer-Fox – Manager of Educational Technology
34. Meg Jordan – Department Chair of Somatic Psychology, Health, and Sexuality & Program Chair of Somatic Psychology & Integrative Health
35. Rachel Lefkowitz – Program Manager and Internship Supervisor of Somatic Psychology, Health, and Sexuality
36. Collin Eyre – Administration & Advising Coordinator for the Somatic Psychology Program
37. Richard Buggs – Interim Program Director of Human Sexuality Program
38. Emily Mckee – Program Assistant of Human Sexuality Program
39. Mera Atlis – Department Chair of Clinical Psychology
40. Monica Munjai – Program Coordinator of the Clinical Psychology Department
41. Josefa Molina – Program Chair of Community Mental Health
42. Brittaney Barba – Program Coordinator of the Community Mental Health Program
43. Renee Emunah – Program Chair of Drama Therapy
44. Travis DiRuzza – Program Coordinator of the Drama Therapy Program
45. Shoshana Simons – Program Chair of Expressive Arts Therapy Program
46. Majal Logan – Program Coordinator of the Expressive Arts Therapy Program
47. Barbara Morrill – Program Chair of Integral Counseling Psychology & Integral Counseling Psychology Weekend Program
48. Claudia Wallen – Program Coordinator of Integral Counseling Psychology
49. Sophia Mendoza – Program Coordinator of the Integral Counseling Psychology Weekend Program
50. Mandy Billings – Advising & Supervision Coordinator for Integral Counseling Psychology



51. Steven Tierney – Chair of Counseling Psychology Programs
52. Adeeba Deterville – Program Coordinator of the Counseling Psychology Programs
53. Rodrigo Caldera –Filed Placement Specialist for the Counseling Psychology Programs
54. Michelle Eng – Dean of School of Undergraduate Studies
55. Fraylanie Aglipay – Program Manager of School of Undergraduate Studies
56. Tossie Long – Program Coordinator of School of Undergraduate Studies
57. Alka Arora – Chair of the Women’s Spirituality Program
58. Anjali Nash– Program Coordinator of Women’s Spirituality Program
59. Martha Brumbaugh – Senior Program Managerof Transformative Inquiry Department
60. Craig Chalquist – Department Chair of the East West Psychology Department
61. Heidi Fraser – Program Manager of the East West Psychology Department
62. Carolyn Cooke – Chair of the Writing, Consciousness, & Creative Inquiry Department
63. Ahmunt Jordon – Program Coordinator of the Writing, Consciousness & Creative Inquiry Department
64. Andrej Grubacic – Department Chair of the Anthropology and Social Change Department
65. Tim Moyhihan – Program Coordinator of the Anthropology and Social Change Department
66. Robert McDermott – Department Chair of the Philosophy & Religion & Department, and Chair of the Philosophy, Cosmology, & Consciousness Program
67. Steven Goodman – Chair of the Asian Comparative Studies Concentration
68. Sundari Johansson – Program Coordinator of the Asian and Comparative Studies Concentration & Ecology & Ecology, Spirituality and Religion Concentration
69. Aaron Weiss – Program Coordinator of Philosophy, Cosmology, & Consciousness Program
70. Elizabeth Allison –Chair of Ecology, Spirituality and Religion Concentration
71. Mera Atlis – Chair of Clinical Psychology Department
72. Monica Munjal – Senior Program Manager of Clinical Psychology Department
73. Trevor Evans-Young – Filed Placement Specialist for Clinical Psychology Department
74. Lani Chow – Director of Clinical Training for the Clinical Psychology Department and director of the Psychological Services Counseling Center
75. Daniel Gottsegen – Director of Pierce Street Counseling Center Gieve Patel – Director of Church Street Counseling Center

- 76. Steuart Gold – Director of Somatic Psychotherapy Center
- 77. Jessica Wallace – Director of Golden Gate Integral Counseling Center
- 78. Thomas Marchevsky – Director of the Clinic Without Walls

CIIS' Organization Chart for its Academic Administration and Academic Programs is attached.

## **PART III: RESOURCES**

---

### **TEACHING FACILITIES**

CIIS's Master of Science in Traditional Chinese Medicine will be taught at its branch campus, ACTCM at CIIS. ACTCM at CIIS currently has two campuses. The first campus is located at 455 Arkansas Street in San Francisco, CA which is owned by St. Teresa's Church/Archdiocese of San Francisco. The Arkansas campus that is approximately 10,000 square feet has:

#### **Arkansas Campus**

- 3 classrooms
  - Classroom A
    - Seats 25 students
    - Have 1 computer work station, 6 wall mounted sharp containers, 1 red bag, 6 massage tables, 1 infrared lamp, 1 fire extinguisher, 1 towel dispenser, 1 white board, & 6 wall mounted charts
  - Classroom B
    - Seats 31 students
    - Have 1 computer work station, 6 wall mounted sharps container, 1 red bag, 7 massage tables, 1 air cleaner, 1 white board, 3 wall mounted charts, & 1 skeleton
  - Classroom C
    - 1 computer work station, 1 wall mounted sharps container, 1 red bag, 1 skeleton, 3 wall mounted charts, 11 wall mounted herbs chart, 11 white boards & 2 massage tables
- 13 treatment rooms
- Clinic with herbal dispensary, reception area, & two consultation rooms
- Student lounge
- Student services office
- Several administrative offices
- Public library nearby

## Pioneer Square Campus

The second campus is located four blocks away at 555 De Haro Street and also 10,000 square feet. This De Haro Campus has:

- 5 classrooms
  - Classroom D
    - Seats 23 students
    - Have 1 computer work station, 1 white board, 2 wall mounted sharps container, 5 massage tables
  - Classroom E
    - Seats 50 students
    - Have 1 computer work station, 1 white board, 6 massage tables, 2 wall mounted sharps containers, 1 red bag, & 1 skeleton
  - Classroom F
    - Seats 50 students
    - Have 1 computer work station, 2 white boards, & 6 sharp containers
  - Classroom G
    - Seats 24 students
    - Have 1 computer work station, 1 wall mounted white board, 1 free standing white board, 5 wall mounted sharps container, 1 teapot, and 1 red bag
  - Classroom H
    - Have 1 computer, 1 white board, 6 wall mounted sharps container, 15 massage tables, 20 chairs, 1 fire extinguisher, 1 three dimensional point and muscle model, 2 air cleaners, & 1 massage chair
- Library
- Faculty office
- Twenty single-occupancy student housing rooms

## **LIBRARY**

Students attending CIIS can utilize two libraries: CIIS library located at its main campus and ACTCM at CIIS' library which is located at ACTCM at CIIS' Pioneer Square Campus. The library located at the Pioneer Square Campus has all the relevant collections to students enrolled in the Master of Traditional Oriental Medicine program. This library consists of 6,551 books and 70 periodicals which consist of: 9 biomedicine journals in English 31 TCM Journals in Chinese, and 30 TCM Journals in English, which are cataloged according to the National Library of Medicine Classification and the Library of Congress classification. New library materials are based on the recommendation of faculty, students, and the Director of Learning Center. The institution also has a library committee that meets annual to discuss holdings, services, policies, and overall goals of the library.

In addition to the books and periodicals, the library has 540 sets of audio-visual teaching materials that include slides, videotapes, DVD, computer files, etc. The library have an automated system called "CyberTools for Library" that allows student to check in and out books, get due-day reminders, renew books via email, and access the library catalog through the website. Furthermore, this library participates in Interlibrary Loan (IIL) which allows students and faculty to obtain materials from other libraries in this network if its own library does not the book or resource needed. The library also has six computers with free internet, printer, and headphones available for students.

## FINANCES

CIIS operates as a non-profit corporation. The major expenditures for CIIS are: 1) Instruction and research 2) Institutional Support 3) Student Services 4) Academic Support and 5) Public Service. The school major revenues are 1) Net tuition and fees 2) Sales and Services of Aux. Enter 3) Contributions 4) Government grants and 5) Other. In 2012, CIIS had a net surplus of \$1,069,483. However, in 2013, the institution had a net deficit of \$386,412. Most recently, in 2014, CIIS had a net surplus of \$345,046. Furthermore, CIIS have an endowment with an estimated worth of \$1,382,723 and a fiscal operating reserves of \$4,580,155.

### Summary of CIIS's Expenditures & Revenues

Fiscal Year	2014	2013	2012
<b>Expenditures</b>			
Instruction and Research	\$12,394,980	\$13,290,017	\$13,003,999
Institutional Support	\$6,576,925	\$7,051,208	\$7,389,474
Student Services	\$1,807,667	\$2,902,392	\$1,997,987
Academic Support	\$1,083,418	\$1,129,363	\$1,257,724
Public Service	\$1,162,036	\$1,102,973	\$1,084,861
Total	\$23,025,026	\$24,665,953	\$24,734,045
<b>Income</b>			
Net Tuition and Fees	\$20,169,230	\$20,526,323	\$21,884,720
Sales and service of aux. enter	\$1,629,498	\$1,664,449	\$1,559,486
Contributions	\$930,964	\$1,289,911	\$766,526
Government grants	\$172,575	\$219,533	\$229,906
Other	\$487,805	\$579,280	\$1,362,890
Total	\$23,370,072	\$24,279,541	\$25,802,528
<b>Net Surplus/Deficit</b>	\$345,046	(\$386,412)	\$1,609,483

## **PART IV: ACTCM AT CIIS' MASTER OF SCIENCE IN TRADITIONAL CHINESE MEDICINE CURRICULUM NON-COMPLIANCE CCR 1399.434**

---

CIIS is applying for California Acupuncture Board Training approval for its Master in Traditional Oriental Medicine program. CIIS operates year-round on a semester system. The program is 12 semester or 48 months with a total of 3,098 hours.

**Finding #1: The General Physics requirement is not met due to the lack of instruction of biophysics.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(a)(3):

*“General Physics, including a general survey of biophysics”.*

### **California Institute of Integral Studies' (CIIS) Curriculum**

CIIS listed on its curriculum requirement form that the course, FC 440 General Physics, fulfills CCR Section 1399.434(a)(3). Upon review, course lacks instruction of biophysics and therefore does not satisfy the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, ACM4045 General Physics, to include biophysics (See CIIS' Corrective Action Report).

This action brings CIIS in compliance with CCR Section 1399.434(a)(3).

**Finding #2: The Anatomy requirement is not met due to the lack of instruction of neuroanatomy.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(a)(5):

*“Anatomy – a survey of microscopic, gross anatomy and neuroanatomy”.*

### **CIIS's Curriculum**

CIIS stated on its curriculum requirement form that the following courses satisfy CCR Section 1399.434(a)(5).

1. FC 450 Human Anatomy
2. FC 451 Human Anatomy II

Upon review, none of the course has instruction of neuroanatomy and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in courses : 1) ACM 5143 Surface Anatomy 2) ACM 5141 Human Anatomy I and 3) ACM 5242 Human Anatomy II to include neuroanatomy (See CIIS' Corrective Action Report).

This action brings CIIS in compliance with CCR Section 1399.434(a)(5).

**Finding #3: The Physiology requirement is not met due to the lack of instruction of neurophysiology, endocrinology, and neurochemistry.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(a)(6):

*“Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry”.*

### **CIIS's Curriculum**

On its curriculum requirement form, CIIS listed the course, FC 400 Human Physiology, to fulfill CCR Section 1399.434(a)(6). Upon review, the course does not meet the Board's requirement because it lacks instruction of neurophysiology, endocrinology, and neurochemistry. Although the topic, endocrinology, is taught in another course at CIIS, it is not listed on the curriculum requirement form to fulfill this requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in course, ACM 6141 Human Physiology to include neurophysiology, endocrinology, and neurochemistry (See CIIS' Corrective Action Report).

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

**Finding #4: The Pathology and Pathophysiology requirement is not met due to the lack of instruction of microbiology psychopathology, and epidemiology.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(a)(7):

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

## CIIS's Curriculum

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

1. WM 511 Pathology I
2. WM 512 Pathology II
3. WM 513 Western Clinical Medicine I
4. WM 514 Western Clinical Medicine II
5. WM 515 Western Clinical Medicine III

Upon review, the courses do not meet the Board's requirement because they lack instruction of microbiology, psychopathology and epidemiology.

### Training Program Corrective Action Taken

Changes were made to the competencies covered in the courses: 1) ACM 6241 Pathology and Pathophysiology 2) Western Clinical Medicine I and 3) ACM 7213 Western Clinical Medicine II to include microbiology, psychopathology, and epidemiology (See CIIS' Corrective Action Report).

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

**Finding #5: The classical acupuncture and Oriental Medicine literature requirement is not met due to the lack of instruction in Jin Gui and Nei Jing literature.**

### California Acupuncture Board Training Program Curriculum Requirement

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

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

### CIIS's Curriculum

CIIS stated that the courses: 1) ACM 511 History of Medicine 2) ACM 6532 TCM Classics: Wen Bing and 3) ACM 7231 TCM Classics: Shang Han Lun fulfills CCR Section 1399.434(b)(1)(G) on its curriculum requirement form. Upon review, the courses lack instruction in Jin Gui and Nei Jing and, therefore, do not meet the Board's requirement.

### Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, ACM 5111 History of Medicine to include Jin Gui and Nei Jing (See CIIS' Corrective Action Report).



This action brings CIIS in compliance with CCR Section 1399.434(b)(1)(JG).

**Finding #6: The Acupuncture techniques and treatment procedures requirement is not met due to the lack of instruction of electroacupuncture.**

### **California Acupuncture Board Training Program Curriculum Requirement**

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

*“Acupuncture techniques and treatment procedures, including electroacupuncture.”*

### **CIIS’s Curriculum**

CIIS listed on its curriculum requirement form the courses below to fulfill CCR Section 1399.434(b)(1)(B):

1. AT 535 Acupuncture Technique I
2. AT 536 Acupuncture Technique II
3. AT 537 Acupuncture Technique III
4. AT 545 Acupuncture Treatment for Disease I

Upon review, none of these courses have instruction of electroacupuncture and, therefore, do not meet the Board’s requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the courses: 1) ACM 5323 Acupuncture Technique I and CNT 2) ACM5425 Acupuncture Technique II and 3) ACM 6121 Acupuncture Technique III to include electroacupuncture (See CIIS’ Corrective Action Report).

This action brings CIIS in compliance with CCR Section 1399.434(b)(1)(B).

**Finding #7: The herbal prescription counseling and preparation requirement is not met due to the lack of instruction of counseling.**

### **California Acupuncture Board Training Program Curriculum Requirement**

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

*“Herbal prescription, counseling and preparation.”*

## CIIS's Curriculum

On its curriculum requirement form, CIIS stated that the following course satisfies CCR Section 1399.434(b)(2)(E):

1. ACM 6131 TCM Formulary I

Although the course has herbal prescription and preparation, it lacks instruction on counseling and, therefore, does not meet the Board's requirement.

### Training Program Corrective Action Taken

Changes were made to the competencies to course, ACM 6131 TCM Formulary I, to include herbal counseling (See CIIS' Corrective Action Report).

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

**Finding #8: The Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling requirement is not met due to the lack of instruction of counseling.**

## California Acupuncture Board Training Program Curriculum Requirement

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

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

## CIIS's Curriculum

CIIS listed the following courses on its curriculum requirement form to satisfy CCR Section 1399.434(b)(2)(F):

1. ACM 6412 TCM Nutrition
2. ACM 6543 Diet and Nutrition

Upon review, none of the courses listed above have instruction on counseling and, therefore, do not meet the Board's requirement.

### Training Program Corrective Action Taken

Changes were made to the competencies to course, ACM 6543 Diet and Nutrition, to include dietary counseling (See CIIS' Corrective Action Report).

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

**Finding #9: The Adjunctive acupuncture procedures requirement is not met due to the lack of instruction of bleeding.**

### **California Acupuncture Board Training Program Curriculum Requirement**

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

*“Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks.”*

### **CIIS’s Curriculum**

CIIS stated on its curriculum requirement form that the course, ACM 5323 Acupuncture Technique I and CNT fulfills CCR Section 1399.434(b)(2)(I). Upon review, the course lacks instruction of bleeding. The topic, bleeding, is covered in another course from CIIS’s curriculum but this course is not listed on the curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(I).

### **Training Program Corrective Action Taken**

Changes were made to the competencies to course, ACM Acupuncture Technique II, to include pricking bleeding (See CIIS’ Corrective Action Report).

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

**Finding #10: The acupuncture micro therapies requirement is not met due to the lack of instruction of auricular therapy.**

### **California Acupuncture Board Training Program Curriculum Requirement**

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

*“Acupuncture micro therapies, including auricular and scalp therapy.”*

### **CIIS’ Curriculum**

On its curriculum requirement form, CIIS listed the course, AT 537 Acupuncture Technique III to satisfy CCR Section 1399.434(b)(2)(J). Though the course has instruction of scalp therapy, it lacks instruction of auricular therapy and, therefore, does not meet the Board’s requirement. The topic, auricular therapy, is taught in another course in CIIS’ program, but this course is not listed on the curriculum requirement form to satisfy the requirement.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in course, ACM 6121 Acupuncture Technique III to cover scalp therapy (See CIIS' Corrective Action Report).

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

**Finding #11: The Adjunctive acupoint stimulation devices requirement is not met due to the lack of instruction of magnets and beads.**

### California Acupuncture Board Training Program Curriculum Requirement

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

“Adjunctive acupoint stimulation devices, including magnets and beads.”

### CIIS's Curriculum

CIIS listed the course, AT 537 Acupuncture Technique III, to fulfill CCR Section 1399.434(b)(2)(M). Upon review, the course does not meet the Board's requirement because it lacks instruction of magnets and beads.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in course, ACM 6121 Acupuncture Technique III to cover magnets and beads (See CIIS' Corrective Action Report).

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

**Finding #12: The Patient/practitioner rapport, communication skills, including multicultural sensitivity requirement is not met due to the lack of instruction of multicultural sensitivity.**

### California Acupuncture Board Training Program Curriculum Requirement

CCR Section 1399.434(c)(4):

*“Pharmacological assessment, emphasizing side-effects and herb-drug interactions.”*

### CIIS' Curriculum

CIIS stated on its curriculum requirement form that the course, WM 662 Patient Counseling Techniques, satisfies CCR Section 13998.434(c)(4). Upon review, the course lacks instruction of multicultural sensitivity and, therefore, does not meet the Board's requirement.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in course, ACM 6346 Patient Management and Ethics to cover multicultural sensitivity.

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

**Finding #13: The Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports requirement is not met.**

### California Acupuncture Board Training Program Curriculum Requirement

CCR Section 1399.434(c)(5):

*“Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports.”*

### CIIS’s Curriculum

CIIS listed the course, WM 515 Western Clinical Medicine III, to satisfy CCR Section 1399.434(c)(5). Upon review, the course does not meet the Board’s requirement because it lacks instruction for procedures for ordering diagnostic imaging, radiological, and laboratory tests, and incorporating the resulting data and reports.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in course, ACM 6443 Advanced Physical Assessment to include the procedure for ordering diagnostic imaging, radiological and laboratory tests and incorporating the resulting data and reports (See CIIS’ Corrective Action Report).

This action brings CIIS in compliance with CCR Section 1399.434(c)(5).

**Finding #14: The Clinical impressions and the formation of a working diagnosis requirement is not met due to the lack of instruction of the World Health Organization’s international classification of disease (ICD-9).**

### California Acupuncture Board Training Program Curriculum Requirement

CCR Section 1399.434(c)(7):

*“Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization’s international classification of diseases (ICD-9).”*

## CIIS' Curriculum

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

1. CM 517 TCM Diagnosis I
2. CM 518 TCM Diagnosis II
3. CM 519 TCM Diagnosis III

Upon review, none of the courses listed above have instruction on the World Health Organization's international classification of diseases (ICD-9), and, therefore, do not meet the Board's requirement.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in courses 1) ACM 5210 TCM Diagnosis I and 2) ACM 5311 TCM Diagnosis II to include the World Health Organization's international classification of disease (ICD-9) (See CIIS' Corrective Action Report).

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

**Finding #15: The awareness of at-risk population requirement is not met due to the lack of instruction of gender, age, indigent, and disease specific patients.**

## California Acupuncture Board Training Program Curriculum Requirement

CCR Section 1399.434(c)(8):

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

## CIIS' Curriculum

On its curriculum requirement form, CIIS listed the following course to satisfy CCR Section 1399.434(c)(8):

1. ACM 7345 Public Health

Upon review, the course does not meet the Board's requirement because it lacks instruction of awareness of at-risk population, including gender, age, indigent, indigent, and disease specific patients.

## Training Program Corrective Action Taken

Changes were made to the competencies to course, ACM 7345 Public Health, to include: awareness of at-risk population, including gender, age, indigent, and disease specific patients (See CIIS' Corrective Action Report).

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

**Finding #16: The Clinical sciences requirement is not met due to the lack of instruction of surgery.**

### California Acupuncture Board Training Program Curriculum Requirement

CCR Section 1399.434(c)(10):

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

### CIIS' Curriculum

CIIS stated on its curriculum requirement form that the courses listed below fulfill CCR Section 1399.434(c)(10):

1. ACM 6441 Western Clinical Medicine I
2. ACM 7213 Western Clinical Medicine II
3. ACM 7142 Pharmacology
4. ACM 7145 Western Gynecology
5. ACM 6412 Nutrition
6. ACM 7345 Public Health

Upon review, the courses listed above do not meet the Board's requirement because they lack instruction of surgery.

## Training Program Corrective Action Taken

Changes were made to the competencies to course, ACM 6441 Western Clinical Medicine I, to include a review of internal medicine and surgery (See CIIS' Corrective Action Report).

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

**Finding #17: The clinical medicine requirement is not met due to the lack of instruction of a survey of the clinical practice of psychology, podiatry, and homeopathy.**

### California Acupuncture Board Training Program Curriculum

CCR Section 1399.434(c)(11):

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

### **CIIS’ Curriculum**

CIIS listed course, ACM 6441 Western Clinical Medicine I, on its curriculum requirement form to satisfy CCR Section 1399.434(c)(11). The course does not fulfill the Board’s requirement because it lacks instruction of a survey of the clinical practice of psychology, podiatry, and homeopathy.

### **Training Program Corrective Action Taken**

Changes were made to the competencies to course, ACM 6441 Western Clinical Medicine I, to include a survey of psychology, podiatry, and homeopathy (See CIIS’ Corrective Action Report).

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

**Finding #18: The primary care responsibilities requirement is not met.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(d)(1):

*“Primary care responsibilities.”*

### **CIIS’ Curriculum**

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

1. ACM 6441 Western Clinical Medicine I
2. ACM 7213 Western Clinical Medicine II

Upon review, the courses do not meet the Board’s requirement because it lacks instruction of primary care responsibilities.

### **Training Program Corrective Action Taken**

Changes were made to the competencies to courses, ACM 6441 Western Clinical Medicine I and ACM 6542 Western Clinical Medicine II, to include primary care responsibilities (See CIIS’ Corrective Action Report).

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



**Finding #19: The Secondary and specialty care responsibilities requirement is not met.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(d)(2):

*“Secondary and specialty care responsibilities.”*

### **CIIS’ Curriculum**

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

1. ACM 6441 Western Clinical Medicine I
2. ACM 7213 Western Clinical Medicine II
3. ACM 7145 Western Gynecology

Upon review, the courses lack instruction of secondary and specialty care responsibilities and, therefore, does not meet the Board’s requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies to courses, ACM 6441 Western Clinical Medicine I, ACM 6542 Western Clinical Medicine II, and ACM 7145 Western Gynecology, to include secondary and specialty care responsibilities (See CIIS’ Corrective Action Report).

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

**Finding #20: The psychosocial assessment requirement is not met.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(d)(3):

*“Psychosocial assessment.”*

### **CIIS’ Curriculum**

CIIS listed course, WM 662 Patient Counseling Techniques, on its curriculum requirement form to fulfill CCR Section 1399.434(d)(3). Upon review, the course does not meet the Board’s requirement because it lacks instruction on psychosocial assessment.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in courses: 1) ACM 7213 Western Clinical Medicine II and 2) ACM 6346 Patient Management and Ethics to include psychosocial assessment.

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

**Finding #21: The treatment planning, continuity of care, referral, and collaboration requirement is not met due to the lack of instruction of continuity of care, referral, and collaboration.**

California Acupuncture Board Training Program Curriculum Requirement

CCR Section 1399.434(d)(5):

*“Treatment planning, continuity of care, referral, and collaboration.”*

### **CIIS’ Curriculum**

On its curriculum requirement form, CIIS listed courses 1) CM 690 Symposium: Case Study I and 2) CM 691 Symposium: Case Study II to fulfill CCR Section 1399.434(d)(5).

Though the courses have instruction on treatment planning, it lacks instruction on continuity of care, referral, and collaboration. Thus, these courses do not meet the Board’s requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, ACM 7213 Clinical Case Review and Management to include treatment planning, continuity of care, and collaboration.

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

**Finding #22: The prognosis and future medical care requirement is not met.**

California Acupuncture Board Training Program Curriculum Requirement

CCR Section 1399.434(d)(7):

*“Prognosis and future medical care.”*

### **CIIS’ Curriculum**

Upon review, the courses, 1) CM 690 Symposium: Case Study I and 2) CM 691 Symposium: Case Study II on CIIS’ curriculum requirement form do not satisfy CCR

Section 1399.434(d)(7) because they lack instruction of prognosis and future medical care.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, ACM 7213 Clinical Case Review and Management to include prognosis and future medical care.

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

**Finding #23: The medical-legal report writing, expert medical testimony, and independent medical review requirement is not met.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(d)(10):

*“Medical-legal report writing, expert medical testimony, and independent medical review.”*

### **CIIS’ Curriculum**

CIIS listed on its curriculum requirement form the course, WM 609 Practice Management, to satisfy CCR Section 1399.434(d)(10). Upon review, the course lacks instruction of medical-legal report writing, expert medical testimony, and independent medical review. Thus, the course does not meet the Board’s requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, ACM 6545 Practice Management to include medical-legal report writing, expert medical testimony, and independent medical review.

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

**Finding #24: The special care/seriously ill patients requirement is not met.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(d)(11):

*“Special care/seriously ill patients.”*

### **CIIS’ Curriculum**

On its curriculum requirement form, CIIS listed the following courses to satisfy CCR Section 1399.434(d)(11):

1. WM 513 Western Clinical Medicine I
2. WM 514 Western Clinical Medicine II
3. WM 515 Western Clinical Medicine III

Upon review, none of the courses listed above have instruction on special care/seriously ill patients, and, therefore, do not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, ACM 7213 Western Clinical Medicine II, to include special care/seriously ill patients.

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

**Finding #25: The business written communications requirement is not met.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(e)(2):

*"Business written communications."*

### **CIIS' Curriculum**

CIIS have listed course, WM 609 Practice Management, on its curriculum requirement form to fulfill CCR Section 1399.434(e)(2). Upon review of the course, it does not meet the Board's requirement because it lacks instruction of business written communications.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, ACM 6245 Business Practice and Marketing, to include business written communications.

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

**Finding #26: The knowledge of regulatory compliance and jurisprudence requirement is not met due to the lack of instruction of Labor Code.**

### **California Acupuncture Board Training Program Curriculum Requirement**

CCR Section 1399.434(e)(3):

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

## CIIS' Curriculum

CIIS stated on its curriculum requirement form that the course, WM 601 Research Methods, satisfy CCR Section 1399.434(e)(3). Upon review, the course lacks instruction of knowledge of academic peer review process and does not meet the Board's requirement.

### Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, ACM 6545 Practice Management, to include Labor Code (See CIIS' Corrective Action Report).

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

### Summary of ACTCM at CIIS' Non-Compliances

California Acupuncture Board Requirements CCR Section 1399.434	California Institute of Integral Studies' Curriculum	Unsatisfied Requirement	ACTCM AT CIIS Corrective Action
1. (a)(3): "General Physics, including a general survey of biophysics".	FC 440 General Physics	Biophysics	Changes were made to competencies include biophysics. CIIS is now in compliance.
2. (a)(5): "Anatomy – a survey of microscopic, gross anatomy and neuroanatomy".	FC 450 Human Anatomy FC 451 Human Anatomy II	Neuroanatomy	Changes were made to competencies to include neuroanatomy. CIIS is now in compliance.
3. (a)(6): "Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry".	FC 400 Human Physiology	Neurophysiology, endocrinology, and neurochemistry	Changes were made to competencies to include neurophysiology, endocrinology, and neurochemistry. CIIS is now in compliance.
4. (a)(7): "Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology".	WM 511 Pathology I WM 512 Pathology II WM 513 Western Clinical Medicine I WM 514 Western Clinical Medicine II WM 515 Western Clinical Medicine III	Microbiology, psychopathology, epidemiology	Changes were made to competencies to include microbiology, psychopathology, and epidemiology. CIIS is now in compliance.

5. (b)(1)(G): "Classical acupuncture and Oriental Medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing."	ACM 5111 History of Medicine ACM 6532 TCM Classics: Wen Bing ACM 7231 TCM Classics: Shang Han Lun	Jin Gui & Nei Jing	Changes were made to competencies to include Jin Gui and Nei Jing. CIIS is now in compliance.
6. (b)(2)(B): "Acupuncture techniques and treatment procedures, including electroacupuncture."	AT 535 Acupuncture Technique I AT 536 Acupuncture Technique II AT 537 Acupuncture Technique III AT 545 Acupuncture Treatment for Disease I	Electroacupuncture	Changes were made to competencies to include electroacupuncture. CIIS is now in compliance.
7. (b)(2)(E): "Herbal prescription, counseling and preparation."	ACM 6131 TCM Formulary I	Counseling	Changes were made to competencies to include herbal counseling. CIIS is now in compliance.
8. (b)(2)(F): "Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling."	ACM 6412 TCM Nutrition ACM 6543 Diet and Nutrition	Counseling	Changes were made to competencies to include dietary counseling. CIIS is now in compliance.
9. (b)(2)(I): "Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks."	ACM 5323 Acupuncture Technique I and CNT	Bleeding	Changes were made to competencies to include bleeding. CIIS is now in compliance.
10. (b)(2)(J): "Acupuncture micro therapies, including auricular and scalp therapy."	AT 537 Acupuncture Technique III	Auricular therapy	Changes were made to competencies to include auricular therapy. CIIS is now in compliance.
11. (b)(2)(M): "Adjunctive acupoint stimulation devices, including magnets and beads."	AT 537 Acupuncture Technique III	Magnets and beads	Changes were made to competencies to include magnets and beads. CIIS is now in compliance.
12. (c)(4): "Pharmacological assessment, emphasizing side-effects and herb-drug interactions."	WM 662 Patient Counseling Techniques	Multicultural sensitivity	Changes were made to competencies to include multicultural sensitivity. CIIS is now in compliance.

<p>13. (c)(5):  “Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports.”</p>	<p>WM 515 Western Clinical Medicine III</p>	<p>Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports</p>	<p>Changes were made to competencies to include procedures for ordering diagnostic imaging, radiological, and laboratory test and incorporating the resulting data and reports. CIIS is now in compliance.</p>
<p>14. (c)(7):  “Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization’s international classification of diseases (ICD-9).”</p>	<p>CM 517 TCM Diagnosis I  CM 518 TCM Diagnosis II  CM 519 TCM Diagnosis III</p>	<p>World Health Organization international classification of disease (ICD-9)</p>	<p>Changes were made to competencies to include World Health Organization International Classification of Disease (ICD-9). CIIS is now in compliance.</p>
<p>15. (c)(8):  “Awareness of at-risk population, including gender, age, indigent, and disease specific patients.”</p>	<p>ACM 7345 Public Health</p>	<p>Gender, age, indigent, and disease specific patients</p>	<p>Changes were made to competencies awareness of at-risk population, including gender, age, indigent, and disease specific patients.</p>
<p>16. (c)(10):  “Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health.”</p>	<p>ACM 6441 Western Clinical Medicine I  ACM 7213 Western Clinical Medicine II  ACM 7142 Pharmacology  ACM 7145 Western Gynecology  ACM 6412 Nutrition  ACM 7345 Public Health</p>	<p>A review of surgery and internal medicine</p>	<p>Changes were made to competencies to include a review of surgery and internal medicine. CIIS is now in compliance.</p>
<p>17. (c)(11):  “Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize</p>	<p>ACM 6441 Western Clinical Medicine I</p>	<p>A survey of the clinical practice of psychology, podiatry, and homeopathy</p>	<p>Changes were made to competencies to include a survey of clinical practice of psychology, podiatry, and homeopathy. CIIS is now in compliance.</p>

practitioners with the practices of other health care practitioners”			
18. (d)(1): “Primary care responsibilities.”	ACM 6441 Western Clinical Medicine I ACM 7213 Western Clinical Medicine II	Primary care responsibilities	Changes were made to competencies to include primary care responsibilities. CIIS is now in compliance.
19. (d)(2): “Secondary and specialty care responsibilities.”	ACM 6441 Western Clinical Medicine I ACM 7213 Western Clinical Medicine II ACM 7145 Western Gynecology	Secondary and specialty care responsibilities	Changes were made to competencies to include secondary and specialty care responsibilities. CIIS is now in compliance.
20. (d)(3): “Psychosocial assessment.”	WM 662 Patient Counseling Techniques	Psychosocial assessment	Changes were made to competencies to include psychosocial assessment. CIIS is now in compliance.
21. (d)(5): “Treatment planning, continuity of care, referral, and collaboration.”	CM 690 Symposium: Case Study I CM 691 Symposium: Case Study II	Continuity of care, referral, and collaboration	Changes were made to competencies to include continuity of care, referral, and collaboration. CIIS is now in compliance.
22. (d)(7): “Prognosis and future medical care.”	CM 690 Symposium: Case Study I CM 691 Symposium: Case Study II	Prognosis and future medical care	Changes were made to competencies to include prognosis and future medical care. CIIS is now in compliance.
23. (d)(10): “Medical-legal report writing, expert medical testimony, and independent medical review.”	WM 609 Practice Management	Medical-legal report writing, expert medical testimony, and independent medical review	Changes were made to competencies to include medical-legal report writing, expert medical testimony, and independent medical review. CIIS is now in compliance.
24. (d)(11): “Special care/seriously ill patients.”	WM 513 Western Clinical Medicine I WM 514 Western Clinical Medicine II WM 515 Western Clinical Medicine III	Special care/seriously ill patients	Changes were made to competencies to include special care/seriously ill patients. CIIS is now in compliance.



25. (e)(2): "Business written communications."	WM 609 Practice Management	Business written communications	Changes were made to competencies to include business written communications. CIIS is now in compliance.
26. (e)(3): "Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA)."	WM 601 Research Method	Labor Code	Changes were made to competencies to include Labor Code. CIIS is now in compliance.

## **PART V: ACTCM AT CIIS' CLINICAL NON COMPLIANCE CCR 1399.434**

---

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

### **California Acupuncture Board Training Program Clinical Requirement**

CCR Section 1399.434(h):

#### **(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 section 4927(d) and 4937(b).*

*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.”*

### **California Acupuncture Board Record Keeping Requirement**

CCR Section 1399.453:

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

### **Clean Needle Technique Reference**

Finkelstein, Malvin, et al. *Clean Needle Technique Manual for Acupuncturists: Guidelines and Standards for the Clean and Safe Clinical Practice of Acupuncture*. Ed. Steve Given. 6th ed. Trans. Anita Chang. Chaplin, Connecticut: National Acupuncture Foundation, 2009. Print.

### **Department of Industrial Relations Worker’s Compensation Requirement**

Section 9785. Reporting Duties of the Primary Treating Physician:

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

## ACTCM AT CIIS' Clinic

**Finding #1: ACTCM's clinical practicum for intern training did not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients.**

1. Eastern assessments were not applied to some patients:
  - a. Inspected medical charts lacked documentation of Zang-Fu
  - b. Proposed herbs/formulas are not noted in charts even though they were discussed between the supervisor and the intern.
  - c. Several treatment plans in inspected medical charts lacked prognosis and future medical care. For continuity of care, prognosis and duration of prognosis must be documented.
2. Western assessments were not applied to patients:
  - a. Standard physical assessments, such as orthopedic, were not conducted for musculoskeletal cases
  - b. Standard Medical Terminology was not used
  - c. Height, weight, or blood pressure was not noted
3. Patient's records were not accurate and complete:
  - a. No Page numbers listed on patient medical charts
4. Although the charts did list a section for a pain scale, it was not the two dimensional scale used in California's Worker's Compensation system. For worker's compensation, there must be four levels of severity and frequency of pain.

### Training Program Corrective Action Taken

ACTCM at CIIS submitted new medical charts, meeting minutes, and a memo to all supervisors to demonstrate corrective action of findings of clinical non-compliance found during the site visit (See CIIS Corrective Action Report). Upon review of the medical charts, meeting minutes, and memo, CIIS is in full compliance with CCR Section 1399.434(h)(2).

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

**Finding #2: ACTCM at CIIS does not adhere to the California Acupuncture Board's clinical supervision requirement stating that clinic supervisor shall be physically present at the needling of the patient during the second period of 275 hours of supervised practice.**

### Training Program Corrective Action Taken

ACTCM at CIIS submitted new clinical syllabi that adhere to the Board's supervision requirement and implemented a new policy that requires supervisors to be present when intern at level II and level II are needling.

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

## **PART VI: PEER REVIEW RECOMMENDATIONS**

---

1. Single herbs and herbal formulas are not used as often as capsules and pills.
2. It was observed that clinical students were opening the door for other interns then going back to wash their hands before entering the treatment room even though there was alcohol dispensing machines in the treatment rooms. In another situation, an observing intern opened the needle packages for the practicing trainee. For teaching purposes, such assistance need not be provided as ultimately these students will be practicing on their own.
3. It is recommended that patients' treatments be re-evaluated when their condition has not improved.

## **PART VII: CIIS' TRAINING PROGRAM NON-COMPLIANCE CCR SECTION 1399.435**

---

**Finding: Some student records were missing official transcripts that are needed to show that minimum qualifications are met.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.435(a):

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

### **Training Program Corrective Action Taken**

ACTCM at CIIS implemented a new policy that foreign applicants must submitted original copy of the transcript directly from the foreign institution.

This action brings ACTCM at CIIS in compliance with CCR Section 1399.435(a).

## **PART VIII: RECOMMENDATION**

---

Protection of the public shall be the highest priority for the Acupuncture Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (California Business and Professions Code, Section 4928.1).

**Education Committee Recommendation: Approval**

CIIS' Master Science of Traditional Oriental Medicine meets all the Board's requirement; The Education Committee recommends approval of CIIS' Master of Science of Traditional Oriental Medicine program to become a California Acupuncture Board approved training program.

# Review of School Site Compliance Visits



**Alhambra Medical University**  
**25 South Raymond Avenue, Suite 201**  
**Alhambra, CA 91801**  
**Non-Compliance Exit Report**

## **PART I: INTRODUCTION**

---

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

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

---

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.439(c):

*"All student records shall be maintained in English."*

### **Training Program Corrective Action Taken**

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

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

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

---

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(4):

*“General Psychology, including counseling skills.”*

**AMU’s Curriculum**

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

**Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(7):

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

**AMU’s Curriculum**

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

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

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

**Training Program Corrective Action Taken**

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



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

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

### **California Acupuncture Board Training Program**

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

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

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

## California Acupuncture Board Training Program Requirement

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

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

### AMU’s Curriculum

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

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

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

### Training Program Corrective Action Taken

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

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

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

## California Acupuncture Board Training Program Requirement

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

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

### AMU’s Curriculum

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

*"Herbal prescription, counseling and preparation."*

### **AMU's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

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

## **AMU's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

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

## **AMU's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

*"Lifestyle counseling, and self-care recommendations."*

## **AMU's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

*“Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks.”*

### **AMU's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

*“Adjunctive acupoint stimulation devices, including magnets and beads.”*

### **AMU's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

*CCR Section 1399.434(c)(3):*

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

#### **AMU's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

*CCR Section 1399.434(c)(7):*

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

#### **AMU's Curriculum**

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(8):

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

### **AMU's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(10):

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

## **AMU's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(11):

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

## **AMU's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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



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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(1):

*“Primary care responsibilities.”*

**AMU’s Curriculum**

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

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

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

**Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(2):

*“Secondary and specialty care responsibilities.”*

**AMU’s Curriculum**

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

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

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

**Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(3):

*"Psychosocial assessment."*

#### **AMU's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(4):

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

#### **AMU's Curriculum**

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

1. CM 301 Case Management I

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(5):

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

### **AMU's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(6):

*“Follow-up care, final review, and functional outcome measurements.”*

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(7):

*“Prognosis and future medical care.”*

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(8):

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

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(9):

*“Coding procedure for current procedural codes, including CPT and ICD-9 Diagnoses.”*

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(10):

*“Medical-legal report writing, expert medical testimony, and independent medical review.”*

### **AMU's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(11):

*“Special care/seriously ill patients.”*

**AMU’s Curriculum**

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

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

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

**Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(12):

*“Emergency procedures.”*

**AMU’s Curriculum**

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

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

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

**Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(1):

*"Record keeping, insurance billing and collection."*

### **AMU's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(2):

*"Business written communications."*

### **AMU's Curriculum**

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

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



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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(3):

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

### **AMU's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(4):

*“Front office procedures.”*

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(5):

*“Planning and establishing a professional office.”*

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

## **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(6):

*“Practice growth and development.”*

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(7):

*“Ability to practice interdisciplinary medical settings including hospitals.”*

### **AMU’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(2):

*"Knowledge of academic peer review process."*

#### **AMU's Curriculum**

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

#### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(3):

*"Knowledge of critique of research methods."*

#### **AMU's Curriculum**

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

#### **Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(4):

*“History of medicine.”*

**AMU’s Curriculum**

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

**Training Program Corrective Action Taken**

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

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

**Summary of Alhambra Medical University Curriculum Non-Compliances**

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

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

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



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



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

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

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

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

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

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

---

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

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

### **California Acupuncture Board Training Program Clinical Requirement**

CCR Section 1399.434(h)(2):

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

### **California Acupuncture Board Record Keeping Requirement**

CCR Section 1399.453:

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

## **Department of Industrial Relations Worker's Compensation Requirement**

Section 9785. Reporting Duties of the Primary Treating Physician:

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

### **Alhambra Medical University's Clinic**

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

### **Training Program Corrective Action Taken**

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

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

### **SUMMARY**

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

## **PART V: PEER REVIEW RECOMMENDATION**

---

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

## **PART VI: CONCLUSION**

---

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

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





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

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

## **PART I: INTRODUCTION**

---

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

## **PART II: KINGSTON UNIVERSITY'S TRAINING PROGRAM**

---

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

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

---

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(3):

*"Knowledge of critique of research methods."*

### **Kingston University's Curriculum**

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



## Training Program Corrective Action Taken

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

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

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

---

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

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

### **California Acupuncture Board Training Program Clinical Requirement**

CCR Section 1399.434(h)(2):

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

### **California Acupuncture Board Record Keeping Requirement**

CCR Section 1399.453:

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

### **Department of Industrial Relations Worker's Compensation Requirement**

Section 9785. Reporting Duties of the Primary Treating Physician:

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

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

### **Kingston University’s Clinic**

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

### **Training Program Corrective Action Taken**

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

**[This action brings Kingston University in compliance with CCR Section 1399.434\(h\)\(2\).](#)**

### **SUMMARY**

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

## **PART V: PEER REVIEW RECOMMENDATION**

---

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

## **PART VI: CONCLUSION**

---

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

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



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

## **PART I: INTRODUCTION**

---

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

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

---

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.439(c):

*"All student records shall be maintained in English."*

### **Training Program Corrective Action Taken**

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

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

## **OBSERVATION**

Multiple student records had incomplete documents:

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

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

---

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(4):

*“General Psychology, including counseling skills.”*

### **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(6):

*“Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry.”*

### **Stanton University's Curriculum**

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

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

### **Training Program Corrective Action Taken**

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

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

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

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(7):

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

#### **Stanton University's Curriculum**

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

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

### **Training Program Corrective Action Taken**

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

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

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

#### **California Acupuncture Board Training Program Requirement**

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

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

### **Stanton University’s Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

*“Herbal prescription, counseling and preparation.”*

### **Stanton University’s Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

*“Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling.”*

### **Stanton University’s Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Requirement**

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

*“Cold and heat therapy, including moxibustion and ultrasound.”*

### **Stanton University’s Curriculum**

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

### **Training Program Corrective Action Taken**

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



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

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

#### **California Acupuncture Board Training Program Requirement**

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

*“Lifestyle counseling, and self-care recommendations.”*

#### **Stanton University’s Curriculum**

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

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

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

#### **Training Program Corrective Action Taken**

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

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

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

#### **California Acupuncture Board Training Program Requirement**

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

*“Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks.”*

#### **Stanton University’s Curriculum**

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

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

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

### **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(2):

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

## **Stanton University's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program**

CCR Section 1399.434(c)(4):

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

## **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(7):

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

**Stanton University’s Curriculum**

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

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

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

**Training Program Corrective Action Taken**

Changes were made to the competencies covered in the courses, WM 531 Western Clinical Medicine I, WM 532 Western Clinical Medicine II, WM 533 Western Clinical Medicine III, OM 531 Oriental Internal Medicine I, OM 532 Oriental Internal Medicine II, OM 533 Oriental Internal Medicine III, OM 534 Oriental Internal Medicine IV, WM 633 Case Management III, to include acupuncture and Oriental medicine diagnoses and the World Health Organization’s internal classification of disease (ICD-9).

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(8):

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

## **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(10):

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

## **Stanton University's Curriculum**

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

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

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

### **Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(11):

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

**Stanton University’s Curriculum**

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

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

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

**Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(1):

*“Primary care responsibilities.”*

**Stanton University’s Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(2):

*“Secondary and specialty care responsibilities.”*

### **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(3):

*“Psychosocial assessment”.*

### **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(6):

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

#### **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(7):

*"Prognosis and future medical care."*

#### **Stanton University's Curriculum**

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



### **Training Program Corrective Action Taken**

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

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

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

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(10):

*“Medical-legal report writing, expert medical testimony, and independent medical review.”*

#### **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(11):

*“Special care/seriously ill patients.”*

#### **Stanton University's Curriculum**

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

## Training Program Corrective Action Taken

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

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

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

### California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(2):

*"Business written communications."*

### Stanton University's Curriculum

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

## Training Program Corrective Action Taken

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

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

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

### California Acupuncture Board Training Program Requirement

CCR Section 1399.434(e)(3):

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

### Stanton University's Curriculum

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

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

### 3. WM 631 Case Management I

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

#### **Training Program Corrective Action Taken**

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

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

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

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(f)(4):

*"Treatment of chemical dependency."*

#### **Stanton University's Curriculum**

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

#### **Training Program Corrective Action Taken**

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

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

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

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(1):

*"Research and evidence based medicine."*

#### **Stanton University's Curriculum**

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

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(2):

*"Knowledge of academic peer review process."*

### **Stanton University's Curriculum**

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

### **Training Program Corrective Action Taken**

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

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

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(3):

*"Knowledge of critique of research methods."*

### **Stanton University's Curriculum**

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

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

### Training Program Corrective Action Taken

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

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

### Summary of Stanton University's Curriculum Non-Compliances

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

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

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



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



			Management II, to include prognosis and future medical care
22. (d)(10): “Medical-legal report writing, expert medical testimony, and independent medical review.”	WM 633 Case Management III	Medical-legal report writing, expert medical testimony, and independent medical review	Changes were made to the competencies covered in the course, WM 633 Case Management III, to include medical legal report writing, expert medical testimony, and independent medical review
23. (d)(11): “Special care/seriously ill patients.”	WM 633 Case Management III	Special care/seriously ill patients	Changes were made to the competencies covered in the course, WM 633 Case Management III, to include special care/seriously ill patients
24. (e)(2): “Business written communications.”	WM 521 Clinic Management	Business written communications	Changes were made to the competencies covered in the course, WM 521 Clinic Management, to include business written communications
25. (e)(3): “Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA))”	CL 400 Pre-Clinical Procedure WM 522 Ethics WM 631 Case Management I	Labor code	Changes were made to the competencies covered in the courses, WM 321 CNT and WM 631 Case Management I, to include Labor Code
26. (f)(4): “Treatment of chemical dependency	WM 310 Public Health	Treatment of chemical dependency	Changes were made to the competencies covered in the course, WM 310 Public Health, to include treatment of chemical dependency
27. (g)(1): “Research and evidence based medicine.”	WM 302 Research Methodology	Research and evidence based medicine	Changes were made to the competencies covered in the course, WM 302 Research Methodology, to include research and evidence based medicine
28. (g)(2): “Knowledge of academic peer review process.”	WM 302 Research Methodology	Knowledge of academic peer review process	Changes were made to the competencies covered in the course, WM 302 Research Methodology, to

			include academic peer review process
29.(g)(3): "Knowledge of critique of research methods"	WM 302 Research Methodology	Knowledge of critique of research methods	Changes were made to the competencies covered in the course, WM 302 Research Methodology, to include knowledge of critique of research methods

## **PART IV: STANTON UNIVERSITY’S MASTER OF SCIENCE IN ORIENTAL MEDICINE CLINICAL NON-COMPLIANCE**

---

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

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

### **California Acupuncture Board Training Program Clinical Requirement**

CCR Section 1399.434(h)(2):

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

### **California Acupuncture Board Record Keeping Requirement**

CCR Section 1399.453:

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

### **Department of Industrial Relations Worker’s Compensation Requirement**

Section 9785. Reporting Duties of the Primary Treating Physician:

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

*permanent disability evaluation schedule adopted on or after January 1, 2005, the primary treating physician's reports concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition (DWC Form PR-4). Qualified Medical Evaluators and Agreed Medical Evaluators may not use DWC Form PR-3 or DWC Form PR-4 to report medical-legal evaluations.”*

### **Stanton University’s Clinic**

1. Western assessments were not applied to patients in multiple inspected medical charts:
  - a. Some medical charts did not have accurate Standard Medical Terminology.
2. Patient’s records were not accurate and complete:
  - a. Some medical records were not translated into English.
  - b. Patient’s records do not have page numbers.
3. Although the charts did list a section for a pain scale, it was not the two dimensional scale used in California’s Worker’s Compensation system. It did not have severity and frequency.

### **Training Program Corrective Action Taken**

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

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

## **SUMMARY**

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

### **PART IV: PEER REVIEW RECOMMENDATION**

---

1. For training purposes, list the 8 principles and Zang Fu on the medical charts for interns to circle. This will help the interns develop differential diagnosis.
2. For teaching purposes, instructors should encourage interns to use individual herbs and customized formulas based on differential diagnosis.
3. The orthopedic exam was only minimally performed and not documented in the medical charts. The orthopedic exam should be performed with more detail and documented in the medical charts.

4. Medical charts do not document all aspect of the findings and exams in details. For teaching purposes, students should be exposed to proper and adequate medical documentation.

## **PART V: CONCLUSION**

---

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

**Stanton University is in full compliance with the Board’s regulations.**



**ST. LUKE UNIVERSITY**  
1460 E. HOLT AVE. STE. 72, POMONA, CA 91767  
TEL: (909) 623-0302, FAX: (909) 623-0480, www.sluedu.us

RECEIVED

JUN 05 2015

ACUPUNCTURE BOARD

June 1, 2015

Ms. Katie Le  
Education Coordinator  
Department of Consumer Affairs  
California Acupuncture Board  
1747 North Market Blvd., Suite 180  
Sacramento, CA 95834

RE:

Dear Ms. Le:

In light of the recent legislative changes regarding accreditation at the Bureau for Private Postsecondary Education, St. Luke University made the decision to pursue Institutional Accreditation through Transnational Association of Christian Colleges and Schools (TRACS). Accreditation with TRACS requires our institution to be additionally accredited by an accreditation commission dealing with Asian Medicine, such as the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), for programmatic accreditation.

With the amount of work and resources involved in preparing for a single accreditation, our institution thought it wise to focus on accreditation through TRACS and the programs of study that they specialize in. This means that we will cease operations in the Master of Science in Asian Medicine program approved by the California Acupuncture Board (CAB) effective on June 16. We understand that we will no longer be an Approved Training Program by the CAB.

Please let me know if you require additional information regarding our decision.

Thank you,

  
Young Kim  
President, St. Luke University



**Saint Luke University**  
**1460 East Holt Avenue**  
**Pomona, CA 91767**  
**Non-Compliance Exit Report**

## **PART I: INTRODUCTION**

---

On January 20, 2015, the California Acupuncture Board conducted a compliance visit at Saint Luke University. The site team found the following issues of non-compliance with the California Acupuncture Board Training Program requirements.

## **PART II: SAINT LUKE UNIVERSITY'S TRAINING PROGRAM NON-COMPLIANCE**

---

**Finding #1: Foreign students can be conditionally approved for the MSOM program without submitting a NACES evaluated copy of the foreign education. These students have until the end of their first semester to submit these documents.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.435(a):

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

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.416:

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

## **PART III: SAINT LUKE UNIVERSITY'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CURRICULUM NON-COMPLIANCE**

---

**Finding #1: The general physics requirement is not met due to lack of instruction of biophysics.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(3):

*“General Physics, including a general survey of biophysics.”*

### **Saint Luke University's Curriculum**

Saint Luke listed on its curriculum requirement form that the course, BS 130 General Physics, meets CCR Section 1399.434(a)(3). However, the course lacks instruction of a general survey of biophysics and therefore does not meet the Board's requirement.

**Finding #2: The herbal prescription, counseling and preparation requirement is not met due to lack of instruction of counseling.**

### **California Acupuncture Board Training Program Requirement**

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

*“Herbal prescription, counseling and preparation.”*

### **Saint Luke University's Curriculum**

Saint Luke University stated on its curriculum requirement form that the course, HB 520 O.M. & W.M. Nutrition fulfills CCR Section 1399.434(b)(2)(E). The course does not meet the Board's requirement because it lacks instruction of counseling.

**Finding #3: The cold and heat therapy requirement is not met due to the lack of instruction of ultrasound.**

### **California Acupuncture Board Training Program Requirement**

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

*“Cold and heat therapy, including moxibustion and ultrasound.”*

### **Saint Luke University's Curriculum**

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

1. AC 461 Acupuncture Techniques I
2. AC 462 Acupuncture Techniques II

None of the courses have instruction of ultrasound and therefore do not meet the Board's requirement.

**Finding #4: The business written communications requirement is not met.**

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(2):

*"Business written communications."*

**Saint Luke University's Curriculum**

Saint Luke University stated on its curriculum requirement form that the course, OM 562 Clinical Management/Law, satisfies CCR Section 1399.434(c)(2). The course does not meet the Board's requirement because it lacks instruction of business written communications.

**Finding #5: The knowledge of regulatory compliance and jurisprudence requirement is not met due to the lack of instruction of Labor Code.**

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(3):

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

**Saint Luke University's Curriculum**

Saint Luke University listed the course, PM 561 Practice Management/Ethics, on its curriculum requirement form to fulfill CCR Section 1399.434(c)(3). However, the course does not meet the Board's requirement because it lacks instruction of Labor Code.

**Finding #6: The ability to practice in interdisciplinary medical settings including hospitals requirement is not met.**

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(7):

*"Ability to practice interdisciplinary medical setting including hospitals."*

**Saint Luke University's Curriculum**

Saint Luke University listed on its curriculum requirement that the course, PM 562 Clinical Management/Law, fulfills CCR Section 1399.434(c)(7). However, the course lacks instruction of the ability to practice in interdisciplinary medical settings including hospitals, and therefore does not meet the Board's requirement.



**Finding #7: The communicable disease, public health alerts, and epidemiology requirement is not met.**

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(f)(5):

*“Communicable disease, public health alerts, and epidemiology.”*

**Saint Luke University’s Curriculum**

Saint Luke University stated on its curriculum requirement form that the course, PM 570 Public Health, satisfies CCR Section 1399.434(f)(5). The course does not meet the Board’s requirement because it lacks instruction of communicable disease, public health alerts, and epidemiology.

**Finding #8: The research and evidence based medicine requirement is not met.**

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(1):

*“Research and evidence based medicine.”*

**Saint Luke University’s Curriculum**

Saint Luke University listed on its curriculum requirement form that the course, PM 580 Research Methodology fulfills CCR Section 1399.434(g)(1). However, the course lacks instruction of research and evidence based medicine and therefore does not meet the Board’s requirement.

**Finding #9: The knowledge of academic peer review process requirement is not met.**

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(2):

*“Knowledge of academic peer review process.”*

**Saint Luke University’s Curriculum**

Saint Luke University stated on its curriculum requirement form that the course, PM 580 Research Methodology satisfies CCR Section 1399.434(g)(2). The course does not meet the Board’s requirement because it lacks instruction of knowledge of academic peer review process.

**Finding #10: The knowledge of critique of research methods requirement is not met.**

**California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(g)(3):

*“Knowledge of critique of research methods.”*

### **Saint Luke University’s Curriculum**

Saint Luke University listed the course, WM 580 Research Methodology, on its curriculum requirement form to fulfill CCR Section 1399.434(g)(3). The course lacks instruction of knowledge of critique of research methodology, and therefore does not meet the Board’s requirement.

### **Summary of Saint Luke University’s Curriculum Non-Compliance**

<b>CCR Section 1399.434</b>	<b>Saint Luke University’s Curriculum</b>	<b>Unsatisfied Requirement</b>
1. (a)(3): “General Physics, including a general survey of biophysics.”	BS 130 General Physics	A general survey of biophysics
2. (b)(2)(E): “Herbal prescription, counseling and preparation.”	HB 520 O.M & W.M Nutrition	Counseling
3. (b)(2)(G): “Cold and heat therapy, including moxibustion and ultrasound.”	AC 461 Acupuncture Technique I AC 462 Acupuncture Techniques II	Ultrasound
4. (c)(2): “Business written communications.”	OM 562 Clinical Management/Law	Business written communications
5. (c)(3): “Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA).”	PM 561 Practice Management/Ethics	Labor code
6. (c)(7): “Ability to practice in interdisciplinary medical settings including hospitals.”	PM 562 Clinical Management/Law	Ability to practice interdisciplinary medical settings including hospital
7. (f)(5): “Communicable disease, public health alerts, and epidemiology.”	PM 570 Public Health	Communicable disease, public health alerts, and epidemiology
8. (g)(1): “Research and evidence based medicine.”	PM 580 Research Methodology	Research and evidence based medicine
9. (g)(2): “Knowledge of academic peer review process.”	PM 580 Research Methodology	Knowledge of academic peer review process
10. (g)(3): “Knowledge of critique of research methods.”	PM 580 Research Methodology	Knowledge of critique of research methods

## **PART IV: SAINT LUKE UNIVERSITY'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CLINICAL NON-COMPLIANCE**

---

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

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

### **California Acupuncture Board Training Program Clinical Requirement**

CCR Section 1399.434(h)(2):

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

### **California Acupuncture Board Record Keeping Requirement**

CCR Section 1399.453:

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

### **Clean Needle Technique Reference**

Finkelstein, Malvin, et al. *Clean Needle Technique Manual for Acupuncturists: Guidelines and Standards for the Clean and Safe Clinical Practice of Acupuncture*. Ed. Steve Given. 6th ed. Trans. Anita Chang. Chaplin, Connecticut: National Acupuncture Foundation, 2009. Print.

### **Saint Luke University's Clinic**

1. Some inspected medical charts have diagnosis/treatment that is not supported by western and eastern assessments
2. Eastern assessments were not applied to patients:
  - a. Several inspected medical charts lacked tongue diagnosis.
  - b. Though there is a section for eight principles, they were not noted on most inspected medical charts.
  - c. On inspected medical charts, Zang-Fu was noted but showed no relationship to chief complaint.
  - d. Though ICD-9 diagnosis was found on the patient's insurance billing, it was not noted on the medical records.
  - e. In inspected medical charts, treatment plan lacked:
    - i. Diagnosis
    - ii. Duration of diagnosis of treatment

- f. Proposed Herbs/Formulas were not listed in inspected medical charts. Indicated herbs/formulas should be included even if only for teaching purposes.
  - g. Drug use/prescriptions were not noted on patient's record. This does not allow for training in Contra-indications and precautions and can be dangerous to the patient.
3. Western assessments were not applied to patients:
    - a. Chief complaint and pain was based on patient's subjective complaint not objective findings.
    - b. All musculoskeletal cases reviewed did not have orthopedic exams.
    - c. Some inspected medical charts did not have accurate or Standard Medical Terminology.
    - d. Patient's height is not included in the chart.
  4. Patient records were not accurate or complete:
    - a. No page numbers in Patient Files
    - b. Some patient records do not have the gender marked.
    - c. Some patient records did not have the initials of intern and supervisor.
  5. The Clean Needle Technique was not properly applied:
    - a. Area of treatment swabbed using a back and forth movement as opposed to one-time swipe, and therefore was re-contaminated.
    - b. Soiled wipes were re-dipped into the alcohol to be re-applied to patient.

### **SUMMARY**

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

### **PART V: PEER REVIEW RECOMMENDATION**

---

1. Interns' charts only listed the total number hours worked. A section for how many hours were actually worked per session can be added to Interns' charts.
2. Treatment tables were placed in the corner such that only two sides of the table could be easily reached. Treatment tables can be moved 45 degrees to give the practitioner access to at least three sides of the treatment table as opposed to two sides.
3. The Patient chart has two different designs for pulse reading. One does not allow for which side is being recorded. Patient charts should only have one design for pulse reading for consistency and learning purposes.
4. Signatures for treatment charts are labeled "Staff". Only clinic supervisors can sign off on treatments. Treatment charts' signature should be changed from "Staff" to "Clinic Supervisors".

## **PART VI: CONCLUSION**

---

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

**Saint Luke University is not in compliance with the Board's Regulations.**



**University of South Los Angeles  
(Formerly Life University)  
555 W Redondo Beach Blvd  
Gardena, CA 90248  
Non-Compliance Exit Report**

## **PART I: INTRODUCTION**

---

On December 4, 2014, the California Acupuncture Board's conducted a compliance visit at University of South Los Angeles. The site team found several issues of non-compliances with the California Acupuncture Board Training Program requirements.

## **PART II: UNIVERSITY OF SOUTH LOS ANGELES' TRAINING PROGRAM NON-COMPLIANCE**

---

**Finding #1: Some student records were missing official transcripts that are needed to show the required minimum qualifications.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.435(a):

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

**Finding #2: Some foreign student's transcripts were not evaluated and translated in English.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.439(c):

*"All student records shall be maintained in English."*

## California Acupuncture Board Training Program Requirement

CCR Section 1399.416:

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

### OBSERVATION

1. All student records inspected were missing personal statement or had incomplete personal statement as required per University of South Los Angeles.
2. All student records are missing Letter of Recommendations.
3. Multiple student records were missing student signatures from the following forms:
  - a. Acknowledgement of Receipt
  - b. Acknowledgment of Distribution
  - c. Drug Free Policy – Awareness Statement
  - d. Student Right Disclosure
  - e. Notice of Right to Cancel
  - f. Sexual Harassment Policy
  - g. Standards of Conduct and Disciplinary Policy

## **PART III: UNIVERSITY OF SOUTH LOS ANGELES’S MASTER OF SCIENCE IN ORIENTAL MEDICINE CURRICULUM NON-COMPLIANCE**

---

University of South Los Angeles is approved for its Master of Science in Oriental Medicine training program. The program has a total of 3,300 curriculum hours.

**Finding #1: General Biology requirement is 30 clock hours instead of 60 clock hours as stated on the University of South Los Angeles’ curriculum requirement form.**

## California Acupuncture Board Training Program Requirement

CCR Section 1399.434(a)(1):

*“General Biology.”*

## **University of South Los Angeles' Curriculum**

University of South Los Angeles listed courses: 1) GS 500 General Biology I and 2) GS 501 General Biology II, which accumulate to 60 clock hour, to satisfy CCR Section 1399.434(a)(1) on its curriculum requirement form. However, the syllabi for GS 500 and GS 501 are identical and, therefore, can only be listed as one course of 30 clock hour.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, GS 501 General Biology I and GS 501 General Biology II so they are no longer identical (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(a)(1).**

**Finding #2: The general physics requirement is not met due to the lack of instruction of biophysics.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(3):

*"General Physics, including a general survey of biophysics."*

## **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, GS 520 General Physics, to fulfill CCR Section 1399.434(a)(3) but the course lacks instruction of biophysics. This course does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, GS 520 General Physics, to include biophysics (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(a)(3).**

**Finding #3: The general psychology requirement is not met due to the lack of instruction of counseling skills.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(4):

*"General Psychology, including counseling skills."*

## **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, GS 525 General Psychology, to fulfill CCR Section 1399.434(a)(4). However, the course lacks instruction of counseling skills. This course does not meet the Board's requirement



### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, GS 525 General Psychology, to include counseling skills (See USOLA's Corrective Action Report).

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

**Finding #4: The physiology requirement is not met due to the lack of instruction in neurophysiology, endocrinology, and neurochemistry.**

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(6):

*“Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry.”*

#### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed the following courses below to satisfy CCR Section 1399.434(a)(6). The courses lack instruction of neurophysiology, endocrinology, and neurochemistry and do not meet the Board's requirement.

- 1) GS 531 Anatomy & Physiology II
- 2) GS 532 Anatomy & Physiology III

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the courses, GS 531 Anatomy & Physiology II and GS 532 Anatomy & Physiology III, to include neurophysiology, endocrinology, and neurochemistry (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(a)(6).**

**Finding #5: The pathology and pathophysiology requirement is not met due to lack of instruction in microbiology, psychopathology, and epidemiology.**

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(a)(7):

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

#### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed the following courses: 1) GS 550 Pathology I and 2) GS 232 Pathology II to fulfill CCR Section 1399.434(a)(7). The

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

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, GS 550 Pathology I and GS 551 Pathology II, to include microbiology, psychopathology, and epidemiology (See USOLA's Corrective Action Report).

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

**Finding #6: The Chinese Herbal Medicine Principles and Theory requirement is not met due to the lack of at least 450 hours of instruction.**

### **California Acupuncture Board Training Program Requirement**

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

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

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed the following courses to fulfill CCR Section 1399.434(b)(1)(D):

1. OH 550 Botany
2. OH 551 Herb Making
3. OH 601 Oriental Herbal Pharmacopeia I: Herbology I
4. OH 602 Oriental Herbal Pharmacopeia II: Herbology II
5. OH 603 Oriental Herbal Pharmacopeia III: Herbology III

These five courses have a total of 170 clock hours. University of South Los Angeles' curriculum is missing 280 clock hours on Chinese Herbal Medicine Principles and Theories.

### **Training Program Corrective Action Taken**

USOLA added the following courses to make up the missing 280 hours: OH 604, OH 605, OH 606, OH 607, OH 608, OH 609, and OH 610.

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

**Finding #7: The Acupuncture and Oriental Medicine Specialties requirement is not met due to the lack of instruction in dermatology, pediatrics, ophthalmology, orthopedics, geriatrics, family medicine, traumatology, and emergency care.**

### **California Acupuncture Board Training Program Requirement**

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

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

### **University of South Los Angeles’ Curriculum**

University of South Los Angeles stated that the following courses fulfill CCR Section 1399.434(b)(1)(F):

1. OM 615 Oriental Internal Medicine I
2. OM 616 Oriental Internal Medicine II
3. OM 617 Oriental Internal Medicine III
4. OM 618 Oriental Internal Medicine IV
5. OM 619 Oriental Internal Medicine V

The courses lack instruction of dermatology, pediatrics, ophthalmology, orthopedics, geriatrics, family medicine, traumatology, and emergency care and, therefore, do not meet the Board’s requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the courses, OH 615 Oriental Medicine I, OM 616 Oriental Medicine II, OM 617 Oriental Medicine III, OM 618 Oriental Medicine IV, and OM 619 Oriental Internal Medicine V, to include dermatology, pediatrics, ophthalmology, geriatrics, family medicine, traumatology, and emergency care (See USOLA’s Corrective Action Report).

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

**Finding #8: The classical acupuncture and Oriental Medicine literature requirement is not met due to lack of instruction in Jin Gui and Wen Bing/Shang Han.**

### **California Acupuncture Board Training Program Requirement**

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

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

### **University of South Los Angeles’ Curriculum**

University of South Los Angeles listed course, HT 500 Ancient Writings and the History of Medicine, on the curriculum requirement form to satisfy CCR Section 1399.434(b)(1)(G). The course does not have instruction of Jin Gui and Wen Bing/Shang Han and, therefore, does not meet the Board’s requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, HT 500 Ancient Writings and History of Medicine, to include Jin Gui and Wen Bing/Shang Han (See USOLA's Corrective Action Report).

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

**Finding #9: The Modern acupuncture Oriental medicine literature requirement is not met due to its lack of instruction.**

### **California Acupuncture Board Training Program Requirement**

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

*"Modern acupuncture and Oriental medicine literature."*

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, HT 500 Ancient Writings and the History of Medicine, on the curriculum requirement form to satisfy CCR Section 1399.434(b)(1)(H). This course lacks instruction of modern acupuncture and Oriental medicine literature, and does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, HT 500 Ancient Writings and History of Medicine, to include modern acupuncture and Oriental medicine literature (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(b)(1)(H).**

**Finding #10: The herbal prescription, counseling, and preparation requirement is not met due to lack of instruction of counseling.**

### **California Acupuncture Board Training Program Requirement**

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

*"Herbal prescription, counseling and preparation."*

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed the following courses below its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(E):

1. OH 607 Oriental Herbal Prescription I: Formula I
2. OH 608 Oriental Herbal Prescription II: Formula II
3. OH 609 Oriental Herbal Prescription III: Formula III
4. OH 610 Oriental Herbal Prescription IV: Formula IV

However, all courses lack instruction of counseling and, therefore, do not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the courses, OH 607 Oriental Herbal Prescription I, OH 608 Oriental Herbal Prescription II, OH 609 Oriental Herbal Prescription III, and OH 610 Oriental Herbal Prescription IV, to include counseling (See USOLA's Corrective Action Report).

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

**Finding #11: The Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling requirement is not met due to the lack of instruction of counseling.**

### **California Acupuncture Board Training Program Requirement**

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

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

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, GS 540 Nutrition, on its curriculum requirement form to satisfy CCR Section 1399.434(b)(2)(F). However, the course lacks instruction of counseling and does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, GS 540 Nutrition, to include counseling (See USOLA's Corrective Action Report).

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

**Finding #12: The cold and heat therapy requirement is not met due the lack of instruction of moxibustion and ultrasound.**

### **California Acupuncture Board Training Program Requirement**

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

*"Cold and health therapy, including moxibustion and ultrasound."*

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, OM 640 Acupuncture V: Point Locations V, on its curriculum requirement form to fulfill CCR Section

1399.434(b)(2)(G). However, the course lacks instruction of moxibustion and ultrasound and does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include moxibustion and ultrasound (See USOLA's Corrective Action Report).

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

**Finding #13: The lifestyle counseling, and self-care recommendation requirement is not met due its lack of instruction.**

### **California Acupuncture Board Training Program Requirement**

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

*"Lifestyle counseling, and self-care recommendations."*

### **University of South Los Angeles' Curriculum**

University of South Los Angeles stated on its curriculum requirement form that course, GS 550 Breathing Techniques and Oriental Exercise fulfills CCR Section 1399.434(b)(2)(H). However, the course lacks instruction of lifestyle counseling, and self-care recommendations and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, OM 550 Breathing Techniques and Oriental Exercise, to include lifestyle counseling and self-care recommendations (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section (b)(2)(H).**

**Finding #14: The adjunctive acupuncture procedure requirement is not met due to lack of instruction of bleeding, cupping, gua sha, and dermal tacks.**

### **California Acupuncture Board Training Program Requirement**

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

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

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, OM 640 Acupuncture Points V: Point Locations V, on its curriculum requirement form to satisfy CCR Section

1399.434(b)(2)(I). The course lacks instruction of bleeding, cupping, gua sha and dermal tacks and therefore does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include bleeding, cupping, gua sha, and dermal tacks (See USOLA's Corrective Action Report).

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

**Finding #15: The equipment maintenance and safety requirement is not met.**

### **California Acupuncture Board Training Program Requirement**

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

*"Equipment maintenance and safety."*

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, OM 640 Acupuncture V: Points Location V, on its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(L). However, the course lacks instruction of equipment maintenance and safety and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include equipment maintenance and safety (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(b)(2)(L).**

**Finding #16: The adjunctive acupoint stimulation device requirement is not met due to its lack of instruction of magnets and beads.**

### **California Acupuncture Board Training Program Requirement**

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

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

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, OM 640 Acupuncture V: Points Location V, on its curriculum requirement form to fulfill CCR Section 1399.434(b)(2)(M). However, the course lacks instruction of magnets and beads and, therefore, does not meet the Board's requirement.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V to include magnets and beads (See USOLA's Corrective Action Report).

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

**Finding #17: The comprehensive history taking requirement is not met due to its lack of instruction.**

### California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(1):

*“Comprehensive history taking.”*

### University of South Los Angeles' Curriculum

University of South Los Angeles stated course, WM 651 Western Internal I, on its curriculum requirement form to fulfill CCR Section 1399.434(c)(1). Yet, the course lacks instruction of comprehensive history taking and therefore does not meet the Board's requirement.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include comprehensive history taking (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(c)(1).**

**Finding #18: The standard physical examination and assessment requirement is not met due to the lack of instruction of neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment.**

### California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(2):

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

### University of South Los Angeles' Curriculum

University of South Los Angeles listed course, WM 651 Western Internal I, on its curriculum requirement form to fulfill CCR Section 1399.434(c)(2). The course lacks instruction of neuromusculoskeletal, orthopedic, neurological, abdominal,



and ear, nose and throat examinations, and functional assessment and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(c)(2).**

**Finding #19: The patient/practitioner rapport, communication skills, including multicultural sensitivity requirement is not met due to lack of instruction of multicultural sensitivity.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(4):

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

### **University of South Los Angeles' Curriculum**

University of South Los Angeles stated on its curriculum requirement form that course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment fulfills CCR Section 1399.434(c)(4). However, the course lacks instruction of multicultural sensitivity and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation, and Treatment, to include multicultural sensitivity (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(c)(4).**

**Finding #20: The procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports requirement is not met.**

### **California Acupuncture Board Curriculum Requirement**

CCR Section 1399.434(c)(5):

*"Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports."*

### **University of South Los Angeles' Curriculum**

University of South Los Angeles listed course, WM 651 Western Internal I, on its curriculum requirement form to fulfill CCR Section 1399.464(c)(5). The course does not meet the Board's requirement because it lacks instruction of procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(c)(5).**

**Finding #21: The awareness of at-risk population requirement is not met due to the lack of instruction of gender, age, indigent, and disease specific patients.**

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(8):

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

### **University of South Los Angeles' Curriculum**

University of South Los Angeles stated on its curriculum requirement form that course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, satisfy CCR Section 1399.434(c)(8). However, the course lacks instruction of gender, age, indigent, and disease specific patients and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment to include gender, age, indigent, and disease specific patients (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(c)(8).**

**Finding #22: The clinical sciences requirement is not met due to the lack of instruction of pharmacology, neurology, surgery, urology, radiology, nutrition, and public health.**

California Acupuncture Board Training Program Requirement

CCR Section 1399.434(c)(10):

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

University of South Los Angeles’ Curriculum

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

1. WM 651 Western Internal I
2. WM 652 Western Internal Medicine II
3. WM 653 Western Internal Medicine III

The courses lack instruction of pharmacology, neurology, surgery, urology, radiology, nutrition, and public health and therefore do not meet the Board’s requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, WM 652 Western Internal Medicine II and WM 653 Western Internal Medicine III, to include pharmacology, neurology, surgery, urology, radiology, nutrition, and public health (See USOLA’s Corrective Action Report).

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

**Finding #23: The clinical medicine requirement is not met due to the lack of instruction of a survey of clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(c)(11):

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

### **University of South Los Angeles’ Curriculum**

University of South Los Angeles stated on its curriculum requirement form that the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment satisfies CCR Section 1399.434(c)(11) requirement. However, the course lacks instruction of a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy, and, therefore, does not meet the Board’s requirement.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy (See USOLA's Corrective Action Report).

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

**Finding #24: The case management for injured workers and socialized medicine patients requirement is not met due to the lack of instruction a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations.**

### California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(8):

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

### University of South Los Angeles' Curriculum

University of South Los Angeles stated on its curriculum requirement form that the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment satisfies CCR Section 1399.434(d)(8). But the course lacks instruction of a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations. This course does not meet the Board's requirement.

## Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include knowledge of workers compensation/labor codes and qualified medical evaluation (See USOLA's Corrective Action Report).

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

**Finding #25: The special care/seriously ill patients requirement is not met.**

### California Acupuncture Board Training Program Requirement

CCR Section 1399.434(d)(11):

*“Special care/seriously ill patients.”*

### University of South Los Angeles' Curriculum

The course, CIT 651 Advanced Diagnosis, Evaluation, and Treatment listed on University of South Los Angeles' curriculum requirement form does not fulfill CCR Section 1399.434(d)(11) due to its lack of instruction of special care/seriously ill patients. This course does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation, and Treatment, to include special care/seriously ill patients (See USOLA's Corrective Action Report).

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

**Finding #26: The emergency procedures requirement is not met.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(d)(12):

*"Emergency procedures."*

### **University of South Los Angeles' Curriculum**

University of South Los Angeles stated on its curriculum requirement form that the course, CIT 651 Advanced Diagnosis, Evaluation, and Treatment, satisfies CCR Section 1399.434(d)(12). The course lacks instruction of emergency procedures and therefore does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include emergency procedures (See USOLA's Corrective Action Report).

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

**Finding #27: The record keeping, insurance billing and collection requirement is not met.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(1):

*"Record keeping, insurance billing and collections."*

### **University of South Los Angeles' Curriculum**

The course, PM 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(e)(1), lacks instruction of record keeping, insurance billing, and collections, and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include record keeping, insurance billing, and financial collection (See USOLA's Corrective Action Report).

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

**Finding #28: The business written communications requirement is not met.**

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(2):

*"Business written communications."*

#### **University of South Los Angeles' Curriculum**

The course, PM 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(e)(2), lacks instruction of business written communications, and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include business written communications (See USOLA's Corrective Action Report).

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

**Finding #29: The knowledge of regulatory compliance and jurisprudence requirement is not met due to the lack of instruction of OSHA, Labor Code, and Health Insurance Portability and Accountability Act of 1966 (HIPAA).**

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(3):

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

#### **University of South Los Angeles' Curriculum**

The course, PME 500 Laws, Ethics, and Professional Issues, listed on University of South Los Angeles' curriculum requirement form lacks instruction of OSHA, Labor, and Health Insurance Portability and Accountability Act of 1966 (HIPAA), as required by CCR Section 1399.464(e)(3), and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PM 500 Laws, Ethics, and Professional Issues, to include OSHA, Labor Code, and Health Insurance Portability and Accountability Act of 1966 (HIPAA) (See USOLA's Corrective Action Report).

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

**Finding #30: The practice growth and development requirement is not met due to its lack of instruction.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(4):

*"Front office procedures."*

### **University of South Los Angeles' Curriculum**

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of front office procedures as required by CCR Section 1399.434(e)(4) and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PME 501 Practice Management Visiting and Planning to include front office procedures (See USOLA's Corrective Action Report).

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

**Finding #31: The planning and establishing a professional office requirement is not met due to its lack of instruction.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(5):

*"Planning and establishing a professional office."*

### **University of South Los Angeles' Curriculum**

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of planning and establishing a professional office, as required, CCR Section 1399.434(e)(5), and, therefore, does not meet the Board's requirement.



### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include planning and establishing a professional office (see USOLA's Corrective Action Report).

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

**Finding #32: The practice growth and development requirement is not met due to its lack of instruction.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(6):

*"Practice growth and development."*

### **University of South Los Angeles' Curriculum**

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of practice growth and development, as required by CCR Section 1399.434(e)(6), and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include practice growth and development (see USOLA's Corrective Action Report).

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

**Finding #33: The ability to practice interdisciplinary medical settings including hospital is not met.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(7):

*"Ability to practice interdisciplinary medical settings including hospitals."*

### **University of South Los Angeles' Curriculum**

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of ability to practice interdisciplinary medical settings including hospitals, as required by CCR Section 1399.434(e)(7) and, therefore, does not meet the Board's requirement.



### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include ability to practice interdisciplinary medical settings including hospitals (see USOLA's Corrective Action Report).

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

**Finding #34: The risk management and insurance issues requirement is not met.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(8):

*"Risk management and insurance issues."*

### **University of South Los Angeles' Curriculum**

The course, PME 501 Practice Management: Visiting and Planning, listed on University of South Los Angeles' curriculum requirement form lacks instruction of risk management and insurance issues, as required by CCR Section 1399.434(e)(8), and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include risk management and insurance issues (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(e)(8).**

**Finding #35: The ethics and peer review requirement is not met.**

### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(e)(9):

*"Ethics and peer review."*

### **University of South Los Angeles' Curriculum**

University of South Los Angeles stated on its curriculum requirement form that the course, PME 500 Laws, Ethics, and Professional Issue fulfills CCR Section 1399.434(e)(9) but it lacks instruction of peer review. The course does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, PM 500 Laws, Ethics, and Professional Issues, to include peer review (see USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(e)(9).**

**Finding #36: The public and community health and disease prevention requirement is not met.**

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(f)(1):

*"Public and community health and disease prevention."*

University of South Los Angeles' Curriculum

The course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(f)(1) lacks instruction of public and community health and disease prevention, and, therefore, does not meet the Board's requirement.

### **Training Program Corrective Action Taken**

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include public communication health and disease prevention (See USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(f)(1).**

**Finding #37: The public health education requirement is not met.**

#### **California Acupuncture Board Training Program Requirement**

CCR Section 1399.434(f)(2):

*"Public health education."*

**University of South Los Angeles' Curriculum**

The course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(f)(2) lack instruction of public health education and, therefore, does not meet the Board's requirement.

### Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include public health education (see USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(f)(2).**

**Finding #38: The treatment of chemical dependency requirement is not met.**

### California Acupuncture Board Training Program Requirement

CCR Section 1399.434(f)(4):

*"Treatment of chemical dependency."*

### University of South Los Angeles' Curriculum

The course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment listed on University of South Los Angeles' curriculum requirement form to fulfill CCR Section 1399.434(f)(4) lacks instruction of treatment of chemical dependency and, therefore, does not meet the Board's requirement.

### Training Program Corrective Action Taken

Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include treatment of chemical dependency (see USOLA's Corrective Action Report).

**This action brings USOLA in compliance with CCR Section 1399.434(f)(4).**

## Summary of University of Los Angeles' Curriculum Non-Compliances

CCR Section 1399.434 Curriculum Requirement	University of South Los Angeles' Curriculum	Unsatisfied Requirement	Corrective Action Taken
1. (a)(1) "General Biology."	GS 500 General Biology I GS 501 General Biology II	Clock hour should be 30 instead of 60	Changes were made to the competencies covered in the course, GS 501 General Biology I and GS 501 General Biology II so they are no longer identical
2. (a)(3) "General Physics, including general survey of biophysics."	GS 520 General Physics	Biophysics	Changes were made to the competencies covered in the course, GS 520 General

			Physics, to include biophysics
3. (a)(4) “General Psychology, including counseling skills.”	GS 525 General Psychology	Counseling skills	Changes were made to the competencies covered in the course, GS 525 General Psychology, to include counseling skills
4. (a)(6) “Physiology – a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry.”	GS 531 Anatomy & Physiology II GS 532 Anatomy & Physiology III	Neurophysiology, endocrinology, and neurochemistry	Changes were made to the competencies covered in the courses, GS 531 Anatomy & Physiology II and GS 532 Anatomy & Physiology III, to include neurophysiology, endocrinology, and neurochemistry
5. (a)(7): “Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology and epidemiology.	GS 550 Pathology I GS 232 Pathology II	Microbiology, psychopathology, and epidemiology	Changes were made to the competencies covered in the course, GS 550 Pathology I and GS 551 Pathology II, to include microbiology, psychopathology, and epidemiology
6. (b)(1)(D): “Chinese Herbal Medicine Principles and Theories, including relevant botany concepts (This subject area shall consist of 450 hours of instruction).”	OH 550 Botany OH 551 Herb Making OH 601 Oriental Herbal Pharmacopeia I: Herbology I OH 602 Oriental Herbal Pharmacopeia II: Herbology II OH 603 Oriental Herbal Pharmacopeia III: Herbology III	280 clock hours missing	USOLA added the following courses to make up the missing 280 hours: OH 604, OH 605, OH 606, OH 607, OH 608, OH 609, and OH 610.
7. (b)(1)(F): “Acupuncture and Oriental Medicine Specialties, including dermatology,	OM 615 Oriental Internal Medicine I OM 616 Oriental Internal Medicine II OM 617 Oriental	Dermatology, pediatrics, ophthalmology, orthopedics, geriatrics, family	Changes were made to the competencies covered in the courses, OH 615 Oriental Medicine I, OM 616

<p>gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care.</p>	<p>Internal Medicine III OM 618 Oriental Internal Medicine IV OM 619 Oriental Internal Medicine V</p>	<p>medicine, traumatology, and emergency care.</p>	<p>Oriental Medicine II, OM 617 Oriental Medicine III, OM 618 Oriental Medicine IV, and OM 619 Oriental Internal Medicine V, to include dermatology, pediatrics, ophthalmology, geriatrics, family medicine, traumatology, and emergency care</p>
<p>8. (b)(1)(G): “Classical acupuncture and Oriental Medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing.”</p>	<p>HT 500 Ancient Writings and the History of Medicine</p>	<p>Jin Gui and Wen Bing/Shang Han</p>	<p>Changes were made to the competencies covered in the course, HT 500 Ancient Writings and History of Medicine, to include Jin Gui and Wen Bing/Shang Han</p>
<p>9. (b)(1)(H): “Modern acupuncture and Oriental medicine literature.”</p>	<p>HT 500 Ancient Writings and the History of Medicine</p>	<p>Modern acupuncture and Oriental medicine literature</p>	<p>Changes were made to the competencies covered in the course, HT 500 Ancient Writings and History of Medicine, to include modern acupuncture and Oriental medicine literature</p>
<p>10. (b)(2)(E): “Herbal prescription, counseling and preparation.”</p>	<p>OH 607 Oriental Herbal Prescription I: Formula I OH 608 Oriental Herbal Prescription II: Formula II OH 609 Oriental Herbal Prescription III: Formula III OH 610 Oriental Herbal Prescription IV: Formula IV</p>	<p>Counseling</p>	<p>Changes were made to the competencies covered in the courses, OH 607 Oriental Herbal Prescription I, OH 608 Oriental Herbal Prescription II, OH 609 Oriental Herbal Prescription III, and OH 610 Oriental Herbal Prescription IV, to include counseling</p>
<p>11. (b)(2)(F): “Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling.”</p>	<p>GS 540 Nutrition</p>	<p>Counseling</p>	<p>Changes were made to the competencies covered in the course, GS 540 Nutrition, to include counseling</p>
<p>12. (b)(2)(G):</p>	<p>OM 640</p>	<p>Moxibustion and</p>	<p>Changes were made to</p>

“Cold and health therapy, including moxibustion and ultrasound.”	Acupuncture V: Point Locations V	ultrasound	the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include moxibustion and ultrasound
13. (b)(2)(H): “Lifestyle counseling, and self-care recommendations.”	GS 550 Breathing Techniques and Oriental Exercise	lifestyle counseling, and self-care recommendations	Changes were made to the competencies covered in the course, OM 550 Breathing Techniques and Oriental Exercise, to include lifestyle counseling and self-care recommendations
14. (b)(2)(I): “Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks”.	OM 640 Acupuncture V: Point Locations V	Bleeding, cupping, gua sha and dermal tacks	Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include bleeding, cupping, gua sha, and dermal tacks
15. (b)(2)(L): “Equipment maintenance and safety.”	OM 640 Acupuncture V: Point Locations V	Equipment maintenance and safety	Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V, to include equipment maintenance and safety
16. (b)(2)(M): “Adjunctive acupoint stimulation devices, including magnets and beads.”	OM 640 Acupuncture V: Point Locations V	Magnets and beads	Changes were made to the competencies covered in the course, OM 640 Acupuncture V: Point Location V to include magnets and beads
17. (c)(1): “Comprehensive history taking.”	WM 651 Western Internal I	Comprehensive history taking	Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include comprehensive history taking
18. (c)(2): “Standard physical examination and assessment, including neuromusculoskeletal, orthopedic,	WM 651 Western Internal I	neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat	Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include

neurological, abdominal, and ear, nose and throat examinations, and functional assessment.		examinations, and functional assessment	neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment
19.(c)(4): “Patient/practitioner rapport, communication skills, including multicultural sensitivity.”	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Multicultural sensitivity	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation, and Treatment, to include multicultural sensitivity
20.(c)(5): “Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports.”	WM 651 Western Internal I	Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports.	Changes were made to the competencies covered in the course, WM 651 Western Internal Medicine I, to include procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports
21.(c)(8): “Awareness of at-risk population, including gender, age, indigent, and disease specific patients.”	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Gender, age, indigent, and disease specific patients	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment to include gender, age, indigent, and disease specific patients
22.(c)(10): “Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health.”	WM 651 Western Internal I WM 652 Western Internal Medicine III WM 653 Western Internal Medicine III	Pharmacology, neurology, surgery, urology, radiology, nutrition, and public health	Changes were made to the competencies covered in the course, WM 652 Western Internal Medicine II and WM 653 Western Internal Medicine III, to include pharmacology, neurology, surgery, urology, radiology, nutrition, and public health



<p>23.(c)(11):  “Clinical medicine – a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners.”</p>	<p>CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment</p>	<p>Survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy</p>	<p>Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy</p>
<p>24.(d)(8):  “Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations.”</p>	<p>CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment</p>	<p>Knowledge of workers compensation/labor codes and qualified medical evaluations</p>	<p>Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include knowledge of workers compensation/labor codes and qualified medical evaluation</p>
<p>25.(d)(11):  “Special care/seriously ill patients.”</p>	<p>CIT 615 Advanced Diagnosis, Evaluation and Treatment</p>	<p>Special care/seriously ill patients</p>	<p>Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include special care/seriously ill patients</p>
<p>26.(d)(12):  “Emergency procedures.”</p>	<p>CIT 615 Advanced Diagnosis, Evaluation and Treatment</p>	<p>Emergency procedures</p>	<p>Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include emergency procedures</p>
<p>27.(e)(1):  “Record keeping, insurance billing and collections.”</p>	<p>PM 501 Practice Management: Visiting and Planning</p>	<p>Record keeping, insurance billing and</p>	<p>Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include</p>



			record keeping, insurance billing, and financial collection
28. (e)(2): “Business written communications.”	PM 501 Practice Management: Visiting and Planning	Business written communications	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include business written communications
29. (e)(3): “Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA).”	PM 500 Laws, Ethics, and Professional Issues	OSHA, Labor Code, and Health Insurance Portability and Accountability Act of 1996 (HIPAA)	Changes were made to the competencies covered in the course, PM 500 Laws, Ethics, and Professional Issues, to include OSHA, Labor Code, and Health Insurance Portability and Accountability Act of 1966 (HIPAA)
30. (e)(4): “Front office procedures.”	PM 501 Practice Management: Visiting and Planning	Front office procedures	Changes were made to the competencies covered in the course, PME 501 Practice Management Visiting and Planning to include front office procedures
31. (e)(5): “Planning and establishing a professional office.”	PM 501 Practice Management: Visiting and Planning	Planning and establishing a professional office	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include planning and establishing a professional office
32. (e)(6): “Practice growth and development.”	PME 501 Practice Management: Visiting and Planning	Practice growth and development	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include practice growth and development
33. (e)(7): “Ability to practice interdisciplinary	PME 501 Practice Management: Visiting and	Ability to practice interdisciplinary medical settings,	Changes were made to the competencies covered in the course,

medical settings including hospitals.”	Planning	including hospitals	PM 501 Practice Management Visiting and Planning, to include ability to practice interdisciplinary medical settings including hospitals
34. (e)(8): “Risk management and insurance issues.”	PME 501 Practice Management: Visiting and Planning	Risk management and insurance issues	Changes were made to the competencies covered in the course, PM 501 Practice Management Visiting and Planning, to include risk management and insurance issues
35. (e)(9): “Ethics and peer review.”	PME 500 Laws, Ethics, and Professional Issues	Peer review	Changes were made to the competencies covered in the course, PM 500 Laws, Ethics, and Professional Issues, to include peer review
36. (f)(1): “Public and community health and disease prevention.”	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Public and community health and disease prevention	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include public communication health and disease prevention
37. (f)(2): “Public health education.”	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Public health education	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include public health education
38. (f)(4): “Treatment of chemical dependency.”	CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment	Treatment of chemical dependency	Changes were made to the competencies covered in the course, CIT 651 Advanced Patient Diagnosis, Evaluation and Treatment, to include treatment of chemical dependency

## **PART IV: UNIVERSITY OF SOUTH LOS ANGELES' MASTER OF SCIENCE IN ORIENTAL MEDICINE CLINICAL NON-COMPLIANCE**

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

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

### **California Acupuncture Board Training Program Clinical Requirement**

CCR Section 1399.434(h)(2):

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

### **California Acupuncture Board Record Keeping Requirement**

CCR Section 1399.453:

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

### **Clean Needle Technique Reference**

Finkelstein, Malvin, et al. *Clean Needle Technique Manual for Acupuncturists: Guidelines and Standards for the Clean and Safe Clinical Practice of Acupuncture*. Ed. Steve Given. 6th ed. Trans. Anita Chang. Chaplin, Connecticut: National Acupuncture Foundation, 2009. Print.

### **University of South Los Angeles' Clinic**

1. Eastern assessment was not applied to patients:
  - a. Although the medical charts included tongue, differential diagnosis, and plan, it was not performed.
    - i. Tongue and Pulse pattern were not performed on each examination.
  - b. Most inspected medical charts lacked documentation of 8 principles, Zang Fu, and Oriental Medicine theories.
  - c. The treatment plan was not written in the medical charts.
  - d. Pharmacological Assessments were not conducted.
  - e. Proposed Herbs/Formulas not listed in the charts. Indicated herbs/formulas should be included even if only for teaching purposes.
    - i. Proposed herbs did not include a section for dosage.

2. Western assessments were not applied to patients:
  - a. Some medical records did not include progress notes. In some cases, progress notes were based on patient's subjective statements not objective findings.
  - b. Orthopedic exam was not performed for the muscular disorder case observed. When orthopedic exam was performed, it was very minimally performed.
  - c. Although the medical charts included pain, frequency, severity, duration, physical function, range of motion, and test, the examinations were not performed.
  - d. Some medical charts did not have accurate Standard Medical Terminology
3. Patient's records were not accurate and complete:
  - a. Patient's height and weight was not noted.
  - b. Patient's files did not have page number.
  - c. Some medical charts are missing signature of supervisors and interns.
  - d. Some medical records were not translated into English.
4. The Clean Needle Technique was not properly applied:
  - a. Hand/fingers touched the needle during insertion.
  - b. Two treatment rooms did not have a biohazard container.

### **Training Program Corrective Action Taken**

USOLA submitted medical charts, intern's manual and CNT manual to demonstrate corrective action of non-compliances found during the site visit (See USOLA's Corrective Action Report). Upon review, USOLA clinical practicum for intern training does not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients evidenced by the following findings:

1. New medical charts have incomplete 8 principles documentation.
2. Pulse diagnosis is missing middle layer pulse depth.
3. Pharmacological assessment was not conducted.
4. Standard physical assessment, such as orthopedic and neurological exams, were not performed or minimally performed in the submitted medical charts.
5. Range of motion was performed but was incomplete in the submitted medical charts.

### **SUMMARY**

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

## **PART V: PEER REVIEW RECOMMENDATION**

---

1. For teaching purposes, poisonous herbs should be clearly labeled in the herb room.
2. Record billing, insurance, and financial tracking should be available for teaching purposes.

## **PART VI: CONCLUSION**

---

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

**University of South Los Angeles is not in compliance with the Board's Regulations.**

Request for Board  
Approval of CPR and  
First Aid Curricula



# EMS Safety



# Presentation Outline



**This is an outline of EMS Safety's PowerPoint Presentation to the California Acupuncture Board for consideration of the approval of EMS Safety's CPR/AED and First Aid courses.**

**Thank you for your time and consideration**

1. Introductions
2. About EMS Safety
  - a. Introduction
  - b. Highlights
  - c. Review documents previously submitted to the Board
3. EMS Safety Courses
  - a. Offerings
  - b. Materials
  - c. Format
  - d. Requirements
4. Instructors
  - a. Training process and qualifications
  - b. Quality Process
5. Questions for the Board
6. Questions from the Board



# EMS Safety Services

Program Approval Presentation



- About EMS Safety
- EMS Safety Courses
- Instructor Training and Quality
- Questions for the Board
- Questions from the Board



# About EMS Safety

*Who's who at EMS Safety, corporate highlights, & a review of documents previously submitted to the Board*

# Introductions



- Today
  - Rob Pryce, Program and Resource Director
  - Jerry Lerouge, Regulatory Affairs Coordinator
- EMS Safety Team
  - Client Support
  - Sales
  - Programs and Resources
  - Advisory Committee
  - Medical Director



# Highlights



- National reach; instructors in every state
- Over 200 program approvals (federal, state, local, private)
- CA approvals: multiple counties/agencies including DCA
- Over 6,000 instructors
- Over 250,000 providers trained last year
- Incorporated 1993, woman/minority owned

# Review Documents Submitted to the Board



- Overview and Capabilities
- EMS Safety Equivalency (revised)
- Program Overview
  - CPR/AED for Community Rescuers
  - Basic First Aid

**EMS Safety Services, Inc.**  
1046 Calle Records Suite K, San Clemente, CA 92673  
www.emssafety.com • info@emssafety.com • (800) 215-9555 • Fax (949) 388-2776

### Overview and Capabilities Statement

Company: EMS Safety Services, Inc.

Established: November, 2013

Mission: **EMS Safety Services, Inc.**  
1046 Calle Records Suite K, San Clemente, CA 92673  
www.emssafety.com • info@emssafety.com • (800) 215-9555 • Fax (949) 388-2776

RE: EMS Safety Medical Direction and Equivalency

To Whom It May Concern:

The purpose of this letter is to inform you of the services provided by EMS Safety Services, Inc. (EMS Safety). EMS Safety's emergency medical services are provided through a combination of medical direction and hands-on practice to its students.

EMS Safety's emergency medical services are provided through a combination of medical direction and hands-on practice to its students. The emergency response Association for the United States of America (EMSA) has recognized EMS Safety as a provider of medical direction and hands-on practice to its students.

The First Aid curriculum includes the following topics:

- Chain of Survival
- CPR Overview
- C-A-B Sequence
- Recovery Position
- CPR Barrier
- Adult, child and infant choking
- Using an AED
- Special CPR

Course Delivery:

- DVD
- Instructor lecture and demonstration
- Skills review and practice
- Written and skills testing required for certification

Certification Card:

- Issued to participants
- Valid for two years
- Identifies instructor
- Has a unique number

Sincerely,  
*S. Stratton*  
Dr. Samuel Stratton,  
Medical Director  
EMS Safety Services, Inc.  
Prepare, Practice, Perform.

November, 2014

To Whom It May Concern:

RE: CPR/AED for Community Rescuers

The following information is an overview of the content, certification requirements and general information related to the CPR/AED for Community Rescuers training course.

This course is designed for citizens-rescuers at work, home, or out the community. The content includes CPR/AED information for all ages. The course is approved by numerous agencies and organizations throughout the United States.

First Aid Guidelines from EMS Safety reflect the 2010 International Consensus on CPR and ECC Science and the International First Aid Science Advisory Board.

Required Topics:

- Chain of Survival
- Responding to Emergencies
- Legal Issues
- Protection from Infection
- Heart Attack
- Stroke
- Adult, Child and Infant Choking\*
- Assessing, Positioning, and Moving a Victim
- Bleeding, Shock & Trauma
- Head, Neck and Back injuries
- Chest & Abdominal Injuries
- Burns
- Difficulty Breathing & Asthma
- Allergic Reactions
- Seizures
- Fainting
- Diabetic Emergencies
- Poisoning
- Heat & Cold Emergencies
- Bites and Stings
- First Aid Kit Contents
- Safety Checklists

\* Child/infant choking topics are required for child or infant certification.

Course Delivery:

- DVD
- Instructor lecture and skills demonstration
- Skills review and practice
- Written and skills testing required for certification

Course Length:

- Approximately 4 1/2 hours based on a 1:12 Instructor to Student ratio.
- Optional components will increase the course length.

# Website and Social Media



[www.emssafety.com](http://www.emssafety.com)







# EMS Safety Courses

*Course offerings, course materials and format, and course requirements*

# Course Offerings



CPR/AED/Basic  
First Aid for  
Community  
Rescuers\*

CPR/AED for  
Healthcare &  
Professional  
Rescuers

CPR/AED/First Aid  
for Childcare  
Providers\*

CPR/AED/First Aid  
for Seniors and  
Caregivers

Emergency Oxygen  
Administration

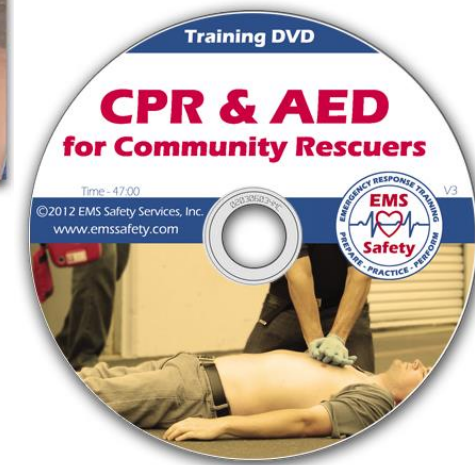
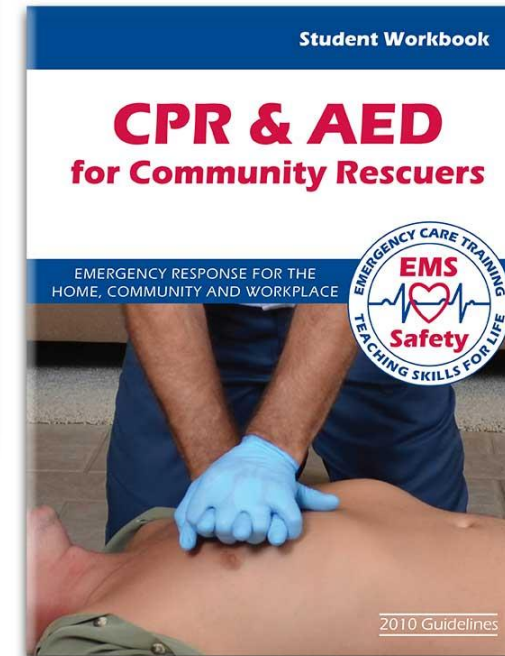
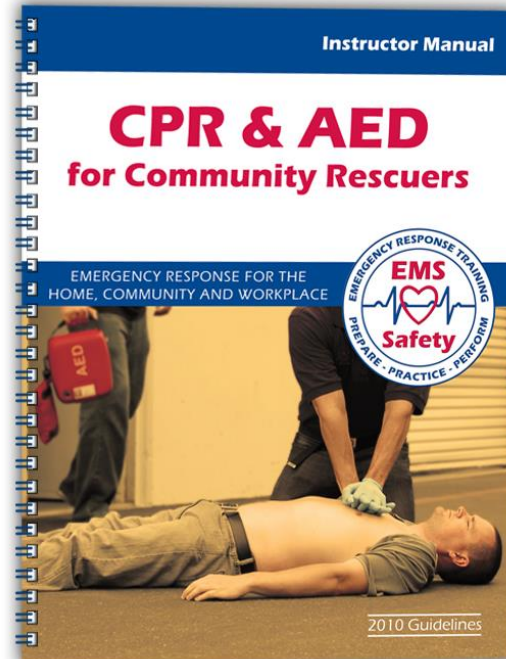
Bloodborne  
Pathogens

\*Available in Spanish

# Course Materials



- Instructor Manuals
  - Course Admin
  - Lecture Guide
  - Master forms
- Student Workbooks
  - Required
  - Students take home
  - Course guide
- DVDs
  - Used in every course
  - Coordinates w/ workbook content



# Learning Format



- Classroom based
- Video mediated
- Instructor led and paced
- 1:12 instructor to student ratio
- Written and skill test required for successful course completion
- Note: “Blended learning” is on the horizon for 2015/2016





# Requirements for Passing



- Sign in
- Participate in all course activities
- Written exam (80%)
- Skills exams (pass/fail)
  - AED use
  - CPR: adult, child/infant\*
  - Choking care: adult/child, infant\*
  - Glove removal
  - First aid assessment
  - Bleeding and bandaging
  - Epinephrine auto injector

**Skills Summary**

Instructor	Instructor #	Date of Training

**Training Course Roster**

Student Name	Instructor	Instructor #	Instructor Phone #	Date of Training

**CPR Written Exam: Community Rescuer**

Do not write on this exam. If you received training in AED, please indicate on the separate Answer Sheet.

**Section 1: Adult**

- Rescuer safety steps:
  - Wearing mask
  - Using a CPR barrier device
  - Checking for hazards
  - All of the above
- The most important steps for CPR:
  - Check the scene
  - Recognize cardiac arrest
  - Call 911
  - All of the above
- Before starting CPR:
  - Check the scene
  - Recognize cardiac arrest
  - Call 911
  - All of the above
- If an unresponsive adult:
  - Not move the victim
  - Give 2 rescue breaths
  - Check for pulse
  - Position the victim
- The location for CPR:
  - Between the victim's shoulders
  - Just below the victim's neck
  - On the upper part of the chest
  - Just above the victim's chest
- The term "Full Rescuer":
  - Bend your arm
  - Allow the chest to recoil
  - Keep pressure on the chest
  - Remove your hands

**Using an AED**

1. Turn on the AED.
2. Attach the pads to the victim's chest.
3. Follow the voice prompts.
4. Press the shock button when instructed.
5. Resume CPR immediately after the shock.

**Child/Infant CPR**

1. Turn on the AED.
2. Attach the pads to the victim's chest.
3. Follow the voice prompts.
4. Press the shock button when instructed.
5. Resume CPR immediately after the shock.

Section	Adult CPR
Minimum Passing Score	80% (13/16)
Student Score	___/15
Instructor Initials	

©2012 EMS Safety

**Answer Sheet**

Student Name	Instructor Name

**Skill Sheet 1: Adult CPR and AED Use**

Student Name	Date	Instructor Name	Instructor #	Rescuer 1	Rescuer 2

Test students in pairs. Rescuer 1 will assess the victim and provide 1-rescuer adult CPR. Rescuer 2 will bring an AED and bag mask to the scene. Test each student on their individual roles, then switch roles and retest. Mark a "r" or "t" in the Rescuer 1 & 2 columns.

**Adult CPR: Required Actions**

Question	Rescuer 1	Rescuer 2
1. <b>Scene Size-Up:</b> Look around, state, "Checking for safety." State "I am putting on gloves."		
2. <b>Establish Response:</b> Tap on shoulder, shout. (The victim is unresponsive)		
3. <b>Activate EMS:</b> Send someone to activate EMS and get an AED.		
4. <b>Check Breathing:</b> Scan the chest for 5-10 seconds. (There is no chest movement)	Time: ___ sec.	Time: ___ sec.
5. <b>30 Compressions:</b> 2 hands in the center of the chest between the nipples. 30 compressions in ≤ 18 seconds.	Time: ___ sec.	Time: ___ sec.
6. <b>2 Breaths:</b> Open airway using head tilt/chin lift. Use a barrier to give 2 breaths w/ visible chest rise for at least 1 breath. ≤ 10 seconds to give 2 breaths and resume compressions.		
7. <b>30 Compressions:</b> At least 2" deep and with full recoil.		
8. <b>Rescuer 2 Arrives:</b> Rescuer 1 continues CPR while Rescuer 2 prepares AED.		

**AED Use: Required Actions**

Question	Rescuer 1	Rescuer 2
9. <b>Power on AED:</b> Rescuer 2 places AED near victim's head & powers it on. Encourages Rescuer 1 to continue CPR until AED is ready.		
10. <b>Apply Pads to Bare Skin:</b> Right upper chest below collarbone; left lower chest.		
11. <b>Switch Positions:</b> When AED states "Stop CPR," switch positions. Rescuer 1 is now at the head. Rescuer 2 is at the chest ready to take over compressions after the shock.		
12. <b>Clear Victim:</b> Rescuer 2 states, "Clear" or "Everybody clear!" Looks up and down to ensure no one is touching the victim or clothes.		
13. <b>AED Shock:</b> Rescuer 2 presses shock button when victim is clear.		

**2-Rescuer Adult CPR: Required Actions**

Question	Rescuer 1	Rescuer 2
14. <b>Immediately Resume CPR:</b> Rescuer 2 starts w/ chest compressions.		
15. <b>Bag Mask Use:</b> Rescuer 1 uses O/E position to create seal and open airway. Provides 2 rescue breaths w/ visual chest rise for at least 1 breath.		
16. <b>Continue Compressions:</b> Resume compressions immediately after breaths. Provide 30 compressions in ≤ 18 seconds.	Time: ___ sec.	Time: ___ sec.
17. <b>Rescue Breaths:</b> Provide 2 rescue breaths w/ bag mask in ≤ 10 seconds.	Time: ___ sec.	Time: ___ sec.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
©EMS Safety 2013 Public Safety: Adult CPR/AED Use Version A

\*Adult required; child/infant optional unless otherwise required by job duty or federal, state or local regulation



# Instructors

*Instructor Training and Quality Assurance*

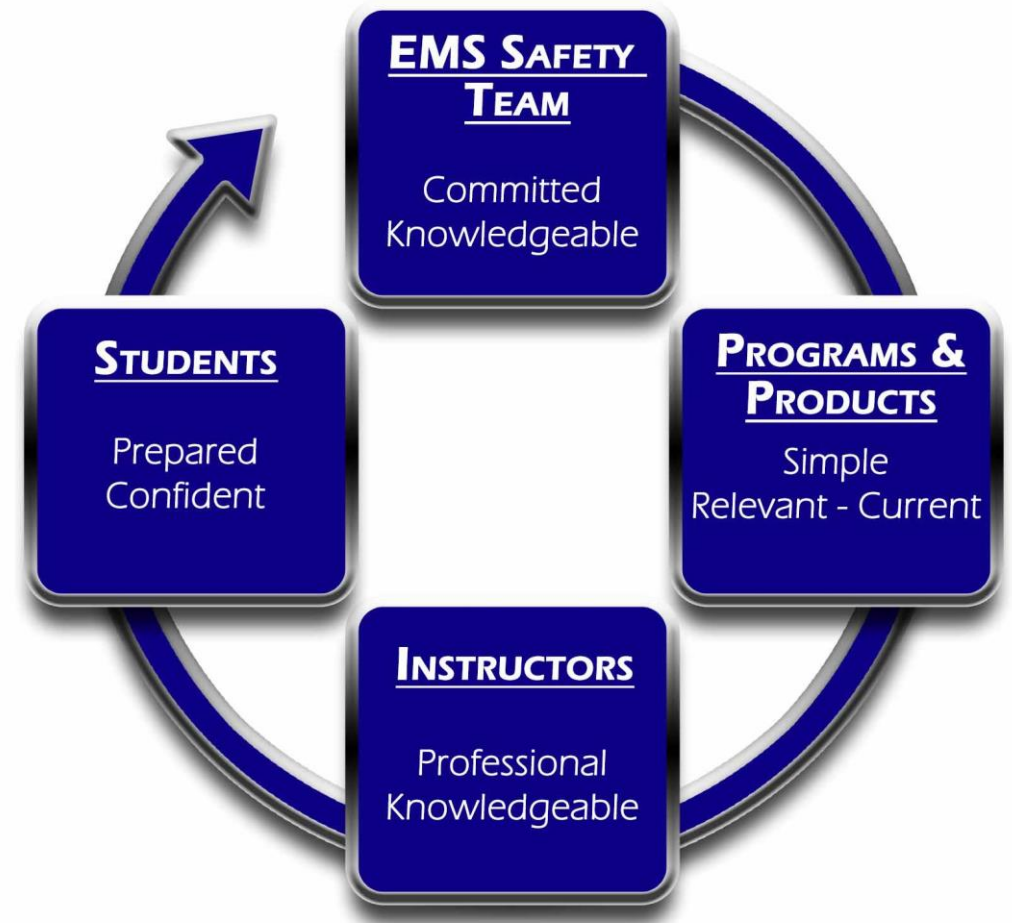
- Instructor Course
  - 16 hours
  - Current provider certification
  - Lecture and demo evaluation
  - Written and skills testing
  - Additional training may be required
- Grandfather
  - Current instructor
  - Nationally recognized agency
  - AHA, ARC, NSC, HSI



# Quality Process



- Complaint, issue or verification addressed within 48 hours
- Reported via phone, email, course evaluation or [www.emssafety.com/quality](http://www.emssafety.com/quality)
- Retrained, suspended or revoked as needed
- Instructors must renew every 2 years
- Open 'cases' are tracked
- Typically resolved in less than 30 days







# Questions for the Board

10 questions from EMS Safety

# 10 Questions



1. Is a written test required for CPR/AED or Basic First Aid?
2. Is AED training required or optional?
3. Infant CPR isn't required?
4. Community Rescuer CPR vs. Professional Rescuer CPR. Does it matter which course?
5. Can infant CPR be included to meet the 'minimum 8 hours'?
6. Can AED use be included to meet the 'minimum 8 hours'?
7. Is CPR/FA a 1-time or ongoing licensure requirement?
8. How will the board's documents be updated to show additional CPR/AED and FA programs?
9. Will there be a website listing of approved CPR/FA programs?
10. Why hourly CPR/FA requirements instead of competency based?



# Questions for EMS Safety

What questions does the board have for us?



# Thank You!

Your valuable time is sincerely appreciated.

Contact Info:

Rob Pryce, (800) 215-9555 x 107, [rpryce@emssafety.com](mailto:rpryce@emssafety.com)

# Save-A-Life Educators



# Pacific College of Oriental Medicine

April 10, 2015

To Whom It My Concern:

I am writing to endorse Vicki Igou, CEO of Save-A-Life Educators and her excellent staff and program that they offer in CPR and First Aid. I recently took her course myself to update my own certification and was pleasantly surprised by the high quality of instruction, engaging presenters and amount of practical applications offered. Her teaching experience as well as her professional experience as a Fire Captain and EMT-D in addition to her co-teacher's experience both made the training relevant, engaging and highly educational.

Over the past 21 years in practice as an acupuncturist, educator and administrator, I have had the opportunity to participate in many similar trainings on Health and Safety. I can say with integrity that Vicki and Save a Life Educators provide top-notch training that provide students with proficiency in dealing with emergent and urgent care issues.

Sincerely,

Gregory Lane, LAc.

Director of Clinical Services

Pacific College of Oriental Medicine

# SAVE-A-LIFE EDUCATORS, INC



13695 Alta Loma Lane, Jamul, CA 91935

619-669-9911

[www.savealifeeducators.com](http://www.savealifeeducators.com)

December 12, 2014

To: Acupuncture Board Members  
Subject: CPR/AED/First-aid training approval

To whom it may concern:

It has come to my attention that The State Board of Acupuncture is only accepting AHA, ARC and Board approved CPR/AED/First-aid training programs only. I am asking to be put on the list of "Board Approved Providers" for the CPR/AED/First-aid training.

I have attached, current approvals letters from State agencies that have looked at my program to make sure it meets the National Standards, like AHA and the ARC. I also have attached my Lesson Plan's and Skills Assessments Sheets for your review. The following are attached:

- Cover letter
- San Diego County Emergency Medical Services Authority Approval (EMSA) for CPR/AED program
- State of California EMSA Approval for CPR/AED/First-aid
- US Department of Homeland Security Coast Guards Approval for CPR/AED/First-aid
- California State Community College Teaching Credential
- Completion card (front and back)
- AHA Course Matrix of their CPR/AED/FA program timeline (5-7 hours)(your approved standard)
- Lesson plans and skills assessment sheets
- Ilcor and EMSA guideline/standards

I have been in business for over 20 years and affiliated with American Heart. I am a retired Firefighter and have performed CPR/AED and first-aid daily on real people. I take great pride in providing a quality training program according to the "National Standards". I have been providing these trainings to Pacific College of Oriental Medicine for over 7 years. Today, I received a call from one of PCOM's students indicating my program was unacceptable. It's important for you to understand the results of your refusal to accept my CPR/AED/First-aid training program. It will have negative repercussions for my business. It sends a message to our clients and to prospective clients that my company is not acceptable and that we are not providing the proper training. This is far from the truth. If I am not accepted as an approved provider of this training with your organization I will lose business with the colleges and other organizations. This will create an extreme hardship. When our clients submit their completion card from our company to your organization for documentation of completing the CPR/AED/First-aid training and are told this card is not acceptable, our clients are very upset and angrily calling us requesting a refund. Not only do I lose them as a client, but they spread the word to others which results in a bad reputation for my company. I am hoping this letter will help you understand the magnitude of your decision. Your refusal to accept my trainings could have devastating consequences for my business. I keep my company small so I can monitor and regulate all aspects of it. I am a certified/verified WBE (Women Business Enterprise). I would hope that your organization is actively supportive of small businesses like mine. I am hoping you take the

U.S. Department of  
Homeland Security

United States  
Coast Guard



Commanding Officer  
United States Coast Guard  
National Maritime Center

100 Forbes Drive  
Martinsburg, WV 25404  
Staff Symbol NMC-2  
Phone: (304) 433 3720  
FAX: (304) 433-3403

16721

Ref: SAVEAL-196, 10, 134

DEC 13 2010

Ms. Vicki L. Igou  
Save-A-Life Educators  
1365 Alta Loma Lane  
Jamul, CA 91935

Dear Ms. Igou:

We write in response to your letter of October 20, 2010, requesting renewal of the acceptance of Save-A-Life Educators courses to satisfy training requirements for merchant marine licenses.

We have determined that the following Save-A-Life Educators First Aid course meets or exceeds the standards of the American Red Cross *Standard First Aid and Emergency Care* or *Multimedia Standard First Aid* courses and will satisfy the first aid training requirements of 46 CFR 11.205(e)(1)(i) for a merchant mariner license:

1. Save-A-Life Educators First Aid (SAVEAL-196)

We have determined that the following Save-A-Life Educators CPR courses meet or exceed the standards of the American Red Cross or American Heart Association CPR courses and will satisfy the training requirements of 46 CFR 11.205(e)(2)(iv) for a merchant mariner license:

1. Save-A-Life Educators Adult/Pediatric CPR (SAVEAL-10)
2. Save-A-Life Educators CPR/AED (SAVEAL-134)

This determination is effective December 1, 2010, and expires on December 31, 2015. Subsequent five-year renewals may be granted upon written to this office at least 30 days before this approval expires.

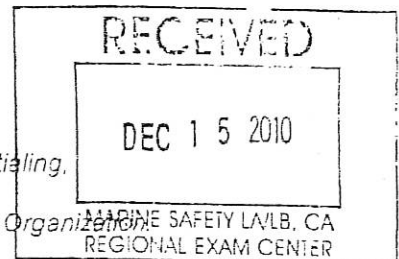
Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Smith III".

ROBERT L. SMITH III  
Chief, Mariner Training and Assessment Division  
U.S. Coast Guard  
By direction

Copy: All RECs

For the latest information on merchant mariner credentialing,  
visit our web site at <http://www.uscg.mil/nmc>.  
The National Maritime Center is an ISO 9001:2008 Compliant Organization.







# County of San Diego

RODGER G. LUM, Ph.D.  
AGENCY DIRECTOR

GAIL F. COOPER  
PUBLIC HEALTH ADMINISTRATOR

NANCY L. BOWEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER (Acting)

## HEALTH AND HUMAN SERVICES AGENCY

### PUBLIC HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417  
(619) 515-6583 . FAX (619) 515-6707

### EMERGENCY MEDICAL SERVICES

6255 Mission Gorge Road  
San Diego, CA 92120-3599  
(619) 285-6429 Fax: (619) 285-6531

Children, Youth & Family Health Services  
Disease Control/Epidemiology  
Disease Prevention/Health Promotion  
Emergency Medical Services  
HIV/AIDS Services  
Medical Quality Assurance  
Public Health Laboratory  
PH Nursing/Border Health  
TB & STD Control  
Vital Records

February 20, 2003

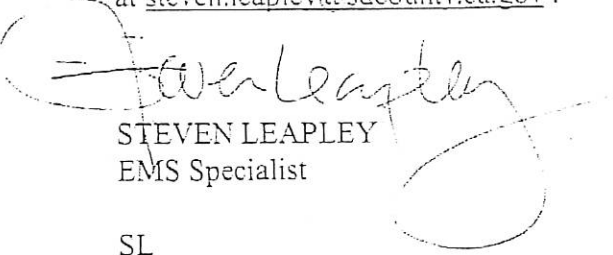
Vicki Igou  
Save-A-Life Educators  
13695 Alta Loma Lane,  
San Diego, CA 91935

Dear Ms. <sup>Vicki</sup> Igou:

Congratulations! After review of the Save-A-Life Educators CPR-AED program, you have been approved for use in San Diego County.

As per Title 22 of the California Code of Regulations, please submit a copy of the final exam.

Please feel free to contact me at any time for any questions or concerns, or any other issues dealing with San Diego County EMS. I can be reached by phone at (619) 285-6429 or via Email at [steven.leapley@sdcounty.ca.gov](mailto:steven.leapley@sdcounty.ca.gov).

  
STEVEN LEAPLEY  
EMS Specialist

SL

# Certificate of Training Program Approval



Save-A-Life Educators, Inc.  
Training Program

Vicki Igou  
Program Director

This certifies the program named above has met the requirements of the State of California EMS Authority to provide Child Care Provider First Aid and CPR Training as specified in the Health & Safety Code and the California Code of Regulations.

97-0731-DC

Program Number

March 31, 2013

Issue Date

March 31, 2015

Expiration Date

A handwritten signature in black ink, appearing to read "Howard Backer".

Howard Backer, MD, MPH, FACEP  
Director

**Sinkovich, Terry@DCA**

---

**From:** vicki igou <savalif@sbcglobal.net>  
**Sent:** Monday, December 15, 2014 12:22 PM  
**To:** tery.sinkovick@dca.ca.gov  
**Subject:** Information for Board approval for CPR/AED/First-aid training  
**Attachments:** Letter to DCA for approval.doc; approval County of SD 001.jpg; approval State of CA EMSA 001.jpg; approval State of CA EMSA ccp 001.jpg; approval State of CA commission of teacher credentialing 001.jpg; approval US Dept of Homeland Security 001.jpg; completion card FACPRAED 001.jpg; Teaching Credential State of CA 001.jpg; lesson plan CPR AED 2014.doc; lesson plan for first-aid 2014.doc; 2014 skills Assessment check list CPR & AED.doc; ilcor and emsa standards.docx

Hello Tery,

I really appreciate you taking the time to talk with me today about getting "Board Approval" . I have attached a lot of information for you and others for review.

Additionally, the Grossmont/Cuyamaca Community College District hires me to provide my training program for their Continuing Education Department. I have been providing my training program for them approximately 15 years. Additionally, my program has gone through the Community Colleges approval process in order for me to be able to teach my program for them. I can give you their contact person's name and number if requested.

Please feel free to contact me if you need any more information or have questions. Additionally, if you would like any references of companies that hire us to do trainings for them.

Vicki L. Igou  
SAVE-A-LIFE EDUCATORS, INC.  
619-669-9911  
<http://www.savealifeeducators.com/>  
<http://www.facebook.com/savealifeeducators>

## Adult/Child CPR/AED Course Lesson Plan

### Lesson 1: Introduction

- What is CPR?
- Mechanics of Artificial Life Support & circulatory system
- Heart Disease
- Steps Necessary to Increase a Person's Survival
- Scene Safety
- Establishing Unresponsiveness
- Activating 911/EMS
- C-A-B's of CPR

### Lesson 2: Adult CPR (ages 9 years and up or puberty)

- Scene Safety
- Steps of CPR
- C-A-B's of Adult CPR

### Lesson 3: Adult/Child Obstructed Airway (ages 1 year and up)

- Scene Safety
- Abdominal Thrusts
- Pregnant or Too Wide
- If you are alone
- Person Becomes Unconscious

### Lesson 4: Child CPR (1 to 8 years )

- Scene Safety
- Steps of CPR
- C-A-B's of Child CPR

### Lesson 7: Special Considerations

- Bloodborne Pathogens
- Good Samaritan Law
- Moving accident victims
- Positioning the victim
- Rib fractures
- Gastric Distention
- If Breaths Do Not Fill the Lungs
- Agonal Respirations
- Chest Compressions without Breaths

### Lesson 8: Introduction to the AED

- What is an AED?
- Why use an AED?
- AED Statistics
- Laws Governing AED's

# First-aid Course Lesson Plan

Powerpoint, Lecture, Practice

## Lesson 1: Introduction

- What is first-aid
- Activating 911/EMS
- Good Samaritan Law
- Scene Safety

## Lesson 2:

- Universal precautions
- Bleeding control
- Wound types – lacerations, abrasions, punctures, internal, amputations, impaled objects
- Shock
- Fainting

## Lesson 3:

- Eye Injuries
- Nose bleeds
- Tooth Knocked out – chipped, hanging
- Bites – snakes, spiders, animals, ticks, ants

## Lesson 4:

- Burns
- Carbon monoxide poisoning

## Lesson 5:

- Allergic reactions
- Bee stings
- Asthma

## Lesson 6:

- Heat Emergencies
- Cold Emergencies

## Lesson 7:

- Strains and sprains
- Fractures
- Head injuries
- Broken back
- Moving a person with neck /back injuries

## Lesson 8:

- Heart Attack
- Seizures
- Stroke
- Diabetes

## Lesson 9:

- Poisoning
- Poison Ivy, oak, sumac
- Pregnancy Emergencies

## Lesson 10:

- First-aid kit supplies
- Sudden Illness assessment
- Injury assessment

PRACTICAL SKILLS

TIME LINE – 3-4 hours -Optional Written test

**SAVE-A-LIFE EDUCATORS**  
**CPR/AED SKILLS ASSESSMENT CHECK SHEET**  
 ADULT/PEDIATRIC (all ages)

		Check
Scene Safety	Verbalize	
Universal Precautions	Verbalize	
Establish Unresponsiveness	Gently shake & shout Instructor states, "Unresponsive"	
Call 911 & get AED (adult victims, if alone call 911)	Eye contact, Call 911 & get AED	
Observe for Breathing	Look for no breathing or agonal respirations 5 -10 seconds Instructor states, "not breathing"	
Start CPR Hand Position	Firm/Flat hard surface. Bare the chest. Place the heel one hand over the sternum, center of the chest, lower half of sternum, place the other hand on top. <b>Child</b> - Heel one <u>or</u> two hands <b>Infant</b> - 2 fingers just below the nipple line, compress the sternum 1/3 the depth of chest, about 1 ½ inches	
Chest Compressions	Compress the sternum at least 2 inches. Child - about 2 inches, Infant - about 1 ½ inches. <b>Child/Infant-</b> compress the sternum 1/3 the depth of chest. 30 compressions at a rate of at least 100 per min	
Open Airway	Head tilt chin lift –jaw line perpendicular to ground Moderately for Infant	
Give 2 Breaths	With open airway, give two full breaths. Pinch the nose. Use barrier. The breaths should be no more than 1 sec ea. Watch the chest rise. Infant – your mouth over their nose & mouth	
Chest Compressions	Compress the sternum. 30 compressions at a rate of at least 100 per min	
Give 2 Breaths	Open airway & give two full breaths	
<b>AED ARRIVES ON SCENE</b>		
Turn on AED	Open lid or power-on	

Proposed Regulatory  
Change to CCR  
1399.434 (f)(3) and  
1399.436(a)(14)

**ACUPUNCTURE BOARD**

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
(916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)



<b>DATE</b>	June 19, 2015
<b>TO</b>	Acupuncture Board
<b>FROM</b>	Terri Thorfinnson Executive Officer
<b>SUBJECT</b>	Proposed Regulatory Changes to California Code Regulations (CCR) Section 1399.434 (f) (3) and 1399.436 (a) (14) Regarding Certification Level, Renewal and Hours

**Problem:** The Board's current regulatory standard specifies eight hours of coursework, but it does not specify what certification level, nor that the certification be current or renewed. Since Acupuncturists are health care providers, the required certification level should be the level required for "health care providers" and not non-health care providers. The regulation is silent as to whether it requires current certification or renewals. The intention of having such training is to be able to protect the public which would imply that the requirement should require "current" certification and that it be renewed to remain currently certified while practicing.

Finally, the regulations specify that the course be a minimum of eight hours and be taught by the American Red Cross (ARC) or the American Heart Association (AHA). However, both of these organizations recently redesigned their courses to be taught in less than eight hours, so students are having difficulty finding a certification course that meets the Board's requirement.

**Background:** CCR 1399.434 (f) (3), which is the curriculum standard for training taken after 2005, requires eight hours and specifies either the ARC or AHA or an organization approved by the Board. CCR 1399.436 (a) (14), which is the curriculum standard for training taken prior to 2005, requires eight hours and specifies either the ARC or AHA or an organization approved by the Board. This year, the Board has been made aware by students, ARC and AHA that they have reduced their coursework to below eight hours for the non-health care provider course. This has created a problem for exam applicants who have difficulty finding Cardio-Pulmonary Resuscitation (CPR) and first aid courses that are eight hours.

A separate issue that emerged when verifying CPR and first aid training is that there is no requirement that certification is current or renewed. Although many applicants are currently certified, some applicants are not and cannot be denied for not being currently certified.

**Discussion:** The eight hours were included to ensure minimum competency course work. However, perhaps the more important standard is that the required coursework



should be for health care providers regardless of the hours. The higher standard for health care providers would replace the eight hour requirement. From a quality of training and public safety perspective, the certification level matters more than the number of hours. Health care providers should be required to take the health care providers' certification for CPR and first aid rather than the lower lay person's standard that requires less medical knowledge. With the higher standard, the hourly requirement would not be needed.

The purpose of requiring CPR and first aid training is in case of medical emergencies an acupuncturist could save the life of the patient. This training would further increase their medical competency and protect public safety. For such training to save lives, it must be renewed and be required to be current. Other professions require health professionals to remain current with their health provider CPR and first aid. It makes sense that the Acupuncture Board's CPR and first aid requirement should mirror other health care providers in maintaining current certification.

Making all three changes would solve the initial problem of the change in hours and also strengthen the licensure requirements and curriculum training requirements to better protect public safety.

There are several options for where the changes could be made. Eliminating the hourly requirement and specifying that it be health care provider certification could be added in the above mentioned curriculum sections. The requirement for renewing the certification could be placed in the licensure renewal session and as a condition of licensure section of the Business and Professions Code section 4938 Licensure Requirements.

**Recommendation:** The Committee recommends to the Board that it adopt the following regulatory changes pursuant to CCR 1399.434 (f) (3) and 1399.436 (a) (14) and ask Legal Counsel to draft appropriate language:

- That the CPR/AED and first aid requirement should require the Health care provider certification level and not allow the lay person certification.
- All courses must be in-person training. No online course work.
- Eliminate the eight hour requirement in favor of the health care provider certification from Board approved organizations.
- Require that applicants and licensees maintain current CPR/AED and first aid health care provider certification, and that they must renew it each time it expires as long as they are licensed or applying for licensure. This should also apply for those seeking to be re-issued new licenses as well pursuant to Business and Professions Code section 4967 (b).

**From:** [Thorfinnson, Terri@DCA](mailto:Thorfinnson_Terri@DCA)  
**To:** [Graver, Tammy@DCA](mailto:Graver_Tammy@DCA); [Johnson, Marc@DCA](mailto:Johnson_Marc@DCA)  
**Cc:** [Sinkovich, Terry@DCA](mailto:Sinkovich_Terry@DCA)  
**Subject:** FW: Letter of the Red Cross Los Angeles regarding CPR and First Aid  
**Date:** Friday, May 29, 2015 7:21:53 PM  
**Attachments:** [CA Acupuncturist Board Letter.pdf](#)

---

Please include email and attached letter in the board packet for June meeting.

Thanks,

Terri

---

**From:** Christopher Ruth [mailto:[christopher.ruth.lac@gmail.com](mailto:christopher.ruth.lac@gmail.com)]  
**Sent:** Friday, May 29, 2015 12:13 AM  
**To:** Thorfinnson, Terri@DCA; Acupuncture@DCA  
**Cc:** Cassie M. Trost  
**Subject:** Letter of the Red Cross Los Angeles regarding CPR and First Aid

Good evening, Terri.

I'm pleased to see that the California Acupuncture Board is moving forward with the topic of revising the CPR and First-Aid requirements since I first wrote to you in August of 2014 (see attached letter). Anyone renewing their licenses in the state of California should be required to have valid and current CPR and First-Aid certifications, not just the applicants to the CALE.

I am submitting an attached letter on behalf of a representative of the Red Cross of the Greater Los Angeles Area, Cassie Trost, supporting the the Board's decision make CPR and First Aid training an integral part of license renewal process. She is also attached to this email.

I look forward to attending the Board's meeting this Friday.

Chris Ruth, DAOM, LAc©  
Dipl Ac (NCCAOM)®  
BLS, CPR, First-Aid, AED, and Lifeguard Instructor

TCM Health Services  
(424) 268-8552  
[TCMHealthServices@gmail.com](mailto:TCMHealthServices@gmail.com)

Email is covered by the Electronics Privacy Act, 18 U.S.C. Sections 2510-2521, and is legally privileged. This e-mail communication contains CONFIDENTIAL INFORMATION WHICH IS ALSO LEGALLY PRIVILEGED and which is intended only for the use of the intended recipient(s) identified above. If you are not the intended recipient of this communication, you are hereby notified that any use, dissemination, distribution, downloading or copying of this communication is strictly prohibited. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the company.

Finally, the recipient should check this email and any attachments for the presence

of viruses. The company accepts no liability for any damage caused by any virus transmitted by this email. If you have received this communication in error, please notify us immediately by e-mail or by telephone at (424) 268-8552 and delete the communication and destroy all copies. Thank you for your cooperation.



**American  
Red Cross**

**Greater Los Angeles Chapter  
2227 S. Atlantic Blvd.  
Los Angeles, CA 90040**

To: CA Acupuncture Board  
1747 N Market Blvd. Suite 180  
Sacramento, CA 95834

May 27, 2015

Re: American Red Cross CPR/AED/First Aid Training

Over 300,000 people per year die from cardiac arrest in the United States alone. It is estimated that with more people trained to respond, upwards of 20% more people would survive this fatal emergency. Having more people trained to recognize signs and symptoms of cardiac arrest while also being able to respond and give care to those in need is the most important step in the cardiac chain of survival.

Oftentimes, cardiac arrest (the leading cause of death) is a result of a heart attack and victims are unable to recognize the symptoms. They may misdiagnose themselves, ignore it, or seek therapy to treat the symptom without knowing the cause. These symptoms may manifest themselves in the form of a throbbing shoulder, neck pain, migraines, etc. Many of these symptoms may entice a victim that the symptom will be alleviated by a visit to their acupuncturist or other habitual therapeutic resource.

Those who have been entrusted with maintaining and improving the lives of others, such as Acupuncturists, should be required to have the knowledge and skills available to perform such life saving techniques. The Red Cross urges the Board to require that licensed Acupuncturists acquire the training and certification necessary to soundly protect and aid those in their care.

While there are many CPR/First Aid/AED training providers available, the Red Cross is the premier provider, with over 125 years of experience in lifesaving instruction. Courses are designed to help practitioners respond to emergencies of all types with the confidence and skills necessary to facilitate the greatest chance of survivability. Certificates are valid for 2 years, with free refreshers to keep skills sharp. Participant curriculum (books, videos, etc) is free, and certificates are tracked digitally and can be accessed for up to seven years. Verification systems are in place to ensure each instructor is up to date, and each student's certifications are properly reported nationally to avoid fraudulent activity.

Further, our instructors have the most resources available, including local chapter/representative support, an instructor mentor network, a national database and support system, and access to the latest science and techniques to ensure the learners are getting the best training available.

Please contact me with any additional information required. It is my hope that the Board puts this emphasis and commitment to public safety and well being by raising the bar for Acupuncturists in the state of California to include a certified knowledge of responding to crises with their patients.

*Cassie Trost*

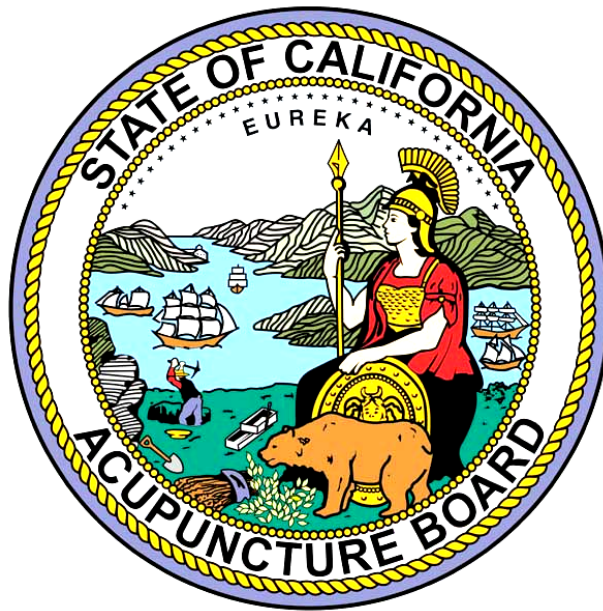
American Red Cross – Los Angeles  
Health and Safety Services  
562-484-1544  
cassie.trost@redcross.org

SB 1246

Implementation

# Laws and Regulations Relating to the Practice of Acupuncture

Date published: March 2015



Issued by:

**CALIFORNIA ACUPUNCTURE BOARD**

1747 North Market Blvd, Suite 180  
Sacramento, CA 95834

916-515-5200 phone - 916-928-2204 fax

Email: [acupuncture@dca.ca.gov](mailto:acupuncture@dca.ca.gov)

Website: [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)

# BUSINESS AND PROFESSIONS CODE – ACUPUNCTURE LICENSE ACT

Excerpt from the California Business and Professions Code

## CHAPTER 12. ACUPUNCTURE

### Article 1. Administration and General Provisions

### Article 2. Licensure Requirements

### Article 4. Enforcement

### Article 5. Renewal

### Article 6. Revenue

### Article 7. Acupuncture Corporations

---

<b>Article 1. Administration and General Provisions</b>		4947	Authority of other licensees to practice
		4948	Research activities
		4949	Guest Acupuncturists
<i>Section</i>			
4925	Citation of Chapter; References in Chapter		
4926	Legislative Intent		
4927	Definitions		
4927.5	(1 <sup>st</sup> of 2); Repealed 1/1/2017) Approved Educational and Training Programs		
4927.5	(2 <sup>nd</sup> of 2); Operative 1/1/2017) Approved Educational and Training Programs		
4928	(Repealed 1/1/2017) Acupuncture Board		
4928.1	Priority of board; Protection of the Public		
4929	Members		
4929.5	[Repealed]		
4930	Term of office		
4931	Expenses		
4932	[No section of this number]		
4933	Administration		
4933.5	Employment of personnel		
4934	(Repealed 1/1/2017) Personnel; Executive Officer		
4934.1	Comprehensive analysis of scope of practice; educational requirements, testing and accreditation of acupuncturists		
4934.2	Studies and Reviews to be conducted by the Board		
<b>Article 2. Licensure Requirements</b>			
<i>Section</i>			
4935	Unlawful Practice of Acupuncture		
4936	Use of "Doctor" or "Dr."		
4937	Use of Techniques and modalities afforded by licensure; Definitions		
4938	License requirements		
4938.1	[Repealed]		
4939	(1 <sup>st</sup> of 2); Repealed 1/1/2017) Standards for International education training and clinical experience		
4939	(2 <sup>nd</sup> of 2) Operative 1/1/2017) Standards for International education training and clinical experience		
4940	Approval of Tutorial Program; Approval of Supervising Acupuncturist		
4940.1 - 4940.3	[Repealed]		
4941	Credit for prior training		
4942, 4943	[No sections for these numbers]		
4944	Investigation; delegation of Authority		
4945	Continuing Education		
4945.5 - 4945.6	[Repealed]		
		4947	Authority of other licensees to practice
		4948	Research activities
		4949	Guest Acupuncturists
		<b>Article 4. Enforcement</b>	
		<i>Section</i>	
		4955	Disciplinary action for unprofessional conduct
		4955.1	Disciplinary action for fraudulent act
		4955.2	Disciplinary action for Negligence or incompetence
		4956	Equivalents of conviction; time after conviction for discipline
		4957, 4958	[No sections for these numbers]
		4959	Assessment of costs; Enforcement of order
		4960	Conduct of proceedings
		4960.2	Certification of revocation of license
		4960.5	Petition for reinstatement or modification of penalty
		4961	Registration and posting requirements for Acupuncture
		4962	[No section of this number]
		4963	Injunction or restraining order
		4964	Construction of article
		<b>Article 5. Renewal</b>	
		<i>Section</i>	
		4965	Expiration of License; Renewal
		4966	Period for renewal
		4967	Effect of failure to renew license
		4968	[No section of this number]
		4969	Suspended license; Revoked license
		<b>Article 6. Revenue</b>	
		<i>Section</i>	
		4970	Certification fees
		4971	Tutorial Program Fees
		4972	Regulations Fixing Fees
		4973	(Repealed 1/1/2017) Inspection fees
		4974	Reports; Acupuncture Fund
		4974.5	[Repealed]
		<b>Article 7. Acupuncture Corporations</b>	
		<i>Section</i>	
		4975	Definitions
		4976	Violation of unprofessional conduct
		4977	Conduct of practice
		4977.1	Accrual of income to shareholder while disqualified
		4977.2	Directors; shareholders; and officers to be licensees
		4978	Name

---

## **Article 1. Administration and General Provisions**

*(Article 1 added by Stats. 1980, Ch. 1313, Sec. 11.5.)*

### **4927. Definitions**

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

- (a) "Board" means the Acupuncture "Board".
- (b) "Person" means any individual, organization, or corporate body, except that only individuals may be licensed under this chapter.
- (c) "Acupuncturist" means an individual to whom a license has been issued to practice acupuncture pursuant to this chapter, which is in effect and is not suspended or revoked.
- (d) "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion.

*(Amended by Stats. 1999, Ch. 655, Sec. 56. Effective January 1, 2000.)*

### **4927.5 (1st of 2); Repealed 1/1/2017) Approved Educational and Training Programs**

(a) For purposes of this chapter, "approved educational and training program" means a program approved by the board pursuant to Section 4939.

(b) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

*(Added by Stats. 2014, Ch. 397, Sec. 1. Effective January 1, 2015. Repealed as of January 1, 2017, by its own provisions. See later operative version added by Sec. 2 of Stats. 2014, Ch. 397.)*

### **4927.5 (2<sup>nd</sup> of 2); Operative 1/1/2017) Approved Educational and Training Programs**

(a) For purposes of this chapter, "approved educational and training program" means a school or college offering education and training in the practice of an acupuncturist that meets all of the following requirements:

(1) Offers curriculum that includes at least 3,000 hours of which at least 2,050 hours are didactic and laboratory training, and at least 950 hours are supervised clinical instruction. Has submitted that curriculum to the board, and has received board approval of the curriculum.

(2) Has received full institutional approval under Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code in the field of traditional Asian medicine, or in the case of institutions located outside of this state, approval by the appropriate governmental educational authority using standards equivalent to those of Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code.

(3) Meets any of the following:

(A) Is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine.

(B) Has been granted candidacy status by the Accreditation Commission for Acupuncture and Oriental Medicine.

(C) Has submitted a letter of intent to pursue accreditation to the Accreditation Commission for Acupuncture and Oriental Medicine within 30 days of receiving full institutional approval pursuant to paragraph (2), and is



granted candidacy status within three years of the date that letter was submitted.

(b) Within 30 days after receiving curriculum pursuant to paragraph (1), the board shall review the curriculum, determine whether the curriculum satisfies the requirements established by the board, and notify the school or college, the Accreditation Commission for Acupuncture and Oriental Medicine, and Bureau of Private and Postsecondary Education of whether the board has approved the curriculum.

(c) This section shall become operative on January 1, 2017. (Repealed (in Sec. 1) and added by Stats. 2014, Ch. 397, Sec. 2. Effective January 1, 2015. Section operative January 1, 2017, by its own provisions.)

## **Article 2. Certification Requirements**

*(Article 2 added by Stats. 1980, Ch. 1313, Sec. 11.5.)*

### **4938. License requirements**

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

(a) Is at least 18 years of age.

(b) Furnishes satisfactory evidence of completion of one of the following:

(1) (A) An approved educational and training program.

(B) If an applicant began his or her educational and training program at a school or college that submitted a letter of intent to pursue accreditation to, or attained candidacy status from, the Accreditation Commission for Acupuncture and Oriental Medicine, but the commission subsequently denied the school or college candidacy status or accreditation, respectively, the board may review and evaluate the educational training and clinical experience to determine whether to waive the requirements set forth in this subdivision with respect to that applicant.

(2) Satisfactory completion of a tutorial program in the practice of an acupuncturist which is approved by the board.

(3) In the case of an applicant who has completed education and training outside the United States and Canada, documented educational training and clinical experience that meets the standards established pursuant to Sections 4939 and 4941.

(c) Passes a written examination administered by the board that tests the applicant's ability, competency, and knowledge in the practice of an acupuncturist. The written examination shall be developed by the Office of Professional Examination Services of the Department of Consumer Affairs.

(d) Is not subject to denial pursuant to Division 1.5 (commencing with Section 475).

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

Each applicant who qualifies for a license shall pay, as a condition precedent to its issuance and in addition to other fees required, the initial licensure fee.

(Amended by Stats. 2014, Ch. 397, Sec. 7. Effective January 1, 2015.)

**4938.1 [Repealed 2000.]**

**4939. (1<sup>st</sup> of 2); Repealed January 1, 2017) Standards for International education training and clinical experience**

(a) The board shall establish standards for the approval of schools and colleges offering education and training in the practice of an acupuncturist, including standards for the faculty in those schools and colleges, completion of which will satisfy the requirements of Section 4938.

(b) Standards for the approval of schools and colleges described in subdivision (a) shall include a minimum of 3,000 hours of study in curriculum pertaining to the practice of an acupuncturist. This subdivision shall apply to all students entering programs on or after January 1, 2005.

(c) Each school or college approved by the board shall receive full institutional approval under Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code in the field of traditional Asian medicine, or in the case of institutions located outside of this state, approval by the appropriate governmental educational authority using standards equivalent to those of Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code, or the board's approval of the program shall automatically lapse.

(d) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

(Repealed (in Sec. 8) and added by Stats. 2014, Ch. 397, Sec. 9. Effective January 1, 2015. Section operative January 1, 2017, by its own provisions.)

**4939. (2nd of 2); Operative January 1, 2017) Standards for International education training and clinical experience**

(a) The board shall establish standards for the approval of educational training and clinical experience received outside the United States and Canada.

(b) This section shall become operative on January 1, 2017.

## **Article 6. Revenue**

(Article 6 added by Stats. 1980, Ch. 1313, Sec. 11.5.)

**4970. Certification fees**

The amount of fees prescribed for licensed acupuncturists shall be those set forth in this section unless a lower fee is fixed by the board in accordance with Section 4972:

(f) The application fee for the approval of a school or college under Section 4939 shall be three thousand dollars (\$3,000). This subdivision shall become inoperative on January 1, 2017.

(Amended by Stats. 2014, Ch. 397, Sec. 12. Effective January 1, 2015.)

**4973. (Repealed January 1, 2017) School Application and Inspection Fee**

(a) A fee for the inspection or re-inspection of a school or college of acupuncture for purposes of approval or continued approval shall be charged at an amount to recover the direct costs incurred by the board in conducting that inspection and evaluation of the school or college.

(b) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

## ACUPUNCTURE REGULATIONS (Title 16, California Code of Regulations)

### Chapter 13.7 ACUPUNCTURE BOARD

Article 1.	General Provisions
Article 2.	Applications Generally
Article 2.5	Renewal of Licenses
Article 3.	Acupuncture Tutorials
Article 3.5.	Acupuncture Training Programs
Article 4.	Examinations and Demonstrations of Competency
Article 5.	Standards of Practice
Article 6.	Miscellaneous Provisions
Article 7.	Acupuncture Corporations
Article 8.	Continuing Education

---

<b>Article 1. General Provisions</b>	1399.423	Prior Approval to Supervise an Acupuncture Trainee	
<i>Section</i>			
1399.400	Citation	1399.424	Filing of Applications; Credit for Prior Training
1399.403	Definitions		
1399.405	Delegation of Functions	1399.425	Requirements for Approval of an Acupuncture Tutorial
1399.406	Filing of Addresses	1399.426	Supervising Acupuncturist's Responsibilities
<b>Article 2. Applications Generally</b>			
<i>Section</i>		1399.427	Trainee's Responsibilities
1399.410	Verification	1399.428	Termination or Modification of Tutorial
1399.411	Certification of Documentation		
1399.412	Translation Required	1399.429	Application for Examination
1399.413	Application Deadline	1399.430	Denial, Suspension or Revocation of Registration as a Supervisor
1399.414	Denial of Applications		
1399.415	Documentation of Training	1399.431	Denial, Suspension or Revocation of Registration as a Trainee
1399.416	Equivalent Training and Clinical Experience Qualifying for Certification	1399.432	Proceedings
1399.417	Abandonment of Applications		
1399.419	Review & Processing of Exam Applications	<b>Article 3.5. Acupuncture Training Programs</b>	
		<i>Section</i>	
		1399.434	Criteria for Approval of Acupuncture and Oriental Medicine Training Programs (effective January 1, 2005)
<b>Article 2.5 Renewal of Licenses</b>			
<i>Section</i>			
1399.419.1	Response to Board Inquiry	1399.435	Criteria for Acupuncture and Oriental Medicine Training Programs
1399.419.2	Fingerprint and Disclosure Requirements for Renewal of License	1399.436	Criteria for Approval of Acupuncture and Oriental Medicine Training Programs
<b>Article 3. Acupuncture Tutorials</b>			
<i>Section</i>		1399.437	Documentation Required for Approval
1399.420	Citation and Reference		
1399.421	Definitions	1399.438	Suspension or Revocation of Approval
1399.422	Prior Approval to Practice as an Acupuncture Trainee	1399.439	School Monitoring; Records; Reporting

<b>Article 4. Examination &amp; Demonstrations of Competency</b>		<i>Section</i>	
		1399.450	Condition of Office
		1399.451	Treatment Procedures
<i>Section</i>		1399.452	Treatments Outside the Office
1399.440	Location	1399.453	Recordkeeping
1399.441	Languages	1399.454	Single Use Needles
1399.443	Examination Content	1399.455	Advertising
1399.444	Lapsed Licenses; Examination	1399.456	Use of Title "Doctor"
<b>Article 5. Standards of Practice</b>			
<b>Article 6. Miscellaneous Provisions</b>			
		<i>Section</i>	
1399.460	Fees		
1399.461	Acupuncture Tutorials		
1399.462	Continuing Education Fee		
1399.463	Authority to Issue Citations and Fines		
1399.464	Exceptions		
1399.465	Citation; Assessment of Fine		
1399.466	Compliance with Orders of Abatement		
1399.467	Citations for Unlicensed Practice		
1399.468	Contest of Citations		
1399.469	Disciplinary Guidelines		
<b>Article 7. Acupuncture Corporations</b>			
		<i>Section</i>	
1399.470	Citation and Authority		
1399.475	Requirements for Acupuncture Corporations		
1399.476	Namestyle		
1399.477	Shares: Ownership and Transfer		
1399.478	Trusts		
1399.479	Corporate Activities		
<b>Article 8. Continuing Education</b>			
		<i>Section</i>	
1399.480	Definitions		
1399.481	Criteria for Provider Approval		
1399.482	Approved Providers		
1399.483	Approval of Continuing Education Courses		
1399.484	Application for Course Approval		
1399.485	Instructors		
1399.486	Advertisements		
1399.487	Denial, Withdrawal and Appeal of Approval		
1399.488	Processing Times for Provider and Course Request Applications		
1399.489	Continuing Education Compliance		
1399.489.1	Inactive License		

### **Article 3.5 Acupuncture Training Programs**

#### **1399.434. Criteria for Approval of Acupuncture and Oriental Medicine Training Programs (effective 1/1/05)**

A school approved by **the board** shall use a training program, which relate to the study and practice of acupuncture and oriental medicine, for all students entering its acupuncture and Oriental medicine training program on or after January 1, 2005 that meets 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 as its primary reference the most current edition of the "Clean Needle Technique Manual" published by the National Acupuncture Foundation, or an equivalent standard which has been approved by the Board. 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-9);
- (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 codes, including (CPT) and ICD-9 diagnoses;
- (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 section 4927(d) and 4937(b).

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) A board approved training program shall consist of at least 2,050 hours of didactic and laboratory training and at least 950 hours of supervised clinical instruction. The course work shall extend over a minimum period of four (4) academic years, eight (8) semesters, twelve (12) quarters, nine (9) trimesters, or thirty-six (36) months.



**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.

**1399.436. Criteria for Approval of Acupuncture Training Programs.**

A school approved by **the board** shall use a training program for all students enrolled in its acupuncture and Oriental medicine training program before January 1, 2005 that meets the following criteria:

(a) The curriculum shall include adequate theoretical training in the following:

- (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--a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology.
- (8) Nutrition and vitamins.....400 minimum class hours
  
- (9) History of medicine--a survey of medical history, including transcultural healing practices.
- (10) Medical terminology--fundamentals of English language medical terminology.....30 minimum class hours
  
- (11) Clinical sciences--a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition and public health.
- (12) Clinical medicine--a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, and homeopathy to familiarize practitioners with the practices of other health care practitioners.
- (13) Western pharmacology.
- (14) A minimum of eight (8) hours in a certified course offering first-aid and adult/child cardiopulmonary resuscitation (CPR). Such course shall be taken from the American Red Cross, American Heart Association or other organization with an equivalent course work approved by the board.....128 class hours
  
- (15) Traditional Oriental medicine--a survey of the theory and practice of traditional diagnostic and therapeutic procedures.
- (16) Acupuncture anatomy and physiology--fundamentals of acupuncture, including the meridian system, special and extra loci, and auriculotherapy.
- (17) Acupuncture techniques--instruction in the use of needling techniques, moxibustion, and electroacupuncture, including contraindication and complications. Students shall either (1) successfully complete a course which requires a student to pass an examination in clean needle technique, taught at a board approved school that uses as its primary reference the most current edition of the "Clean Needle Technique Manual" published by the National Acupuncture Foundation, or (2) successfully complete a Clean Needle Technique course administered by the Council of Colleges of Acupuncture and Oriental Medicine.
- (18) Acupressure.
- (19) Breathing techniques--introductory course in QiGong.
- (20) Traditional Oriental exercise--introductory course in Tai Chi Chuan.....660 minimum class hours

(21) Traditional Oriental herbology including botany--a portion of the hours shall be given in a clinical setting.....300 minimum class hours  
300

(22) Practice management--instruction in the legal and ethical aspects of maintaining a professional practice, including record keeping, professional liability, patient accounts, and referral procedures.

(23) Ethics relating to the practice of acupuncture.....30 minimum class hours

(b) The curriculum shall include adequate clinical instruction, 75% of which shall be in a clinic which is owned and operated by the training program, which includes direct patient contact where appropriate in the following:

(1) Practice observation--supervised observation of the clinical practice of acupuncture with case presentations and discussions.

(2) Diagnosis and evaluation--the application of Eastern and Western diagnostic procedures in evaluating patients.

(3) Supervised practice--the clinical treatment of a patient with acupuncture.....800 minimum class hours

During the initial 235 hours of diagnosis, evaluation and clinical practice the supervisor shall be physically present at all times during the diagnosis and treatment of the patient. Thereafter, for a second period of 235 hours the supervisor shall be physically present at the needling of the patient. The 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 supervisor before and after each treatment.

(c) The total number of hours of all theoretical training shall consist of a minimum of 1,548 hours and the total number of hours of clinical instruction shall consist of a minimum of 800 hours, and the course work shall extend over a minimum period of four (4) academic years, eight (8) semesters, twelve (12) quarters, nine (9) trimesters, or thirty-six (36) months.

(d) Candidates for admission shall have successfully completed an approved high school course of study or have passed a standard equivalency test.

(e) The training program should be located in a state university or college, an 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.

(f) The training program shall develop an evaluation mechanism to determine the effectiveness of its theoretical and clinical program.

(g) Coursework shall carry academic credit.

(h) The director and/or supervisor(s) of the clinical portion of the training program shall be a licensed acupuncturist or other licensed practitioner authorized to practice acupuncture.

(i) All instructors shall be competent to teach their designated courses by virtue of their education, training and experience.

(j) Each approved program shall receive accreditation or approval under Article 4 (commencing with Section 94770) of Chapter 7 of Part 59 of the Education Code, or the approval of the program by the board shall automatically lapse.

(k) Each training program shall develop a mechanism to evaluate and award transfer credit to students for prior coursework and experience which is equivalent to that coursework and clinical instruction required in subsections (b) and (d). The training program's policies and procedures for evaluating and awarding transfer credit shall be set forth in writing and submitted to the board. Such policies and procedures shall include all of the following:

(1) Credit shall only be awarded for actual coursework or directly relevant experience received by the student. As used in this regulation, "experience" means academically relevant learning which involved the student directly in the area of the curriculum required in this section and includes integrated field and clinical internships, apprenticeships, tutorial programs and cooperative educational programs.

(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 by the school in the subject area(s) in which transfer credit may be awarded.

(3) The outcome of the prior education and experience shall be equivalent to that of an average student who has completed the same subject(s) in the training program and shall meet the curriculum standards and graduation requirements of the training program.

(4) 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.

(5) Up to 100% transfer credit may be awarded for courses completed successfully in biology, chemistry, physics, psychology, anatomy, physiology, pathology, nutrition and vitamins, history of medicine, medical terminology, clinical science, clinical medicine, Western pharmacology, cardiopulmonary resuscitation, practice management, and ethics 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.

(6) Credit for clinical coursework and instruction in traditional Oriental medicine, acupuncture anatomy and physiology, acupuncture techniques, acupressure, breathing techniques, traditional Oriental exercise, or traditional Oriental herbology 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 these subject areas are completed successfully at a school approved by the board.

(7) The entire record of the training program's 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 of the student.

(8) All students shall receive upon matriculation a copy of the training program's policies and procedures for evaluating and awarding transfer credit.

**~~1399.437. Documentation Required for Approval.~~**

~~Educational institutions or programs seeking approval of a acupuncture training program shall provide the board with such documents and other evidence as may be necessary for the board to determine the actual nature and extent of the training offered, including but not limited to, catalogues, course description, curricula plans, and study bulletin.~~

**1399.438. Suspension or Revocation of Approval.**

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

**1399.439. School Monitoring; Records; Reporting.**

(a) Every approved acupuncture school shall be required to submit to the board within sixty (60) days after the close of the school's fiscal year a current course catalog with a letter outlining the following: 1) any courses added/deleted or significantly changed from the previous year's curriculum; 2) 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.

~~(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. The school will be required to reimburse the board for direct costs incurred in conducting such review and evaluation.~~

(c) 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.

# Sunset Review Update

## Acupuncture Board Sunrise Action Plan for 2014-2017

Sunset Review Committee Issue/Recommendation	Issue	Status	Comment
1. What can be done to assist Board in increasing their staff to reduce backlog?	Minimal CE audits have been conducted.	Audits being conducted	Board now has full time CE Coordinator who has been auditing 8% of licensees.
	Board has not met enforcement performance targets.	Board has backlog that is distorting performance measures. For new cases board is within target measures.	Board remains understaffed on enforcement, continues to reduce performance measures timeframes.
	Inconsistent intake and investigation timelines.	Board is within its intake performance targets. Has reduced the average total disciplinary time by 300 days.	Board received 1 additional staff and has made progress in eliminating backlog
	Late posting of Board materials.	Materials being posted more than a week ahead of the Board meeting.	Board remains understaffed on administrative support. 4 BCPs for support staff have been denied.
	Regulatory implementation backlogged.	Regulations being drafted and implemented. CPEI, Free and Sponsored Health Events, BPC 138 filed with OAL. SB 1441 under pre-filing review. More expected this year.	Board redirected staff to create dedicated policy staff to address regulatory implementation.
	Education site visits have been severely limited.	Board created site team with SME and has completed all 21 in-state schools and all new school applications. Beginning out of state visits. All visits will be completed by June 2016.	1 school approved and 1 school denied. 28 site visits completed and pending Board review.
	Little to no consumer outreach and education effort has been initiated.	Board has begun to create outreach and education materials for licensees. New materials will be mailed to licensees and included with new licenses.	This is a strategic plan objective that the Board is addressing 2 years ahead of schedule.
	No participation in national organizations.	There are no national regulatory organizations for acupuncture like there are for other professions.	Board has begun to work with ACAOM and BPPE on school oversight.

## Acupuncture Board Sunrise Action Plan for 2014-2017

	Inability to process licenses in timely manner.	There are currently no delays or backlogs. This has not been an issue for the Board. The Board now has 2 licensing staff so processing time will continue to be reduced. EO working with licensing unit to create system.	Created manual accountability projects for holds and fingerprint compliance. Plan projects to reach out to delinquent licensees and system for obtaining correct address. Created system for reaching out to exam applicants who fail to apply for licensure within 3 years of passing the exam. We notified potential licensees of policy change related to using ITIN in lieu of SSN.
Recommendation #1	Board should confer with DCA about workload and staffing levels. In meantime, consider hiring temporary staff.	The Board has conferred with DCA and Agency regularly about its staffing needs. The Board's 4 BCP requests for support staff have been denied. Board has hired 2 part time staff; Board ceased creating additional support position due to budget constraints.	The Board has received 3 staff, but needs 8 more staff to handle current workload. E.O. presenting needs to Executive Committee and submitted 2015 BCP for 4 staff.
2. What is the status of BreEZe?	What is status of the Board's implementation of BreEZe?	The Board is in phase 3 implementation. No date has been set for implementation yet.	
Recommendation #1	Board should update Committee on status, challenges and costs.	The Board was moved to phase 3 in order for the system to be improved and designed to make implementation easier for the Board which is understaffed. Cost is not an issue at the moment.	Board remains on the older CAS and ATS system and is unable to fix any problems due to not being granted freeze exemptions.
3. What has prevented the Board from providing information to the public via its list serve, website and webcast?		This was an issue for the past Board, not for this current Board. All Board meetings are webcast. Board reactivated its list serve and notices including agendas are sent out through the list serve.	Meeting materials, agendas and webcast links are posted on the website.



## Acupuncture Board Sunrise Action Plan for 2014-2017

4. Should the Board use the National Practitioner Databank for background checks?		This issue has been assigned to the Enforcement Committee and discussed at their May 2014 meeting. The resolution was tabled until the next meeting.	This issue will be resolved this year. There are budget constraints to consider in choosing a contracting option .
Recommendation #1	The Board should begin utilizing the NPD. If costs are too high consider less costly alternatives and consult other boards.	The Board is currently exploring all cost options. The Board has consulted other boards and has that information already.	The Board is on track to resolve this issue this year.
5. Why has there been a delay in promulgating Consumer protection regulations?	What is the delay in promulgating the Consumer Protection Enforcement Initiative (CPEI)?	CPEI regulations in final review stage with OAL.	Board has 3 regulatory packages filed with OAL and 1 in final pre-filing review stage.
6. Why has it taken the Board over two years to establish guidelines and training manuals?		The Board already has an enforcement manual and guidelines that were completed in 2010.	This was already completed in 2010.
7. Should Board promulgate regulations pursuant to BPC Section 138?		The Board approved this regulation at the September 12, 2014 Board meeting. The regulatory package has been filed with OAL-the expected implementation is May 2016.	The Board has one year from filing to receive approval from OAL. We are on track to complete this.
8. Should Board join professional regulatory associations?		Completed. Discussed at April 2014 Committee meeting. There are no professional regulatory associations for the Board to join.	There are no professional regulatory associations in acupuncture to join.
9. What is contributing to cashing delays	Cashiering delays	<b>Completed</b> Board will include explanation in next Sunset Review Report.	This was an objective listed in the Board's Strategic Plan. Cause of delays found, but beyond the Board's control to resolve.
10. What are the impediments to the Board's CE oversight function?		The Board created a CE Coordinator position, which provides the oversight needed, but there is a need for an additional dedicated auditor and support staff.	Board requested additional CE staff in past 3 BCPs. Those have been denied. Will continue to request dedicated staff for audits.

## Acupuncture Board Sunrise Action Plan for 2014-2017

Recommendation #1	New staff should assist Board in operating more efficiently. Board should consider establishing fees for individual courses.	New staff has made a significant difference in CE oversight. The Board is currently considering fee increases.	Up until now, the Board's budget reserve has prevented the Board from considering fees. The Board has begun to look at fees.
11. When will the Board conduct an audit of the NCCAOM exam?		The Occupational Analysis has been completed and released February 2015. The Board has begun work to conduct an audit.	Audit could be completed by January 2016 depending on NCCAOM
Recommendation: #1	Board should strive towards utilizing national certification exam. Board should first conduct Occupation Analysis, then audit NCCAOM exam and pursue legislation to allow students to take either CALE or NCCAOM.	<ol style="list-style-type: none"> <li>1) The Board is conducting its occupational analysis.</li> <li>2) The Board has committed to audit the NCCAOM exam as required by BPC 139.</li> <li>3) BPC restricts the Board from deciding to utilize a national exam without first conducting an updated OA and audit. As a result, the Board is under a legal duty to follow the requirements of BPC 139 in considering the use of another exam.</li> </ol>	The Board is on track for auditing the exam. Once the audit results are complete, the data will provide the Board and Committee with the answer to this question.
12. Should Board continue to regulate schools and should schools be required to be accredited?		This is an issue that the Board is currently addressing. SB 1246 has created changes that remove the Board's school approval authority and restrict the Board's authority to set standards and review curriculum.	The Board is reviewing the impact of SB 1246. The Board did not support removal of its school approval and inspection authority and fees, but is moving forward with implementation of SB 1246.

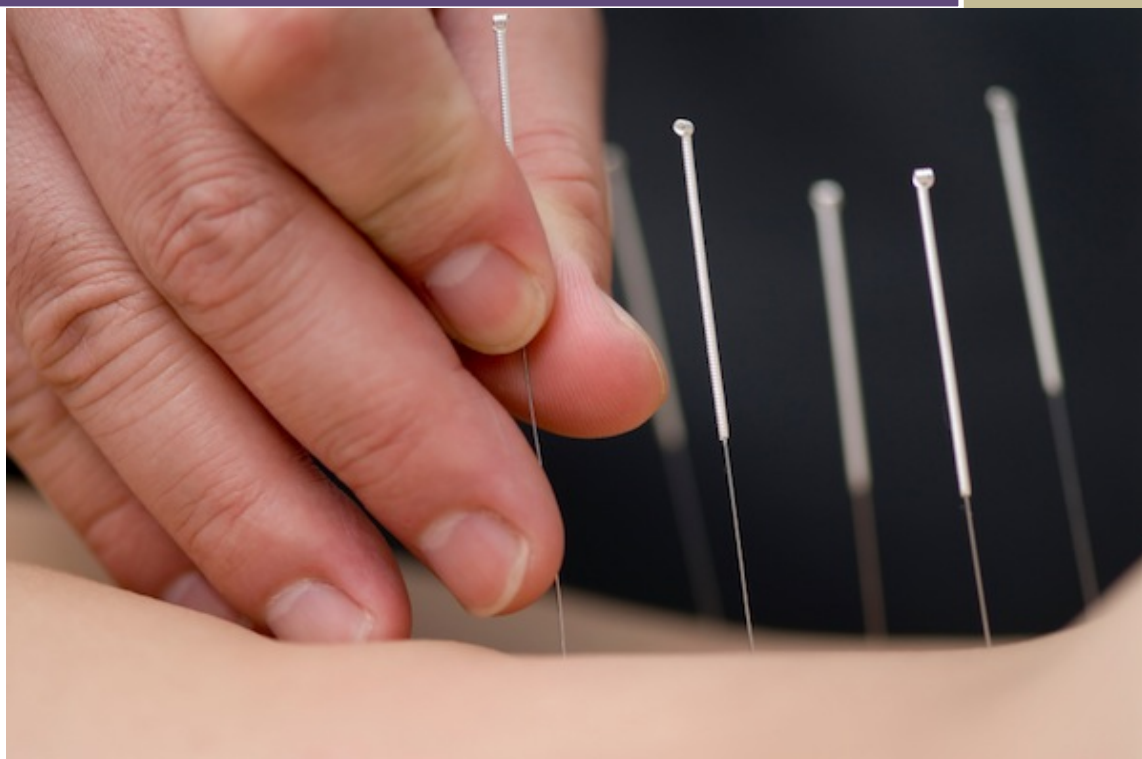
## Acupuncture Board Sunrise Action Plan for 2014-2017

<p>Recommendation #1</p>	<p>Board should act on Committee recommendations from prior sunset review and seek legislation requiring all schools obtain accreditation by an agency approved by U.S. Department of Education.</p>	<p>The Board did not support elimination of its authority to approve training programs and conduct inspections and receive fees. SB 1246 removes this authority in 2017. This is a policy issue for the board to assess impact and deliberate on further.</p>	<p>Results from school inspections will provide the needed data to assist with this deliberation. 31 school inspections will be completed by June 2015. The remaining 11 out of state will be completed by June 2016.</p>
<p>13. Should the licensing and regulation of acupuncturists be continued to be regulated by the current Board?</p>	<p>Board should prioritize the following top 3 priorities:            1) Promulgate BPC section 138            2) Conduct OA and audit of NCCAOM exam and pursue legislation that gives students the option of taking either CALE or NCCAOM for licensure.            3) Discontinue school approval process and instead pursue legislation to require all schools be accredited by an agency approved by the U.S. Dept. of Education.</p>	<p>The Acupuncture Board should continue to regulate all aspects of the acupuncture profession.</p> <p>The Board is actively addressing all three priorities listed in 2014 Background Paper.</p> <p>1) Board conducted an OA that was completed in February 2015.            2) Board is conducting an audit of the NCCAOM certification exam upon completion of the OA. The expected completion of the OA is Fall 2015.            3) SB 1246 shifts school approval and oversight to ACAOM. Board is discussing impact of SB 1246 and moving forward with implementation.</p>	<p>The Board is vital to the regulation of the acupuncture profession and protection of public safety. This Board has worked hard to address deficiencies. The Board has been improving daily operations, seeking the staffing levels it needs.</p>

# Strategic Plan Update

State of California  
Board of Acupuncture

2013-2017



Strategic  
Plan

Adopted October 25, 2013

Action Planning Details Added on January 23, 2014

MEMBERS OF THE  
CALIFORNIA ACUPUNCTURE BOARD

Nian Peng “Michael” Shi, L.Ac., Chair

Kitman Chan, Vice-Chair

Hildegarde Aguinaldo, J.D., Public Member

Jeannie Kang, L.Ac., Licensed Member

Francisco H. Hsieh, Public Member

Jamie Zamora, Public Member

Terri A. Thorfinnson, J.D., Executive Officer

## MESSAGE FROM THE BOARD CHAIR



On behalf of the California Acupuncture Board (CAB), I want to thank everyone involved in the strategic planning development process for their vision, strong effort and commitment to the CAB's role as regulator, facilitator, and leader in the field of Acupuncture in the State of California.

This plan reflects the CAB's commitment to work in partnership with the Acupuncture community including the public, licensees, government, as well as educational providers. It is the result of input from, and consultation with the Board staff, the public, and the profession.

This Strategic Plan is the cornerstone for the CAB as we move into the next five years of our mission as one of the leading regulatory agencies of the Acupuncture profession. It builds on some of the foundations of our Strategic Plan 2007-2012, which guided the CAB's work up until now. We believe the new plan offers a roadmap to the future with clear focus on building the basic framework for the regulation and oversight of the Acupuncture profession. We look forward to the mission ahead as we deliver on our Strategic Plan for 2013-2017 and meet the challenges and opportunities that are ahead.

NIAN PENG "Michael" SHI, L.Ac.

CHAIR

# TABLE OF CONTENTS

ABOUT THE CALIFORNIA ACUPUNCTURE BOARD .....	1
SIGNIFICANT BOARD ACCOMPLISHMENTS .....	5
VISION, MISSION, AND VALUES .....	8
STRATEGIC GOALS AND OBJECTIVES.....	10



## **ABOUT THE CALIFORNIA ACUPUNCTURE BOARD**

The California Acupuncture Board (CAB) has evolved over the years as a state licensing entity for acupuncturists and progressed into a semi-autonomous decision-making body. Initially, in 1972, acupuncture was regulated by the Acupuncture Advisory Committee under the jurisdiction of The Board of Medical Examiners (i.e., Medical Board of California). In 1980, the Committee was replaced with the Acupuncture Examining Committee within the Division of Allied Health Professions. In 1999, the Committee became the Acupuncture Board, solely responsible for licensing and regulating the practice of acupuncture and Oriental medicine in the State of California.

The primary responsibility of the Acupuncture Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Acupuncture Licensure Act and the Board's regulations. Under the Department of Consumer Affairs, the Board promotes safe practice through the improvement of educational training standards, continuing education, administering the California Acupuncture License Examination (CALE), enforcement of the Business and Professions (B&P) Code, and public outreach. The Board establishes and maintains entry standards of qualification and conduct within the acupuncture profession, primarily through its authority to license. The Acupuncture Licensure Act commences with the B&P Code, Section 4925 et seq., and the Board is authorized to adopt regulations that appear in Title 16, Division 13.7, of the California Code of Regulations (CCR). The Board regulates over 11,000 licensed acupuncturists and establishes standards for approval of institutions and colleges that offer education and training programs in the practice of acupuncture and Oriental medicine.

The Board consists of seven members with a public majority (i.e., 4 public members and 3 professional members). Five members are appointed by the Governor, one by the Speaker of the Assembly and one by the Senate Pro Tempore. The Legislature has mandated that the acupuncture members of the Board must represent a cross-section of the cultural backgrounds of the licensed members of the profession, which assists Board members in their critical role as policy and decision makers in disciplinary hearings, approval of new schools, contracts, budget issues, legislation and regulatory proposals.

Committees serve as an essential component of the full Board to address specific issues referred by the public or recommended by staff. Committees are composed of two Board members who are charged with gathering public input, exploring alternatives to the issues, and making a recommendation to the full Board.

The Acupuncture Board has four committees as follows:

<b>Committee</b>	<b>Responsibilities</b>
Executive Committee	Address issues related to expenditures/revenue/fund condition, executive officer selection/evaluation, legislation/regulations, committee policy/procedures, and special administrative projects.
Education Committee	Address issues related to acupuncture educational standards, school application and approval process, tutorial programs, and continuing education.
Examination Committee	Address issues related to development and administration contracts, administration, and miscellaneous issues.
Enforcement Committee	Address enforcement issues, propose regulations, policies, and standards to ensure compliance with the Board’s statutes and regulations.

The Board appoints an Executive Officer to oversee a staff of 11 full-time staff and three part-time staff that support six major Board functions: licensing, exam, education – enforcement and school oversight, enforcement, and regulatory.

- Licensing Unit is responsible for issuing licenses and processing initial applications and renewals, fingerprint/live scans, ensuring continuing education compliance and other related functions.
- Exam Unit processes and evaluates all exam applications from graduates of California approved schools and accredited foreign schools, processes ADA special accommodations, oversees exam development and actual exam offered twice a year, releases exam results, analyzes results and posts to

the Board's website exam statistics by school, first time, and repeat test takers.

- Education has two units: School Oversight and Enforcement. The School Oversight Unit approves and monitors schools and conducts site visits. The Education Enforcement Unit monitors schools for compliance, approves continuing education courses and providers, and conducts audits of continuing education compliance among licensees.
- Enforcement Unit processes and investigates complaints or conviction reports. Cases are referred for further investigation and evaluation by subject matter experts (SMEs) for standards of care and patient safety. The Executive Officer determines which disciplinary actions to pursue or issues citations based on the results of investigations. Disciplinary actions are posted on the website for consumer protection.
- Regulatory unit prepares regulatory packages, monitors legislation, and pursues Board sponsored legislation.
- Administration unit handles purchasing, personnel, fiscal duties, and travel reimbursement for the office.

Together, all of these functions protect the health and safety of Californians. Enforcement efforts protect consumers from licensed and unlicensed individuals who engage in fraudulent, negligent, or incompetent acupuncture practice. Education oversight and enforcement protects consumers from unqualified licensees providing care that may harm health and public safety. Similarly, the California Acupuncture Licensing Exam protects the public by evaluating the competence of those seeking licensure in California.

The Board's acupuncture curriculum requirements include completion of 3,000 hours of theoretical and clinical training from a Board approved school within the United States or accredited foreign school or completion of the Board approved Tutorial Training Program.

To be eligible to sit for the CALE, applicants must demonstrate that they have either graduated from a Board approved tutorial program or completed the required coursework from either a Board approved school or accredited foreign school.

Consumers are also protected by the Board's ongoing professional requirements for licensees. Licensees are required to renew their license every two years and are

required to complete 50 hours of continuing education as a condition of license renewal.

The Board is committed to fulfill its statutory and regulatory mandates, mission and vision. The Board continually re-evaluates its business operations and systems, improves its infrastructure and explores new ways of doing business and delivering its services. The Board is continually committed to increasing the quality and availability of services it offers to stakeholders.

## **SIGNIFICANT BOARD ACCOMPLISHMENTS**

As a part of strategic planning, the Board evaluated its previous strategic plan goals and identified which objectives were accomplished. The following are the significant Board accomplishments since the 2007 strategic plan was adopted.

### **Adopted Regulations Improving Continuing Education Standards**

In 2007-2008, the Board evaluated continuing education standards and implemented the following regulatory changes:

- Categorized all continuing education coursework requirements into two categories. Category one includes coursework requirements related to clinical matters or the actual provision of health care to patients. Category two is coursework unrelated to clinical matters or the actual provision of patient care. There is no limitation on the amount of category one coursework that can be counted towards the continuing education requirement. Category two coursework is limited to five hours that can count toward the requirements.
- Increased the number of continuing education hours from 30 to 50 hours every two years. Although this change was approved by the Board in 2006, the work was completed and implemented during 2007-2008.
- Clarified and defined eligible distance learning coursework that would meet continuing education requirements. The application process for distance learning continuing education was streamlined requiring CE providers to submit the exam in addition to the regular C.E. application requirements. Distance learning was allowed to account for 50% of continuing education requirements.

### **Enforcement and Licensure Regulatory Changes**

- In 2010, the Board implemented retroactive fingerprinting requirements for licensees who were initially licensed prior January 1, 2001, as a condition of license renewal.
- The Board adopted regulations in 2011 to create a licensure exemption for Sponsored Free Health Care Events. This is a pending regulation package.

- In 2013, the Board approved the regulatory requirement that Acupuncturists must include their license number in all of their advertisements. This is a pending regulatory package.
- In 2012, the Board adopted continuing education requirements that licensees must take no less than four hours of professional ethics coursework. This is a pending regulatory package.

### **Improved the Board's Education Enforcement Process**

- The Board resumed site visits for schools seeking initial program approval and education enforcement. The site visit team was reengineered to include a licensed subject matter expert or licensed Board member to assist in the evaluation of curriculum standards compliance.
- The Board increased the number of continuing education desk audits to a random sampling of 8% of licensees to ensure compliance.
- The Education Enforcement Unit is collecting data by school on exam application irregularities including questionable transcripts, transfer credit violations, and abuse of course-in-progress credits.

### **Improved Administration of the California Acupuncture Licensing Exam (CALE)**

- The Board conducted a comprehensive evaluation of the August 2012 California Acupuncture Licensing Exam (CALE) and determined it to be valid, credible, and reliable, and not the cause of the low pass rate.
- The Board adjusted the exam calendar to allow more time to evaluate transcripts to ensure accuracy and to meet exam administrators' preparation timeline.
- The Board tightened exam security to ensure fair testing.
- The Board posted multi-lingual exam guides to the website to ensure applicant understanding of the exam process and security protocols.

### **Improved Board Administration**

- The Board improved customer service to Board callers by shifting call center responsibility to the Department of Consumer Affairs (DCA)'s Consumer Information Center. This allows the Board to better handle the high call volume and provide callers with improved service by minimizing voicemail overflow and call wait times.
- In November 2012, the Board expanded stakeholder accessibility to Board meetings by webcasting all Sacramento-based public meetings to maximize licensee and consumer access to Board discussions, decisions, and actions.

## **OUR VISION**

A California with the greatest health and well-being through access to excellent primary health care in acupuncture.

## **OUR MISSION**

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

## **OUR VALUES**

### **CONSUMER PROTECTION**

We make effective and informed decisions in the best interest and for the safety of Californians.

### **EXCELLENCE**

We support outstanding achievement in our employees, driven by a passion for quality, as we strive for continuous improvement. Teamwork is demonstrated at all levels through cooperation and trust by working with and soliciting the ideas and opinions of stakeholders, consumers, and staff.

### **RESPECT**

We value and celebrate California's ever-changing cultural and economic diversity. We are responsive, considerate, and courteous to all stakeholders.

### **LEADERSHIP**

We strive to set the standard for professional regulation by creating, communicating, and implementing inspirational visions for results.

### **SERVICE**

We serve the needs of the public with integrity and through meaningful communication. We are professional and responsive to the needs of our stakeholders.



## **ACCOUNTABILITY**

We operate transparently and encourage public participation in our decision-making whenever possible. We accept personal responsibility for our actions, exemplifying high ethical standards, always striving to improve our effectiveness.

## **INTEGRITY**

We are honest, fair, and respectful in our treatment of everyone by honoring the dignity of each individual. We foster long-term relationships with stakeholders and employees through open, authentic communication, earning trust by demonstrating a commitment to ethical conduct and responsibility.

# GOAL 1: LICENSING

Promote licensing standards to protect consumers and allow reasonable access to the profession.

## 1.1 Work with the Department of Consumer Affairs executive team to resolve cashiering issues causing licensing delays.\*

Action Item	Status	Responsible Party	Completion Date
1.1.1 Develop a problem description of the issues and bottlenecks in the DCA cashiering function causing license renewal delays for acupuncturists.	Completed	Policy Coordinator	Q2 2013
1.1.2 Identify a cashiering liaison to work with for resolving licensing delays.	Completed	Policy Coordinator/DCA	Q3 2014
1.1.3 Map out the cashiering process and evaluate the cashiering payment processing timeline.	Completed	Policy Coordinator/DCA	Q2 2015
1.1.4 Educate DCA cashiering staff of issues posing problems for CAB and educate them on CAB's procedures and functions to decrease license renewal delays.	Completed	Policy Coordinator/DCA	Q3 2015
1.1.5 Actively work with the Breeze development team to define business needs, develop a licensing and cashiering design plan for BreEZe rollout in 2015, prepare data, licensing forms, and pilot in preparation for Breeze implementation.		Policy Coordinator/DCA (BreEZe)	Q3 2015 (Dependent on BreEZe)
1.1.6 Research other boards handling their own cashiering and evaluate the feasibility of CAB implementing an in-house cashiering process.	Completed	Policy Coordinator	Q4 2015
1.1.7 Develop a resource evaluation memo with the findings and recommendations for the Board.		Policy Coordinator	Q4 2015
1.1.8 Implement a weekly monitoring process to ensure that standards for licensing and cashiering are met.	Completed	Policy Coordinator	Q3 2016
1.1.9 Evaluate licensing data to develop a BCP for an additional analyst position.	Completed	Policy Coordinator	Q4 2016

\*Objectives for each goal area are listed in order of priority.

## GOAL 2: ENFORCEMENT

Protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of acupuncture.

**2.1** Review disciplinary guidelines and regulatory standards to determine if standards need revision.

<b>Objective Success Measurement</b>			
Revision to the disciplinary guidelines are implemented through regulatory change.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
2.1.1 Review existing disciplinary guidelines to identify revisions and update the regulatory standards language.	Under Review by Committee	Enforcement Coordinator / Enforcement Committee	Q4 2015
2.1.2 Draft revisions to the disciplinary guidelines.		Enforcement Coordinator	Q2 2016
2.1.3 Present the updated guidelines and regulations for Board approval.		Executive Officer	Q3 2016
2.1.4 Create a regulations package.		Policy Coordinator	Q2 2017
2.1.5 File a regulatory package with the Office of Administrative Law.		Policy Coordinator	Q3 2017
2.1.6 Implement the regulations.		Enforcement Coordinator	Q4 2017

**2.2 Strengthen the Board’s enforcement authority through Implementation of Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Probation, and the Consumer Protection Enforcement Initiative.**

<b>Objective Success Measurement</b>			
Revision to the disciplinary guidelines are implemented through regulatory change.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
2.2.1 Develop uniform standards language related to substance abuse and the Consumer Protection Enforcement Initiative.	<b>Completed</b>	Enforcement Coordinator	Q1 2013
2.2.2 Present Uniform Standards and Consumer Protection Enforcement Initiative packages for Board approval.	<b>Completed</b>	Executive Officer	Q4 2013
2.2.3 Create regulations packages.	<b>Completed</b>	Policy Coordinator	Q4 2013
2.2.4 File regulatory packages with the Office of Administrative Law.	Under Final Review	Policy Coordinator	Q1 2015
2.2.5 Implement the regulations and guidelines.		Enforcement Coordinator	Q3 2015

**2.3** Seek legislation to expand non-complaint based clinic inspection authority to further public protection.

<b>Objective Success Measurement</b>			
Develop a bill package to expand non-complaint based clinic inspection authority.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
2.3.1 Identify the need for inspection authority.	<b>Completed</b>	Enforcement Coordinator	Q1 2013
2.3.2 Research other boards with inspection authority and identify how they use the authority.		Enforcement Coordinator	Q2 2016
2.3.3 Present findings to the Enforcement Committee for review and recommendations to the Board.		Enforcement Coordinator/ Sponsor: Enforcement Committee	Q4 2016
2.3.4 Propose recommendations for Board approval.		Executive Officer/ Sponsor: Enforcement Committee	Q1 2017
2.3.5 Identify a legislative author or seek a statutory change.		Policy Coordinator	Q3 2017
2.3.6 Implement the law.		Enforcement Coordinator	Q3 2018

**2.4** Determine feasibility of strengthening the recertification process for reinstatement of an inactive license to further public safety. Promulgate regulations to do so, if found feasible.

<b>Objective Success Measurement</b>			
Provide feasible recommendations for the recertification process to the Board.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
2.4.1 Identify the weaknesses in the existing recertification process.		Policy Coordinator	Q2 2016
2.4.2 Develop an action plan to address these findings.		Policy Coordinator	Q3 2016
2.4.3 Research the inactive recertification processes used by other boards.		Policy Coordinator	Q4 2016
2.4.4 Develop a plan and present to the Education Committee to review and provide recommendations for Board approval.		Policy Coordinator/ Sponsor: Education Committee	Q1 2017
2.4.5 Promulgate and implement regulations through the regulation process.		Policy Coordinator/ Sponsor: Education Committee	Q3 2017
2.4.6 Monitor compliance with regulations through a tracking process.		Licensing Technician	Q3 2017

## GOAL 3: EDUCATION

Advance higher education standards to increase the quality of education and ensure consumer protection.

**3.1** Evaluate curriculum standards to ensure professional qualification and public safety. The Board will evaluate whether financial standards for schools are needed.

Objective Success Measurement			
Board completed the evaluation of curricula standards for schools.			
Major Actionable Tasks to Accomplish	Status	Responsible Party	Completion Date
3.1.1 Host a series of stakeholder meetings with schools to discuss curricula standards.		Education Coordinator/ Executive Officer	Q2 2016
3.1.2 Assess how the Bureau for Private Postsecondary Education (BPPE) evaluates finances for schools.		Education Coordinator	Q2 2016
3.1.3 Review the new occupational analysis for professional qualifications of acupuncturists.		Education Coordinator/ Exam Coordinator	Q3 2016
3.1.4 Present new curricula standards to the Education Committee to review and provide recommendations for Board approval.		Education Coordinator/ Sponsor: Education Committee	Q4 2016

**3.2** To ensure that students are qualified to successfully complete Acupuncture training programs, the Board will explore increasing **initial licensure- (should be eligibility for TCM program)** qualifications to a Bachelor's degree or set a score for the Medical College Admission Test (MCAT).

<b>Objective Success Measurement</b>			
Education Committee review of report regarding initial licensure qualifications.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
3.2.1 Research other California allied health fields entry requirements to explore licensure qualifications.	<b>Completed</b>	Education Coordinator	Q4 2014
3.2.2 Host a series of expert panels with schools and industries to assess minimum requirements for acupuncture entry level training programs.		Education Coordinator	Q2 2016
3.2.3 Present new requirements to the Education Committee to determine the next action.		Education Coordinator/ Sponsor: Education Committee	Q3 2016



**3.3** The Education Committee will evaluate school courses and course materials to ensure compliance with the Board's curriculum requirements.

<b>Objective Success Measurement</b>			
Completed enforcement site visits for approved training programs in California.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
3.3.1 Create position authority for an Educational Consultant (a licensed acupuncturist).	<b>Completed</b>	Executive Officer	Q2 2016
3.3.2 Chart curriculum changes through Annual School Reports (historical evaluation of curriculum).	Work in Progress	Education Coordinator	Q2 2016
3.3.3 Evaluate school courses to identify whether regulatory standards need to be revised.	Work in Progress	Education Coordinator	Q2 2016
3.3.4 Conduct enforcement site visits of schools	Work in Progress	Education Coordinator	Q2 2017
3.3.5 Assess the need to establish a time table that identifies the frequency of enforcement site visits.		Education Coordinator	Q3 2017

**3.4** Promulgate regulations to require international applicants and students attending non-English track schools to pass the TOEFL exam before being eligible to sit for the California Acupuncture Licensing Exam (CALE).

<b>Objective Success Measurement</b>			
Implement new Test of English as a Foreign Language (TOEFL) exam standards.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
3.4.1 Research the current requirements that exist in schools/universities and other boards for the TOEFL exam requirements.		Education Coordinator	Q2 2016
3.4.2 Conduct stakeholder meetings about the TOEFL exam to gather input from schools, licensees, and consumers.		Education Coordinator	Q2 2016
3.4.3 Propose minimum standards for the TOEFL exam to the Education Committee to review and provide recommendations for Board approval.		Education Coordinator/ Sponsor: Education Committee	Q3 2016
3.4.4 Promulgate new TOEFL exam minimum standards.		Education Coordinator/ Sponsor: Education Committee	Q4 2016
3.4.5 Implement new TOEFL exam standards.		Education Coordinator/ Sponsor: Education Committee	Q4 2017

**3.5 Enhance school curriculum regulations by adding a required course in Standardized Acupuncture terminology.**

<b>Objective Success Measurement</b>			
Complete a feasibility study and provide recommendations to the Board.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
3.5.1 Convene an expert panel on standardizing acupuncture terminology across languages.		Education Coordinator/ Sponsor: Education Committee	Q4 2016
3.5.2 Review international terminology standards, including the World Health Organization (WHO).		Education Coordinator/ Sponsor: Education Committee	Q1 2017
3.5.3 Identify Subject Matter Experts (SMEs) for acupuncture terminology.		Education Coordinator/ Sponsor: Education Committee	Q2 2017
3.5.4 Collaborate with SMEs to identify acupuncture terminology problem areas and develop recommendations for the Education Committee.		Education Coordinator/ Sponsor: Education Committee	Q3 2017
3.5.5 Present findings to the Board and public to determine next action.		Education Coordinator/ Sponsor: Education Committee	Q4 2017

# GOAL 4: PROFESSIONAL QUALIFICATIONS

Improve continuing education and examination standards to ensure excellence in practice and promote public safety.

**4.1** Evaluate the approved continuing education course list and create a defined scope for continuing education coursework that focuses on improving practice knowledge, best practices, and updated research.

Objective Success Measurement			
Completed stakeholder meeting and proposed new continuing education requirements.			
Major Actionable Tasks to Accomplish	Status	Responsible Party	Completion Date
4.1.1 Review continuing education requirements of other health boards.	Completed	Education Coordinator	Q1 2016
4.1.2 Review out-of-state acupuncture boards continuing education requirements to identify practice knowledge, best practices and updated research.		Education Coordinator	Q2 2016
4.1.3 Form a stakeholder/expert panel on industry practices and needs.		Education Coordinator/ Sponsor: Education Committee Chair	Q4 2016
4.1.4 Based on findings from the panel, propose new continuing education requirements to the Board.		Education Coordinator / Sponsor: Education Committee	Q1 2017

**4.2** Formalize the continuing education audit process of the Education Committee’s review of potentially non-compliant continuing education courses and providers.

<b>Objective Success Measurement</b>			
Successful implementation of a continuing education audit process.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
4.2.1 Create position authority for an Educational Consultant (licensed acupuncturist).	<b>Completed</b>	Executive Officer	Q2 2016
4.2.2 Develop an internal process for the continuing education provider audit process.	<b>Completed</b>	Education Coordinator	Q3 2016
4.2.3 Select a pool of Subject Matter Experts (SMEs) to review continuing education courses.	<b>Completed</b>	Education Coordinator	Q3 2015
4.2.4 Identify questionable continuing education courses for SMEs to review.	Work in Progress	Education Coordinator	Q4 2016
4.2.5 Identify questionable topics for the Education Committee to review and determine if topics are relevant to professional qualifications and continuing education.	Work in Progress	Education Coordinator/ Sponsor: Education Committee	Q1 2016
4.2.6 The Education Committee will review and provide recommendations for Board approval.		Education Coordinator/ Sponsor: Education Committee	Q2 2016

**4.3** Review past occupational analysis studies to identify improvements to the evaluation process and implement those improvements during the next analysis.

<b>Objective Success Measurement</b>			
Conduct stakeholder meetings to gather feedback to improve occupational analysis.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
4.3.1 Review past occupational analysis.	<b>Completed</b>	Executive Officer and Board Chair	Q4 2013
4.3.2 Conduct stakeholder meetings to solicit input related to improving the occupational analysis for acupuncturists.	<b>Completed</b>	Executive Officer and Board Chair	Q4 2013

**4.4 Evaluate the CALE exam to ensure continued test validity and security.**

<b>Objective Success Measurement</b>			
Confirm the California Acupuncture Licensing Exam (CALE) test validity and identify statistical tools to identify problem areas for training programs.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
4.4.1 Audit the CALE to confirm its validity.	Q3 2015 projected completion	Executive Officer	Q2 2013
4.4.2 Research costs and components of implementation of computer based testing.	<b>Completed</b>	Executive Officer	Q2 2014
4.4.3 Contract with the Office of Professional Examination Services (OPES) to increase questions in the item bank pending completion of the occupational analysis.	Work in Progress	Executive Officer	Q3 2015
4.4.4 Propose a recommendation to establish a limit on the number of times a person can take the CALE for the Examination Committee to review and present for Board approval.	Under Review by Committee	Executive Officer/ Sponsor: Examination Committee	Q2 2014
4.4.5 Create statistical tools to evaluate competencies and test validity of the CALE exam.		Examinations Coordinator	Q4 2016
4.4.6 Use statistical data to inform schools of possible competency issues related to training programs.		Examinations Coordinator	Q4 2016

## GOAL 5: OUTREACH

Inform consumers, licensees, and stakeholders about the practice and regulation of the acupuncture profession.

**5.1** Form a Licensee Education Committee to create educational materials for licensees and a "What You Need to Know" educational series that will be accessible from the website.

Objective Success Measurement			
Develop and successfully implement "You Need to Know" educational series.			
Major Actionable Tasks to Accomplish	Status	Responsible Party	Completion Date
5.1.1 Identify members of the Licensee Education Committee to define the purpose and criteria of the educational materials.	Work in Progress	Executive Officer and Board	Q4 2016
5.1.2 Research and survey the licensee population to identify the types of information to receive to increase their awareness.	Work in Progress	Policy Coordinator	Q2 2016
5.1.3 Consult with Legal Counsel to determine what information can be provided and identify the appropriate technical information for licensees.	Work in Progress	Policy Coordinator	Q4 2016
5.1.4 Develop a plan and present it to the Licensing-Education Committee to review and provide recommendations for Board approval.	Work in Progress	Executive Officer/ Sponsor: Licensing-Education Committee	Q1 2017
5.1.5 Based on recommendations and approval from the Board, develop educational materials.		Policy Coordinator	Q3 2017
5.1.6 Coordinate dissemination of "What You Need to Know" educational series for licensees.		Policy Coordinator	Q4 2017
5.1.7 Make series public using different venues such as the CAB website.		Policy Coordinator	Q4 2017



**5.2** Increase outreach to interested stakeholders by leveraging cost-effective technology to increase understanding of the Acupuncture profession and the Board.

<b>Objective Success Measurement</b>			
Implement an established process in which stakeholders are informed regularly.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
5.2.1 Create manager position authority through BCP to oversee outreach program.	<b>BCP Denied 2014, applied 2015</b>	Executive Officer	Q2 2014
5.2.2 Identify interested stakeholders and organize contact information.	<b>Completed</b>	Executive Officer	Q4 2015
5.2.3 Conduct a survey to identify the types of information stakeholders would like to receive to increase awareness of acupuncture rules and regulations.		Policy Coordinator	Q2 2016
5.2.4 Establish a staff taskforce to implement an informational plan.		Executive Officer	Q4 2016
5.2.5 Identify methods of dissemination to distribute information to stakeholders.		Policy Coordinator	Q1 2017
5.2.6 Implement the informational plan to inform stakeholders regularly.		Policy Coordinator	Q3 2017

**5.3 Work collaboratively with state and national professional associations to increase awareness of the Board’s functions.**

<b>Objective Success Measurement</b>			
Implement an established process in which professional associations are informed regularly.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
5.3.1 Identify acupuncture/Asian medicine state and national professional associations.	Work in Progress	Executive Officer/Board Chair	Q2 2015
5.3.2 Conduct a meeting with professional association representatives to identify the types of information to receive to increase their awareness.	Work in Progress	Executive Officer/Board Chair	Q4 2015
5.3.3 Establish a staff task force to develop an outreach plan.		Executive Officer	Q4 2016
5.3.4 Identify methods of dissemination to distribute information to associations.		Policy Coordinator	Q1 2017
5.3.5 Develop a schedule to regularly release information to associations.	Work in Progress	Executive Officer	Q3 2017

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

<b>Objective Success Measurement</b>			
Completed FAQ's posted on the CAB website.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
5.4.1 Research resources for the Affordable Care Act (ACA) requirements for electronic record management.	<b>Completed</b>	Policy Coordinator	Q1 2017
5.4.2 Compile FAQs and identify a list of resources.	Work in Progress	Policy Coordinator	Q2 2017
5.4.3 Post FAQs and identified resources on the CAB website.	Work in Progress	Internet Coordinator	Q3 2017
5.4.4 Send email or newsletter to licensees to provide information and direct them to the CAB website.		Policy Coordinator	Q3 2017

**5.5 Modify the Board’s website to ensure accessibility and increase usability.**

<b>Objective Success Measurement</b>			
CAB website is updated to increase usability.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
5.5.1 Identify website shortcomings and complete comparative analysis of other board websites.	<b>Completed</b>	Policy Coordinator	Q4 2013
5.5.2 Work with the Office of Information Services (OIS) to successfully update the CAB website.	<b>Completed</b>	Policy Coordinator	Q2 2014
5.5.3 Determine the design of the website layout and how pages link.	<b>Completed</b>	Executive Officer	Q2 2014
5.5.4 Produce the content and update the website	<b>Completed</b>	Policy Coordinator	Q2 2014
5.5.5 Work with OIS to implement the website changes.	<b>Completed</b>	Policy Coordinator	Q4 2014
5.5.6 Publicize the website changes to stakeholders through emails and newsletters.	<b>Completed</b>	Executive Officer	Q4 2014

# GOAL 6: ADMINISTRATION

Build an excellent organization through proper Board governance, effective leadership, and responsible management.

**6.1** Ensure adequate staffing levels within all areas of the Board to fulfill the Board’s mandate and achieve Board goals.

Objective Success Measurement			
Develop and submit BCP for additional staff.			
Major Actionable Tasks to Accomplish	Status	Responsible Party	Completion Date
6.1.1 Identify staff shortage areas.	<b>Completed</b>	Executive Officer	Q2 2013
6.1.2 Analyze how staff shortage is impacting the Board’s functions.	<b>Completed</b>	Executive Officer	Q2 2014
6.1.3 Create a BCP to obtain authority to increase staffing at CAB.	<b>Completed— BCP approved, 2013, 2015 BCP pending</b>	Executive Officer/ Administrative Coordinator	Q3 2014

**6.2** Establish an ongoing working report of pending regulatory projects and priorities to inform the Board, the legislature, and the public of the ongoing status of these projects.

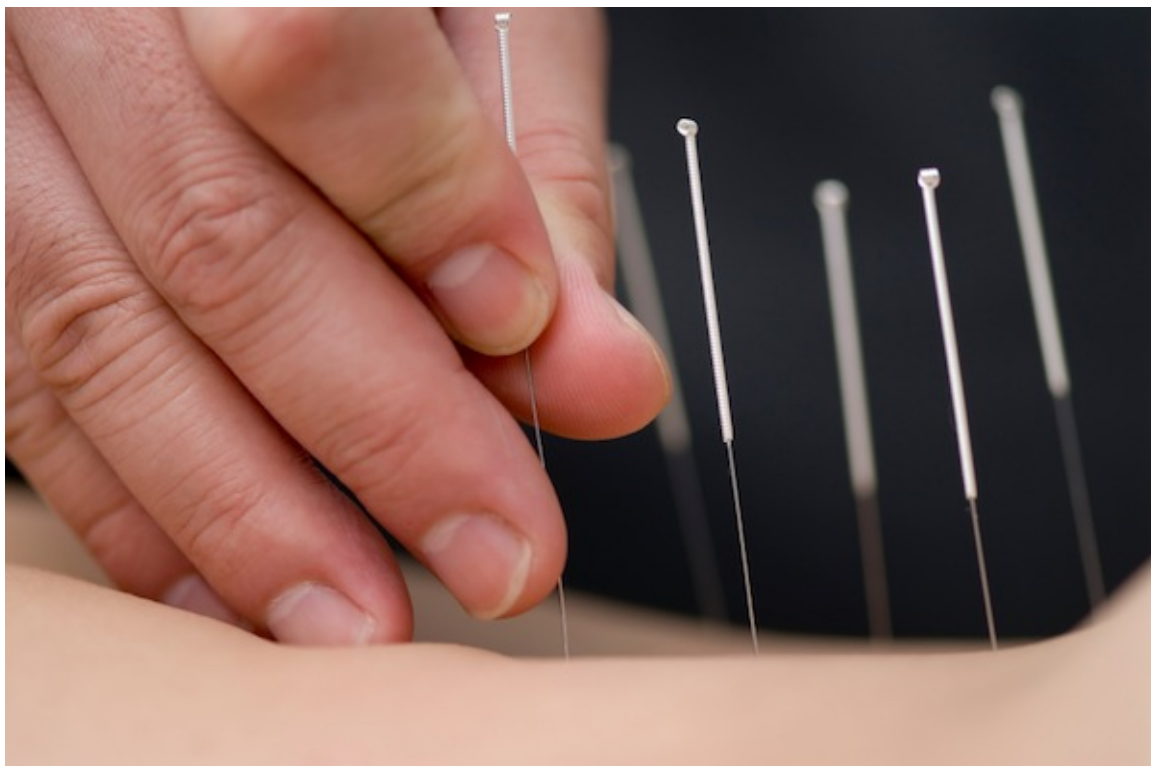
<b>Objective Success Measurement</b>			
Create an ongoing status report of regulations for the Board's review.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
6.2.1 Identify and clarify all regulation packages that are pending.	<b>Completed</b>	Policy Coordinator	Q2 2013
6.2.2 Determine the priority of regulation packages and organize into a status report for the Board.	<b>Completed</b>	Executive Officer	Q3 2013
6.2.3 Disseminate an ongoing status report of regulations to the Board.	<b>Completed</b>	Policy Coordinator	Q4 2013

**6.3** Create targeted training for new Board members to provide further details on Board and government processes.

<b>Objective Success Measurement</b>			
Implement orientation training for Board members.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
6.3.1 Identify the current training needs for Board members	Ongoing	Executive Officer	Q3 2014
6.3.2 Meet with Legal Counsel to develop a training action plan that includes the legal aspect.	<b>Completed</b>	Executive Officer/Legal Counsel	Q4 2014
6.3.3 Develop training materials and refine training to meet the needs of Board members.	Work in Progress	Executive Officer	Q2 2015
6.3.4 Coordinate with the Board to implement training for new Board members.	Work in Progress	Executive Officer/Legal Counsel	Q4 2015

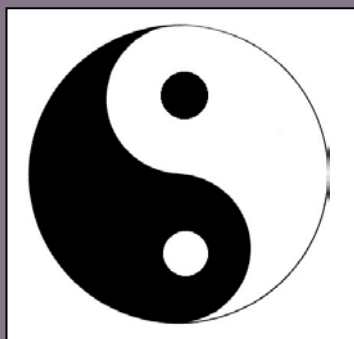
**6.4** Develop desk manuals for all Board functions to ensure proficiency, performance, and succession planning.

<b>Objective Success Measurement</b>			
Desk manuals created for each CAB function.			
<b>Major Actionable Tasks to Accomplish</b>	<b>Status</b>	<b>Responsible Party</b>	<b>Completion Date</b>
6.4.1 Identify Board functions that do not have desk manuals.	<b>Completed</b>	Executive Officer	Q1 2013
6.4.2 Provide directive to staff to create desk manuals and required content.	<b>Completed</b>	Executive Officer	Q4 2014
6.4.4 Update desk manuals on an ongoing and regular basis to keep current with job function responsibilities.	Work in progress	Executive Officer	Q4 2017



California Acupuncture Board  
1747 North Market Blvd., Suite 180  
Sacramento, CA 95834

Phone: (916) 515-5200 fax: (916) 928-2204  
[acupuncture@dca.ca.gov](mailto:acupuncture@dca.ca.gov) [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)





# Review and Consideration of Legislation

ACUPUNCTURE BOARD - LEGISLATION  
updated 6/8/2015

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

ACUPUNCTURE BOARD - LEGISLATION

updated 6/8/2015

AB 333	bonilla	Healing Arts: Continuing Education	This bill would allow specified healing arts licensees to apply one unit, as defined, of continuing education credit once per renewal cycle towards any required continuing education units for attending a course certain courses that results result in the licensee becoming a certified instructor of cardiopulmonary resuscitation (CPR) or the proper use of an automated external defibrillator (AED), (AED), and would allow specified healing arts licensees to apply up to 2 units of continuing education credit once per renewal cycle towards any required continuing education units for conducting board-approved CPR or AED training sessions for employees of school districts and community college districts in the state. The bill would specify that these provisions would not apply if a licensing board's laws or regulations establishing continuing education requirements exclude the courses or activities mentioned above.	In Sen BP&ED cmte. No hearing date set.	
AB 351	Jones-Sawyer)	Public contracts: small business participation	This bill would require all state agencies, departments, boards, and commissions to establish and achieve an annual goal of 25% small business participation in state procurements and contracts, to ensure that the state's procurement and contract processes are administered in order to meet or exceed the goal, and to report to the director statistics regarding small business participation in the agency's procurements and contracts. This bill contains other related provisions.	In Asm Appr. Held under submission	
AB 483	Patterson	Healing arts - initial license fees - proration	<i>As amended 4/9:</i> This bill would require specified healing arts programs within the Department of Consumer Affairs to prorate initial license fees on a monthly basis. This bill would impact the Acupuncture Board, Architects Board, Dental Board, Dental Hygiene Committee, Medical Board, Occupational Therapy Board, Physical Therapy Board, Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board, and Veterinary Medical Board.	In Senate rules cmte for assignment	
AB 611	Dahle	Controlled substances: prescriptions: reporting	<i>As amended 4/15:</i> This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license	In Asm B&P, set for hearing 4/28. hearing cancelled at request of author.	

ACUPUNCTURE BOARD - LEGISLATION  
updated 6/8/2015

AB 728	Hadley	State Government: financial reporting	This bill would require all state agencies to post biennial reviews of internal accounting, administrative control, and monitoring practices on the Department website within five days of finalization. This report is already subject to Public Records Act requests as the report is currently submitted to the Governor, Legislature, State Controller, Treasurer, and others, for inspection by the public.	In Sen. GO cmte. Set for hearing 6/9	
AB 750	Low	Business and Professions: license	<i>As Amended 4/6:</i> This bill would allow the Department to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation, and would prohibit the holder of a retired license from engaging in any activity for which a license is required, unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive.	In Asm Appr. Held under submission	
AB 758	Chau	Acupuncture and Training programs	This bill would allow accreditation agencies, recognized by the United States Department of Education, other than the Accreditation Commission for Acupuncture and Oriental Medicine to approve schools of acupuncture. The bill would also require the board to conduct site visits to each site of a school or college of acupuncture to inspect or reinspect the school or college for purposes of approval or continued approval of its training program, and to impose a fee for the site visits in an amount to recover direct reasonable regulatory costs incurred by the board in conducting the inspection and evaluation of the school or college.	In Asm B&P, set for hearing 4/28. hearing cancelled at request of author.	2 YEAR BILL
AB 797	Steinorth	Regulations: effective dates and Leg review	<i>As Amended 4/6/15 --</i> This bill would require the office to submit to the appropriate policy committees of each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would add another exception to those currently provided that specifies that a regulation does not become effective if the Legislature passes a statute to override the regulation.	In Sen. GO cmte. Set for hearing 6/23	
AB 1060	Bonilla	Professions and Vocations: Licensure	This bill clarifies that a board or bureau under the Department of Consumer Affairs (DCA) must provide specified information, when a license is suspended or revoked, to an ex-licensee by both first-class mail and by email if a board or bureau has an email address on file for the ex-licensee.	In Sen BP&ED cmte. No hearing date set.	

ACUPUNCTURE BOARD - LEGISLATION  
updated 6/8/2015

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

ACUPUNCTURE BOARD - LEGISLATION  
updated 6/8/2015

SB 149	Stone	Investigational drugs: biological products or devices: right to try	This bill would allow a patient to be administered drugs that are still undergoing clinical trials and have not been approved for general use by the federal Food and Drug Administration. This bill would also allow manufacturers of such drugs to provide them to the patient, authorize health benefit plans to cover the cost of the drugs, and would prohibit state agencies from taking action against a health facility's license for participating in their use. finally, it would prohibit the Medical board and the OMD board from disciplining physician for providing these drugs to qualified patients. Substantially similar to AB 159 (Calderon, 2015) and SB 715 (Anderson, 2015).	On Assembly Floor. Read first time. Held at desk.	
SB 467	Hill	Professions and Vocations	Requires the Department of Consumer Affairs to receive approval of the Legislature to levy any pro rata charges against any of the boards, bureaus, or commission for administrative expenses of the Department; requires the Attorney General's Office to submit specified reports and information to the Legislature annually; provides that the Director or the Department, through its Division of Investigation, shall work with the health care boards to standardize referral of complaints; extends until January 1, 2020 the provisions establishing the California Accountancy Board and the term of the executive officer; and allows the Board to provide for certain practice restrictions on the license of an accountant for disciplinary reasons.	On Assembly Floor. Read first time. Held at desk.	
SB 799	Sen B&P	Business and professions	Omnibus Bill covering various DCA Boards and Bureaus. No sections specific to Acupuncture Board are listed.	In Asm. B&P cmte. No hearing date set.	
SB 800	Sen B&P	Healing Arts: Omnibus bill	Specific to Acupuncture Board: Amends BPC 4938 to remove Canada as domestic equivalent to the United States for purposes of establishing standards for the approval of educational training and clinical experience, eligibility for the CALE and licensure.	In Asm B&P cmte. No heaing date set	

**AB 85 (WILK)**

<b>DATE</b>	June 19, 2015
<b>TO</b>	Board Members
<b>FROM</b>	Marc Johnson Policy Coordinator
<b>SUBJECT</b>	<u>AB 85 (Wilk) Open meetings</u> -- version as amended April 15, 2015 <i>Urgency statute</i>

**Issue:** AB 85 (Wilk), introduced January 6, 2015 in the Legislature and amended on April 15, 2015, is an urgency bill which would specify when an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body is acting in an official capacity of a state body and is funded in whole or part by the state body, the entity is subject to the Act, regardless of committee size or membership. More specifically, this bill would require that when any Board members discuss board or bureau-related business during a 2 person meeting, then that “meeting” must be treated as a public meeting which would require the board or bureau to incur all the costs identified with holding a public meeting.

**Current Status:** Passed off the Assembly Floor, sent to Senate. Read 1<sup>st</sup> time; currently in Senate Rules committee for policy committee assignment.

**Background:** The Bagley-Keene Open Meeting Act, set forth in Government Code Sections 11120-11132, covers all state boards and commissions and generally requires these bodies to publicly notice their meetings, prepare agendas, accept public testimony and conduct their meetings in public unless specifically authorized by the Act to meet in closed session. The Board is fully compliant with these requirements. A previous version of the bill, AB 2058 (Wilk), was introduced during the 2013-2014 Legislative session and passed out of both Legislative houses but was vetoed by the Governor.

The bill is supported by the CA Association of Licensed Investigators. As of this writing, the CA Board of Accountancy is opposed to the bill.

**Discussion and Implementation:**

According to the author's office, the current definition of "state body" in the Bagley-Keene Act contains an ambiguity with respect to whether a "standing committee" composed of fewer than three members needs to comply with the public notice and open meeting requirements of the Act. They maintain that certain state bodies have allowed standing committees to hold closed-door meetings as long as they contain two rather than three members and do not vote



to take action on items. The author's office believes such entities are intentionally limiting membership on standing committees to no more than two members for the explicit purpose of avoiding open meeting requirements, and that this bill is simply intended to clarify that all standing committees, including advisory committees, are subject to the transparency of open meeting regulations regardless of committee size or membership.

In the past, the Board's committee structure operated with a series of two person committees that were not subject to the open meetings law. This was criticized by the Legislature. As a result, the Board created committees with three or more members that are subject to the open meetings law. So, currently all of the committees operate under the open meetings laws. Where this law would impact the board is that it may cause conversations between staff and one or two members of the Board to also be subject to open meetings.

Currently, the Board is able to hold small meetings or conversations with two Board members without being subject to open meeting requirements. Many of these meetings or conversations are handled via a phone/conference call or a small informal discussion between committee or board members and staff and do not require 10 days prior public notice of the meetings. If they were to become public meetings, the 10 day prior public notice of these two person meetings would severely slow communication and board operations. Additionally, more staff time and effort would be needed to organize and plan for these small meetings.

Further, these extra meetings would significantly increase the Board's meeting costs because there would be significant costs related to hosting public meetings. Expenses would include reservations for a dedicated meeting room that can be open to the public; associated travel costs and per diem for the members that make up the subcommittee; and any travel costs for support staff needed to take minutes and provide input. The Board would have a difficult time supporting such expenses and it would be an additional barrier to doing business. This would be a significant barrier for Board communications and significant cost.

AMENDED IN ASSEMBLY APRIL 15, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 85**

---

---

**Introduced by Assembly Member Wilk**

January 6, 2015

---

---

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 85, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

~~This bill would make legislative findings and declarations, including, but not limited to, a statement of the Legislature's intent that this bill is declaratory of existing law.~~

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
 State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     ~~SECTION 1. The Legislature finds and declares all of the~~  
 2     ~~following:~~

3     ~~(a) The unpublished decision of the Third District Court of~~  
 4     ~~Appeals in Funeral Security Plans v. State Board of Funeral~~  
 5     ~~Directors (1994) 28 Cal. App.4th 1470 is an accurate reflection of~~  
 6     ~~legislative intent with respect to the applicability of the~~  
 7     ~~Bagley-Keene Open Meeting Act (Article 9 (commencing with~~  
 8     ~~Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of~~  
 9     ~~the Government Code) to a two-member standing advisory~~  
 10    ~~committee of a state body.~~

11    ~~(b) A two-member committee of a state body, even if operating~~  
 12    ~~solely in an advisory capacity, already is a “state body,” as defined~~  
 13    ~~in subdivision (d) of Section 11121 of the Government Code, if a~~  
 14    ~~member of the state body sits on the committee and the committee~~  
 15    ~~receives funds from the state body.~~

16    ~~(c) It is the intent of the Legislature that this bill is declaratory~~  
 17    ~~of existing law.~~

18    ~~SEC. 2.~~

19    ~~SECTION 1.~~ Section 11121 of the Government Code is  
 20    ~~amended to read:~~

21    11121. As used in this article, “state body” means each of the  
 22    following:

23    (a) Every state board, or commission, or similar multimember  
 24    body of the state that is created by statute or required by law to  
 25    conduct official meetings and every commission created by  
 26    executive order.

27    (b) A board, commission, committee, or similar multimember  
 28    body that exercises any authority of a state body delegated to it by  
 29    that state body.

30    (c) An advisory board, advisory commission, advisory  
 31    committee, advisory subcommittee, or similar multimember  
 32    advisory body of a state body, if created by formal action of the  
 33    state body or of any member of the state body, and if the advisory

1 body so created consists of three or more persons, except as in  
2 subdivision (d).

3 (d) A board, commission, committee, or similar multimember  
4 body on which a member of a body that is a state body pursuant  
5 to this section serves in his or her official capacity as a  
6 representative of that state body and that is supported, in whole or  
7 in part, by funds provided by the state body, whether the  
8 multimember body is organized and operated by the state body or  
9 by a private corporation.

10 ~~SEC. 3.~~

11 *SEC. 2.* This act is an urgency statute necessary for the  
12 immediate preservation of the public peace, health, or safety within  
13 the meaning of Article IV of the Constitution and shall go into  
14 immediate effect. The facts constituting the necessity are:

15 In order to avoid unnecessary litigation and ensure the people's  
16 right to access the meetings of public bodies pursuant to Section  
17 3 of Article 1 of the California Constitution, it is necessary that  
18 *this act take effect ~~immediately~~ immediately.*

BILL ANALYSIS.

Date of Hearing: April 8, 2015

ASSEMBLY COMMITTEE ON GOVERNMENTAL ORGANIZATION

Adam Gray, Chair

AB 85  
(Wilk) - As Introduced January 6, 2015

SUBJECT: Open meetings

SUMMARY: An urgency measure, is intended to clarify language within the Bagley-Keene Open Meeting Act (Act) by stating that when an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body is acting in an official capacity of a state body and is funded in whole or part by the state body, the entity is subject to the Act, regardless of committee size or membership. Specifically, this bill:

- 1) States that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as described, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.
- 2) Makes legislative findings and declarations
- 3) Contains an urgency clause.

EXISTING LAW:

- 1) The Bagley-Keene Open Meeting Act, set forth in Government Code Sections 11120-11132, covers all state boards and commissions and generally requires these bodies to publicly notice their meetings, prepare agendas, accept public testimony and conduct their meetings in public unless specifically authorized by the Act to meet in closed session. The Ralph M. Brown Act (Brown Act), set forth in Government Code Section 54950 et seq., governs meetings of legislative bodies of local agencies. In general, both Acts are virtually identical. While both acts contain specific exceptions from the open meeting

requirements where government has demonstrated a need for confidentiality, such exceptions have been narrowly construed by the courts.

2) The Act defines "state body" to mean each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of

a state body, if created by formal action of the state body or of any member of the state body. Advisory bodies created to consist of fewer than three individuals are not a state body, except that standing – committees of a state body, irrespective of their composition, which have a continuing subject matter jurisdiction, or a meeting schedule fixed by resolution, policies, bylaws, or formal action of a state body are state  
\_\_\_\_\_ bodies for the purposes of this chapter.

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

FISCAL EFFECT: Unknown

COMMENTS:

Background : When the Legislature enacted the Bagley-Keene Act of 1967, it essentially said that when a body sits down to develop its consensus, there needs to be a seat at the table reserved for the public. In doing so, the Legislature has provided the public with the ability to monitor and be part of the decision-making process. The Act explicitly mandates open meetings for California State agencies, boards, and commissions. It facilitates transparency of government activities and protects the rights of citizens to participate in state government deliberations. Therefore, absent a specific reason to keep the public out of meetings, the public is allowed to monitor and participate in the decision-making process.

Similarly, the Ralph M. Brown Act of 1953 protects citizen's rights to open meetings at the local and county government

Existing law defines an advisory board, commission, committee, and subcommittee of a state body that is comprised of three or more persons and created by a formal action of the body as a "state body" for purposes of the Act. This generally requires state agencies, boards, and commissions to publicly notice meetings, prepare formal agendas, accept public testimony, and conduct meetings in public, unless specifically authorized to meet in closed session.

Purpose of the bill : According to the author's office, the current definition of "state body" in the Bagley-Keene Act contains an ambiguity with respect to whether a "standing committee" composed of fewer than three members needs to comply with the public notice and open meeting requirements of the Act.

The author's office maintains that certain state bodies have allowed standing committees to hold closed-door meetings as long as they contain two rather than three members and do not vote to take action on items. The author's office believes such entities are intentionally limiting membership on standing committees to no more than two members for the explicit purpose of avoiding open meeting requirements.

The author's office states that prior to 1993, the Brown Act contained language very similar to the current language in the Bagley-Keene Act relative to standing committees. However, in

the 90's when a local government entity attempted to claim a loophole existed for two-member standing committees, the Legislature promptly removed any ambiguity on the matter from the Brown Act (SB 1140 {Calderon}, Chapter 1138, Statutes of 1993). A conforming change was not made, however, to the Bagley-Keene Act, as no change was thought necessary.

The author's office emphasizes that the ambiguity left in the Act is allowing state bodies to deliberate and direct staff behind closed doors. These state agencies are allowing standing committees to interpret the language of the Act in a manner that is contrary to the intent of the Legislature and the public.

The author's office states this bill is simply intended to clarify that all standing committees, including advisory committees, are subject to the transparency of open meeting regulations regardless of committee size or membership. AB 85 corrects the ability of state agencies to deny the public full transparency by clarifying current statute language, rather than expanding current law.

Arguments in support : The California Association of Licensed Investigators (CALI) writes that the bill would provide for enhanced transparency in the proceedings of government. AB 85 will help to ensure that the public is provided with the critical opportunity to become aware of proposals, and to provide meaningful comment.

Argument in opposition : California Board of Accountancy (CBA) states that this bill would prevent the CBA, and all of its various committees, from asking fewer than three members to review a document, draft a letter, provide expert analysis, or work on legal language without giving public notice. Under current law, the advisory activities of these two-member bodies are already vetted and voted upon in a publically noticed meeting of the whole committee or board.

In addition, making advisory activities of two members open to the public will greatly increase costs, as a staff member would need to travel to attend the meeting for the purpose of recording minutes. Agencies would also need to contract for meeting space that would be able to accommodate the public, thus incurring further costs.

Prior legislation : AB 2058 (Wilk), 2013-2014 Legislative Session. An urgency measure, would have required all standing committees of a state body, irrespective of composition, that has a continuing subject matter jurisdiction or fixed meeting schedule to comply with the provisions of the Act. (Vetoed by Governor Brown)

The Governor's veto message stated, "This bill expands the definition of a state body, under the Bagley-Keene Open Meeting Act, to standing advisory committees with one or two members.

"Any meeting involving formal action by a state body should be open to the public. An advisory committee, however, does not have authority to act on its own and must present any findings and recommendations to a larger body in a public setting for formal action. That should be sufficient."

AB 2720 (Ting), Chapter 510, Statutes of 2014. Requires a state body to publicly report any action taken at an open meeting, and the vote or abstention on that action, of each member present for the action.

SB 751 (Yee), Chapter 257, Statutes of 2013. Required local agencies to publicly report any action taken and the vote or abstention of each member of a legislative body.

SB 103 (Liu), 2011-12 Session. Would have made substantive changes to provisions of the Act relating to teleconference meetings. (Died Assembly Appropriations Suspense File)

AB 277 (Mountjoy), Chapter 288, Statutes of 2005. Made permanent certain provisions authorizing closed sessions for purposes of discussing security related issues pertaining to a state body.

AB 192 (Canciamilla), Chapter 243, Statutes of 2001. Made various changes to the Act, which governs meetings held by state bodies, to make it consistent with provisions of the Brown Act,



which governs meetings of legislative bodies of local agencies.

SB 95 (Ayala), Chapter 949, Statutes of 1997. Made numerous changes to the Act by expanding the notice, disclosure and reporting requirements for open and closed meetings of state bodies.

SB 752 (Kopp) Chapter 32 of 1994; SB 1140 (Calderon) Chapter 1138 of 1993; and SB 36 (Kopp) Chapter 1137 of 1993. These measures extensively amended the Brown Act.

REGISTERED SUPPORT / OPPOSITION:

Support

California Association of Licensed Investigators

Opposition

California Board of Accountancy

Analysis Prepared by:Eric Johnson / G.O. / (916) 319-2531

AB 1351  
(EGGMAN)

<b>DATE</b>	June 19, 2015
<b>TO</b>	Board Members
<b>FROM</b>	Marc Johnson Policy Coordinator
<b>SUBJECT</b>	<u>AB 1351 (Eggman) Deferred entry of judgment: pretrial diversion.</u> Version as amended June 1, 2015.

**Issue:** AB 1351 (Eggman), introduced in the Legislature and amended on June 1st, is a bill which would provide pre-plea diversion, instead of post-plea deferred entry of judgment, for minor drug offenses. AB 1352 (Eggman) is a companion bill.

**Current Status:** Passed off the Assembly Floor, sent to Senate. Read 1<sup>st</sup> time; currently in Senate Rules committee for policy committee assignment.

**Background:** California law provides for deferred entry of judgment (DEJ) for minor nonviolent drug offenses, most involving possession or use of drugs. A defendant is required to plead guilty, waive his or her right to a speedy trial, and complete a drug treatment program. If the program is completed, the criminal case is dismissed. The dismissal may not protect a defendant from federal consequences, including deportation for non-citizen residents.

**Discussion and Implementation:** This bill will amend Penal Code 1000 et seq. to allow for pre-trial diversion, instead of requiring the defendant to plead guilty first and then seek deferred entry of judgment for nonviolent misdemeanor drug offenses. For any person who fails to adhere to conditions of a pre-trial diversion program, the court could reinstate the charges and schedule proceedings pursuant to existing law. Pre-trial diversion would not be available to any person with a prior conviction for possession of drugs for sale, sale of drugs, or involving a minor in drug sales, or any violent or serious felony offense. Because there will be no guilty plea, there will be no 'conviction' for federal immigration or other purposes.

According to the author:

"This bill seeks to limit harsh consequences to immigrants by changing the current process for nonviolent, misdemeanor drug offenses from deferred entry of judgment (DEJ) to pretrial diversion. While the current DEJ process eliminates a conviction if a defendant successfully completes DEJ, the defendant may still face federal consequences, including deportation if the defendant is undocumented, or the prohibition from becoming a U.S. citizen if the defendant is a legal permanent resident.

This is systemic injustice to immigrants in this country, but even U.S. citizens may face federal consequences, including loss of federal housing and educational benefits."

The Board currently does not have a program-specific diversion program for licensees. However, if the defendant successfully completes the criminal diversion program as proposed by the bill, no 'conviction' would exist to give the Board jurisdiction to act upon. Under Business and Professions code 4956, a plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge which is substantially related to the qualifications, functions, or duties of an acupuncturist is deemed to be a conviction. If this bill were to become law, it may impact the Board's ability to take disciplinary action against licensees for whom such a provision may apply to, since no conviction would be in place. However, if the licensee does not complete the diversion program, and the criminal proceedings commence and a conviction is then granted, then the Board would be able to take disciplinary action since a conviction would be in place.

This bill impacts the Board's ability and authority to bring enforcement actions against both applicants and licensees who qualify under this bill to have their convictions expunged or eliminated as if they did not exist. However, the bill is narrowly defined to apply to minor drug offenses and not violent crimes and requires full compliance with diversion programs.

This bill is sponsored by the Drug Policy Alliance, Immigrant Legal Resource Center, American Civil Liberties Union of California, and Coalition for Humane Immigrant Rights of Los Angeles, Mexican American Legal Defense and Education Fund and the National Council of La Raza.

A partial list of bill supporters includes the Asian Law Alliance, California Public Defenders Association, Chinese for Affirmative Action, Del Sol Group, Harvey Milk LGBT Democratic Club and PICO California. Opposition is from the CA District Attorneys Association and the CA State Sheriff's Association.

AMENDED IN ASSEMBLY JUNE 1, 2015

AMENDED IN ASSEMBLY APRIL 16, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1351**

---

---

**Introduced by Assembly Member Eggman**  
*(Coauthor: Senator Hall)*

February 27, 2015

---

---

An act to amend Sections 1000, 1000.1, 1000.2, 1000.3, 1000.4, 1000.5, and 1000.6 of the Penal Code, relating to deferred entry of judgment.

LEGISLATIVE COUNSEL'S DIGEST

AB 1351, as amended, Eggman. Deferred entry of judgment: pretrial diversion.

Existing law allows individuals charged with specified crimes to qualify for deferred entry of judgment. A defendant qualifies if he or she has no conviction for any offense involving controlled substances, the charged offense did not involve violence, there is no evidence of a violation relating to narcotics or restricted dangerous drugs other than a violation that qualifies for the program, the defendant's record does not indicate that probation or parole has ever been revoked without being completed, and the defendant's record does not indicate that he or she has been granted diversion, deferred entry of judgment, or was convicted of a felony within 5 years prior to the alleged commission of the charged offense.

Under the existing deferred entry of judgment program, an eligible defendant may have entry of judgment deferred, upon pleading guilty to the offenses charged and entering a drug treatment program for 18

months to 3 years. If the defendant does not perform satisfactorily in the program, does not benefit from the program, is convicted of specified crimes, or engages in criminal activity rendering him or her unsuitable for deferred entry of judgment, the defendant's guilty plea is entered and the court enters judgment and proceeds to schedule a sentencing hearing. If the defendant completes the program, the criminal charges are dismissed. Existing law allows the presiding judge of the superior court, with the district attorney and public defender, to establish a pretrial diversion drug program.

This bill would change the deferred entry of judgment program into a pretrial diversion program. Under the pretrial diversion program created by this bill, a defendant would qualify if he or she has no prior conviction for any offense involving controlled substances other than the offenses that qualify for diversion, the charged offense did not involve violence, there is no evidence of a violation relating to narcotics or restricted dangerous drugs other than a violation that qualifies for the program and the defendant has no prior conviction for a serious or violent felony within 5 years prior to the alleged commission of the charged offense.

Under the pretrial diversion program created by this bill, a qualifying defendant would ~~not enter a guilty plea, but instead~~ *enter a not guilty plea, and* would suspend the proceedings in order to enter a drug treatment program for 6 months to ~~one year.~~ *year, or longer if requested by the defendant with good cause.* If the defendant does not perform satisfactorily in the program or is convicted of specified crimes, the court would terminate the program and the criminal proceedings would be reinstated. If the defendant completes the program, the criminal charges would be dismissed.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1000 of the Penal Code is amended to  
2 read:  
3 1000. (a) This chapter shall apply whenever a case is before  
4 any court upon an accusatory pleading for a violation of Section  
5 11350, 11357, 11364, or 11365, paragraph (2) of subdivision (b)  
6 of Section 11375, Section 11377, or Section 11550 of the Health  
7 and Safety Code, or subdivision (b) of Section 23222 of the Vehicle

1 Code, or Section 11358 of the Health and Safety Code if the  
2 marijuana planted, cultivated, harvested, dried, or processed is for  
3 personal use, or Section 11368 of the Health and Safety Code if  
4 the narcotic drug was secured by a fictitious prescription and is  
5 for the personal use of the defendant and was not sold or furnished  
6 to another, or subdivision (d) of Section 653f if the solicitation  
7 was for acts directed to personal use only, or Section 381 or  
8 subdivision (f) of Section 647 of the Penal Code, if for being under  
9 the influence of a controlled substance, or Section 4060 of the  
10 Business and Professions Code, and it appears to the prosecuting  
11 attorney that, except as provided in subdivision (b) of Section  
12 11357 of the Health and Safety Code, all of the following apply  
13 to the defendant:

14 (1) The defendant has no prior conviction for any offense  
15 involving controlled substances other than the offenses listed in  
16 this subdivision.

17 (2) The offense charged did not involve a crime of violence or  
18 threatened violence.

19 (3) There is no evidence of a violation relating to narcotics or  
20 restricted dangerous drugs other than a violation of the sections  
21 listed in this subdivision.

22 (4) The defendant has no prior conviction within five years prior  
23 to the alleged commission of the charged offense for a serious  
24 felony, as defined in subdivision (c) of Section 1192.7, or a violent  
25 felony, as defined in subdivision (c) of Section 667.5.

26 (b) The prosecuting attorney shall review his or her file to  
27 determine whether or not paragraphs (1) to (4), inclusive, of  
28 subdivision (a) apply to the defendant. If the defendant is found  
29 eligible, the prosecuting attorney shall file with the court a  
30 declaration in writing or state for the record the grounds upon  
31 which the determination is based, and shall make this information  
32 available to the defendant and his or her attorney. This procedure  
33 is intended to allow the court to set the hearing for pretrial diversion  
34 of judgment at the arraignment. If the defendant is found ineligible  
35 for pretrial diversion, the prosecuting attorney shall file with the  
36 court a declaration in writing or state for the record the grounds  
37 upon which the determination is based, and shall make this  
38 information available to the defendant and his or her attorney. The  
39 sole remedy of a defendant who is found ineligible for pretrial  
40 diversion is a postconviction appeal.

1 (c) All referrals for pretrial diversion granted by the court  
 2 pursuant to this chapter shall be made only to programs that have  
 3 been certified by the county drug program administrator pursuant  
 4 to Chapter 1.5 (commencing with Section 1211) of Title 8, or to  
 5 programs that provide services at no cost to the participant and  
 6 have been deemed by the court and the county drug program  
 7 administrator to be credible and effective. The defendant may  
 8 request to be referred to a program in any county, as long as that  
 9 program meets the criteria set forth in this subdivision.

10 (d) Pretrial diversion for an alleged violation of Section 11368  
 11 of the Health and Safety Code shall not prohibit any administrative  
 12 agency from taking disciplinary action against a licensee or from  
 13 denying a license. Nothing in this subdivision shall be construed  
 14 to expand or restrict the provisions of Section 1000.4.

15 (e) Any defendant who is participating in a program referred to  
 16 in this section may be required to undergo analysis of his or her  
 17 urine for the purpose of testing for the presence of any drug as part  
 18 of the program. However, ~~urine analysis~~ *urinalysis* results shall  
 19 not be admissible as a basis for any new criminal prosecution or  
 20 proceeding.

21 SEC. 2. Section 1000.1 of the Penal Code is amended to read:

22 1000.1. (a) If the prosecuting attorney determines that this  
 23 chapter may be applicable to the defendant, he or she shall advise  
 24 the defendant and his or her attorney in writing of that  
 25 determination. This notification shall include all of the following:

- 26 (1) A full description of the procedures for pretrial diversion.
- 27 (2) A general explanation of the roles and authorities of the  
 28 probation department, the prosecuting attorney, the program, and  
 29 the court in the process.
- 30 (3) A clear statement that the court may grant pretrial diversion  
 31 with respect to any crime specified in subdivision (a) of Section  
 32 1000 that is charged, provided that the defendant *pleads not guilty*  
 33 *to the charge or charges*, waives the right to a speedy preliminary  
 34 hearing, if applicable, and that upon the defendant's successful  
 35 completion of a program, as specified in subdivision (c) of Section  
 36 1000, the positive recommendation of the program authority and  
 37 the motion of the defendant, prosecuting attorney, the court, or the  
 38 probation department, but no sooner than six months and no later  
 39 than one year from the date of the defendant's referral to the



1 program, the court shall dismiss the charge or charges against the  
2 defendant.

3 (4) A clear statement that upon any failure of treatment or  
4 condition under the program, or any circumstance specified in  
5 Section 1000.3, the prosecuting attorney or the probation  
6 department or the court on its own may make a motion to the court  
7 to terminate pretrial diversion and schedule further proceedings  
8 as otherwise provided in this code.

9 (5) An explanation of criminal record retention and disposition  
10 resulting from participation in the pretrial diversion program and  
11 the defendant's rights relative to answering questions about his or  
12 her arrest and pretrial diversion following successful completion  
13 of the program.

14 (b) If the defendant consents and waives his or her right to a  
15 speedy trial and a speedy preliminary hearing, if applicable, the  
16 court may refer the case to the probation department or the court  
17 may summarily grant pretrial diversion. When directed by the  
18 court, the probation department shall make an investigation and  
19 take into consideration the defendant's age, employment and  
20 service records, educational background, community and family  
21 ties, prior controlled substance use, treatment history, if any,  
22 demonstrable motivation, and other mitigating factors in  
23 determining whether the defendant is a person who would be  
24 benefited by education, treatment, or rehabilitation. The probation  
25 department shall also determine which programs the defendant  
26 would benefit from and which programs would accept the  
27 defendant. The probation department shall report its findings and  
28 recommendations to the court. The court shall make the final  
29 determination regarding education, treatment, or rehabilitation for  
30 the defendant. If the court determines that it is appropriate, the  
31 court shall grant pretrial diversion if the defendant *pleads not guilty*  
32 *to the charge or charges and* waives the right to a speedy trial and  
33 to a speedy preliminary hearing, if applicable.

34 (c) (1) No statement, or any information procured therefrom,  
35 made by the defendant to any probation officer or drug treatment  
36 worker, that is made during the course of any investigation  
37 conducted by the probation department or treatment program  
38 pursuant to subdivision (b), and prior to the reporting of the  
39 probation department's findings and recommendations to the court,

1 shall be admissible in any action or proceeding brought subsequent  
2 to the investigation.

3 (2) No statement, or any information procured therefrom, with  
4 respect to the specific offense with which the defendant is charged,  
5 that is made to any probation officer or drug program worker  
6 subsequent to the granting of pretrial diversion shall be admissible  
7 in any action or proceeding.

8 (d) A defendant's participation in pretrial diversion pursuant to  
9 this chapter shall not constitute a conviction or an admission of  
10 guilt for any purpose.

11 SEC. 3. Section 1000.2 of the Penal Code is amended to read:

12 1000.2. (a) The court shall hold a hearing and, after  
13 consideration of any information relevant to its decision, shall  
14 determine if the defendant consents to further proceedings under  
15 this chapter and if the defendant should be granted pretrial  
16 diversion. If the defendant does not consent to participate in pretrial  
17 diversion the proceedings shall continue as in any other case.

18 (b) At the time that pretrial diversion is granted, any bail bond  
19 or undertaking, or deposit in lieu thereof, on file by or on behalf  
20 of the defendant shall be exonerated, and the court shall enter an  
21 order so directing.

22 (c) The period during which pretrial diversion is granted shall  
23 be for no less than six months nor longer than one year. *However,*  
24 *the defendant may request and the court shall grant, for good*  
25 *cause shown, an extension of time to complete a program specified*  
26 *in subdivision (c) of Section 1000.* Progress reports shall be filed  
27 by the probation department with the court as directed by the court.

28 SEC. 4. Section 1000.3 of the Penal Code is amended to read:

29 1000.3. (a) If it appears to the prosecuting attorney, the court,  
30 or the probation department that the defendant is performing  
31 unsatisfactorily in the assigned program, or that the defendant is  
32 convicted of an offense that reflects the defendant's propensity for  
33 violence, or the defendant is convicted of a felony, the prosecuting  
34 attorney, the court on its own, or the probation department may  
35 make a motion for termination from pretrial diversion.

36 (b) After notice to the defendant, the court shall hold a hearing  
37 to determine whether pretrial diversion shall be terminated.

38 (c) If the court finds that the defendant is not performing  
39 satisfactorily in the assigned program, or the court finds that the  
40 defendant has been convicted of a crime as indicated in subdivision

1 (a) the court shall ~~reinstate the criminal charge or charges and~~  
2 schedule the matter for further proceedings as otherwise provided  
3 in this code.

4 (d) If the defendant has completed pretrial diversion, at the end  
5 of that period, the criminal charge or charges shall be dismissed.

6 (e) Prior to dismissing the charge or charges or terminating  
7 pretrial diversion, the court shall consider the defendant's ability  
8 to pay and whether the defendant has paid a diversion restitution  
9 fee pursuant to Section 1001.90, if ordered, and has met his or her  
10 financial obligation to the program, if any. As provided in Section  
11 1203.1b, the defendant shall reimburse the probation department  
12 for the reasonable cost of any program investigation or progress  
13 report filed with the court as directed pursuant to Sections 1000.1  
14 and 1000.2.

15 SEC. 5. Section 1000.4 of the Penal Code is amended to read:

16 1000.4. (a) Any record filed with the Department of Justice  
17 shall indicate the disposition in those cases referred to pretrial  
18 diversion pursuant to this chapter. Upon successful completion of  
19 a pretrial diversion program, the arrest upon which the defendant  
20 was diverted shall be deemed to have never occurred. The  
21 defendant may indicate in response to any question concerning his  
22 or her prior criminal record that he or she was not arrested or  
23 granted pretrial diversion for the offense, except as specified in  
24 subdivision (b). A record pertaining to an arrest resulting in  
25 successful completion of a pretrial diversion program shall not,  
26 without the defendant's consent, be used in any way that could  
27 result in the denial of any employment, benefit, license, or  
28 certificate.

29 (b) The defendant shall be advised that, regardless of his or her  
30 successful completion of the pretrial diversion program, the arrest  
31 upon which pretrial diversion was based may be disclosed by the  
32 Department of Justice in response to any peace officer application  
33 request and that, notwithstanding subdivision (a), this section does  
34 not relieve him or her of the obligation to disclose the arrest in  
35 response to any direct question contained in any questionnaire or  
36 application for a position as a peace officer, as defined in Section  
37 830.

38 SEC. 6. Section 1000.5 of the Penal Code is amended to read:

39 1000.5. (a) The presiding judge of the superior court, or a  
40 judge designated by the presiding judge, together with the district

1 attorney and the public defender, may agree in writing to establish  
2 and conduct a preguilty plea drug court program pursuant to the  
3 provisions of this chapter, wherein criminal proceedings are  
4 suspended without a plea of guilty for designated defendants. The  
5 drug court program shall include a regimen of graduated sanctions  
6 and rewards, individual and group therapy, ~~urine analysis~~ *urinalysis*  
7 testing commensurate with treatment needs, close court monitoring  
8 and supervision of progress, educational or vocational counseling  
9 as appropriate, and other requirements as agreed to by the presiding  
10 judge or his or her designee, the district attorney, and the public  
11 defender. If there is no agreement in writing for a preguilty plea  
12 program by the presiding judge or his or her designee, the district  
13 attorney, and the public defender, the program shall be operated  
14 as a pretrial diversion program as provided in this chapter.

15 (b) The provisions of Section 1000.3 and Section 1000.4  
16 regarding satisfactory and unsatisfactory performance in a program  
17 shall apply to preguilty plea programs. If the court finds that (1)  
18 the defendant is not performing satisfactorily in the assigned  
19 program, (2) the defendant is not benefiting from education,  
20 treatment, or rehabilitation, (3) the defendant has been convicted  
21 of a crime specified in Section 1000.3, or (4) the defendant has  
22 engaged in criminal conduct rendering him or her unsuitable for  
23 the preguilty plea program, the court shall reinstate the criminal  
24 charge or charges. If the defendant has performed satisfactorily  
25 during the period of the preguilty plea program, at the end of that  
26 period, the criminal charge or charges shall be dismissed and the  
27 provisions of Section 1000.4 shall apply.

28 SEC. 7. Section 1000.6 of the Penal Code is amended to read:

29 1000.6. (a) Where a person is participating in a pretrial  
30 diversion program or a preguilty plea program pursuant to this  
31 chapter, the person shall be allowed, under the direction of a  
32 licensed health care practitioner, to use medications including, but  
33 not limited to, methadone, buprenorphine, or  
34 levoalphacetylmethadol (LAAM) to treat substance use disorders  
35 if the participant allows release of his or her medical records to  
36 the court presiding over the participant's preguilty plea or pretrial  
37 diversion program for the limited purpose of determining whether  
38 or not the participant is using such medications under the direction  
39 of a licensed health care practitioner and is in compliance with the  
40 pretrial diversion or preguilty plea program rules.

1 (b) If the conditions specified in subdivision (a) are met, using  
2 medications to treat substance use disorders shall not be the sole  
3 reason for exclusion from a pretrial diversion or preguilty plea  
4 program. A patient who uses medications to treat substance use  
5 disorders and participates in a preguilty plea or pretrial diversion  
6 program shall comply with all court program rules.

7 (c) A person who is participating in a pretrial diversion program  
8 or preguilty plea program pursuant to this chapter who uses  
9 medications to treat substance use disorders shall present to the  
10 court a declaration from their health care practitioner, or their  
11 health care practitioner's authorized representative, that the person  
12 is currently under their care.

13 (d) Urinalysis results that only establish that a person described  
14 in this section has ingested medication duly prescribed to that  
15 person by his or her physician or psychiatrist, or medications used  
16 to treat substance use disorders, shall not be considered a violation  
17 of the terms of the pretrial diversion or preguilty plea program  
18 under this chapter.

19 (e) Except as provided in subdivisions (a) to (d), inclusive, this  
20 section shall not be interpreted to amend any provisions governing  
21 diversion programs.

BILL ANALYSIS

AB 1351

Page 1

Date of Hearing: April 21, 2015  
Counsel: Stella Choe

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Bill Quirk, Chair

AB 1351 (Eggman) - As Amended April 16, 2015

SUMMARY: Changes the existing deferred entry of judgment (DEJ) program for specified offenses involving personal use or possession of controlled substances into a pretrial drug diversion program. Specifically, this bill:

- 1) Requires, to be eligible for diversion, the defendant must not have a prior conviction for any offense involving a controlled substance other than the offenses that may be diverted as specified; the offense charged must not have involved a crime of violence or threatened violence; there must be no evidence of a violation relating to narcotics or restricted dangerous drugs other than a violation of an offense that may be diverted; and the defendant must not have any prior convictions within five years prior to the alleged commission of the charged offense for a serious or violent felony, as defined.
- 2) Provides that a defendant's participation in pretrial diversion shall not constitute a conviction or an admission of guilt in any action or proceeding.
- 3) Changes the minimum time allowed prior to dismissal of the case from 18 months to six months, and the maximum time the proceedings in the case can be suspended from three years to one year.
- 4) Provides that if it appears to the prosecuting attorney, the court, or the probation department that the defendant is performing unsatisfactorily in the assigned program, or that the defendant is convicted of an offense that reflects the defendant's propensity for violence, or the defendant is convicted of a felony, the prosecuting attorney, the court on its own, or the probation department may make a motion for termination of pre-trial diversion.
- 5) Provides that if the court finds that the defendant is not

performing satisfactorily in the assigned program, or the court finds that the defendant has been convicted of a specified type of crime, the court shall reinstate the criminal charge or charges and schedule the matter for further proceedings.

- 6) States if the defendant has completed pretrial diversion, at the end of that period, the criminal charge or charges shall be dismissed. Upon successful completion of a pretrial diversion program, the arrest upon which the defendant was diverted shall be deemed to have never occurred.
- 7) Retains provisions in current law but changes references from DEJ to pre-trial diversion and deletes references to affecting judgment to be entered against the defendant.
- 8) States that a person participating in a pretrial diversion program or a preguilty plea program shall be allowed, under the direction of a licensed health care practitioner, to use medications to treat substance use disorders if the participant allows release of his or her medical records to the court for the limited purpose of determining whether or not the participant is using such medications under the direction of a licensed health care practitioner and is in compliance with the pretrial diversion or preguilty plea program rules.

EXISTING LAW:

- 1) Provides that a defendant may qualify for DEJ of specified non-violent drug possession offenses if the following apply to the defendant:
  - a) The defendant has no prior conviction for any offense involving controlled substances;
  - b) The offense charged did not involve a crime of violence or threatened violence;
  - c) There is no evidence of a violation relating to narcotics or restricted dangerous drugs other than a violation of the specified deferrable drug offenses;
  - d) The defendant's record does not indicate that probation or parole has ever been revoked without thereafter being completed;
  - e) The defendant's record does not indicate that he or she has successfully completed or been terminated from diversion or deferred entry of judgment pursuant to this chapter within five years prior to the alleged commission of the charged offense;
  - f) The defendant has no prior felony conviction within five years prior to the alleged commission of the charged offense. (Pen. Code, § 1000, subd. (a).)

- 2) Specifies the offenses that are eligible for DEJ, which include possession for personal use of specified controlled substances, possession of certain drug paraphernalia, being under the influence of a controlled substance, cultivation of marijuana for personal use, and being present in a place where controlled substances are being used. (Pen. Code, 1000, subd. (a).)
- 3) States a prosecutor has a duty to review files to decide whether the defendant is eligible for DEJ. The prosecuting attorney shall file with the court a declaration in writing or state for the record the grounds upon which the determination is based, and shall make this information available to the defendant and his or her attorney. This procedure is intended to allow the court to set the hearing for DEJ at the arraignment. (Pen. Code, § 1000, subd. (b).)
- 4) Requires all referrals for DEJ granted by the court pursuant to this chapter to be made only to programs that have been certified by the county drug program administrator, or to programs that provide services at no cost to the participant and have been deemed by the court and the county drug program administrator to be credible and effective. The defendant may request to be referred to a program in any county, as long as that program meets the criteria specified. (Pen. Code, § 1000, subd. (c).)
- 5) Provides that the court shall hold a hearing and, after consideration of any information relevant to its decision, shall determine if the defendant consents to further proceedings and if the defendant should be granted DEJ. If the court does not deem the defendant a person who would be benefited by deferred entry of judgment, or if the defendant does not consent to participate, the proceedings shall continue as in any other case. The period during which deferred entry of judgment is granted shall be for no less than 18 months nor longer than three years. Progress reports shall be filed by the probation department with the court as directed by the court. (Pen. Code, § 1000.2.)
- 6) Requires, if the defendant has performed satisfactorily during the period in which DEJ was granted, at the end of that period, the criminal charge or charges to be dismissed. If the defendant does not perform satisfactorily, DEJ may be terminated and the defendant may be sentenced as he or she would for a conviction. (Pen. Code, § 1000.3.)
- 7) States that upon successful completion of a DEJ program, the arrest upon which the judgment was deferred shall be deemed to have never occurred. The defendant may indicate in response to any question concerning his or her prior criminal record that he or she was not arrested or granted deferred entry of judgment for the offense, except as specified for employment as a peace officer. A record pertaining to an arrest resulting in successful completion of a deferred entry of judgment program shall not, without the defendant's consent, be used in



any way that could result in the denial of any employment, benefit, license, or certificate. (Pen. Code, § 1000.4, subd. (a).)

- 8) Authorizes counties to establish and conduct a preguilty plea drug court program wherein criminal proceedings are suspended without a plea of guilty for designated defendants if so agreed upon in writing by the presiding judge of the superior court, or a judge designated by the presiding judge, together with the district attorney and the public defender. If the defendant is not performing satisfactorily in the program, the court may reinstate criminal proceedings. If the defendant has performed satisfactorily during the period of the preguilty plea program, at the end of that period, the criminal charge or charges shall be dismissed. (Pen. Code, § 1000.5.)

FISCAL EFFECT: Unknown

COMMENTS:

- 1) Author's Statement: According to the author, "This bill seeks to limit harsh consequences to immigrants by changing the current process for nonviolent, misdemeanor drug offenses from deferred entry of judgment (DEJ) to pretrial diversion. While the current DEJ process eliminates a conviction if a defendant successfully completes DEJ, the defendant may still face federal consequences, including deportation if the defendant is undocumented, or the prohibition from becoming a U.S. citizen if the defendant is a legal permanent resident. This is systemic injustice to immigrants in this country, but even U.S. citizens may face federal consequences, including loss of federal housing and educational benefits.

"Given that President Obama has publicly called for immigration officials to focus on violent, dangerous felons, this bill will have a profoundly positive impact on more than \$2 million undocumented immigrants and the more than 3 million

legal permanent residents living in California by eliminating the draconian consequences faced by immigrants who participate in diversion programs in good faith. This bill will keep families together, help people retain eligibility for U.S. citizenship, and also preserve access to other benefits for those who qualify."

- 2) DEJ as Compared to Diversion: Under existing law, a defendant charged with violations of certain specified drug may be eligible to participate in a DEJ program if he or she meets specified criteria. (Pen. Code, §§ 1000 et seq.) With DEJ, a defendant must enter a guilty plea and entry of judgment on the defendant's guilty plea is deferred pending successful completion of a program or other conditions. If a defendant placed in a DEJ program fails to complete the program or comply with conditions imposed, the court may resume criminal proceedings and the defendant, having already pleaded guilty, would be sentenced. If the defendant successfully completes

DEJ, the arrest shall be deemed to never have occurred and the defendant may indicate in response to any question concerning his or her prior criminal record that he or she was not arrested or granted pretrial diversion for the offense.

Diversion on the other hand suspends the criminal proceedings without requiring the defendant to enter a plea. Diversion also requires the defendant to successfully complete a program and other conditions imposed by the court. Unlike DEJ however, if a defendant does not successfully complete the diversion program, criminal proceedings resume but the defendant, having not entered a plea, may still proceed to trial or enter a plea. If diversion is successfully completed, the criminal charges are dismissed and the defendant may, with certain exceptions, legally answer that he or she has never been arrested or charged for the diverted offense.

In order to avoid adverse immigration consequences, diversion of an offense is preferable to DEJ because the defendant is not required to plea guilty in order to participate in the program. Having a conviction for possession of controlled substances, even if dismissed, could trigger deportation proceedings or prevent a person from becoming a U.S. citizen. (Paredes-Urrestarazu v. U.S. INS (9th Cir. 1994) 36 F3d. 801.)

This bill seeks to minimize the potential exposure to adverse immigration consequences for persons who commit minor drug possession offenses by re-establishing a pretrial diversion program for minor drug possession. Prior to 1997, the program pursuant to Penal Code § 1000 et seq. was a pretrial diversion program. SB 1369 (Kopp), Chapter 1132, Statutes of 1996, changed the diversion program to a DEJ program.

3)Argument in Support: The Immigrant Legal Resource Center (ILRC), a sponsor of this bill, writes, "According to data published by Syracuse University, over 250,000 people have been deported from the U.S. for nonviolent drug offenses since 2008. A nonviolent drug offense was the cause of deportation for more than one in every ten people deported in 2013 for any reason.

"This is particularly devastating to families in California, which is the most immigrant-rich state in America. One out of every four persons living in the state is foreign-born. Half of California's children live in households headed by at least one foreign-born parent - and the majority of these children are U.S. citizens. It is estimated that 50,000 parents of U.S. citizen children were deported in a little over two years, leaving many children parentless. Deportation due to minor drug offenses destroys California families.

"AB 1351 will amend Penal Code 1000 et seq. to allow courts to order pre-trial diversion, rather than require a guilty plea. This was the way that PC 1000 worked until 1997. Because there will be no guilty plea, there will be no 'conviction' for federal immigration purposes. For any person who fails to adhere to conditions of a pre-trial diversion program, the

court could reinstate the charges and schedule proceedings pursuant to existing law. Diversion will not be allowed for any person charged with drug sale, or possession for sale, nor will be allowed for persons who involve minors in drug sales or provide drugs to minors."

- 4)Argument in Opposition: According to the California District Attorneys Association, "AB 1351 would turn [the current] process on its head, allowing the defendant to enter a treatment program before entering a plea. If the program was not completed successfully, only then would criminal proceedings actually begin. From a practical standpoint, this creates tremendous problems for prosecutors, as it becomes much more difficult to locate witnesses and maintain evidence many months after the offense has occurred.

"Additionally, AB 1351 would reduce the length of drug treatment programs down to one-third of what they currently are. Right now, someone participates in drug diversion for 18 months to 36 months. This bill would only allow 6 to 12 months of treatment. Much of the success of drug diversion is based on this long-term treatment. Reducing the required length of treatment might lead to more people completing their programs, but it also reduces the likelihood that those programs will actually have positive long-term outcomes for drug offenders. It's unclear how reducing the amount of drug treatment that someone receives would have any positive impact on their immigration consequences.

"Further, AB 1351 removes many of the pre-requisites for participation in drug diversion. Currently, a defendant must not have any prior drug convictions in order to be eligible for drug diversion. Under AB 1351, as long as the prior offenses were all diversion-eligible offenses, there is no limit to the number of drug offenses someone could accumulate while maintaining drug diversion eligibility. This bill also eliminates the requirement that a defendant have no felony convictions in the previous five years, instead only requiring that a defendant not have any prior serious or violent felonies."

- 5)Related Legislation:

- a) AB 1352 (Eggman) requires a court to allow a defendant to withdraw his or her guilty or nolo contendere plea and thereafter dismiss the case upon a finding that the case was dismissed after the defendant completed DEJ and that the plea may result in the denial or loss to the defendant, as specified. AB 1352 will be heard by this Committee today.
- b) AB 813 (Gonzales) would create an avenue of post-conviction relief for a person to vacate a conviction or sentence based on error damaging the petitioner's ability to meaningfully understand, defend against, or knowingly accept the immigration consequences of the conviction. AB 813 will be heard by this Committee today.

6)Prior Legislation: SB 1369 (Kopp), Chapter 1132, Statutes of 1996, changed the diversion program for drug offenders to a deferred entry of judgment program. Increased the time allowed before a case can be dismissed from a period of no less than six months to two years, to a period of no less than 18 months to 3 years.

REGISTERED SUPPORT / OPPOSITION:

Support

Drug Policy Alliance (Sponsor)  
Immigrant Legal Resource Center (Sponsor)  
American Civil Liberties Union of California (Co-Sponsor)  
Coalition for Humane Immigrant Rights of Los Angeles  
(Co-Sponsor)  
Mexican American Legal Defense and Education Fund (MALDEF)  
(Co-Sponsor)  
National Council of La Raza (Co-Sponsor)  
African Advocacy Network  
Asian Americans Advancing Justice - Asian Law Caucus  
Asian Americans Advancing Justice - L.A.  
Asian Law Alliance  
California Immigrant Policy Center  
California Partnership  
California Public Defenders Association  
California Rural Legal Assistance Foundation  
Californians for Safety and Justice  
Californians United for a Responsible Budget  
Central American Resource Center - Los Angeles  
Chinese for Affirmative Action  
Community United Against Violence  
Congregations Building Community  
ConXión to Community  
Del Sol Group  
Dolores Street Community Services

Faith in Action Kern County  
Harvey Milk LGBT Democratic Club  
Human Rights Watch  
Immigration Action Group  
Lawyers' Committee for Civil Rights of the San Francisco Bay  
Area  
Legal Services for Prisoners with Children  
Los Angeles Regional Reentry Partnership  
Justice Not Jails  
MAAC  
Mujeres Unidas y Activas  
National Association of Social Workers - California Chapter  
National Day Laborer Organizing Network  
Pangea Legal Services  
PICO California  
Placer People of Faith  
Presente.org  
Progressive Christians Uniting  
Red Mexicana de Lideres y Organizaciones Migrantes

Santa Clara County Public Defender's Office  
Silicon Valley De-Bug  
Solutions for Immigrants  
William C. Velasquez Institute  
Vital Immigrant Defense Advocacy and Services (VIDAS)

Two private individuals

Opposition

California District Attorneys Association  
California State Sheriff's Association

Analysis Prepared

by: Stella Choe / PUB. S. / (916) 319-3744



**AB 1351: Deferred entry of judgment: pretrial diversion**

**SUMMARY**

This bill would provide pre-plea diversion, instead of post-plea deferred entry of judgment, for minor drug offenses.

**BACKGROUND**

California law provides for deferred entry of judgment for minor nonviolent drug offenses, most involving possession or use of drugs. A defendant is required to plead guilty, waive his or her right to a speedy trial, and complete a drug treatment program. If the program is completed, the criminal case is dismissed. Defendants are often led to believe that once the case is dismissed they will not be denied any benefit and the arrest will be deemed never to have occurred.

However, this dismissal does not protect a defendant from federal consequences, including deportation for non-citizen residents. Even for US citizens that complete the terms of court-ordered diversion, convictions can carry long-term negative consequences, including loss of federal housing and educational benefits.

Convictions for minor drug offenses result in much harsher consequences for non-U.S. citizens, including deportation and separation from family, loved ones and employment. According to the Transactional Records Access Clearinghouse at Syracuse University, since 2008, over 250,000 people have been deported from the U.S. for nonviolent drug offenses. A nonviolent drug offense was the cause of deportation for more than one in every ten people deported in 2013 for any reason.

Noncitizen defendants charged with minor drug offenses, including misdemeanors, are often incorrectly advised or believe that pleading guilty with a deferred entry of judgment will not count as a conviction for any purpose. However, under federal immigration laws, post-plea deferred entry of judgment programs, as

provided currently under PC 1000 *et. seq.*, are still considered a conviction for immigration purposes, even if the defendant successfully completed the program, the case dismissed, and the conviction no longer exists under state law. Deferred entry of judgments convictions are used against non-U.S. citizens to deport them, prevent them from gaining lawful status, and from being eligible for pardons against deportation. These unjust consequences are equally true for longtime lawful permanent residents (green card holders), and beneficiaries of the Deferred Action for Childhood Arrivals program, as for undocumented persons.

**THIS BILL**

This bill will amend Penal Code 1000 *et seq.* to allow for pre-trial diversion, instead of requiring the defendant to plead guilty first and then seek deferred entry of judgment for nonviolent misdemeanor drug offenses. For any person who fails to adhere to conditions of a pre-trial diversion program, the court could reinstate the charges and schedule proceedings pursuant to existing law.

Pre-trial diversion would not be available to any person with a prior conviction for possession of drugs for sale, sale of drugs, or involving a minor in drug sales, or any violent or serious felony offense.

**SUPPORT**

- ACLU (Co-sponsor)
- CHIRLA (Co-sponsor)
- Drug Policy Alliance (Co-sponsor)
- Immigrant Legal Resource Center (Co-sponsor)
- MALDEF (Co-sponsor)
- NCLR (Co-sponsor)
- Asian Americans Advancing Justice – Asian Law Caucus
- Asian Law Alliance
- California Immigrant Policy Center
- California Partnership

- California Rural Legal Assistance Foundation
- Californians United for a Responsible Budget
- Central American Resource Center
- Chinese for Affirmative Action
- CIVIC
- Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA)
- Community United Against Violence
- Congregations Building Community
- ConXion
- Del Sol Group
- Dolores Street Community Services
- Faith in Action – Kern County
- Harvey Milk LGBT Democratic Club
- Human Rights Watch
- Immigration Action Group
- Justice Not Jails
- Lawyers’ Committee for Civil Rights of the San Francisco Bay Area
- Legal Services for Prisoners with Children
- The Los Angeles Regional Reentry Partnership
- MAAC
- Mujeres Unidas y Activas
- NAACP
- National Association of Social Workers
- National Day Laborer Organizing Network
- National Immigration Law Center
- Pangea Legal Services
- PICO California
- Placer People of Faith Together
- Presente.org
- Progressive Christians Uniting
- Red Mexicana de Lideres Y Organizaciones Migrantes
- Santa Clara County Public Defender’s Office
- Silicon Valley De-Bug
- Solutions 4 Immigrants
- Vital Immigrant Defense Advocacy and Services
- William C. Velasquez Institute

## **FOR MORE INFORMATION**

---

Gustavo Medina  
 916.319.2013  
[gustavo.medina@asm.ca.gov](mailto:gustavo.medina@asm.ca.gov)

AB 1352  
(EGGMAN)



<b>DATE</b>	June 19, 2015
<b>TO</b>	Board Members
<b>FROM</b>	Marc Johnson Policy Coordinator
<b>SUBJECT</b>	<u>AB 1352 (Eggman) Deferred entry of judgment: withdrawal of plea. Version as amended May 19, 2015.</u>

**Issue:** AB 1352 (Eggman), introduced in the Legislature and amended on May 19th, is a bill which requires a court to allow a defendant to withdraw his or her guilty or nolo contendere plea and thereafter dismiss the case upon a finding that the case was dismissed after the defendant completed DEJ and that the plea may result in the denial or loss to the defendant, as specified. The bill would require the Judicial Council to develop a form to allow the defendant to make this attestation. Pursuant to the bill, the completion, signing, and submission of the form with specified documentation would be presumed to satisfy the requirement for the withdrawal of the plea and dismissal of the complaint. AB 1351 (Eggman) is a companion bill.

**Current Status:** Passed off the Assembly Floor, sent to Senate. Read 1<sup>st</sup> time; currently in Senate Rules committee for policy committee assignment.

**Background:** California law provides for deferred entry of judgment (DEJ) for minor nonviolent drug offenses, most involving possession or use of drugs. A defendant is required to plead guilty, waive his or her right to a speedy trial, and complete a drug treatment program. If the program is completed, the criminal case is dismissed. The dismissal may not protect a defendant from federal consequences, including deportation for non-citizen residents.

**Discussion and Implementation:** This bill will allow a defendant who entered a plea of guilty or nolo contendere under deferred entry of judgment to withdraw their plea if the following conditions are met:

- The plea was entered on or after January 1, 1997
- DEJ was successfully completed
- The charges were dismissed
- The entry of judgment may result in the denial or loss to the defendant of any employment, benefit, license, or certificate, which includes causing a noncitizen defendant to potentially be deported

The proposed expungment does not retroactively change DEJ's effect under California law. Under Penal Code Section 1000.4, a person who successfully completes DEJ already has no conviction or arrest record. Instead, this is a technical plea withdrawal specifically made to meet federal requirements. According to the bill analysis from the Assembly Public Safety committee, this bill would apply to cases that have already been dismissed, since a court may have jurisdiction over a case that has been dismissed.

If the defendant successfully completes the criminal diversion program as proposed by AB 1351 (Eggman), no 'conviction' or plea would exist to give the Board jurisdiction to act upon. Under Business and Professions code 4956, a plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge which is substantially related to the qualifications, functions, or duties of an acupuncturist is deemed to be a conviction. If this bill were to become law, it may impact the Board's ability to take disciplinary action against licensees who such a provision may apply to, since no conviction or plea would be in place. However, if the licensee does not complete the diversion program, and the criminal proceedings commence and a conviction is then granted, then the Board would be able to take disciplinary action since a conviction would be in place.

This bill impacts the Board's ability and authority to bring enforcement actions against licensees who qualify under this bill to have their convictions expunged or dismissed as if they did not exist. However, the bill is narrowly defined to apply to minor drug offenses and not violent crimes and requires full compliance with diversion programs.

This bill is sponsored by the Drug Policy Alliance, Immigrant Legal Resource Center, American Civil Liberties Union of California, Coalition for Humane Immigrant Rights of Los Angeles, Mexican American Legal Defense and Education Fund and the National Council of La Raza.

A partial list of bill supporters includes the Asian Law Alliance, California Public Defenders Association, Chinese for Affirmative Action, Del Sol Group, Harvey Milk LGBT Democratic Club and PICO California.

Opposition is from the CA District Attorneys Association and the CA State Sheriff's Association.

AMENDED IN SENATE MAY 19, 2015

AMENDED IN ASSEMBLY APRIL 27, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1352**

---

---

**Introduced by Assembly Member Eggman**

February 27, 2015

---

---

An act to add Section 1203.43 to the Penal Code, relating to deferred entry of judgment.

LEGISLATIVE COUNSEL'S DIGEST

AB 1352, as amended, Eggman. Deferred entry of judgment: withdrawal of plea.

Existing law allows judgment to be deferred with respect to a defendant who is charged with certain crimes involving possession of controlled substances and who meets certain criteria, including that he or she has no prior convictions for any offense involving controlled substances and has had no felony convictions within the 5 years prior, as specified. Existing law prohibits the record pertaining to an arrest resulting in successful completion of a deferred entry of judgment program from being used in any way that could result in the denial of employment, benefit, license, or certificate.

This bill would require a court to allow a defendant who was granted deferred entry of judgment on or after January 1, 1997, after pleading guilty or nolo contendere to the charged offense, to withdraw his or her plea and enter a plea of not guilty, and would require the court to dismiss the complaint or information against the defendant, if the defendant performed satisfactorily during the deferred entry of judgment period and the defendant ~~shows~~ *attests* that the plea may result in the denial

or loss to the defendant of any employment, benefit, license, or certificate, including, but not limited to, causing a noncitizen defendant to potentially be found inadmissible, deportable, or subject to any other kind of adverse immigration consequence. *The bill would require the Judicial Council to develop a form to allow the defendant to make this attestation. Pursuant to the bill, the completion, signing, and submission of the form with specified documentation would be presumed to satisfy the requirement for the withdrawal of the plea and dismissal of the complaint.*

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1203.43 is added to the Penal Code, to  
2 read:

3 1203.43. (a) (1) The Legislature finds and declares that the  
4 statement in Section 1000.4, that “successful completion of a  
5 deferred entry of judgment program shall not, without the  
6 defendant’s consent, be used in any way that could result in the  
7 denial of any employment, benefit, license, or certificate”  
8 constitutes misinformation about the actual consequences of  
9 making a plea in the case of some defendants, including all  
10 noncitizen defendants, because the disposition of the case may  
11 cause adverse consequences, including adverse immigration  
12 consequences.

13 (2) Accordingly, the Legislature finds and declares that based  
14 on this misinformation and the potential harm, the defendant’s  
15 prior plea is invalid.

16 (b) In any case in which a defendant was granted deferred entry  
17 of judgment on or after January 1, 1997, after pleading guilty or  
18 nolo contendere to the charged offense, the defendant shall be  
19 permitted by the court to withdraw the plea of guilty or nolo  
20 contendere and enter a plea of not guilty, and thereafter the court  
21 shall dismiss the complaint or information against the defendant,  
22 if the defendant ~~shows~~ *attests to* both of the following:

23 (1) The charges were dismissed after the defendant performed  
24 satisfactorily during the deferred entry of judgment period.

25 (2) The plea of guilty or nolo contendere may result in the denial  
26 or loss to the defendant of any employment, benefit, license, or

1 certificate, including, but not limited to, causing a noncitizen  
2 defendant to potentially be found inadmissible, deportable, or  
3 subject to any other kind of adverse immigration consequence.

4 *(c) The Judicial Council shall, by June 1, 2016, develop a form*  
5 *that allows a defendant to attest to the information described in*  
6 *paragraphs (1) and (2) of subdivision (b).*

7 *(d) The defendant shall submit documentation of the dismissal*  
8 *of charges or satisfactory participation in, or completion of,*  
9 *diversion programming. The completion, signing, and submission*  
10 *by the defendant of the form described in subdivision (c) with the*  
11 *documentation specified in this subdivision shall be presumed to*  
12 *satisfy the requirements for withdrawal of the plea and dismissal*  
13 *of the complaint or information against the defendant.*

O

Date of Hearing: April 21, 2015  
Counsel: Stella Choe

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Bill Quirk, Chair

AB 1352 (Eggman) - As Introduced February 27, 2015

As Proposed to be Amended in Committee

SUMMARY: Requires the court to allow a defendant to withdraw his or her guilty or nolo contendere plea in order to avoid specified adverse consequences if certain conditions are met. Specifically, this bill:

- 1) Provides in any case in which a defendant was granted deferred entry of judgment (DEJ), on or after January 1, 1997, after pleading guilty or nolo contendere to the charged offense, the defendant shall be permitted by the court to withdraw the plea of guilty or nolo contendere and enter a plea of not guilty if the defendant shows both of the following:
  - a) The charges were dismissed after the defendant performed satisfactorily during the DEJ period; and,
  - b) The plea may result in the denial or loss to the defendant of any employment, benefit, license, or certificate, including, but not limited to, causing a noncitizen defendant to potentially be found inadmissible, deportable, or subject to any other kind of adverse immigration consequence.
- 2) Requires the court to dismiss the complaint or information against the defendant.
- 3) States the Legislative finding that the statement in Penal Code Section 1000.4, that "successful completion of a DEJ program shall not, without the defendant's consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate" constitutes misinformation about the actual consequences of making a plea in the case of some defendants, including all noncitizen defendants, because the disposition of the case may cause adverse consequences, including adverse immigration consequences.

4) Declares based upon this misinformation and the potential harm, the defendant's prior plea is invalid.

EXISTING LAW:

1) Provides that a defendant may qualify for DEJ of specified non-violent drug possession offenses if the following apply to the defendant:

- a) The defendant has no prior conviction for any offense involving controlled substances;
- b) The offense charged did not involve a crime of violence or threatened violence;
- c) There is no evidence of a violation relating to narcotics or restricted dangerous drugs other than a violation of the specified deferrable drug offenses;
- d) The defendant's record does not indicate that probation or parole has ever been revoked without thereafter being completed;
- e) The defendant's record does not indicate that he or she has successfully completed or been terminated from diversion or deferred entry of judgment pursuant to this chapter within five years prior to the alleged commission of the charged offense;
- f) The defendant has no prior felony conviction within five years prior to the alleged commission of the charged offense. (Pen. Code, § 1000, subd. (a).)

2) States a prosecutor has a duty to review files to decide whether the defendant is eligible for DEJ. The prosecuting attorney shall file with the court a declaration in writing or state for the record the grounds upon which the determination is based, and shall make this information available to the defendant and his or her attorney. This procedure is intended to allow the court to set the hearing for DEJ at the arraignment. (Pen. Code, § 1000, subd. (b).)

3) Requires all referrals for DEJ granted by the court pursuant to this chapter to be made only to programs that have been certified by the county drug program administrator, or to programs that provide services at no cost to the participant and have been deemed by the court and the county drug program administrator to be credible and effective. The defendant may request to be referred to a program in any county, as long as that program meets the criteria specified. (Pen. Code, § 1000, subd. (c).)

4) Provides that the court shall hold a hearing and, after consideration of any information relevant to its decision, shall determine if the defendant consents to further

proceedings and if the defendant should be granted DEJ. If the court does not deem the defendant a person who would be benefited by deferred entry of judgment, or if the defendant does not consent to participate, the proceedings shall continue as in any other case. The period during which deferred entry of judgment is granted shall be for no less than 18 months nor longer than three years. Progress reports shall be filed by the probation department with the court as directed by the court. (Pen. Code, § 1000.2.)

- 5) Requires, if the defendant has performed satisfactorily during the period in which DEJ was granted, at the end of that period, the criminal charge or charges to be dismissed. If the defendant does not perform satisfactorily, DEJ may be terminated and the defendant may be sentenced as he or she would for a conviction. (Pen. Code, § 1000.3.)
- 6) States that upon successful completion of a DEJ program, the arrest upon which the judgment was deferred shall be deemed to have never occurred. The defendant may indicate in response to any question concerning his or her prior criminal record that he or she was not arrested or granted deferred entry of judgment for the offense, except as specified for employment as a peace officer. A record pertaining to an arrest resulting in successful completion of a DEJ program shall not, without the defendant's consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate. (Pen. Code, § 1000.4, subd. (a).)
- 7) Authorizes counties to establish and conduct a preguilty plea drug court program wherein criminal proceedings are suspended without a plea of guilty for designated defendants if so agreed upon in writing by the presiding judge of the superior court, or a judge designated by the presiding judge, together with the district attorney and the public defender. If the defendant is not performing satisfactorily in the program, the court may reinstate criminal proceedings. If the defendant has performed satisfactorily during the period of the preguilty plea program, at the end of that period, the criminal charge or charges shall be dismissed. (Pen. Code, § 1000.5.)
- 8) States that in any case in which (a) a defendant has fulfilled the conditions of probation for the entire period of probation, or (b) has been discharged prior to the termination of the period of probation, or (c) in any other case in which a court, in its discretion and the interests of justice, determines that a defendant should be granted the relief available under this section, the defendant shall, at any time after the termination of the period of probation, if he or she is not then serving a sentence for any offense, on probation for any offense, or charged with the commission of any offense, be permitted by the court to withdraw his or her plea of guilty or plea of nolo contendere and enter a plea of not



guilty; or, if he or she has been convicted after a plea of not guilty, the court shall set aside the verdict of guilty; and, in either case, the court shall thereupon dismiss the accusations or information against the defendant. (Pen. Code, § 1203.4, subd. (a).)

EXISTING LAW: Provides circumstances that allow non-citizens to be deported, which include having been convicted of a violation of (or a conspiracy or attempt to violate) any law or regulation of a State, the United States, or a foreign country relating to a controlled substance as defined, other than a single offense involving possession for one's own use of 30 grams or less of marijuana. (8 U.S.C.S. § 1227, subd. (a)(2)(B)(i).)

FISCAL

EFFECT: Unknown

COMMENTS:

1)Author's Statement: According to the author, "AB 1352 provides a minor expungement procedure to prevent the needless disruption of thousands of California families. The expungement proposed by this bill does not retroactively change the effect of the person's DEJ disposition under California law. Instead, it will eliminate the disposition as a conviction for federal immigration purposes. It also will make right the injustice inadvertently committed against the immigrant defendants who relied upon PC 1000.4 in deciding to enter a guilty plea.

"This bill will prevent terrible harm to California families and immigrant communities. The last several years have seen mass deportations from the U.S. Of deportations based on criminal conviction, the largest number has been for minor, non-trafficking drug offenses. This especially affects California, the nation's most immigrant-rich state, where one out of two children lives in a household headed by at least one foreign born person (and the great majority of the children are U.S. citizens). Deportation of a parent devastates a family emotionally and economically and can drain state resources as U.S. citizen children go into foster care, homes go into foreclosure, and remaining citizen family seek public benefits."

2)Expungement Relief Generally: To "expunge" is to erase or destroy. The expungement of a record is the removal of a conviction from a person's criminal record. (United States v. Hayden (9th Cir. 2001) 255 F.3d 768, 771.) In California, Penal Code section 1203.4 is the statute typically referred to as the expungement statute. Defendants who have successfully completed probation (including early discharge) can petition the court to set aside a guilty verdict or permit withdrawal of the guilty or nolo contendere plea and dismiss the

complaint, accusation, or information. (Pen. Code, §1203.4.) However, the relief under Penal Code section 1203.4 does not actually provide expungement of the defendant's records. The prior conviction may still be used in a "subsequent prosecution of the defendant for any other offense," and if plead and proven, "shall have the same effect as if probation had not been granted or the accusation or information dismissed." (Pen. Code, § 1203.4, subd. (a).) Instead, there will be an entry made on the record that states that the case was dismissed. The records still remain fully a public document.

A dismissal under section 1203.4 does not constitute "expungement" as defined in the Federal Sentencing Guidelines, and therefore may be considered as a prior conviction when calculating a defendant's criminal history. (Hayden, supra, 255 F3d at p. 774.) In Hayden, the court looked at the specific language contained in 1203.4 to find that because the statute expressly authorizes the dismissed case to be used as a prior conviction in a subsequent prosecution, it is clear that the prior conviction is not expunged or erased so it could be considered for federal immigration purposes. (Id. at p. 772.)

In order to constitute an actual expungement, the withdrawal of the plea and dismissal of the case must not be allowed to be used for any purpose. Because immigration is the purview of the federal government, state laws cannot mandate what the federal government can consider in immigration proceedings.

However, the state can craft a statute that avoids or minimizes a person's exposure to adverse immigration consequences. One of the circumstances that may trigger deportation proceedings is a conviction related to controlled substances. (8 U.S.C.S. § 1227, subd. (a)(2)(B)(i).) This bill allows a person to withdraw a guilty or nolo contendere plea that exposed the person to adverse immigration consequences and requires the court thereafter to dismiss the case. The intended outcome is that the person would not have a "conviction" as interpreted under federal law to cause the person to be deported. However, the bill is silent as to whether, after the case is re-dismissed, the records are expunged or completely erased from a person's record. Therefore, it is unclear whether the dismissal created under this bill prevents the federal government from accessing those records for immigration purposes.

- 3)Deferred Entry of Judgment: Participation in a DEJ program requires a defendant must enter a guilty plea and entry of judgment on the defendant's guilty plea is deferred pending successful completion of a program or other conditions. If the defendant successfully completes DEJ, the arrest shall be deemed to never have occurred. The Legislature intended the benefits and protections of a successful completion of DEJ be given the broadest possible application. (B.W. v. Board of Med. Quality Assurance (1985) 169 Cal.App. 3d 219.) A defendant who completes DEJ and has his or her case dismissed

cannot have the offense used against him or her to deny any employment benefit, license or certificate unless the defendant consents to the release of his or her record. (Pen. Code, § 1000.3.)

DEJ provides an opportunity for non-violent drug offenders to participate in drug treatment programming and probation supervision rather than being imprisoned. The purpose of dismissal upon successful completion of DEJ is to allow offenders to take advantage of having a clean record so that they can get or retain jobs become, or remain, productive members of society. However, a dismissal after completion of a DEJ program for a drug related offense may subject an immigrant defendant to immigration consequences such as deportation. (Paredes-Urrestarazu v. U.S. INS (9th Cir. 1994)

36 F3d. 801.)

This bill requires a court to allow a defendant to withdraw his or her guilty or nolo contendere plea upon a showing that charges were dismissed after the defendant performed satisfactorily during the DEJ period and that the plea may lead to a denial of a benefit, including adverse immigration consequences. A defendant's lack of knowledge of immigration consequences can constitute good cause to withdraw a guilty plea. (People v. Superior Court (Giron) (1974) 11 Cal. 3d 793.)

4)Withdrawal of a Plea on a Dismissed Case: This bill creates a statutory mechanism for the court to assume jurisdiction in a case for the limited purpose of authorizing the person to withdraw his or her guilty or nolo contendere plea if it is shown that their case was dismissed after successful completion of DEJ, and that the plea may result in the denial or loss to the defendant of any employment, benefit, license, or certificate, including adverse immigration consequences such as deportation.

This bill applies to cases that have already been dismissed. A court may have jurisdiction over a case that has been dismissed. In *People v. DeLong* (2002), 101 Cal. App. 4th 482, the defendant successfully completed drug treatment and the terms of probation pursuant to Proposition 36. Thereafter her conviction was set aside and the court dismissed the complaint against the defendant. The statute authorizing the dismissal states that "the conviction is deemed never to have occurred" and the defendant is "released from all penalties and disabilities" resulting from the conviction. (Id. at p. 491; Pen. Code, § 1210.1, subd. (e)(1).) The defendant subsequently appealed her conviction and the prosecution argued that the appeal was moot because the case had been dismissed. The court held that the appeal was not moot because the conviction continues to exist for certain purposes, and the defendant "continues to suffer disadvantageous and prejudicial collateral consequences therefrom. . ." (Id. at pp. 491-492) Similarly, in cases dismissed pursuant to DEJ, the conviction continues to exist for certain purposes and may disadvantage

the defendant, even though the defendant is advised that the completion of the program "shall not, without the defendant's consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate." (Pen. Code, § 1000.4, subd. (a).)

5) Proposed Amendments: This bill is being considered as proposed to be amended. The proposed amendments require the court, after the defendant has withdrawn his or her plea, to dismiss the complaint or information. The bill as currently written does not direct the court on how to proceed after the defendant has withdrawn his or her plea. Without stating that the necessary outcome, the case would remain open and without a disposition. Therefore, the amendments require the court to re-dismiss the case.

6) Argument in Support: According to the American Civil Liberties Union of California, the co-sponsor of this bill "Current California law provides for deferred entry of judgment (DEJ) for minor drug offenses. Under the program, a defendant is required to plead guilty, waive his or her right to a speedy trial, and complete a drug treatment program. If the defendant successfully completes the program, the charges against the defendant are dismissed. Participants are told that once the charges are dismissed, there will be no conviction for any purpose, the arrest will be deemed never to have occurred, and they will not be denied any legal benefit based on the disposition whatsoever.

"Unfortunately, the dismissal of the charges following completion of deferred entry of judgement does not, in fact, protect defendants from certain federal consequences. This is because the guilty plea remains on their record and counts as a "conviction" for certain purposes under federal law. Even for U.S. citizens, these guilty pleas can carry long-term negative consequences, including loss of federal housing and educational benefits. For noncitizens, the consequences can be immediate and devastating, including deportation, mandatory detention, and permanent separation from families.

. . . .

"AB 1352 adds to our existing expungement process a means for people who have successfully completed DEJ to remove the guilty plea from their record. The expungement provision will permit people to withdraw their plea in a manner that immigration authorities will accept. This expungement will not retroactively change the effect of California DEJ dispositions because under state law, the person already is deemed to have no conviction or even arrest. Instead, this bill provides a technical withdrawal of a guilty plea to meet federal standards, in order to prevent the needless and unfair destruction of California families."

7) Argument in Opposition: According to the California District Attorneys Association, "Beyond the constitutional right to effective defense counsel, which has an obligation to ensure

that a defendant understands the terms and ramifications of a plea, Penal Code 1016.5 already requires the court to administer an advisement to the defendant about potential adverse immigration consequences prior to accepting a guilty plea.

"Allowing defendants to petition the court for this form of relief, simply because those consequences ultimately occurred, would create tremendous workload issues within the criminal justice system in terms of calendaring and preparing for hearings. By making this remedy available to anyone who was granted deferred entry of judgment since 1997, tens of thousands of individuals will be eligible for a determination on whether they may withdraw their pleas - many of whom have suffered no adverse consequences at all.

"For those whose pleas may trigger some immigration action, certainly any adverse consequences - immigration, employment, or otherwise - would have already been suffered in the intervening 18 years. Conversely, if those adverse consequences have not yet occurred, perhaps the problem that AB 1352 seeks to address is not as prevalent as initially thought."

8)Related Legislation:

- a) AB 813 (Gonzalez) would create an avenue of post-conviction relief for a person to vacate a conviction or sentence based on error damaging the petitioner's ability to meaningfully understand, defend against, or knowingly accept the immigration consequences of the conviction. AB 813 will be heard by this Committee today.
- b) AB 1351 (Eggman) would change the existing drug DEJ program to a pretrial drug diversion program. AB 1351 will be heard by this Committee today.

REGISTERED SUPPORT / OPPOSITION:

Support

Drug Policy Alliance (Sponsor)  
Immigrant Legal Resource Center (Sponsor)  
American Civil Liberties Union of California (Co-Sponsor)  
Coalition for Humane Immigrant Rights of Los Angeles  
(Co-Sponsor)  
Mexican American Legal Defense and Education Fund (MALDEF)  
(Co-Sponsor)  
National Council of La Raza (Co-Sponsor)  
African Advocacy Network  
Asian Americans Advancing Justice - Asian Law Caucus  
Asian Americans Advancing Justice - L.A.  
Asian Law Alliance  
California Attorneys for Criminal Justice  
California Immigrant Policy Center

California Partnership  
California Public Defenders Association  
California Rural Legal Assistance Foundation  
Californians for Safety and Justice  
Californians United for a Responsible Budget  
Central American Resource Center - Los Angeles  
Chinese for Affirmative Action  
Community United Against Violence  
Congregations Building Community  
Del Sol Group  
Dolores Street Community Services  
Faith in Action Kern County  
Harvey Milk LGBT Democratic Club  
Human Rights Watch  
Immigration Action Group  
Institute for Justice  
Lawyers' Committee for Civil Rights of the San Francisco Bay Area  
Legal Services for Prisoners with Children  
Los Angeles Regional Reentry Partnership  
Justice Not Jails  
MAAC  
Mujeres Unidas y Activas  
National Association of Social Workers - California Chapter  
National Day Laborer Organizing Network  
National Immigration Law Center  
Pangea Legal Services  
PICO California  
Placer People of Faith  
Presente.org  
Progressive Christians Uniting  
Red Mexicana de Lideres y Organizaciones Migrantes  
Santa Clara County Public Defender's Office  
Silicon Valley De-Bug  
Solutions for Immigrants  
William C. Velasquez Institute  
Vital Immigrant Defense Advocacy and Services (VIDAS)

One private individual

Opposition

California District Attorneys Association  
California State Sheriffs' Association

Analysis Prepared

by: Stella Choe / PUB. S. / (916) 319-3744





## AB 1352: Deferred entry of judgment: withdrawal of plea

### SUMMARY

This bill will, in certain circumstances, expunge the record of an individual who has completed deferred entry of judgment (DEJ) requirements.

### BACKGROUND

California has long had special rehabilitative statutes for persons charged with a minor drug offense, such as possession of paraphernalia or a small amount of a drug for personal use. On January 1, 1997 the state changed from having a pre-trial diversion statute to the current DEJ statute, which requires a guilty plea. Penal Code Section 1000.4(1) essentially states that the entire event never occurred if the person successfully completes DEJ requirements, allowing the accused to state, legally, that they had never been arrested or convicted of the crime for which they completed DEJ requirements.

With this understanding, thousands of immigrant defendants have agreed to plead guilty and successfully fulfilled all DEJ requirements. Unfortunately, under federal immigration law the guilty plea and the DEJ requirements created a damaging drug “conviction.” Even though California dismissed the charges under federal law, the conviction remains for immigration purposes.

As a result, rather than having no consequences at all, the DEJ drug “conviction” has led to mandatory ICE detention, deportation, permanent banishment, and permanent separation from family, including U.S. citizen dependent parents, spouses, and children.

According to Penal Code Section 1000.4(a), “an arrest resulting in successful completion of a deferred entry of judgment program shall not, without the defendant’s consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate.”

### THIS BILL

This bill will allow a defendant who entered a plea of guilty or *nolocontendere* under deferred entry of judgment to withdraw their plea if the following conditions are met:

- The plea was entered on or after January 1, 1997
- DEJ was successfully completed
- The charges were dismissed
- The entry of judgment may result in the denial or loss to the defendant of any employment, benefit, license, or certificate, which includes causing a noncitizen defendant to potentially be deported

The proposed expungement does not retroactively change DEJ’s effect under California law. Under Penal Code Section 1000.4, a person who successfully completes DEJ already has no conviction or arrest record. Withdrawing the guilty plea will provide no more and no less protection under California law than what already exists. Instead, this is a technical plea withdrawal specifically made to meet federal requirements.

### SUPPORT

- ACLU (Co-sponsor)
- CHIRLA (Co-sponsor)
- Drug Policy Alliance (Co-sponsor)
- Immigrant Legal Resource Center (Co-sponsor)
- NCLR (Co-sponsor)
- MALDEF (Co-sponsor)
- African Advocacy Network
- Asian AmERICANS Advancing Justice – Asian Law Caucus
- Asian Americans Advancing Justice – L.A.
- Asian Law Alliance
- California Attorneys for Criminal Justice
- California Immigrant Policy Center
- California Partnership



- California Public Defenders Association
- California Rural Legal Assistance Foundation
- Californians for Safety and Justice
- Californians United for a Responsible Budget
- Central American Resource Center – Los Angeles
- Chinese for Affirmative Action
- CIVIC
- Community United Against Violence
- Congregations Building Community
- Del Sol Group
- Dolores Street Community Services
- Faith in Action Kern County
- Harvey Milk LGBT Democratic Club
- Human Rights Watch
- Immigration Action Group
- Institute for Justice
- Justice Not Nails
- LARRP
- Lawyers' Committee for Civil Rights of the San Francisco Bay Area
- Legal Services for Prisoners with Children
- MAAC
- Mujeres Unidas y Activas
- National Association of Social Workers
- National Day Laborer Organizing Network
- National Immigration Law Center
- Pangea Legal Services
- PICO California
- Placer People of Faith Together
- Presente.org
- Progressive Christians Uniting

### **FOR MORE INFORMATION**

---

Gustavo Medina  
 916.319.2013  
[gustavo.medina@asm.ca.gov](mailto:gustavo.medina@asm.ca.gov)

SB 800

(SEN B, P & ED

CMTE)

<b>DATE</b>	June 19, 2015
<b>TO</b>	Board Members
<b>FROM</b>	Marc Johnson Policy Coordinator
<b>SUBJECT</b>	<u>SB 800 (Senate committee on Business, Professions and Economic Development) Healing Arts</u> ; version as amended April 20, 2015

**Issue:** SB 800 (Senate Committee on Business, Professions and Economic Development (BPED)) is a bill introduced in the Legislature and most recently amended on April 20, 2015. This bill makes several non-controversial minor, non-substantive, or technical changes to various provisions pertaining to the health-related regulatory Boards of the Department of Consumer Affairs. Specific to the Board is a statutory change which removes Canada as a domestic equivalent to the United States in regards to training and clinical experience.

**Current Status:** Referred to Assembly Business and Professions committee; hearing date not set.

**Background:** SB 800, along with SB 799 (Senate BPED), is one of two “committee bills” intended to consolidate a number of non-controversial provisions related to various regulatory programs and professions governed by the business and professions code. Most of the provisions in these bills are considered minor and non-substantive. These bills are introduced every legislative session by the committee.

This is the bill vehicle for the proposed bill that the Board approved that would change the status of Canadian Acupuncture training programs to be considered foreign training programs. This change would allow graduates from Canadian Acupuncture Training programs to apply as foreign applicants to take the California Acupuncture Licensure Examination (CALE). Currently, Canada is not included in BPC 4938 (c) as a foreign training location. As a result, Canadian applicants must meet either subsection (1) graduate from Board approved training program or (2) graduate from Board approved tutorial program. Currently, the Board does not extend its school approval to Canadian training programs and none of the Canadian acupuncture training programs would satisfy subsection (1). Applicants could take Board approved tutorials, but those would be in addition to their program training in Canada.

**Discussion and Implementation:** Under current law, exam applicants for the CALE who have taken an Acupuncture training program in Canada are not able to apply as foreign applicants, tutorial candidates or as approved school graduates under the current regulations. Currently, there is no path for Canadian acupuncture graduates to apply for California licensure because they are unable to graduate from a California Board approved school and they are not considered “foreign” for purposes of our licensure requirements.

This proposed change would streamline and clarify the Board’s admission of students from Canada. It would also help to strengthen public safety and maintain educational standards by assuring that students meet the same requirements as other foreign candidates. It would also remove what in effect excludes all Canadians from applying for licensure in California.

# Regulatory Update



**ACUPUNCTURE BOARD**

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
 (916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)

**CAB list of past and future regulations**

Updated: June 8, 2015

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

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

<b>Pending regulations</b>				
	<b>Subject</b>	<b>B&amp;P code sections referred</b>	<b>Date authorizing vote taken (vote)</b>	<b>Status</b>
1	Consumer Protection Enforcement Initiative (CPEI). Amends regulations to strengthen board enforcement program pursuant to DCA's CPEI initiative (SB 1111)	Amends section 1399.405, 1399.419, 1399.469.1, 1399.468.2	8/19/2010 (5-0)	OAL approved rulemaking package. Regulation to be effective 10/1/15.
2	Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Conditions of Probation (SB 1441)	adopt sections 1399.469	10/25/2013 (5-0)	Staff completing final changes to package. To Legal counsel for review June 2015. Expected 45 day notice period to begin by August 2015.
3	Sponsored Free Health-Care Events (AB 2699)	Add Article 7 and Sections 1399.480, 1400.1, 1400.2 and 1400.3	11/17/2011 (5-0)	Regulatory package complete and notice of rulemaking published by OAL. 45-day public comment period began 6/5/15, with hearing set for 7/20/15.
4	Display of licensure by Acupuncture Board (BPC 138)	Add section 1399.463.3	11/14/14 (6-0)	Regulatory package complete and notice of rulemaking published by OAL. 45-day public comment period began 6/5/15, with hearing set for 7/20/15.
5	Prostitution enforcement and condition of office	Amends section 1399.450(b)	2/14/2014 (6-0)	Package being completed by staff. Expected submittal to OAL by August.
6	Advertising guidelines – display of license numbers in advertising	Adopt section 1399.455	2/19/2013 (5-0)	Package being completed by staff. Expected submittal to OAL by September.

7	Continuing education ethics requirement – change of “medical ethics” to “professional ethics”	Adopt section 1399.482.2	11/15/2012 (5-0)	Package being completed by staff. Expected submittal to OAL by September.
8	Hand Hygiene requirements	Amends 1399.451 (a)	2/14/2014 (5-0)	Package under staff development. Planned for OAL submission by Fall 2015.

### Adopted Regulations

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

# James Skoien Request



**ACUPUNCTURE BOARD**

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
(916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)



<b>DATE</b>	June 19, 2015
<b>TO</b>	All Board Members
<b>FROM</b>	Cricket Borges Enforcement Analyst
<b>SUBJECT</b>	<b>Request Pursuant to B&amp;P § 4967 (b): James Mark Skoien, AC 2562</b>

The following is a request from James Mark Skoien, a previously licensed acupuncturist whose license lapsed and permanently cancelled. Business and Professions Code (B&P) section 4967 provides conditions that one must comply with when seeking a new acupuncture license from the Board. B&P section 4967 states, a person who fails to renew his or her license within three years after its expiration may not renew it, and it may not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new license if he or she meets three requirements.

Mr. Skoien has submitted a request to the Board to be issued a new license without having to take the exam. Mr. Skoien was issued license AC 2562 on July 23, 1985. His license was cancelled on July 5, 1998, for failure to renew within three years from the date of expiration (June 30, 1993).

Below are the conditions required by B&P 4967 and a status of Mr. Skoien's compliance with each one.

- (a) B&P section 4967 (a) requires that an applicant be clear of any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475). **Mr. Skoien completed a live scan and he has received fingerprint clearance.**
- (b) B&P section 4967(b) requires that an individual with a cancelled license take and pass the examination that is required for initial licensure. ***This is the requirement that Mr. Skoien is requesting be waived based upon the evidence he is presenting that he is qualified to practice as an acupuncturist.***
- (c) B&P section 4967(c) requires that an individual with a cancelled license pay all of the fees that would be required if an initial application for licensure was being made, as well as the examination fee. **Mr. Skoien has paid both his examination and license fees.**

Mr. Skoien is also submitting a total of 128 Board approved continuing education units (CEUs) dating back to April 2012, for your consideration.

Mr. Skoien has been unlicensed in California since 1993, but had his license remained current, he would have needed to complete 440 CEUs. (Note: Prior to August 2008, 30 CEUs were due for each renewal cycle.)

**Recommendation to Board:**

On May 29, 2015, the Enforcement Committee voted to recommend that Mr. Skoien be issued a new license without having to take the exam.

Enclosures: 1) Request to Board; 2) Curriculum Vitae; 3) CEU Certificates; 4) Additional Documentation



RECEIVED

JUL 22 2014

ACUPUNCTURE BOARD

James Skoien  
P.O. Box 3705  
41150 Lahontan Drive, C 17  
Big Bear Lake, CA 92315  
[akupunkturluzern@gmx.net](mailto:akupunkturluzern@gmx.net)  
909 213 7301

Kristine Brothers  
Enforcement Coordinator  
Acupuncture Board  
[kristine.Brothers@dca.ca.gov](mailto:kristine.Brothers@dca.ca.gov)

Dear Kristine Brothers,

I have completed the four listed steps for licensure without having to take an exam (see attached Email copy).

I would like to be granted an appointment to present my case before the Acupuncture Board for obtaining a new license without taking the exam.

Thank you for your assistance.

  
Sincerely,  
James Skoien

April 22, 2014 / July 10, 2014

Dear Representative, Acupuncture Board

Topic: reactivation of Acupuncture license 2562

I am sending this mail with copy of certified letter of March 7, 2014 (no response) at the request of your telephone assistance (916-515-5200).

Thank you in advance for your response.

James Skoien

March 7, 2014 / July 14, 2014

James Skoien  
41150 Lahontan Drive, C 17  
P.O. Box 3705  
Big Bear Lake, CA 92315-3705  
Tel. 909 213 7301  
akupunkturluzern@gmx.net

**California Acupuncture Board**

1747 N. Market Blvd, Suite 180

Sacramento, CA 95834

Topic: reactivation of Acupuncture license 2562

Dear Representative, Acupuncture Board,

I am writing in regards to licensure for Acupuncture in the State of California. I have viewed the Department of Consumer Affairs Acupuncture Board website to inform myself. I wrote an email to your mail address [acupuncture@dca.ca.gov](mailto:acupuncture@dca.ca.gov) on the 19<sup>th</sup> of February, but have not received an answer. Therefore, I have chosen to write you with a USPS registered letter.

I successfully passed the California Acupuncture and Herbal examination in 1985. I practice with this license in California several years. I was also a main instructor for Acupuncture and Chinese Herbal Medicine at numerous schools in California during this period (1985-1993). In the early 1990's, I practiced and was licensed not only in California but in Colorado. In 1993, I moved to Switzerland to actively practice Chinese Medicine and to work as the academic program director and main TCM instructor for a school for Acupuncture and Chinese Medicine in Zürich, Switzerland (Tao Chi Schule für TCM). I directed the entire

TCM program in Zürich, actively organized and directed the first teaching clinic for Chinese Medicine in Switzerland and worked as the main instructor for Chinese Medicine for almost 20 years (1994-November 2013). I have also instructed internationally on all topics of TCM for the last 29 years (see attached CV). I have written numerous articles on Chinese Medicine published in internal journals. I have published six textbooks on Chinese Medicine (German language). In 2013, Yo San University honored me for my services to the national and international community of Chinese Medicine with a Doctor of Science, h.c. title.

I have currently returned to California. As I did not renew my license in California after 1993, I have a lapsed license. I would like to apply to the Acupuncture Board for a active license. I have read the information on the website (<http://www.acupuncture.ca.gov/licensees/lapsed.shtml>) regarding lapsed licenses. I certainly have not committed any acts of crimes (point a.).

Specifically relevant to my case is the second part of statement b. (below):

b. "..., or otherwise establishes to the satisfaction of the Board that, with due regard for the public interest, he or she is qualified to practice as an acupuncturist."

I would greatly appreciate information regarding my request for licensure.

Thank you in advance,



James Skoien

I have included a brief CV with this mail. Of course, I would be happy to answer any questions ([akupunkturluzern@gmx.net](mailto:akupunkturluzern@gmx.net)). / 909 213 7301

Partial reference list:

Daoshing Ni, L.Ac., MBA, DOM, PhD  
Yo San University of Traditional Chinese Medicine  
13315 West Washington Blvd.  
Los Angeles, CA 90066  
310-577-3000 Voice  
310-577-3033 Fax  
www.yosan.edu  
drdao@yosan.edu

Maoshing Ni, L.Ac., D.O.M., Ph.D.  
Yo San University of Traditional Chinese Medicine  
13315 West Washington Blvd.  
Los Angeles, CA 90066  
310-917-2200





**James Skoien, Doctor of Science h.c., Yo San University, 2013, Acupuncturist, Herbalist, International Lecturer (Chinese Medicine) and Senior Clinic Supervisor; 29 years of clinical experience as Acupuncturist and Herbalist; 29 plus years of teaching experience (Chinese Medicine)**

41150 Lahontan Drive, C 17

P.O. Box 3705

Big Bear Lake, CA 92315-3705

Tel. 909 213 7301

Email: akupunkturluzern@gmx.net

#### **Acupuncturist, Herbalist, Lecturer and Clinic supervisor**

Nationally certified acupuncturist (1985) (NCCAOM, United States); diplomate in Acupuncture and Chinese Herbology (active status since 1997) (SBOTCM, Switzerland), license TCM practitioner in Canton Lucerne, Switzerland since 2004, California license und National certification (NCCAOM) in 1985 (currently lapsed license in California)

#### **29 years of clinical experience, private clinics, teaching clinics**

- 2004-2014: private clinic for Traditional Chinese Medicine (TCM) in Lucerne, Switzerland
- 1998-2004: clinical director for the Tao Chi School teaching clinic for TCM, Luzern, Switzerland; responsible for the treatment of patients and the supervision of interns
- 1994-1998: private clinic for TCM in Stans, Switzerland
- 1985-1994: private clinic for TCM in Los Angeles, CA und Colorado Springs, CO, U.S.A.; successfully passed the California State license und National certification (NCCAOM) in 1985.

#### **29 plus years of teaching experience**

- 1995-2013: main instructor and director of the TCM program (Tao Chi Schule, Zürich, Switzerland); approximately 500 teaching hours a year
- 1985-2013: lecturer in the English and German languages for TCM herbal medicine and acupuncture (numerous medical doctor and veterinarian training programs, including the International Society for Veterinary Acupuncture, Belgien Veterinary Acupuncture Society, German Veterinary Acupuncture Society, Assoziation Schweizer Ärztgesellschaften für Akupunktur und Chinesische Medizin, Arbeitsgemeinschaft für Traditionelle Chinesische

Medizin, Austria); more than 50 lectures in several countries (U.S.A, Canada, England, Ireland, Belgium, Norway, Finland, Denmark, Sweden, Austria, Germany)

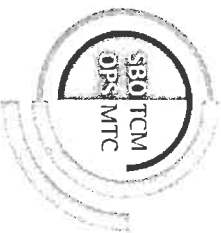
- 1984-1994: lecturer for TCM, numerous TCM colleges and schools in California and Colorado (Yo San University, SAMRA University, Emperor's College, Royal University, Colorado School of TCM, etc.)
- Teaching materials and publications: numerous instructional books, numerous journal articles, my latest published textbooks of Chinese Medicine (German language):
  - Chinesische Arzneimitteltherapie Band I: Die Heilmittel, 2011 (Eigenverlag, ISBN-978-3-033-01273-8)
  - Chinesische Arzneimitteltherapie Band II: Grundlagen, Arznei- und Rezepturvergleich, Kombinationen und Rezepturen, 2011 (Eigenverlag, ISBN-978-3-033-03096-1)
  - Die Grundlagen der Traditionellen Chinesischen Medizin; Ein umfassendes Lern- und Arbeitsbuch für Praktiker und Studenten, 2., überarbeitete und erweiterte Auflage, 2007 (Eigenverlag, ISBN-978-3-033-01273-8)
  - Akupunktur; Wirkungen, Indikationen und Punktlokalisation, 2007 (Eigenverlag, ISBN-978-3-033-01280-6)
  - Muster-Differenzierung in der Traditionellen Chinesischen Medizin, Band I: Die Grundmuster und ihre Behandlung mit Akupunktur und Chinesischer Arzneimitteltherapie, 2006 (Eigenverlag, ISBN-13: 978-3-033-01037-6),
  - Muster-Differenzierung in der Traditionellen Chinesischen Medizin, Band II: Schlüsselsymptome und -krankheitszeichen, Muster und ihre Behandlung mit Akupunktur und Chinesischer Arzneimitteltherapie, erarbeitete 2012 (Eigenverlag, ISBN 978-3-8442-1672-1)





# DIPLOM

gültig bis 31.12.2016



Schweizerische Berufsorganisation für Traditionelle Chinesische Medizin  
Organisation Professionnelle Suisse de Médecine Traditionnelle Chinoise  
Organizzazione Professionale Svizzera della Medicina Tradizionale Cinese  
Swiss Professional Organization for Traditional Chinese Medicine

**JAMES SKOIEN**

Mitglied seit 01.04.1999

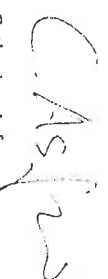
erfüllt alle Voraussetzungen der SBO-TCM zur A-Mitgliedschaft  
und ist daher berechtigt, den Titel

dipl. Herbalist SBO-TCM  
dipl. Akupunkteur SBO-TCM

zu führen.

Degersheim, 2.2.2015

  
Carla Fuhrrott  
Präsidentin

  
Catherine Asfour  
Vorstandsmitglied



# Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: [www.eiplus.org](http://www.eiplus.org) • Email: [info@eiplus.org](mailto:info@eiplus.org)

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: 205

is awarded **8 CEU/PDA Points**

For completing the Live Presentation

## Acupuncture for Pain: Interactive Case Studies

### April 21, 2012

NCCAOM® Program Approval Dates: 01-06-2012 through 01-06-2013

### PDA Points / NCCAOM® Recertification Categories:

- 8 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383  
 NCCAOM® provider-Course #: 344-111  
 State of Florida License #: 20-337142  
 State of Illinois License #: 225.000014  
 Texas Acupuncture Board  
 CTCMA  
 IVAS



This certificate must be retained by the licensee for a minimum of four years after course completion. Diplomates are advised to check with their state Acupuncture Board for re-licensing requirements.

# Certificate of Completion

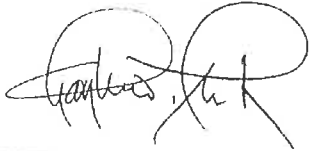
## James Skoien

205

The recipient of this certificate has successfully completed a comprehensive course of approved continuing education as required by California Acupuncture Board, Florida Board of Acupuncture, Illinois Board of Acupuncture, Texas Board of Acupuncture, NCCAOM, CTCMA, and IVAS on April 21, 2012 for 8 contact hours on

### Acupuncture for Pain: Interactive Case Studies

May 03, 2012 | In Witness Whereof,  
The Instructor and the Provider hereunto affixed their signatures



Charles Funk, President  
Provider Designee



Robert Doane, L.Ac.  
Instructor

This certificate must be retained by the licensee for a period of 4 years. This webinar is sponsored by Lotus Institute of Integrative Medicine, a Continuing Education provider of CA Acupuncture Board: #CEP 383, IL Acupuncture Board: #225.000014, FL Acupuncture Board: # 20-337142, TX Acupuncture Board, NCCAOM: #ACHB 344-111, CTCMA, IVAS, PO Box 92493, City of Industry, CA 91715 Tel: 626-780-7182 Web: [www.elotus.org](http://www.elotus.org) Email: [info@elotus.org](mailto:info@elotus.org)



Lotus Institute Of Integrative Medicine



# Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: [www.lotus.org](http://www.lotus.org) • Email: [info@lotus.org](mailto:info@lotus.org)

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: 205

## is awarded 8 CEU/PDA Points

For completing the Live Presentation

## Auricular Diagnosis Part I

### October 13, 2012

NCCAOM® Program Approval Dates: 01-06-2012 through 01-06-2013

### PDA Points / NCCAOM® Recertification Categories:

- Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- 8 Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383

NCCAOM® provider-Course #: 344-115

State of Florida License # 20-334407

State of Illinois License # 225.000014

Texas Acupuncture Board

CTCMA

IVAS



This certificate must be retained by the licensee for a minimum of four years after course completion. Diplomates are advised to check with their state Acupuncture Board for re-licensing requirements.



# Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: [www.elotus.org](http://www.elotus.org) • Email: [info@elotus.org](mailto:info@elotus.org)

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: 205

### is awarded 8 CEU/PDA Points

For completing the Live Presentation

## Auricular Diagnosis Part II

### October 14, 2012

NCCAOM® Program Approval Dates: 01-06-2012 through 01-06-2013

#### PDA Points / NCCAOM® Recertification Categories:

- Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- 8 Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383  
 NCCAOM® provider-Course #: 344-116  
 State of Florida License # 20-334409  
 State of Illinois License # 225.000014  
 Texas Acupuncture Board  
 CTCMA  
 IVAS



This certificate must be retained by the licensee for a minimum of four years after course completion. Diplomates are advised to check with their state Acupuncture Board for re-licensing requirements.



# Lotus Institute Of Integrative Medicine

P.O. Box 92403, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: [www.lotus.org](http://www.lotus.org) • Email: [info@lotus.org](mailto:info@lotus.org)

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: 205

## is awarded 8 CEU/PDA Points

For completing the Live Presentation

# Pain Management Strategies Using Acupuncture

## March 14, 2015

NCCAOM® Program Approval Dates: 07-03-2014 through 07-17-2016

### PDA Points / NCCAOM® Recertification Categories:

Core Competency (Required for Recertification)

- AOM-BIO (AOM and Biomedicine)
- SA (Safety)
- ET (Ethics)
- CPR

Professional Enhancement

- CW-PE (Coursework)

**Yuan Da Chen, President, Provider Designee**  
 California Acupuncture Board Provider #: CEP 383  
 NCCAOM® provider-Course #: 344-490  
 State of Florida #20-449463 (5 biomed)  
 State of Illinois License # 225.000014  
 TX Acupuncture Board #CAE 00012 (8 general)  
 AHPRA, CTCMA, NZRA  
 IVAS

This certificate must be retained by the licensee for a minimum of four years after course completion. Diplomates are advised to check with their state Acupuncture Board for re-licensing requirements.





Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (926) 760-7192 • Fax: (926) 600-2929  
Website: [www.lotus.org](http://www.lotus.org) • Email: [info@lotus.org](mailto:info@lotus.org)

## Certificate of Completion

This verifies that

**James Skoien**

Acupuncture License #: 205

**is awarded 8 CEU/PDA Points**

For participating in Live Presentation

**Herb-Drug Interactions for the Collection Formulas,  
Part I  
March 15, 2015**

**Lotus Institute of Integrative Medicine** is an approved CE provider for:

California Acupuncture Board Provider #: CEP 383	CTCMA
NCCAOM provider-Course # 344-461	AHPPRA
State of Illinois License # 225.000014	NZRA
TX Acupuncture Board #CAE 00012 (7 general, 1 bio)	IVAS
State of Florida #20-448866	

**Yuan Da Chen, President**  
Provider Designee





Lotus Institute Of Integrative Medicine

PO Box 82493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: [www.lotus.org](http://www.lotus.org) • Email: [info@lotus.org](mailto:info@lotus.org)

## Certificate of Completion

This verifies that

**James Skoien**

Acupuncture License #: 205

**is awarded 8 CEU/PPDA Points**

For participating in Live Presentation

**Herb-Drug Interactions for the Collection Formulas,  
Part II  
May 2, 2015**

**Lotus Institute of Integrative Medicine** is an approved CE provider for:

California Acupuncture Board Provider #: CEP 383	CTCMA
NCCAOM provider-Course # 344-524	AHPRA
State of Illinois License # 225.000014	NZRA
TX Acupuncture Board #CAE 00012 (6 general, 2 herbal)	IVAS
State of Florida #20-463098	

**Yuan Da Chen, President**  
Provider Designee

This certificate must be retained by the licensee for a minimum of four years after course completion. Practitioners are advised to check with their state Acupuncture Board for re-licensing requirements.

# Ho San University of

## Traditional Chinese Medicine

The Board of Trustees of the University  
hereby confers upon

**James Skoien**

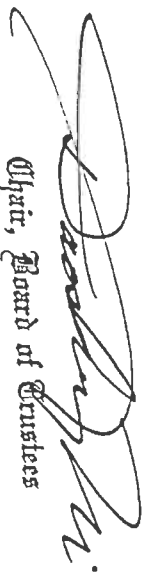
the degree of

**Doctor of Science**

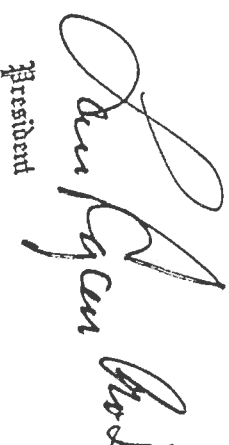
honoris causa

with all the rights, privileges and honors pertaining thereto.

Presented this twenty-first day of April, 2013.

  
Chair, Board of Trustees



  
President

## CEU's

### 3. Complete and submit a minimum of 50 Board approved CEU's

Date	Course Title	CEU Provider	CEU points
July 13, 2014	Chinese Veterinary Medicine for Dogs, Cats and Horses, Part IV	Lotus Institute of Integrative Medicine	8
July 12, 2014	Chinese Veterinary Medicine for Dogs, Cats and Horses, Part III	Lotus Institute of Integrative Medicine	8
May 18, 2014	Creating Herbal Prescriptions for Sensitive Patients	Lotus Institute of Integrative Medicine	8
May 17, 2014	Auricular Medicine Class VIII: Auricular Treatment and Manipulations	Lotus Institute of Integrative Medicine	8
May 4, 2014	Pain, Endocrinology, Dermatology: Pulse Dx & Herbal Tx	Lotus Institute of Integrative Medicine	8
May 3, 2014	Weight Loss for the Four Body Types	Lotus Institute of Integrative Medicine	8
February 23, 2014	Auricular Medicine Class VII: Auricular Treatment (Day 2)	Lotus Institute of Integrative Medicine	8
February 22, 2014	Auricular Medicine Class VII: Auricular Treatment (Day 1)	Lotus Institute of Integrative Medicine	8
January 12, 2014	Master Tung's Acupuncture: Richard Tan's Application (Upper Body Points)	Lotus Institute of Integrative Medicine	8
Total			72



Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929

Website: [www.elotus.org](http://www.elotus.org) • Email: [info@elotus.org](mailto:info@elotus.org)

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: 205

is awarded **8** CEU/PDA Points

For completing the Live Presentation

## Chinese Veterinary Medicine for Dogs, Cats and Horses,

### Part IV

**July 13, 2014**

NCCAOM® Program Approval Dates: 11-12-2013 through 11-30-2014

### PDA Points / NCCAOM® Recertification Categories:

- 6 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- 2 Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383

NCCAOM® provider-Course #: 344-407

State of Illinois License # 225.000014

CTCMA

IVAS





Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: www.lotus.org • Email: info@lotus.org

# Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: **205**

**is awarded 8 CEU/PDA Points**

For completing the Live Presentation

## Chinese Veterinary Medicine for Dogs, Cats and Horses, Part III

### July 12, 2014

NCCAOM® Program Approval Dates: 11-12-2013 through 11-30-2014

#### PDA Points / NCCAOM® Recertification Categories:

- 6 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- 2 Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383  
NCCAOM® provider-Course #: 344-406  
State of Illinois License # 225.000014  
CTCMA  
IVAS





Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929

Website: [www.eiotus.org](http://www.eiotus.org) • Email: [info@eiotus.org](mailto:info@eiotus.org)

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: **205**

is awarded **8 CEU/PDA Points**

For completing the Live Presentation

## Creating Herbal Prescriptions for Sensitive Patients

**May 18, 2014**

NCCAOM® Program Approval Dates: 11-12-2013 through 11-30-2014

### PDA Points / NCCAOM® Recertification Categories:

- 8 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383

NCCAOM® provider-Course #: 344-401

State of Florida #20-420049 (8 general)

State of Illinois License # 225.000014

TX Acupuncture Board #CAE 00012 (6 general, 2 herbal)

CTCMA

IVAS



This certificate must be retained by the licensee for a minimum of four years after course completion. Diplomates are advised to check with their state Acupuncture Board for re-licensing requirements



Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929

Website: www.elotus.org • Email: info@elotus.org

# Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: **205**

**is awarded 8 CEU/PDA Points**

For completing the Live Presentation

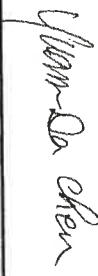
## Auricular Medicine Class VIII: Auricular Treatment and Manipulations

**May 17, 2014**

NCCAOM® Program Approval Dates: 11-06-2013 through 11-30-2014

### PDA Points / NCCAOM® Recertification Categories:

- 8 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

  
 \_\_\_\_\_  
**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383  
 NCCAOM® provider-Course #: 344-399

State of Florida #20-420044 (8 general)  
 State of Illinois License # 225.000014

TX Acupuncture Board #CAE 00012 (8 general)  
 CTCMA  
 IVAS





Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: www.elotus.org • Email: info@elotus.org

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: 205

is awarded **8** CEU/PDA Points

For completing the Live Presentation

## Pain, Endocrinology, Dermatology: Pulse Dx & Herbal Tx

**May 4, 2014**

NCCAOM® Program Approval Dates: 11-06-2013 through 11-30-2014

### PDA Points / NCCAOM® Recertification Categories:

- 8 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383

NCCAOM® provider-Course #: 344-398

State of Florida #20-420042 (8 general)

State of Illinois License # 225.000014

TX Acupuncture Board #CAE 00012 (8 general)

CTCMA

IVAS



This certificate must be retained by the licensee for a minimum of four years after course completion. Diplomates are advised to check with their state Acupuncture Board for re-licensing requirements





# Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: www.elotus.org • Email: info@elotus.org

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: **205**

**is awarded 8 CEU/PDA Points**

For completing the Live Presentation

## Weight Loss for The Four Body Types

### May 3, 2014

NCCAOM® Program Approval Dates: 11-06-2013 through 11-30-2014

### PDA Points / NCCAOM® Recertification Categories:

- 5 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- 3 Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383

NCCAOM® provider-Course #: 344-397

State of Florida #20-420041 (8 general)

State of Illinois License # 225.000014

TX Acupuncture Board #CAE 00012 (8 general)

CTCMA

IVAS



This certificate must be retained by the licensee for a minimum of four years after course completion. Diplomates are advised to check with their state Acupuncture Board for re-licensing requirements



Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: www.elotus.org • Email: info@elotus.org

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: **205**

is awarded **8 CEU/PDA Points**

For completing the Live Presentation

## Auricular Medicine Class VII: Auricular Treatment (Day

## 2)

### February 23, 2014

NCCAOM® Program Approval Dates: 11-06-2013 through 11-30-2014

#### PDA Points / NCCAOM® Recertification Categories:

- 8 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383

NCCAOM® provider-Course #: 344-390

State of Florida #20-420028 (8 general)

State of Illinois License # 225.000014

TX Acupuncture Board #CAE 00012 (8 general)

CTCMA

IVAS





Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929  
Website: [www.elotus.org](http://www.elotus.org) • Email: [info@elotus.org](mailto:info@elotus.org)

## Certificate of Completion

This verifies that

**James Skoien**

Acupuncture License #: **205**

is awarded **8** CEU/PDA Points

For completing the Live Presentation

**Auricular Medicine Class VII: Auricular Treatment (Day**

**1)**

**February 22, 2014**

NCCAOM® Program Approval Dates: 11-06-2013 through 11-30-2014

### PDA Points / NCCAOM® Recertification Categories:

- 8 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383

NCCAOM® provider-Course #: 344-389

State of Florida #20-420025 (8 general)

State of Illinois License # 225.000014

TX Acupuncture Board #CAE 00012 (8 general)

CTCMA

IVAS





Lotus Institute Of Integrative Medicine

PO Box 92493, City of Industry, CA 91715 • Tel: (626) 780-7182 • Fax: (626) 609-2929

Website: [www.elotus.org](http://www.elotus.org) • Email: [info@elotus.org](mailto:info@elotus.org)

## Certificate of Completion

This verifies that

# James Skoien

Acupuncture License #: **205**

**is awarded 8 CEU/PDA Points**

For completing the Live Presentation

## Master Tung's Acupuncture: Richard Tan's Applications (Upper Body Points)

**January 12, 2014**

NCCAOM® Program Approval Dates: 11-06-2013 through 11-30-2014

### PDA Points / NCCAOM® Recertification Categories:

- 8 Core Knowledge, Skill, Ability
- Safety
- Ethics
- CPR
- Adjunctive Therapy/Continuing Education
- Biomedicine
- Injection Therapy
- Practice Enhancement

**Yuan Da Chen, President, Provider Designee**

California Acupuncture Board Provider #: CEP 383

NCCAOM® provider-Course #: 344-400

State of Florida #20-420009 (8 general)

State of Illinois License # 225.000014

TX Acupuncture Board #CAE 00012 (8 general)

CTCMA

IVAS





Quick summary to additional information regarding continuing education and active status as Acupuncturist-Herbalist (1985 to 2015)

1985-1992	(Documents Nr 1) California Acupuncture license: active status meeting continuing education requirements, private practice in California, employed as teacher and supervisor of teaching clinics California Acupuncture College, SAMRA, Royal University, Emperor's College, Yo San University, etc.
1992-1994	(Document Nr. 1 and 2) NCCA certified and Colorado State registered Acupuncturist, met all continuing education requirements of NCCA, private practice in Colorado Springs, Colorado, employed as teacher and supervisor of teaching clinics Colorado Acupuncture College (Denver)
1994-1997	NCCA certified and licensed in Canton Nidwaldin, Switzerland, met all continuing education requirements of NCCA, private practice in Stans, Switzerland, teacher at Tao Chi School of Chinese Medicine in Zürich, Switzerland
1998-2004	Teacher at Tao Chi School of Chinese Medicine in Zürich, Switzerland; clinic director and main clinic supervisor for one of the first teaching clinics for Chinese Medicine in Switzerland
1985-2012	(Document Nr. 1) active status with NCCAOM, including the completion of continuing education requirements *actually NCCA registered since 1985 when I passed the first NCCA test and fulfilled membership, including continuing education requirements until 2012. I no longer have copies of the first years of NCCA membership
1999-2015	(Document Nr. 3) Swiss professional acupuncture association certification (40 hours of continuing education yearly)
2004-2015	(Document Nr. 3) Swiss professional acupuncture association certification (40 hours of continuing education yearly) / private practices in Lucerne, Switzerland
1995-2013	Documents Nr. 4-8) Academic Director of Chinese Medicine School (Tao Chi School), solely responsible for the curriculum development and structure of the school, main teacher of all subjects relating to Chinese Medicine, Acupuncture and Chinese Herbology, Internal Medicine, etc. *Documents Nr. 4-8 are only examples. I taught or lectured on the average of 500 hours annually since 1985, starting in the TCM colleges in Los Angeles and Denver, eventually continuing in Zürich. In addition, I taught and continue to teach annually for the International Veterinary Acupuncture Society (since 1986) as well as for medical professionals in most Europe countries.

James Skoien, May 19, 2015

# State of California

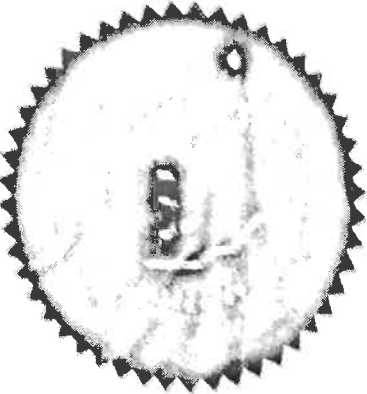


## BOARD OF MEDICAL QUALITY ASSURANCE ACUPUNCTURE EXAMINING COMMITTEE

Acting upon authority granted by the Legislature of the State of California certifies that

James Mark Skolen

Has fulfilled the requirements as prescribed by the Business and Professions Code and is hereby certified to practice ACUPUNCTURE in this State in compliance with the applicable provisions of law.



License Number CP2552

Date Issued July 29, 1995

Commissioner P. J. ...



The Colorado Office of  
Acupuncturist Registration

recognizes

*James Mark Skoien*

is registered in the State of Colorado to practice Acupuncture.

This registration No. 205 is granted and the seal of the Office of Acupuncturist Registration with the signature of the Director of the Division of Registrations thereof are here unto affixed at Denver, Colorado, this 17th day of December A.D., 1992

*James M. Skoien*  
Director



# National Commission For the Certification of Acupuncturists

*James Mark Skoien*

HAVING SATISFIED ALL OF THE REQUIREMENTS OF  
THE EXAMINATION BOARD AND HAVING SUCCESSFULLY  
PASSED THE REQUIRED EXAMINATIONS IS HEREBY  
DECLARED CERTIFIED IN ACUPUNCTURE  
AND DESIGNATED A

**Diplomate in Acupuncture of the NCCA**

*William F. Hildebrand, L.Ac., Dipl. Ac.*  
Executive, Examination Committee



*Donald R. McEldell, C.A., Dipl. Ac.*  
Executive, 1977

Washington, D.C.  
This First Day of May, 1977

Certificate No. 1252  
Expiration Date: April 30, 1984

# National Commission

For the

# Certification of Acupuncturists

# James Mark Skoien

HAVING SATISFIED ALL OF THE REQUIREMENTS OF  
THE EXAMINATION BOARD AND HAVING SUCCESSFULLY  
PASSED THE REQUIRED EXAMINATIONS IS HEREBY  
DECLARED CERTIFIED IN ACUPUNCTURE  
AND DESIGNATED A

# Diplomate in Acupuncture of the NCCA



*Member, Examination Board*  
*Washington, D.C.*

*Member, Examination Board*  
*Washington, D.C.*

*Member, Examination Board*  
*Washington, D.C.*

*Member, Examination Board*  
*Washington, D.C.*

# National Commission

For the

## Certification of Acupuncturists

# James Mark Skoien

HAVING SATISFIED ALL OF THE REQUIREMENTS OF  
THE EXAMINATION BOARD AND HAVING SUCCESSFULLY  
PASSED THE REQUIRED EXAMINATIONS IS HEREBY  
DECLARED CERTIFIED IN ACUPUNCTURE  
AND DESIGNATED A

## Diplomate in Acupuncture of the NCCA

Chairperson, NCCA  
Dipl. Ac., Dipl. C.H. (NCCA)

*Melvin F. Rubelstein*



Program Director, Acupuncture  
Dipl. Ac., Dipl. C.H. (NCCA)

*Carolyn R. [Signature]*

Program Director, Chinese Herbology  
Dipl. C.H. (NCCA)

*Mike [Signature]*

Washington, D.C.  
This Nineteenth Day of April, 1996

Certificate No. 941-0510-404  
Expiration Date: April 30, 1998

# National Certification Commission for Acupuncture and Oriental Medicine

## *James Mark Skoien*

HAVING SATISFIED ALL REQUIREMENTS OF THE EXAMINATION BOARD,  
IS HEREBY DECLARED NATIONALLY CERTIFIED  
AND DESIGNATED A

### DIPLOMATE IN ACUPUNCTURE

*Marilee Murphy*  
MARILEE MURPHY  
CHAIRPERSON, NCCAOM  
Dipl. Ac. (NCCAOM)



*Angela T. J.*  
ANGELA T. J.  
PROGRAM DIRECTOR, ACUPUNCTURE  
Dipl. Ac., Dipl. C.H. (NCCAOM)

Certificate No. 941-0510-404  
Expiration Date: April 30, 2000

Washington, D.C.  
This Twenty-ninth Day of June, 1998

# Accupuncturists and Oriental Medicine



James Mark Skoien

*Having Satisfied All Requirements of the Commission,  
is Hereby Declared Nationally Certified and Designated a*

**Diplomate in Acupuncture**

*Long Wind-Cat*

*Tess Hu*

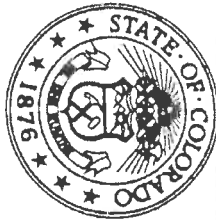


*3701 West End, P.O. Box 5507  
San Francisco, CA 94116*

*San Jose, CA Administration (415) 953-1234  
Phone Board of Commissioners*

*San Francisco Number 5777*

*San Francisco Expires March 31, 2013*



The Colorado Office of  
Acupuncturist Registration

recognizes

*James Mark Skoien*

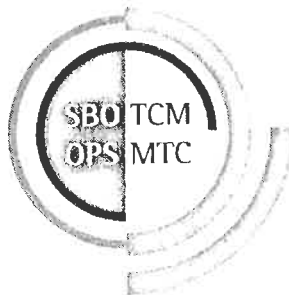
is registered in the State of Colorado to practice Acupuncture.

This registration No. 205 is granted and the seal of the Office of Acupuncturist Registration with the signature of the Director of the Division of Registrations thereof are here unto affixed at Denver, Colorado,  
this 17th day of December A.D., 1992

*Thomas M. New*  
Director

# DIPLOM

gültig bis 31.12.2016



Schweizerische Berufsorganisation für Traditionelle Chinesische Medizin  
Organisation Professionnelle Suisse de Médecine Traditionnelle Chinoise  
Organizzazione Professionale Svizzera della Medicina Tradizionale Cinese  
Swiss Professional Organization for Traditional Chinese Medicine

## JAMES SKOIEN

Mitglied seit: 01.04.1999

erfüllt alle Voraussetzungen der SBO-TCM zur A-Mitgliedschaft  
und ist daher berechtigt, den Titel

dipl. Herbalist SBO-TCM  
dipl. Akupunkteur SBO-TCM

zu führen.

Degersheim, 2.2.2015

Carla Fuhlrott  
Präsidentin

Catherine Asfour  
Vorstandsmitglied

Continuing education teacher James Skoien 2000 and 2001 600 hours classroom instruction  
/800 hours clinic supervision

Herrn  
Jim Skoien  
Wesemlin-Terrasse 28  
6006 Luzern

30. Oktober 2001

## **WEITERBILDUNGS-NACHWEIS**

**Kurs: Therapeutische Gesprächsführung – Das heilende Gespräch**  
**Kursort: Tao Chi, Ausbildungs- und Seminarzentrum, Bachwiesenstrasse 115a,**  
**8047 Zürich, Tel. 01 401 59 00**  
**Kursleiter: Klaus Karstädt**  
**Vom 22. bis 24. Oktober 2000**  
**28 Lektionen à 60 Minuten**

**Total 28 Std.**

**Dozententätigkeit: Ausbildungsleiter der TCM-Ausbildung für**  
**Dipl. Akupunkteur/Helbalist SBO-TCM im Tao Chi Ausbildungs-**  
**und Seminarzentrum, Bachwiesenstrasse 115a, 8047 Zürich**

**Total ca. 600 Std./Jahr**

**Supervisor: Tao Chi Schulpraxisleiter**

**Total ca. 800 Std./Jahr**

**TAO CHI Schulpraxis**  
**Sekretariat: Corinna Gujer**



Continuing education teacher James Skoien 2001 and 2002 900 hours classroom instruction  
/800 hours clinic supervision



**TAO CHI**

SCHULPRAXIS FÜR CHINESISCHE MEDIZIN  
Kasimir Pfylfer-Strasse 1, 6003 Luzern, Telefon 041 240 78 78

Herrn  
Jim Skoien  
Wesemlin-Terrasse 28  
6006 Luzern

24. Januar 2003

**Bestätigung Dozententätigkeit  
Jahr 2001 und 2002**

**Dozententätigkeit:** Ausbildungsleiter der TCM-Ausbildung für  
Dipl. Akupunkteur/Helbalist SBO-TCM im Tao Chi Ausbildungs-  
und Seminarzentrum, Bachwiesenstrasse 115a, 8047 Zürich  
(Führung von 3 Klassenzügen)

**Total 900 Std./Jahr**

**TAO CHI Schulpraxis**  
Sekretariat: Corinna Gujer



**TAO CHI**

SCHULPRAXIS FÜR CHINESISCHE MEDIZIN  
Kasimir Pfyffer-Strasse 1, 6003 Luzern, Telefon 041 240 78 78

Herrn  
Jim Skoien  
Wesemlin-Terrasse 28  
6006 Luzern

24. Januar 2003

**Bestätigung Supervisorentätigkeit  
Jahr 2001 und 2002**

**Supervisorentätigkeit:** Praxisleiter der TAO CHI Schulpraxis für chinesische  
Medizin, Kasimir-Pfyffer-Strasse 1, 6003 Luzern

**Total 800 Std./Jahr**

**TAO CHI Schulpraxis**  
Sekretariat: Corinna Gujer

Continuing education teacher James Skoien 2005 426 hours

TAO CHI

Schulungszentrum: Baslerstrasse 11  
8048 Zürich, Telefon 044 401 59 00, Fax 044 401 59 06  
info@taochi.ch, www.taochi.ch



Fachschule für Chinesische Medizin

Herr  
Jim Skoien  
Lützelmatstrasse 10  
6006 Luzern

Zürich, 8. Juni 2005

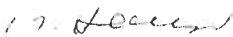
**Bestätigung  
Dozententätigkeit**

Sehr geehrte Damen und Herren

Wir bestätigen, dass Herr James Mark Skoien in der Zeit vom 1. Juni 2004 bis 31. Mai 2005, folgende Stunden als Dozent der Chinesischen Medizin an unserer Schule unterrichtet hat:

- 71 Unterrichtstage à 6 Stunden

total 426 Stunden

  
Maya Hauser  
TAO CHI Schulleitung

Continuing education teacher James Skoien 2006 228 hours

**TAO CHI**

Schulungszentrum, Baslerstrasse 71  
8048 Zurich, Telefon 044 401 59 00, Fax 044 401 59 06  
info@taochi.ch, www.taochi.ch

Herr  
James Skoien  
Leimatt 1  
6317 Oberwil b. Zug

Zürich, 31. Oktober 2006

### Bestätigung

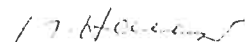
Wir bestätigen, dass Herr James Skoien als Dozent an unserer Schule folgende Kurse unterrichtet hat:

Kursbezeichnung /Thema	Kurs Nr.	Daten	Unterrichtstage
<b>Traditionelle Chinesische Medizin</b>			
Atiologie und Pathologie	C-103	11.01.-05.07.05	14 Tage
Akupunktur	C-300	30.08.-08.11.05	10 Tage
Arzneimitteltherapie	C-310	22.11.-20.12.05	6 Tage
<b>TOTAL im Jahre 2005</b>			<b>30 Tage</b>

Kursbezeichnung /Thema	Kurs Nr.	Daten	Unterrichtstage
<b>Traditionelle Chinesische Medizin</b>			
Arzneimitteltherapie	C-310	03.01.-04.04.06	12 Tage
Pathologie der chin. Medizin	C-320	11.04.-11.07.06	18 Tage
Krankheitsbilder: Dermatologie	C-330	12.09.-26.09.06	3 Tage
Krankheitsbilder: Störung des Bewegungsapparates	CBEW-0610-C	09.10.-31.10.06	3 Tage
<b>TOTAL im Jahre 2006</b>			<b>36 Tage</b>

Jeder Unterrichtstag beinhaltet 6 Stunden à 60 Minuten

**TAO CHI GmbH**



Maya Hauser  
Schulleitung

Schweizerische  
Fachschule für  
Chinesische Medizin

Zen Shiatsu Schule

Schule für  
Fussreflexionen-  
massage

Kurse aus dem  
westlichen und  
östlichen Kulturkreis